

TENNESSEE COMMISSION ON AGING AND DISABILITY

STATE PLAN ON AGING FY 2006 - 2009

Tennessee Commission on Aging and Disability

500 Deaderick Street, Suite 825

Nashville, Tennessee 37243



TENNESSEE STATE PLAN ON AGING

**UNDER TITLE III
OF THE
OLDER AMERICANS ACT**

**FOR THE FOUR-YEAR PERIOD
OCTOBER 1, 2005 THROUGH SEPTEMBER 30, 2009**

**TENNESSEE COMMISSION ON AGING AND DISABILITY
NASHVILLE, TN 37243-0860
615-741-2056**

NANCY C. PEACE, EXECUTIVE DIRECTOR

STATE OF TENNESSEE POLICY OF NON-DISCRIMINATION

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

Equal Employment Opportunity/Affirmative Action inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability EEO/AA Officer, Nashville, Tennessee 37243-0860, 615-741-2056. ADA inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability ADA Coordinator at the same location. Speech or hearing impaired TDD 615-532-3893.

Funds for printing and distribution of this publication are provided under Title III of the Older Americans Act of 1965, as amended, and by the Tennessee General Assembly appropriation for FY 2006.



Tennessee Commission on Aging and Disability, Authorization Number 316090, 300 copies. This document was promulgated at a cost of \$4.13 per copy. January, 2006.

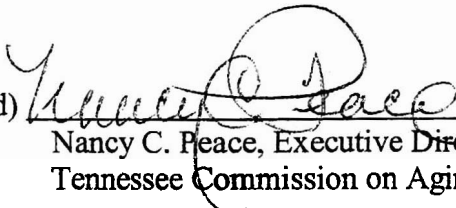
VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for Tennessee for the period October 1, 2005, through September 30, 2009. It includes all assurances and plans to be conducted by the Tennessee Commission on Aging and Disability under provisions of the Older Americans Act, as amended, during the period identified. The Tennessee Commission on Aging and Disability has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purpose of the Act; i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the state.

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

The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

8/8/05
(Date)

(Signed) 
Nancy C. Peace, Executive Director
Tennessee Commission on Aging and Disability

I hereby approve this State Plan on Aging and submit it to the Administration on Aging for approval.

8/8/05
(Date)

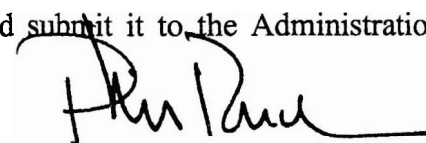
(Signed) 
Phil Bredesen, Governor
State of Tennessee

TABLE OF CONTENTS

SECTION I:	ADMINISTRATIVE FRAMEWORK	
	• Introduction • Administrative Structure	I-1 I-2 to I-11
SECTION II:	OVERVIEW OF COMMISSION PROGRAMS	
	• Narrative Description of Programs • Service Definition Chart • Service Utilization Profiles, FY 2004	II-1 to II-4 II-5 to II-8 II-9 to II-12
SECTION III:	DEMOGRAPHICS AND NEEDS	
	• Tennessee Demographics • State and Area Profiles	III-1 to III-10 III-11 to III-20
SECTION IV:	GOALS AND OBJECTIVES	IV-1 to IV-8
SECTION V:	FINANCIAL PLAN	
	• Operating Budget for FY 2006 • Intrastate Funding Formula for Title III Funds • Formula Factors • Allocation of Title III Funds by Service Program by PSA	V-1 V-2 to V-3 V-4 V-5
SECTION VI:	STATE PLAN ASSURANCES	VI-1 to VI-16
SECTION VII:	PUBLIC HEARING	VII-1 to VII-3

Section I

ADMINISTRATIVE FRAMEWORK

INTRODUCTION

The Older Americans Act requires the Tennessee Commission on Aging and Disability to submit to the Administration on Aging a state plan on aging which acts as the planning and compliance document for fulfilling its responsibilities under Title III and Title VII of the Act, and for the provision of services for older individuals in Tennessee.

This state plan, which covers the three-year period from October 1, 2005, through September 30, 2009, does not address every concern or unmet need of Tennessee's older population, nor does it purport to reflect all activities and programs conducted by or funded through the Commission on Aging and Disability. Rather, the plan focuses on specific activities which may be either a primary responsibility of the Commission or of particular concern to the state's senior population, and on special programs or projects proposed to be conducted during the plan period.

Declaration of Objectives **Older Americans Act of 1965**

The objectives that inspire the Commission's efforts and those of the national aging network are found in Title I of the Older Americans Act and read as follows:

The Older Americans Act of 1965, as amended, finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to secure equal opportunity to the full and free enjoyment of the following objectives.

- * An adequate income in retirement in accordance with the American standard of living.
- * The best possible physical and mental health which science can make available and without regard to economic status.
- * Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and functional limitations and available at costs which older citizens can afford.
- * Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care.
- * Opportunity for employment with no discriminatory personnel practices because of age.
- * Retirement in health, honor, dignity -- after years of contribution to the economy.

- * Participating in and contributing to meaningful activity within the widest range of civic, cultural, education and training and recreational opportunities.
- * Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
- * Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- * Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

ADMINISTRATIVE STRUCTURE

National Network on Aging

The Tennessee Commission on Aging and Disability is an integral part of the National Network on Aging. This network consists of all federal, state, regional, and local agencies/organizations which have responsibilities toward implementation of the requirements of the Older Americans Act of 1965.

On the federal level, the Older Americans Act was authorized by the Congress and approved by the President. Under the Act, the Administration on Aging, located within the Department of Health and Human Services, is responsible for implementation of all titles of the Act, except for Title V (employment) which is implemented by The Department of Labor. The Administration on Aging has ten (10) regional offices established to carry out provisions of the Act.

In each state, the governor must designate a state agency as the state unit on aging to carry out the state's responsibilities under the Older Americans Act. The Commission on Aging and Disability is designated for this purpose in the State of Tennessee. The state unit on aging coordinates with other agencies and institutions at the state level in carrying out the provisions of the Act, and is responsible for assuring that all provisions of the Act are implemented throughout the state.

The Act provides that the state unit on aging must set up planning and service areas within the state, and designate an area agency on aging within each planning and service area. The state unit on aging contracts with area agencies on aging to carry out provisions of the Act in the various planning and service areas. Area agencies on aging contract with local agencies to provide services which are funded under the Act. Also, area agencies on aging are responsible

for coordination of programs and services with other agencies and institutions within the planning and service area.

The Tennessee Commission on Aging and Disability

The Tennessee Commission on Aging and Disability (formerly the Commission on Aging) was created by the Tennessee General Assembly in 1963. The Commission is the designated state agency on aging and is mandated to provide leadership relative to all aging issues on behalf of older persons in the state. Twenty-five members serve on the policy-formation and decision-making board (membership list begins on p. I-6). Eighteen members are appointed by the Governor. The Commissioners of Departments of Health, Mental Health/Developmental Disabilities, Human Services, and Veteran's Affairs and the Director of the Council on Developmental Disabilities are ex-officio members. Two non-voting representatives are from the General Assembly. Among the citizen members appointed by the Governor are:

- A member of a chartered, statewide organization which advocates exclusively for older persons;
- An active member of a federally chartered organization which advocates exclusively for older persons having membership statewide with chapters chartered in this state; and,
- An active member of a chartered, statewide organization which advocates exclusively for disabled persons.

The Commission fulfills functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community-based systems.

In addition to Older Americans Act funds, the Commission administers state funds for multipurpose senior center programs, public guardianship, homemaker services, and home-delivered meals.

Legislation passed by the General Assembly, June 2001, expanded the authority of the Commission to provide services to adults with disabilities under age 60 and provided \$5 million in state funds to initiate a home and community based long term care services program for aging and disabled adults who do not qualify for Medicaid long-term care services. Homemaker, personal care and home-delivered meals are offered under this state funded program administered by the Area Agencies on Aging on Aging and Disability. This law also authorized the submission by the state of an application for home and community-based services (1915c) waiver for which the Commission serves as lead agency.

The Commission is a clearinghouse for information on needs and characteristics of the aged, maintains a training resource library, and responds to requests for information. Information about the agency and services available to older individuals is also available on the Commission's website (<http://www.state.tn.us/comaging/>).

The Commission has amicable working relationships with state, federal and private agencies for coordination of aging services, including the Tennessee Housing Development Agency and the state Departments of Labor and Workforce Development, Transportation, Education, and Commerce and Insurance. Among the private organizations are Meharry Medical College, the Statewide Disability Coalition, the Tennessee Respite Coalition, the Tennessee Health Care Association, AARP, and the Tennessee Federation on Aging. Cooperative efforts include joint planning, inter-agency agreements, and joint sponsorship of training events. The Tennessee Commission on Aging and Disability has cordial relationships with informal service providers and works with other agencies toward the development of volunteers in programs benefiting older persons.

Area Agencies on Aging

The 1973 Amendments to the Older Americans Act created area agencies on aging and charged them with the task of establishing, at the regional level, a system of coordinated and comprehensive services. Pursuant to the requirements of the Act, the Tennessee Commission on Aging and Disability designated an Area Agency on Aging (AAA) in each of the nine planning and service areas (PSA) in the state. Seven Area Agencies are located in regional development district agencies, one is located in a human resource agency, and one is a regional commission on aging composed of local officials. Each of the nine Area Agencies on Aging is the principal agent of the Commission on Aging and Disability for carrying out the mandates of the Older Americans Act and requirements of the state agency. Each Area Agency serves as the focal point for all issues relative to the welfare of older persons in its respective planning and service area. Area Agencies perform a wide range of activities related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation. These activities lead to the development or enhancement of comprehensive and coordinated community based systems which serve all communities of the planning and service area.

Each year, every Area Agency submits an Area Plan for Programs on Aging, or an annual update, to the Commission on Aging and Disability for approval. An area plan provides a comprehensive description of services to be provided within the area, based on local needs, through contract with local service providers. Services are funded under the Older Americans Act, state appropriations, and local resources, and include programs such as: transportation; information and assistance; outreach; homemaker; senior citizens centers; congregate and home-delivered meals; legal assistance; ombudsman; and public guardianship services. Other services may be funded by Area Agencies, depending on local needs and resources. Service priority is for frail, homebound, or isolated elderly, and those with low income, with special attention given to assure that services provided throughout each planning and service area meet the needs of individuals who are low income minorities and older individuals residing in rural areas.

Tennessee's Area Agencies on Aging serve as advocates for the elderly in their PSAs by working closely with other agencies and groups who are concerned with the elderly, and by commenting on legislation and local funding that affect older persons. See Page I-9 for a listing of area agencies on aging and PSA map.

Area agencies are also authorized under state legislation to provide information and referral to older persons and adults (18-59) with disabilities. Each area agency serves as the centralized Single Entry Point for home and community-based long term care services in their area by providing information and referral, long-term-care screening, in-home assessment, and service authorization for a variety of HCBS services from four funding sources, Title IIIB, IIIC and IIIE of the Older Americans Act; State-funded home-delivered meals and homemaker programs for the aging; State-Funded Home and Community Based Long-Term Care Services for Elderly and Disabled Adults; and the Statewide Medicaid Waiver for Elderly and Disabled Adults. Access to the system is by statewide toll free number that connects callers to the appropriate agency.

Service Providers

Older Americans Act services are provided in Tennessee by public and private non-profit agencies under contract with the nine area agencies on aging. Service providing agencies include human resource agencies, community action agencies, county and city governments, churches, interfaith associations, legal service agencies, housing authorities, senior centers, general purpose social service agencies, and specialized agencies organized to provide services for the aged.

These various agencies participate in the development of the comprehensive and coordinated network of services for older persons, and do not just provide a single service. Service providers must specify how they will satisfy the service needs of low income minority individuals; how they will assist elderly clients by bringing conditions or circumstances placing elderly individuals or households in imminent danger to the attention of the proper officials for follow-up; how they will aid older individuals to take advantage of other services; and how they will assure that all services funded under the Older Americans Act are coordinated with other appropriate services and are not unnecessarily duplicative. In addition, they are required to prepare timely reports and statistics; to make arrangements for the availability of services in weather related emergencies where feasible; and to provide participants the opportunity to contribute to the cost of services. Providers take part in the planning process at both the local and state level. They also strengthen aging services by securing funding from other sources such as the Department of Human Services and the Department of Mental Health and Developmental Disabilities; and through active efforts in grantsmanship.

Services funded by the Commission on Aging and Disability through Area Agencies on Aging and Disability are presented in Section II of the plan. See page I-11 for Aging Network chart.

**MEMBERS OF THE
TENNESSEE COMMISSION ON AGING AND DISABILITY
APPOINTEES FROM NOMINATIONS TO GOVERNOR**

[Vacancy-NW]

Arriola, John H.
811 Evansdale Drive
Nashville, TN 37220-1511
615-833-8533
jharriola@aol.com

Brandon, Robert W.
Representative, West TN
309 North College Street
Martin, TN 38237-2215
731-587-3588

Chu, Sun-Hwan, PhD
2546 Crestwood Drive
Chattanooga, TN 37415-6320
423-756-9977 (h) 893-0178 (w)
fax 423-893-0184
sunchu@aol.com

Cormell, Diane
198 County Road 656 (37303-6214)
PO Box 712
Athens, TN 37371-0712
423-745-3109
edcorm@bellsouth.net

Cunningham, Deborah L.
174 North Stonewall Street
Apt 104
Memphis, TN 38104-2456
901-726-6404

Davis, Bettie B.
957 Doctor Hall Road
Halls, TN 38040-8727
731-836-7073
bbdavis@lctn.com

Ferguson, Shelburne, Jr
226 Wexler Street
Kingsport, TN 37660-4842
423-246-3132 fax 423-246-3232
shelburne@ferguson-lawoffice.com

Fisher, John
Vice Chair
814 Academy Lane
Columbia, TN 38401-4830
931-388-4425
budfisher@charter.net

Griffitts, Connie
18624 Highway 41
Chattanooga, TN 37419-2607
423-825-6336

Howard, Bonnie J.
Chair
1675 Malone Road
Loudon, TN 37774-3903
865-458-4943 fax=same as phone
bonniej4943@cs.com

Johnson, William R.
1714 Keeneland Court
Murfreesboro, TN 37127-5986
615-890-8796 fax=same as phone

Palmer, Judson Earl
4816 Palmstone Lane
Knoxville, TN 37918-9429
865-922-7651
judsonpalmer2000@yahoo.com

Price, Leonard James
147 Sunset Street
Greeneville, TN 37743-3692
423-639-9987 fax=same as phone

Stewman, Ruby H.
Representative, East TN
3028 Walridge Road
Knoxville, TN 37921-1314
865-525-5745
stewbuckr@aol.com

Stovall, Elizabeth
145 Doss Drive
Selmer, TN 38375-1703
731-646-7734 fax=same as phone
elizabeths@bellsouth.net

Woodlee, Donald
Representative, Middle TN
1183 Westview Road
Spencer, TN 38585-5421
931-686-2952 (h) 931-473-6978 (w)
don.woodlee@state.tn.us

revised 04/07/2005

GOVERNOR'S STAFF APPOINTEE

Ms. Tam Gordon
Special Assistant to the Governor for Projects
Governor's Office
TN State Capitol
600 Charlotte Avenue, Room G12
Nashville, TN 37243-0001
615-741-3763 FAX 741-1416
tam.gordon@state.tn.us

COMMISSIONERS OF DEPARTMENTS OF STATE GOVERNMENT (OR DESIGNATED REPRESENTATIVES)

Commissioner Gina Lodge
Department of Human Services
Citizens Plaza
Nashville, TN 37248-9700
fax 741-4165
gina.lodge@state.tn.us
**(Deborah S. Neill, Director
Child Care, Adult, and Community Services
Department of Human Services
Citizens Plaza
400 Deaderick Street, 14th Floor
Nashville, TN 37248-9700
615-313-4770
deborah.neill@state.tn.us)**

Wanda Willis, Director
Council on Developmental Disabilities
Department of Finance and Administration
Andrew Jackson Building
500 Deaderick Street, 13th Floor
Nashville, TN 37243-0675
615-532-6615 fax 532-6964
wanda.willis@state.tn.us
**(Errol Elshtain
615-532-6560
errol.elshtain@state.tn.us)**

Commissioner John Keys
Department of Veterans Affairs
215 Eighth Avenue North
Nashville, TN 37243-1010
615-741-2931 fax 741-4785
john.keys@state.tn.us
**(Jerry A. Hill
Department of Veterans Affairs
215 Eighth Avenue North
Nashville, TN 37243-1010
615-741-4988 fax 741-5056
jerry.a.hill@state.tn.us)**

Commissioner Ginna Betts
Department of Mental Health and
Developmental Disabilities
Cordell Hull Building, 3rd Floor
Nashville, TN 37243-0675
615-532-6500 fax 532-6514
virginiatrotter.betts@state.tn.us
**(Jackie Talley
Department of Mental Health and
Developmental Disabilities
Cordell Hull Building, 3rd Floor
Nashville, TN 37243-0675
615-532-6728
jackie.talley@state.tn.us)**

Commissioner Kenneth S. Robinson, MD
Department of Health
Cordell Hull Building, 3rd Floor
Nashville, TN 37247-0101
615-741-3111 fax 741-0544
kenneth.s.robinson@state.tn.us
**(Judy G. Eads
Department of Health
Cordell Hull Building, 1st Floor
Nashville, TN 37247-0501
615-741-6257 fax 741-5542
judy.eads@state.tn.us)**

MEMBERS OF THE TENNESSEE GENERAL ASSEMBLY

SENATE

The Honorable Curtis Person, Jr.
TN State Senate
308 War Memorial Building
Nashville, TN 37243-0031
615-741-2419 fax 741-7200
sen.curtis.person@legislature.state.tn.us

HOUSE OF REPRESENTATIVES

The Honorable Lois DeBerry
TN House of Representatives
17 Legislative Plaza
Nashville, TN 37243-0191
615-741-3830 fax 741-3992
rep.lois.deberry@legislature.state.tn.us

**MEMBERS OF THE
TENNESSEE COMMISSION ON AGING AND DISABILITY
APPOINTEES FROM NOMINATIONS TO GOVERNOR**

Arriola, John H.
811 Evansdale Drive
Nashville, TN 37220-1511
615-833-8533
jharriola@aol.com

Brandon, Robert W.
Representative, West TN
309 North College Street
Martin, TN 38237-2215
731-587-3588

Chu, Sun-Hwan, PhD
2546 Crestwood Drive
Chattanooga, TN 37415-6320
423-756-9977 (h) 893-0178 (w)
fax 423-893-0184
sunchu@aol.com

Cormell, Diane
198 County Road 656 (37303-6214)
PO Box 712
Athens, TN 37371-0712
423-745-3109
edcorm@bellsouth.net

Cunningham, Deborah L.
174 North Stonewall Street
Apt 104
Memphis, TN 38104-2456
901-726-6404
deborah@mcil.org

Davis, Bettie B.
957 Doctor Hall Road
Halls, TN 38040-8727
731-836-7073
bbdavis@LCTN.COM

Ferguson, Shelburne, Jr
226 Wexler Street
Kingsport, TN 37660-4842
423-246-3132 fax 423-246-3232
shelburne@ferguson-lawoffice.com

Fisher, John
Vice Chair
814 Academy Lane
Columbia, TN 38401-4830
931-388-4425
budfisher@charter.net

Howard, Bonnie J.
Chair
1675 Malone Road
Loudon, TN 37774-3903
865-458-4943 fax=same as phone
bonniej4943@cs.com

Johnson, William R.
1714 Keeneland Court
Murfreesboro, TN 37127-5986
poptwo@comcast.net
615-890-8796 fax=same as phone

Teresa P. McCadams
315 Anderson Drive
Paris, TN 38242
731-642-9678 (h)
judge@aeneas.net

Palmer, Judson Earl
4816 Palmstone Lane
Knoxville, TN 37918-9429
865-922-7651
judsonpalmer2000@yahoo.com

Price, Leonard James
147 Sunset Street
Greeneville, TN 37743-3692
423-639-9987 fax=same as phone

Stewman, Ruby H.
Representative, East TN
3028 Walridge Road
Knoxville, TN 37921-1314
865-525-5745
stewbuckr@aol.com

Stovall, Elizabeth
145 Doss Drive
Selmer, TN 38375-1703
731-646-7734 fax=same as phone
elizabethstovall@hotmail.com

Tyler, Bobbie W.
1301 Terry Lane
Hixson, TN 37343
Tel: 423-877-8031

Woodlee, Donald
Representative, Middle TN
126 Bill Branch Rd.
Spencer, TN 38585
931-946-2952

revised 5/19/2006

GOVERNOR'S STAFF APPOINTEE

Ms. Tam Gordon
Special Assistant to the Governor for Projects
Governor's Office
TN State Capitol
600 Charlotte Avenue, Room G12
Nashville, TN 37243-0001
615-741-3763 FAX 741-1416
tam.gordon@state.tn.us

COMMISSIONERS OF DEPARTMENTS OF STATE GOVERNMENT
(OR DESIGNATED REPRESENTATIVES)

Commissioner Gina Lodge
Department of Human Services
Citizens Plaza
Nashville, TN 37248-9700
fax 741-4165
gina.lodge@state.tn.us
**(Deborah S. Neill, Director
Child Care, Adult, and Community Services
Department of Human Services
Citizens Plaza
400 Deaderick Street, 14th Floor
Nashville, TN 37248-9700
615-313-4770
deborah.neill@state.tn.us)**

Wanda Willis, Director
Council on Developmental Disabilities
Department of Finance and Administration
Andrew Jackson Building
500 Deaderick Street, 13th Floor
Nashville, TN 37243-0675
615-532-6615 fax 532-6964
wanda.willis@state.tn.us
**(Errol Elshtain
615-532-6560
errol.elshtain@state.tn.us)**

Commissioner John Keys
Department of Veterans Affairs
215 Eighth Avenue North
Nashville, TN 37243-1010
615-741-2931 fax 741-4785
john.keys@state.tn.us
**(Jerry A. Hill
Department of Veterans Affairs
215 Eighth Avenue North
Nashville, TN 37243-1010
615-741-4988 fax 741-5056
jerry.a.hill@state.tn.us)**

Commissioner Ginna Betts
Department of Mental Health and
Developmental Disabilities
Cordell Hull Building, 3rd Floor
Nashville, TN 37243-0675
615-532-6500 fax 532-6514
virginia.trotter.betts@state.tn.us
**(Jackie Talley
Department of Mental Health and
Developmental Disabilities
Cordell Hull Building, 3rd Floor
Nashville, TN 37243-0675
615-532-6728
jackie.talley@state.tn.us)**

Commissioner Kenneth S. Robinson, MD
Department of Health
Cordell Hull Building, 3rd Floor
Nashville, TN 37247-0101
615-741-3111 fax 741-0544
kenneth.s.robinson@state.tn.us
**(Judy G. Eads
Department of Health
Cordell Hull Building, 1st Floor
Nashville, TN 37247-0501
615-741-6257 fax 741-5542
judy.eads@state.tn.us)**

MEMBERS OF THE TENNESSEE GENERAL ASSEMBLY

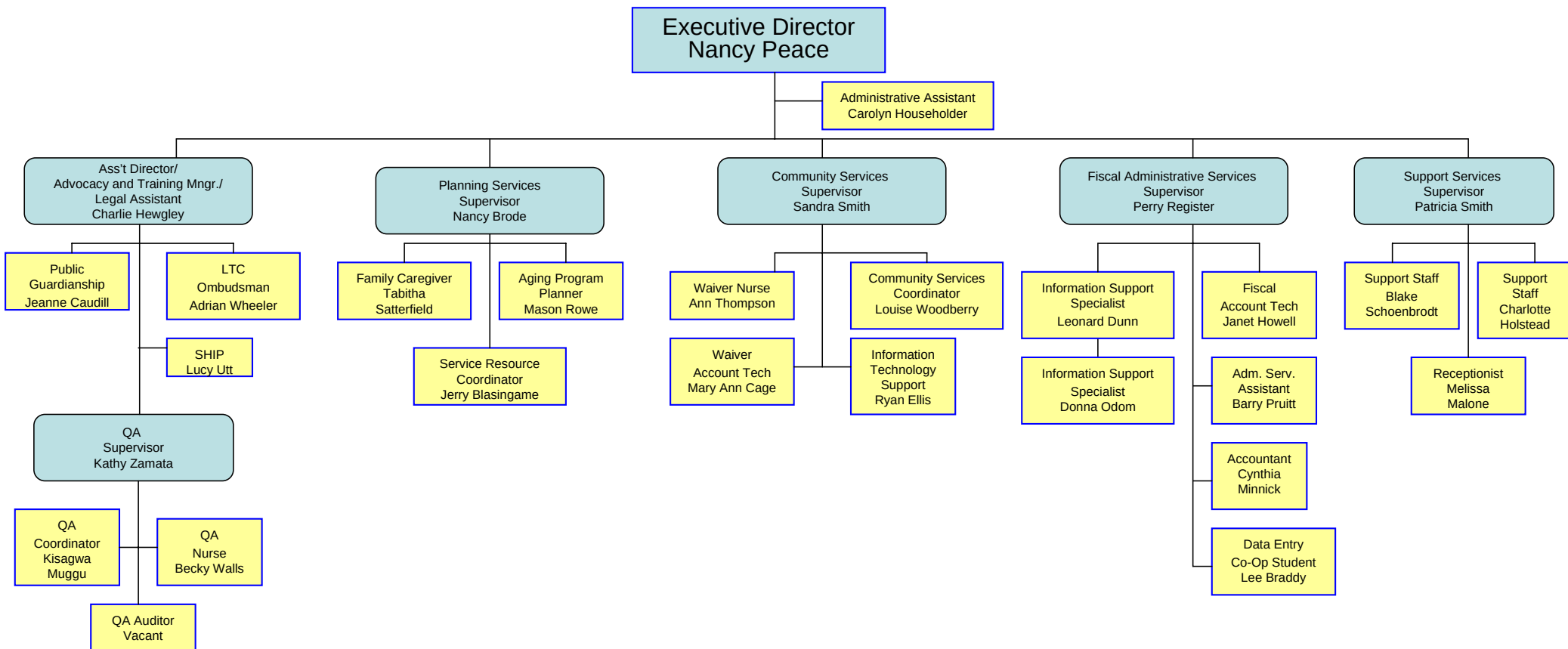
SENATE

The Honorable Curtis Person, Jr.
TN State Senate
308 War Memorial Building
Nashville, TN 37243-0031
615-741-2419 fax 741-7200
sen.curtis.person@legislature.state.tn.us

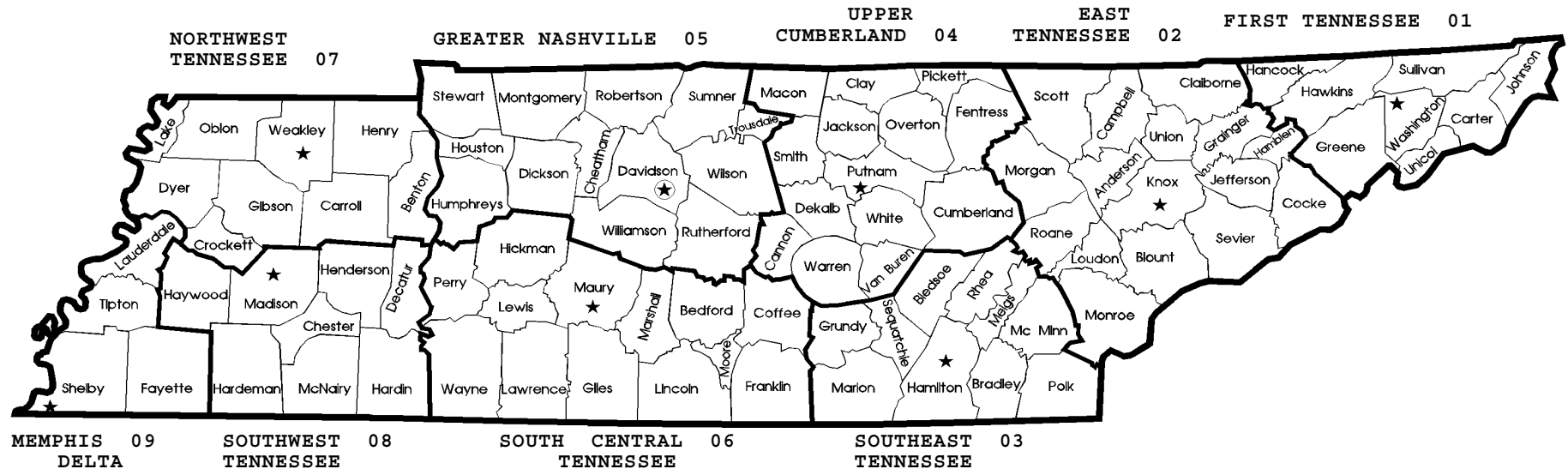
HOUSE OF REPRESENTATIVES

The Honorable Lois DeBerry
TN House of Representatives
17 Legislative Plaza
Nashville, TN 37243-0191
615-741-3830 fax 741-3992
rep.lois.deberry@legislature.state.tn.us

TN Commission on Aging and Disability



TENNESSEE AREA AGENCIES ON AGING AND DISABILITY



01 FIRST TENNESSEE AAAD

Kathy T. Whitaker, Director
First TN Dev. District
207 North Boone Street
Suite 800
Johnson City, TN 37604-5699
423-722-5102 FAX: 928-5209
kwhitaker@ftaaa.org

02 EAST TENNESSEE AAAD

Aaron Bradley, Administrator
East TN Human Resource Agency
9111 Cross Park Drive
Suite D100
Knoxville, TN 37923-4517
865-691-2551 ext. 216
FAX: 531-7216
abradley@ethra.org

revised 04/07/2005

03 SOUTHEAST TENNESSEE AAAD

Steve Witt, Director
Southeast TN Dev. District
535 Chestnut Street
Suite 300 (37402-4949)
PO Box 4757
Chattanooga, TN 37405-0757
423-266-5781 FAX: 424-4225
steve@sedev.org

04 Upper Cumberland AAAD

Judy C. Roberson, Director
Upper Cumberland Dev. District
1225 South Willow Avenue
Cookeville, TN 38506-4194
931-432-4111 FAX: 432-8112
jroberson@ucdd.org

05 GREATER NASHVILLE AAAD

Ernestine B. Bowers, Director
Greater Nashville Regional
Council
501 Union Street, 6th Floor
Nashville, TN 37219-1705
615-862-8828 FAX: 862-8840
ebowers@gnrc.org

06 South Central TN AAAD

Ed Brooks, Aging Prog. Director
South Central TN Dev. District
815 South Main St. (38401-3307)
PO Box 1346
Columbia, TN 38402-1346
931-381-2040 FAX: 381-2053
ebrooks@sctdd.org

07 NORTHWEST AAAD

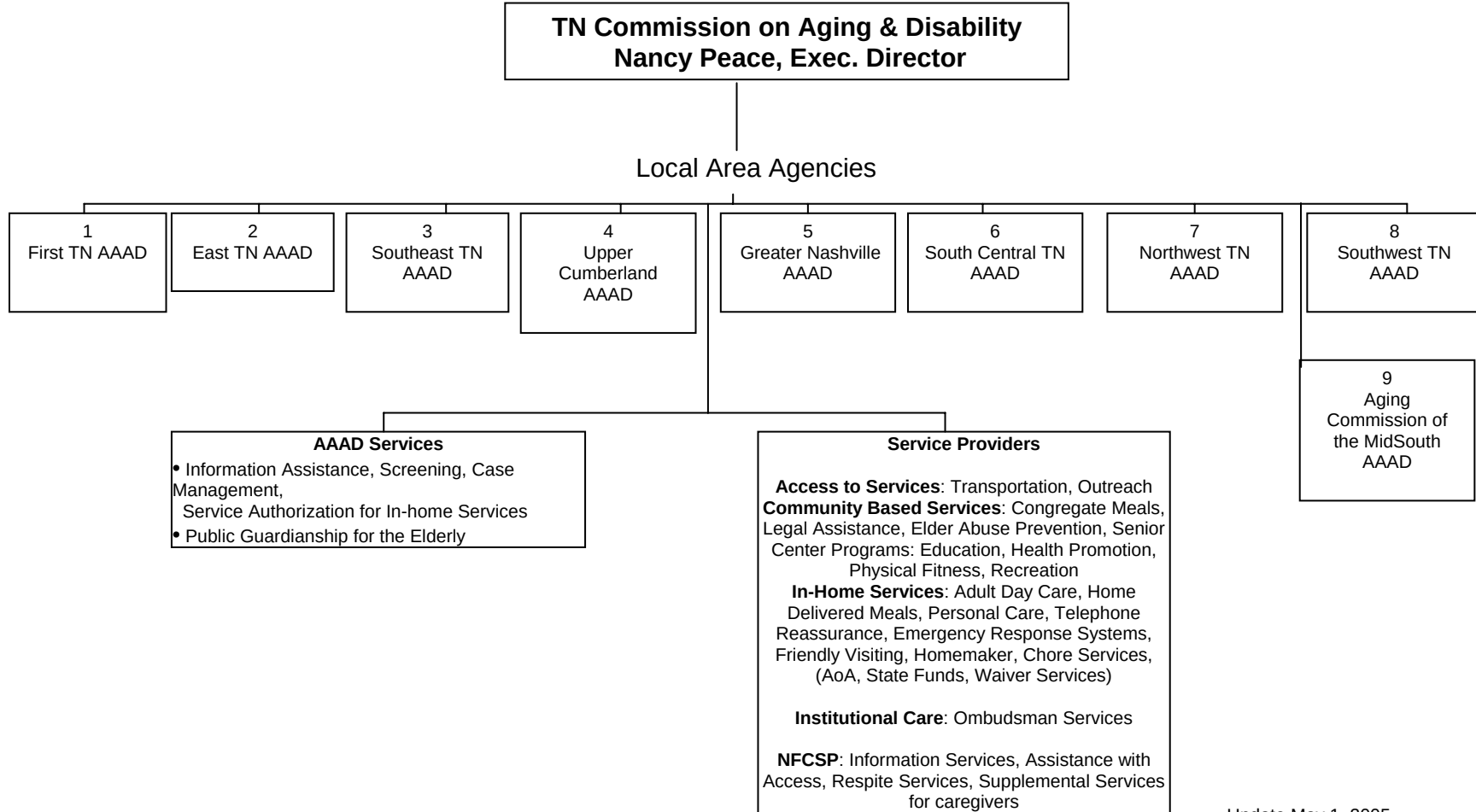
Susan C. Hill, Director
Northwest Dev. District
124 Weldon Drive (38237-1308)
PO Box 963
Martin, TN 38237-0963
731-587-4213 FAX: 588-5833
shill@charterbn.com

08 SOUTHWEST AAAD

Wanda C. Simmons, Director
Southwest TN Dev. District
Southwest TN Area Agency on
Aging and Disability
27 Conrad Drive, Suite 150
Jackson, TN 38305-2850
731-668-6403 FAX: 668-6421
wsimmons@swtd.org

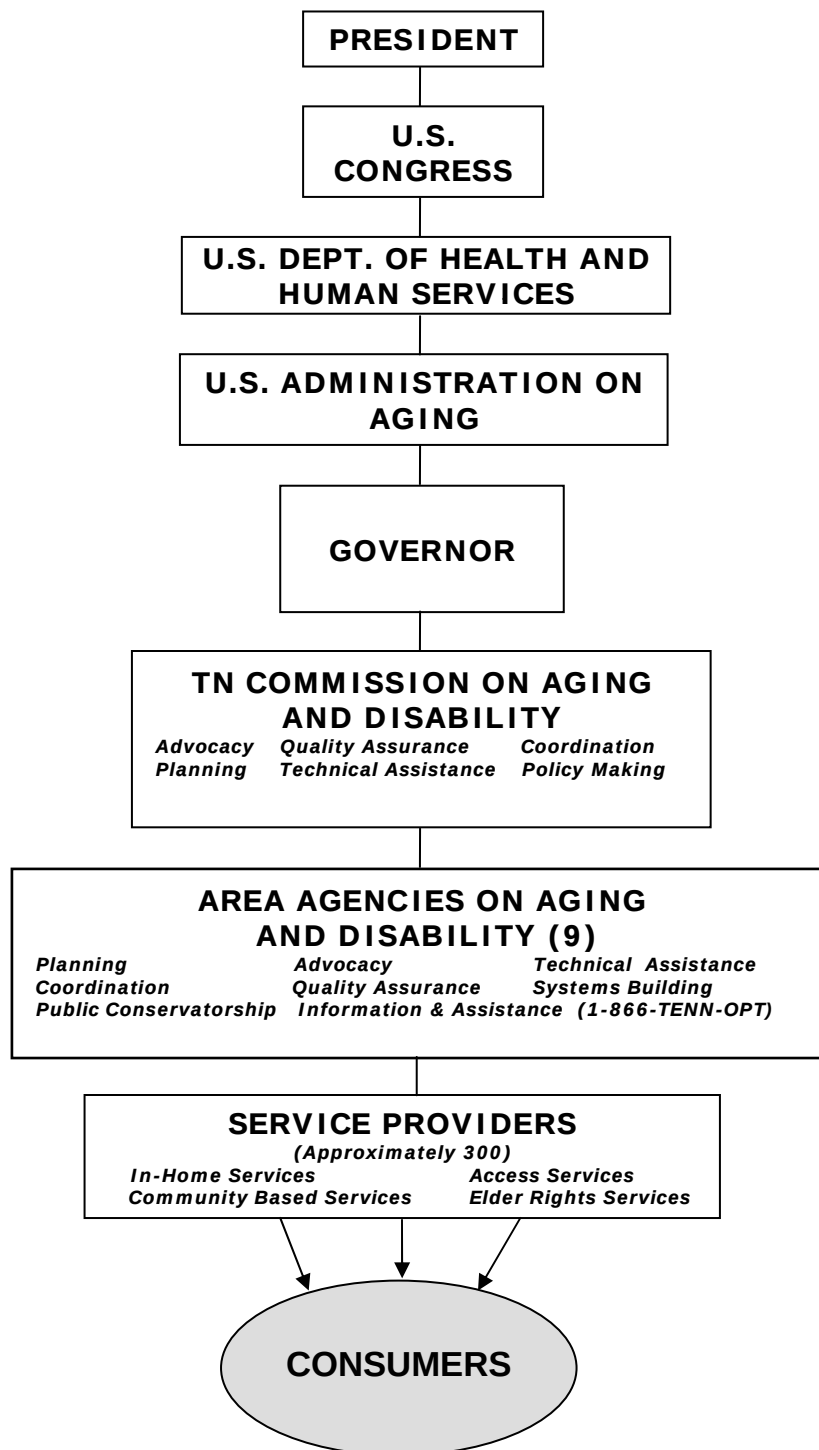
09 DELTA AAAD

Kathleen N. Spears, PhD
Executive Director
Aging Commission of the Mid-South
2670 Union Avenue Extended
Suite 1000
Memphis, TN 38112-4416
901-324-6333 FAX 901-327-7755
kspears@agingcommission.org



Update May 1, 2005

Aging Network Chart



Section II

Overview of Commission Programs

OVERVIEW OF COMMISSION ON AGING AND DISABILITY PROGRAMS

The Commission on Aging and Disability administers a wide variety of programs funded by the Administration on Aging and other federal agencies, as well as by the State of Tennessee. Local support comes from both government and private sources. A brief description of each program is provided below.

Older Americans Act Programs

Older Americans Act funds provide, in addition to a comprehensive array of services, the administrative infrastructure to deliver all of the other programs listed in this section. The following is a brief description of the community-based programs funded by the Older American Act and administered by the Tennessee Commission on Aging and Disability. As the designated state unit on aging, the Commission receives an annual allotment under Title III of the Older Americans Act as amended, from the Administration on Aging (AoA) in the U.S. Department of Health and Human Services. These funds are awarded to 9 Area Agencies on Aging and Disability based on an approved intrastate funding formula. The Area Agencies plan, develop, and implement a system of services for older persons age 60 and above in their respective Planning and Service Areas. This comprehensive and coordinated system of services is described in the area plans. Area agencies contract with provider agencies to deliver supportive services and nutrition services, including in-home services for frail older individuals. They also provide funding for multi-purpose senior centers. Older Americans Act programs administered include:

- Title III-B Supportive Services/In- Home Services
- Title III-C Nutrition Services
- Title III-D Disease Prevention and Health Promotion
- Title III-E National Family Caregiver Support Program
- Elder Rights Protection including Long-term Care Ombudsman Program, Legal Services and Elder Abuse Prevention

The following listings represent some of the services offered under Titles III-B, III-C, III-D and III-E of the Act:

Adult Day Care	Medication Management and Education
Case Management	Outreach
Chore Services	Personal Care
Congregate and Home Delivered Meals	Personal Emergency Response Systems
Homemaker Services	Respite Care
Legal Assistance	Support Groups for Caregivers
Long-Term Care Ombudsman	Transportation
Minor Home Modification/Repair	

National Family Caregiver Support (III-E)

The newest Title III program, authorized by the 2000 Amendments to the Older Americans Act, is the National Caregiver Support Program designed to provide the support needed for family caregivers to continue to provide care in the community as long as possible. Services are available to (1) family caregivers of older adults, age 60 and older, and (2) Grandparents or other older relatives caring for children not older than 18. Service categories include:

- Information for caregivers about available services
- Assistance for caregivers in gaining access to needed services
- Individual counseling, support groups, and training to help caregivers meet the challenges of the caregiver role.
- Respite Care to provide relief to caregiver for short periods of time.
- Limited supplemental services to complement care provided by care-givers and not available elsewhere, such as medical supplies, home delivered meals, and minor home modification/repairs.

Long-Term Care Ombudsman

Established in 1975, the Ombudsman Program is a statewide system of designated district ombudsman programs, funded by area agencies, for the purpose of receiving, investigating and resolving complaints made by or on behalf of older individuals living in nursing homes, assisted living facilities or residential homes for the aged. Each district program has a paid staff that, with the assistance of trained volunteers, investigates and resolves complaints from residents and their family members. The Ombudsman Program is administered by the Commission in accordance with Older Americans Act and state guidelines. The program is responsible to the Executive Director of the Commission and is operationally located within the Advocacy and Training section. The state Long-Term Ombudsman is appointed by the Executive Director. In addition to complaint investigation, the ombudsman program conducts annual visits to each long-term care facility.

Alzheimer's Demonstration Respite and Systems Building Project

The Commission is the recipient of a demonstration grant from the Administration on Aging providing respite services for approximately 300 persons with dementia and their families in Knox, Davidson, Humphreys, Houston and Stewart Counties. Also this project focuses on the following system level outcomes: (1) Implementation of the Resources for Enhancing Alzheimer's Caregiver Health (REACH) model in Tennessee, and Health Promotion/Disease Prevention services for Alzheimer's caregivers piloted by the Knox County Office on Aging; and (2) Implementation of family directed care in the Tennessee Aging Services in the Greater Nashville planning and service area. In Knoxville, in-home respite is provided through the Senior Companions Program. Adult day care and institutional respite options are also available. The family directed care

model is provided through the coordinated efforts of the Greater Nashville Area Agency Family Caregiver Program and Tennessee Respite Care Coalition.

Senior Centers

Multipurpose Senior Centers serve as local community focal points for aging activities in at least one location in each of Tennessee's 95 counties. They offer a wide variety of group and individual services that promote healthy lifestyles, provide learning opportunities, and provide social interaction and volunteer opportunities. Services include Education/Training, Health Promotion Programs and Health Screenings, Information about services, Fitness/Exercise programs, Social and Recreational events, and Telephone Reassurance and Visiting Services to homebound individuals. Most centers are supported through a combination of Federal, state, and local funds.

Statewide 1915c Home and Community Based Medicaid Waiver for the Elderly and Disabled

The Statewide Home and Community Based Services (HCBS) Waiver is intended to provide a community-based cost-effective alternative to institutional nursing facility care for eligible individuals. The Commission on Aging and Disability serves as the Administrative Lead Agency for the Waiver, in partnership with the nine Area Agencies on Aging and Disability. The program is administered under the supervision of the Tennessee Department of Finance and Administration, Bureau of TennCare.

The Medicaid Waiver program provides a variety of home and community-based services to older persons and other adults, over the age of 21 who are frail, functionally impaired, and at-risk of nursing home placement. Financial eligibility is determined by the Department of Human Services, and medical need is approved by the TennCare Bureau. Medicaid funds assist individuals to remain in the home. Individualized care plans are developed for each enrollee. The seven services available through the waiver are case management, homemaker, home-delivered meals, personal care, minor home modifications, personal emergency response systems, and short-term institutional respite in a nursing facility or assisted living facility.

State-Funded Home and Community-Based Long Term Care Services for Elderly and Disabled Adults

On July 1, 2000, the Commission received \$5 million in state funds to support information and referral and to initiate a home and community based service long term care services program for older persons and other adults with disabilities who do not qualify for Medicaid long-term care services. Initially limited to homemaker, personal care and home-delivered meals, the program is authorized to provide additional services although since funds are limited the original services continue to be the mainstay of the program. The program has long since reached capacity and in some areas the waiting period can be two years long.

State Funded Public Guardianship for the Elderly Program

Created in 1986 by the Tennessee General Assembly and administered through the Tennessee Commission on Aging and Disability and the nine Area Agencies, the Public Guardianship for the Elderly Program is designed to assist person 60 years of age and older who are unable to manage their own affairs and have no family member, friend, bank or corporation willing or able to act on their behalf. The establishment of the program grew from awareness by the aging network that there were many individuals in dire need of assistance due to various levels of incapacity. Public Guardians (Conservators) assist clients in obtaining the basic necessities of life including making decisions regarding their finances or needed medical care. The District Public Conservator, through court appointment, can legally make decisions for the care and management of the person and/or property of a disabled individual. The Guardianship Program is prohibited from initiating the court petition which may, however, be brought by a family member, friend or agency which is familiar with the circumstance of the disabled person. Older persons may also request District Public Conservators to serve as Durable Power of Attorney for Finances or Durable Power of Attorney for Health Care. In 1996, the legislature established a volunteer component to the guardianship program. Assistance from volunteers allows the program to extend services to more older persons.

Other State Funded Services for Elders

In addition to supporting senior citizens center programming, state appropriations provide funding for home-delivered meals and homemaker services.

State Health Insurance Assistance Program (SHIP)

SHIP is a federally funded program providing free insurance counseling and information about Medicare and health insurance coverage. Funding is from the The Centers for Medicare and Medicaid Services (CMS). Counselors help consumers recover out-of-pocket expenses that should have been paid by Medicare. Well-trained counselors and volunteers answer a wide variety of consumers' questions and assist with problem resolution. SHIP counselors located at each area agency can be contacted through a statewide toll-free line. (1-877-801-0044)

Senior Medicare Patrol Project (SMPP)

SMPP, a Federally-funded program designed to help combat fraud, waste and abuse in Medicare and Medicaid administered by the Upper Cumberland Area Agency on Aging and Disability has statewide coverage through the participation of all nine Area Agencies. Retired professionals across the state are recruited and trained to serve as volunteer community experts, educating Medicare and Medicaid beneficiaries on how to better monitor what is paid on their behalf and report discrepancies. SMPP programs work cooperatively with SHIP programs described above, including but not limited to, joint training and utilization of statewide volunteers.

Services Definitions Chart

Service	Unit Type	Programs Providing Care	Definition
Adult Day Care	One Hour	AOA SF HCBS	Provision of personal care for dependent adults in a supervised, protective congregate setting during some portion of a twenty-four hour day. Services sites may include intermediate and skilled care facilities, hospitals, churches, community centers, senior centers, and other appropriate, accessible facilities. Services offered in conjunction with adult day care includes social and recreational activities, training, and counseling, meals for adult day care; and/or services such as rehabilitation, medications assistance, and home health aide services for adult day health.
Assistive Technology	One Purchase	AOA SF HCBS	Programs that pay all or a portion of the cost associated with purchasing assistive technology products and/or services which are used to increase, maintain, or improve functional capabilities of individuals with disabilities. This can include cognitive/learning devices, control and signaling aids, daily living aids, hearing augmentation aids, mobility aids, prosthetic/orthotic/seating devices, recreational aids, speech aids and visual/reading aids.
Assisted Transportation	1-One Way Trip	AOA	Provision of transportation and assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicle transportation.
Benefits Screening	One Screening	AOA	Completion of standardized screening form.
Caregiver Training	One Hour: Group or Individual session	AOA	Programs that provide training for family members and other unpaid caregivers which focuses on care-related activities such as medication management, personal care and making the home environment safe and barrier-free as well as on stress management and other techniques to help the caregiver take care of him or herself.
Case Management	One Hour	AOA SF HCBS,	Assistance either in the form of access or care coordination in circumstances where the individual and/or caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities include assessing needs, developing care plans, and authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.
Child Day Care	One Hour	AOA	Providing care and supervision of children outside the child's own home, during some portion of a 24 hour day.
Chore	One Hour	AOA SF HCBS	Programs that offer the services of domestic workers who go into people's homes and help with heavy house cleaning chores. Activities include providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance.
Congregate Meals	One Meal	AOA	Provision to an eligible person, at a nutritional meal site, senior center or some other congregate setting, of a meal which: Complies with the Dietary Guidelines for Americans published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; Provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; Provides if two meals are served, together a minimum of 66 and 2/3 percent of the current daily RDA; Provides if three meals are served, together, 100 percent of the current daily RDA
Education/Training (Other than Health)	One Hour Session	AOA	Activities designed to assist individuals to acquire knowledge, experience or skills; provided to a group of older persons regarding issues related to their health, welfare, or well-being. Includes sessions to increase awareness in such areas as nutrition, financial management/consumerism, crime or accident prevention, promoting personal enrichment, increasing or gaining skills of a craft or trade.
Food Supplements	One Meal	AOA	Programs that provide very high calorie liquid dietary supplements that are needed by cancer patients and others who have difficulty swallowing, digesting or keeping food down. A meal requires a minimum of two cans.

Services Definitions Chart

Service	Unit Type	Programs Providing Care	Definition
Health Education	Individual: One Hour Session Group: Each Program Hour	AOA	Individual and/or group sessions that assist participants to understand how their lifestyle impacts their physical and mental health and to develop practices that enhance their total well being. Includes programs relating to prevention and reduction of chronic disabling conditions, (including osteoporosis and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight control and stress management.
Health Promotion/ Wellness	Individual: One Hour Session Group: Each Program Hour	AOA	See Definition Above
Health Risk Assessment	One Assessment	AOA	An assessment utilizing questionnaires or other diagnostic tools to test large groups of people for risk factors that are know to be associated with a disease or condition.
Health Screening	One Client Screened	AOA	Services which utilize diagnostic tools to test large groups of people for the presence of a particular disease or condition or for certain risk factors known to be associated with that disease or condition. Such as hypertension, glaucoma, high cholesterol, vision and hearing problems, diabetes.
Home Delivered Meals	One Meal	AOA SF HCBS MW	Provision, to an eligible person at the client's place of residence, of a meal that meets the RDA requirements as specified for Congregate Meals.
Home Injury Control	One Client Hour	AOA	Services which are aimed at preventing accidental injuries or reducing the extent of injury due to a fall or other preventable injury. Included services are: evaluation of the home environment and education designed to increase awareness of measures that elders can take to improve safety conditions of the home.
Homemaker	One Hour	AOA SF HCBS MW	Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, and doing light housework. Activities include routine household management tasks such as menu planning, budgeting, shopping, meal preparation, and light housekeeping.
Home Modification/Repair	One Modification or Repair	AO SF HCBS MW	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, hand rails, grab bars or repairing or replacing steps, repair of heating, plumbing, or electrical systems.
Individual Counseling	One Hour	AOA	Programs that offer personal therapeutic sessions in which the therapist works on a one-to-one basis with clients to help them resolve their mental, emotional or social problems. Provided by a Licensed Professional Counselor, Licensed Clinical Social Worker, or a Licensed Clinical Psychologist.
In Home Adult Care	One Hour.	AOA	Programs that provide care and supervision for dependent adults in their own homes during some part of a twenty-four hour day.
In Home Child Care	One Hour.	AOA	Programs that provide care and supervision for children in the child's own home during some portion of a twenty-four hour day.
Information & Assistance	One Contact	AOA SF HCBS	A service which provides 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 individuals to the opportunities and services that are available; to the maximum extent practicable, ensures that the individuals receive the needed services, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.

Services Definitions Chart

Service	Unit Type	Programs Providing Care	Definition
Information Services Booth/Exhibit Presentation to Public Print Media Radio Show TV/Cable Show Web-Site Event	One Activity	AOA	A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. Activities are directed to large audiences of current or potential caregivers.
Institutional Respite	One 24 Hour Period	AOA MW	Respite provided in assisted living, intermediate or skilled nursing care facility.
Legal Assistance	One Hour	AOA	Provision of legal advice, counseling and representation by an attorney or other person acting under supervision of an attorney to older individuals: (1) to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and (2) counseling or representation by a non-lawyer where permitted by law.
Long-term Care Screening	One Hour	SF HCBS	Completion of standardized screening form to determine if caller is likely to be eligible for SF HCBS Services
Material Aid/Resources	One Person	AOA	Programs that furnish and/or repair basic household and personal necessities for people who cannot afford to purchase and/or repair these items at retail prices and who qualify for this service on the basis of income.
Medical Equip/Supplies	One Purchase	AOA SF HCBS	Programs that provide necessary sickroom equipment, medical bandages, respiratory aids and other medical supplies that are required by people who are convalescing following surgery or illness.
Medicare Education	One Hour	AOA	Educational activities designed to inform older persons of the availability, benefits, and appropriate use of preventive health services which are available under Title XVIII of the Social Security Act (Medicare).
Medication Management Screening & Education	One Hour	AOA	Identification and counseling regarding the medication regime that individuals are using, including prescription and over the counter medications, vitamins and home remedies. Must be provided by a pharmacist or other qualified medical professional. These services also help to identify any dietary factors which may interact with the medication regime.
Nutrition Counseling	One Hour	AOA	Provision of one-on-one advice and guidance to individuals who are at nutritional risk because of their nutritional history, current dietary intake, medication use or chronic illnesses about options and methods for improving their nutritional status. Provided by a licensed registered dietitian.
Nutrition Education	Individual: Each Participant Group: One Session	AOA	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. <i>[Note: this is the only service of the 14 listed services in the SPR where the unit measure (one session) refers to either an individual or group service. In this case, for example a group of people attending a session on nutrition issues for the elderly would count as one unit of "Nutrition Education."]</i>
Nutrition Outreach	One Contact	AOA	Agency initiated activities designed to identify and provide one-on-one contact with isolated older persons or their caregivers who have unmet service needs and to assist them in gaining access to appropriate services; delivered by agencies designated by the area agency with a defined responsibility and trained staff specifically assigned for providing this service.
Nutrition Screening	One Screening	AOA	Administration of the NCI Determine Checklist to establish nutrition risk status and referral to appropriate resources for intervention for risk factors identified.
Outreach	One Contact	AOA	Agency initiated activities designed to identify and provide one-on-one contact with isolated older persons or their caregivers who have unmet service needs and to assist them in gaining access to appropriate services; delivered by agencies designated by the area agency with a defined responsibility and trained staff specifically assigned for providing this service.
Personal Care	One Hour	AOA SF HCBS MW	Providing personal assistance, supervision or cues for a person having difficulties with one or more of the following five activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed

Services Definitions Chart

Service	Unit Type	Programs Providing Care	Definition
Personal Emergency Response	One Installation Or One Monthly Fee	AOA SF HCBS MW	Programs that provide electronic equipment which connects frail elderly individuals or people who have disabilities with participating hospitals, paramedics or other sources of emergency assistance.
Pest Control	One Visit or Treatment	AOA	Programs that abate established infestations of insects, rodents and other pest which may endanger the health of the family or cause damage to homes.
Physical Fitness/Exercise	One Hour Session	AOA	Programs providing activities designed to improve strength, flexibility, endurance, muscle tone, reflexes, cardiovascular health and/or other aspects of physical functioning. Includes group exercise, and music therapy, art therapy, and dance-movement therapy including programs for multigenerational participation. Covers IIIB, State Aging and IIID
Pre-enrollment Assessment	One Hour	SF HCBS	Pre-enrollment assessment and assistance: Completion of in-home assessment with applicant prior to enrollment, using standardized assessment form and assistance in establishing eligibility. (Formerly LTC Assessment)
Public Guardianship For Elderly	One Hour	SFP	Protection of disabled older persons through care and management of the person and/or property. Service includes conservator, representative payee (under a conservator ship order, only), and attorney-in-fact under a durable power of attorney for finances and/or health care. Legal proceedings required prior to service delivery. Service limited to individuals who have no family member, friend, bank, or corporation willing and able to provide conservator ship service.
Recreation	Structured Activities: One Person Session *Unstructured	AOA	Providing activities (structured or unstructured) which foster the health and/or social well being of individuals through social interaction and the satisfying use of leisure time. *Service Unit for Unstructured Activities is one person per day regardless of the number of activities.
Shopping Assistance/Errands	One Hour	AOA	Programs that offer the services of individuals who are available to make short trips to purchase groceries, pick up prescriptions, withdraw or deposit money in the bank, drop or retrieve laundry and do other small tasks for people who have disabilities and frail elderly individuals who cannot leave their homes or are otherwise unable to perform these tasks for themselves.
Support Groups	One Session	AOA	Programs that offer sessions in which unrelated groups of seniors and/or their families discuss their attitudes, feelings and problems and, with input from other members in the group, attempt to achieve greater understanding and adjustment and explore solutions to their problem. RF-250
Telephone Reassurance	One Call	AOA	A telephone service to provide comfort or help to participants, usually staffed by volunteers.
Transportation	1-One Way Trip	AOA	Provision of transportation for a person who requires help in going from one location to another using a vehicle. Does not include any other activity.
Visiting	One Visit	AOA	Regularly scheduled visits to the residence of older participants to provide companionship and social interaction, usually staffed by volunteers.
Volunteers, Nutrition	One Hour of Volunteer Service	AOA	Providing opportunities for older individuals to do volunteer work in support of the nutrition program under the supervision of paid staff.
Volunteers, Senior Centers	One Hour	AOA	Developing opportunities for older individuals to do volunteer work under direction of senior staff, in public and non-profit community programs and services, recruiting and providing recognition of volunteer accomplishments.

AOA Administration on Aging Federal Funds

MW Medicaid Waiver

SF HCBS State Funded Home and Community Based Long-Term Care Services

SFP State Funded Programs for Aging

**Commission on Aging and Disability
Service Utilization Profiles FY 2004**

I. In-Home Services – Older Adults with Self-Care Disabilities (Funded by Older Americans Act, State HCBS, and state aging funds)

The following services are given special emphasis by the Administration on Aging. All services except assisted transportation require in-depth assessment prior to service delivery.

Service Name	Service Unit	Persons Served	Units Provided
Adult Day Care/Health	1 Hour	71	23,427
Assisted Transportation	1 One-way Trip	347	11,666
Case Management	1 Hour	7070	35,888
Chore Services	1 Hour	295	8,348
Congregate Meals	1 Meal	15,172	1,124,601
Home Delivered Meals	1 Meal	15,713	2,309,045
Homemaker Services	1 Hour	3,365	192,152
Nutrition Counseling	1 Hour	31	31
Personal Care	1 Hour	847	50,266
Total Unduplicated Clients		34,510	

Additional services for older adults with disabilities are provided largely by volunteers supervised by paid staff by senior centers and other providers.

Service Name	Service Unit	Persons Served	Units Provided
In-Home Adult Care	1 Hour	28	16,582
Shopping Assistance	1 Hour	667	5,667
Telephone Reassurance	1 Call	6,096	239,971
Friendly Visiting	1 Visit	6010	132,932

II. Services for Older Adults that Promote Health, Social Interaction and Life Long Learning/Assist with Service Access or Protect Elder Rights (Funded by Older Americans Act and State Aging Funds)

Service Description	Service Unit Name	Estimated Unduplicated Persons Served	Estimated Service Units
Benefits Screening	1 session	1,638	2,830
Education/Empowerment Classes	1 participant	50	697
Education/Training (other than health)	1 hour session	22,281	251,339
Health Education	1 hour session	4,314	35,125
Health Promotion	1 hour	3,553	43,145
Health Risk Assessment	1 assessment	127	127
Health Screening	1 screening	17,372	133,178
Home Repair/Rehab	1 hour	100	532
Information and Assistance	1 contact	-	140,013
Legal Assistance	1 hour	-	3,450
Long Term Care Screening 60+	1 screening	1,382	26,896
Long-term Care Ombudsman	1 case closed	-	1,411
Material Aid	1 person asst'd	1,382	25,485
Medicare Education	1 hour	1	2
Medication Management	1 hour	885	720
Nutrition Outreach	1 contact	7,522	11,109
Nutrition Referral	1 referral	75	76
Nutrition Screening	1 screening	16,224	20,829
Outreach	1 contact	-	29,755
Physical Fitness	1 session	2,433	104,396
Recreation	1 session	2,405	87,814
Senior Companion	1 hour	28	16,582
Shopping Assistance	1 hour	667	5,667
Telephone Reassurance	1 call	6,096	239,971
Visiting	1 visit	6,010	132,932
Volunteer, Sr. Centers	1 hour	3,305	71,232

- Reporting Tool does not collect number of persons

III. Services to Family Caregivers of Older Person and Grandparents Caring for Minor Relatives (Funded by Older Americans Act)

Caregiver Services (to Caregivers of Persons age 60 or older)	Persons	Units
Information Services	325,014	357
Assistance with access	3,723	9,303
Caregiver Counseling, Training, and Support Groups	2,348	598
Caregiver Respite		
A. Adult Day Care	147	28,000
B. Personal Care	476	23,437
C. In-home Adult Care	802	81,902
D. Institutional Respite	9	73
Supplemental Services	783	36,965
A. Meals	179	23,480
B. Homemaker	367	12,260
C. Other	239	1,245
Caregiver Services To Older Person Caring for Minor Relatives		
A. Information Services	250,230	253
B. Caregiver Training, Support Groups,	455	63
C. Other Services	72	7,509

IV. State Funded Home and Community Based Long-Term Care for Elderly and Disabled Adults (OPTIONS)

Service Name	Persons Active June 30th	Annual Unduplicated	
		Persons Served	Units
Information and Referral	3,141		26,870
LTC Screening	752	6,630	6,630
Initial in home assessment	81	1,346	1,346
Meals	533		
Homemaker	987		
Personal Care	443		
Assistive Technology	3	75	
Minor Home Repair	30	214	
Case Management/Service Coordination	759		
Unduplicated Persons Served		1556	
Active at 6/30/04	1482		

* Persons age 60+ receiving meals, homemaker, case management and personal care are included in Section I report, as well.

V. Grant Programs

State Health Insurance Program (SHIP) Funded by Center for Medicare and Medicaid Services.

Service Name	Individual Client Contacts
Information and Referral/Counseling	13,390

VI. Demographic Summary

Program Name	Number Served	Minority		Below Poverty	
		% Served	% 60+	% Served	% 60+
1. AOA Special Emphasis: In-home Services Older Adults.	34,510	19.6%	12%	44%	12.6%
2. All Services for Older Adults (including 1. above, excluding Caregiver)	111,757	9.7%	12%	22.7%	12.6%
3. State Funded HCBS for Elderly and Disabled (excluding I and R screening and initial assessment)	1556	20.6%	N/A	Percent <200% of FBR 94.3%	N/A

Section III

DEMOGRAPHICS AND NEEDS

Tennessee Demographics

The 2000 Census shows that Tennessee has a total population of approximately 5,689,283 persons. Tennessee is one of the more populous states of the southeast with both sophisticated metropolitan resources and considerable rural agricultural and forested areas. Eleven of the 95 counties have populations over 100,000 for a total of 2,959,498 persons, more than half of the states' total population.

<u>TENNESSEE POPULATION --- 1990 & 2000</u>	<u>1990</u>	<u>2000</u>
	<u>NUMBER</u>	<u>NUMBER</u>
Total population	4,877,185	5,689,283
SEX AND AGE		
Male.....	2,348,928	2,770,275
Female.....	2,528,257	2,919,008
Under 5 years	333,415	374,880
5 to 9 years	337,368	395,813
10 to 14 years	339,098	395,155
15 to 19 years	366,566	395,184
20 to 24 years	367,812	386,345
25 to 34 years	812,321	815,901
35 to 44 years	740,988	902,527
45 to 54 years	526,210	786,916
55 to 59 years	220,952	293,942
60 to 64 years	213,637	239,309
65 to 74 years	357,423	382,852
75 to 84 years	202,601	238,994
85 years and over	58,794	81,465
Median age (years)	33.5	35.9
18 years and over	3,660,581	4,290,762
Male.....	1,724,626	2,051,741
Female.....	1,935,955	2,239,021
21 years and over	3,421,633	4,046,450
62 years and over	746,988	842,141
65 years and over	618,818	703,311
Male.....	242,649	281,882
Female.....	376,169	421,429

Sources: U. S. Bureau of the Census, 1990 Census of Population, *General Population Characteristics* (1990 CP-1); U. S. Census Bureau, Census 2000.

Historically, the population of Tennessee is predominately White with a significantly large Black or African-American minority. Native Americans form a third, lesser, minority. Cherokees are in the eastern portion of the state with Chickasaws and Choctaws in rural western counties. True to the historical pattern, the 2000 Census shows that the majority racial group is White, constituting 80.2% of the population. The predominant minority population remains Black (16.4%), American Indian and Alaska Native (0.3%). Other ethnicities, however, are emerging. Asian groups - Asian Indian (0.2%), Chinese (0.2%), Filipino (0.1%), Japanese, (0.1%), Korean (0.1%), Vietnamese (0.1%), and other Asian (0.2%) - combine as 1% of the population, comprising the fourth largest minority grouping. Comparison with the 1990 Census reveals an

increase in all of the minority groups. Blacks increased from 16% to 16.8%, American Indian and Alaskan natives from 0.2% to 0.7%, Asian and Pacific Islander 0.7% to 1.2%. In the census, people of any race may describe themselves as Hispanic. In 1990, 0.7% responded as Hispanics. In 2000 the proportion choosing this response has grown to 2.2%.

Infrastructure and resources are concentrated more in the metropolitan areas. There are some 13,372 physicians in the state. Sixty-five percent, 9,039, are in Davidson, Hamilton, Knox, Shelby, and Sullivan Counties. The University of Tennessee Center for Health Sciences is in Shelby County, and Meharry Medical College and Vanderbilt University Medical Center in Davidson County. In the upper east part of the state, Washington, Hamblen and Greene Counties bring an additional 663 physicians or 6% of the total. This area is a third urbanized concentration of health professionals, the site of the Quillen-Dishner Medical School. Knoxville and Chattanooga are medical referral centers with substantial diagnostic and treatment resources. Other locations with substantial concentrations of health care professionals are often in neighboring counties. Madison County, along with Shelby County, in the western third of the state is a medical referral center for the western rural counties.

Rural counties, in contrast with these urban localities, have limited health care resources and few choices. In rural areas, general practice physicians must treat a large and diverse clientele. Oftentimes, patients must go to metropolitan centers for consultation and specialized health care. Social and support services would be similar to the health care resources. For example, day care centers able to assist with difficult, disabled persons are in the urban areas. Rural centers offer limited locations for respite. Rural resources of all sorts are comparatively thin.

Comparison of the 2000 data with information from the 1990 census identifies future directions. In 1990 the total population of Tennessee was 4,877,185; in 2000 the population has increased by 812,098, an increase of 16.65%. The population of the state as a whole, moreover, is older. In 1990 the median age was 33.5 years. In 2000 the median age is 35.9 years. Of this total population of over five and a half million, 942,620, 16.6%, are over 60 years of age. In 1990, 832,455 Tennesseans were over age 60; by 2000 this age group increased to 942,620, an increase of 13.2%. The aging of the older population carries implications for service need. In 1990 the population over 75 years of age, 261,395 persons, was 5.3% of the total state population. In 2000, that group has grown to 320,459 and is now 6.6% of the total population. This is a 22.6% increase. Those over 85 years of age are described as the old old, an age cohort with significant service needs. This age cohort has increased from 1.2% to 1.4% of the total population, and as a group has increased by almost 39%.

The 2000 Census marks considerable economic change in the nation. "Every racial and ethnic group experienced a drop in both the number of poor and the percent in poverty, as did children, the elderly, and people ages 25 to 44. ... Except for Whites the 1999 the poverty rates for the nation's major racial and ethnic groups set or equaled major lows." (U.S. Census Bureau, *"Poverty Rate Lowest in 20 Years, Household Income at Record High, Census Bureau Reports,"* Revised March 14, 2001.) The major source of income for the older population was Social Security (38%). The other major sources were earnings (21%), income from assets (20%), and pensions (18%). Nationally, older women continued to have a higher poverty rate (11.8%) than older men (6.9%). Older persons living alone or with non-relatives (22.2%) had higher poverty rates than those living with families (5.2%). Higher than average poverty rates correlated with

living in certain types of localities: central cities, rural areas, and the South. (A Profile of Older Americans: 2000)

Personal wealth and income in Tennessee usually lags behind national averages and trends. In 1997-1999 some 12.40% of Tennesseans all ages and 10.80% of the elderly have income below poverty level (Population Estimates Program). The 1990 Census shows that 15.7% of Tennesseans of all ages and 20.9% of persons over age 65 had poverty level incomes. The 12.40% marks a considerable improvement.

This 2000 Census reflects considerable change from the status reflected in 1990. These changes emphasize long range tendencies which should be addressed by the aging network and service programs. Culturally and linguistically appropriate programs may need to be more readily available as the population becomes more diverse and various ethnic groups become more numerous. The growing numbers of very old persons have particular needs: will experience higher rates and levels of disability, will need the support of supportive services, will have incomes which may not match the improvements experienced by those of other groups. Jacob Siegel observes: "Moreover, there will be large increases in the numbers of some very vulnerable groups, such as the oldest old living alone, especially women; elderly racial minorities living alone and with no living children; and unmarried elderly persons with no living children or siblings." [Aging in the 21st Century, May 1996.]

Disability

A disability may be "defined as the inability to perform, or to perform without assistance, an Activity of Daily Living (ADL) or an Instrumental Activity of Daily Living (IADL). ADLs include eating, getting in and out of bed, getting around inside, dressing, bathing and using the toilet. IADLs include the ability to do heavy laundry, meal preparation, grocery shopping, getting around outside, getting places outside of walking distance, money management, using the telephone, and taking medications." (Limitations in Activities of Daily Living Among the Elderly: Data Analyses from the 1989 National Long Term – Care Survey, p. 1.) ADLs and IADLs readily translate into information on independent living capacity of a given individual or of overall community needs. Limitations serve as indicators of physical health status and the possible needs for both individuals and aggregate populations. ADLs, soon followed by IADLs, have been used extensively throughout the last half of the 20th century. (Kane and Kane, Assessing the Elderly, pp 34-36.)

The majority of the elderly function very well in the community. The likelihood of disability increases with age. Minority or nonwhite populations may be at greater risk. The disabled population is very diverse. "There is increasing recognition that the medical model of diagnosis, treatment, and cure that has dominated the structure of our health care system is a poor fit with the needs of people for whom cure is not a possibility but who may lead a full life with their disability. A different model of care and support is needed when the goal is not preventing death but instead managing life with a disabling condition. People with disabilities may also have social, emotional, and rehabilitative needs, and these vary widely among individuals." [Susan M. Allen, Vincent Mor, "*Unmet Need in the Community*," p.134.]

Long-term care needs differ among elderly, working age adults, and children, according to the expectations and everyday activities typical for each life stage. “Severely disabled children frequently need services to support their families in continuing the care they already provide as well as assistance with learning basic life skills and attending school. In contrast, non-elderly adults more often require services to help them establish their own households or regain lost skills. They may want assistance to enable them to work and participate in related activities. Elderly people, who often no longer work, may instead need long-term care services that let them maintain their independence and stay in their own homes and communities despite a decline in their abilities.” [GAO, Long-Term Care, pp. 12-13.] The need for long-term care or the risk for needing these services is often described in terms of performance of the activities of daily living (ADL) and the instrumental activities of daily living (IADL). Activities of daily living are the basic activities of bathing, bed/chair transferring, dressing, using the bathroom, eating, and walking. Nationally, difficulties with walking and bathing are the most frequently encountered deficits, with 8.9% and 7.7%, respectively, of the elderly having these difficulties. Bed/chair transferring and dressing are next most common, using the bathroom and eating difficulties are the least frequent. Instrumental activities include using the telephone, handling money, shopping, getting about the community, preparing meals, and doing light housework. Getting about the community (13%) and shopping (11.5%) were those tasks with which more people had difficulty. Using the telephone (4.4%) and handling money (6.3%) were less frequently seen as problems. [J. Leon and T. Lair, Functional Status of the Noninstitutionalized Elderly: Estimates of ADL and IADL Difficulties, National Medical Expenditure Survey, Research Finding 4, Agency for Health Care Policy and Research, 1990, pp.6-7.]

Rosalie Kane defines long-term care (LTC) as “an individualized blend of health, personal care and social services for persons whose functional impairments dictate that they receive assistance with tasks of everyday living. LTC can be received in residential settings such as nursing homes, but persons living in their own homes receive more often. It may be provided by paid long term care workers, but the bulk of it is provided on a voluntary basis by family and friends.” Long-term care involves helping people with the activities of daily living – bathing, eating, dressing, and using the bathroom. It may also include assistance with housekeeping, shopping, and money management. Long-term care takes place in a variety of settings – the home, community facilities, day care facilities and nursing homes. Nursing homes may serve as community day care sites and often provide rehabilitation services. [Rosalie A. Kane, “*Ethical and Legal Issues in Long-Term Care: Food for Futuristic Thought*,” The Journal of Long-Term Care Administration, Fall 1993, p. 66]; [Walter N. Leutz, John A. Capitman, Margaret MacAdam, and Ruby Abrahams, Care for Frail Elders: Developing Community Solutions, p. 21]

The General Accounting Office study describes the population needing long-term care as the following: “The long-term care population today includes more than 12 million people who say they need assistance with everyday activities as a result of chronic conditions such as heart disease, mental retardation, or acquired immunodeficiency syndrome (AIDS). Contrary to popular perception, millions of these people are not elderly. About five million are working-age adults and about half a million are children under age 18.” The study shows that their needs range from around-the-clock nursing to occasional household assistance. Five million one hundred thousand of these people are so disabled that they need assistance with basic self care activities such as eating and going to the bathroom. Approximately half of this severely disabled

group, 2.4 million persons, lives in institutions such as nursing homes. Two million seven hundred thousand, however, live at home and in community settings. Of all the disabled, four-fifths live in the community. [GAO, Long-Term Care, p. 2]

Long-term care needs of varying intensity cut across all age groups. Nationally, the disabled constitute slightly more than 4.6% of the population. Based on national tendencies, about 3% of the disabled are children, 40% working age adults, and 57% elderly persons. [GAO, Long-Term Care: Diverse, Growing Population Includes Millions of Americans of all Ages.]

The National Aging Information Center surveyed patterns found among older persons with mobility and self care limitations lasting six months or longer. “Southern states with relatively large rural populations appear to have the highest concentration of persons 60+ years with limitations. “Mississippi has the highest concentration of disabled elderly. Tennessee shares the eighth rank with Washington D.C. In the proportion of 85+ elderly with limitations Tennessee ranks 7th in the nation. [Older Persons with Mobility and Self-Care Limitations: 1990.]

MOBILITY AND SELF-CARE LIMITATIONS OF PERSONS 60+, BY AGE: 1990. UNITED STATES						
CIVILIAN, NON-INSTITUTIONALIZED PERSONS						
AGE	WITH MOBILITY OR SELF-CARE LIMITATION				WITH NEITHER LIMITATION	TOTAL
	Mobility Limitation Only	Self-Care Limitation Only	With Both Imitations	Total		
PERCENT DISTRIBUTION, BY MOBILITY & SELF-CARE LIMITATIONS						
TOTAL, 60+	6.9	4.2	6.2	17.3	82.7	100.0
60-64	3.4	3.5	2.7	9.6	90.4	100.0
65-74	4.9	4.2	4.2	13.3	86.7	100.0
75-84	11.1	5.0	9.7	25.8	74.2	100.0
85+	21.9	4.4	23.5	49.8	50.2	100.0

(www.aoa.dhhs.gov/aoa/stats/moblomit/mobilitylimit.html)

National patterns indicate that 83% of the elderly have neither self care nor mobility limitations. On the whole, persons ages 60 to 64 and 65 to 74 have a smaller proportion of elderly with

limitations. Those in the 75 to 84 and 85+ age groups form a group with the larger share of the 60+ non-institutionalized with all types and combinations of limitations. It is with the 85+ age category that the percentage with neither limitation declines considerably, to about 50%. (Older Persons with Mobility and Self-Care Limitations: 1990.) Nearly 84% of persons 65+ had no ADL or IADL limitation lasting three months or longer. Nearly 89% of those 65+ had no ADL limitation lasting six months or longer, 93.8% of those 65 to 74 had no ADL limitations. The majority of individuals over age 85 (51%) reported neither ADL nor IADL problems lasting more than three months. Almost half (48.7%), however, had at least one ADL or IADL limitation. More than a third (38.1%) were limited in both. Men (88%) were more likely than women (81%) to have neither IADL nor ADL limitation. (Limitations in Activities of Daily Living Among the Elderly: Data Analyses from the 1989 National Long-Term Care Survey, p. 2.) Almost two thirds of all elderly without ADL/IAD limitations (65%) were between 65 and 74 years of age. Nearly 30% were between 75 and 84. Only 4.8% of those without ADL/IADL problems were 85 years old and older. (Limitations in Activities of Daily Living Among the Elderly: Data Analyses from the 1989 National Long-Term Care Survey, p. 10.) Nonwhites compared with white have a greater proportion in all ADL limitations in the 65 to 74 and the 85+ age categories. Minority populations (nonwhite) were between 1.7 and 2 times more likely to report each of the ADL limitations. (Limitations in Activities of Daily Living Among the Elderly: Data Analyses from the 1989 National Long-Term Care Survey, p. 50, p. 58.)

Stephen R. Gregory, AARP Policy Institute, examines varied federal surveys exploring the issue of disability. The National Health Interview Survey, carried out annually since 1957 by the National Center for Health Statistics, describes the health of the nation on a broad range of health topics. Disability refers to any long-term reduction or limitation in a person's capacity to perform the average number of activities for his age group because of a chronic condition. This survey is well-established and conservative, and the rates suggested in the survey results seem widely applicable. Some 6% of the population over age 65 needs help with ADLs, and 11.9% need help with IADLs. More than one in eight (12.8%) individuals over 65 report needing assistance with ADLs and IADLs due to chronic conditions. [Steven R. Gregory, "Disability: Federal Survey Definitions, Measurements, and Estimates," Data Digest, AARP Public Policy Institute, August 2004, p. 4.]

Formal services do not and cannot provide the extensive services needed by the disabled population of Tennessee. In all communities and localities of Tennessee, much of that assistance is being provided by family and friends. Providing services to aged and disabled persons is nothing new. For millennia, the family caregiver-- spouses, mostly wives, children, siblings, parents, and others have provided most of the care needed by the frail dependent diversely disabled population of all ages. Persons of all ages need long term care, and that population generally, by a substantial majority in every age group, does not live in institutions. Children make up slightly over 3% of the long-term care population, and almost four of every five children of these children needing long-term care are in community settings. Working age adults make up two fifths of the long-term care population, and almost nine of every 10 are in community settings. Somewhat more than half, 57%, of the population needing long-term care are elderly, and almost eight in every ten are in the community. [United States General Accounting Office, Long-Term Care: Diverse, Growing Population Includes Millions of Americans of All Ages, November 1994, p. 5]

Contemplating the numbers of persons needing assistance is daunting. The Administration on Aging analyzed the census data. Of the 668,071 persons in Tennessee over age 65, almost 320,000 or 47.8% reported some disability, 229,000, 34.3% a physical disability, 96,000, and 4.3%, a mental disability. Almost 81,000, 12.1%, reported a self-care disability, while 161,000, 24.1%, almost twice that number, reported a go-outside home disability. Pointing to the considerable need in Tennessee, the rates in Tennessee are consistently higher than those nationally. Nationally, 41.9% of elderly were disabled compared with 47.8% in Tennessee, 28.6% physically disabled compared with 34.3%, mental disability, 10.8% compared with 14.3%, self-care, 9.5% compared to 12.1%, and 20.4% compared with 24.1% for go outside home disability.

Neither public nor private resources are available to meet all of the extensive long term care needs with institutional and paid formal care. Today, as in the past, we are continuing to rely on and must rely on the informal family caregiver. Reflecting the overwhelming consensus, Robyn I. Stone describes the family as the chief provider of long-term care. Two-thirds of the elderly have no help except informal help. Help increases as disability increases. Citing research from the National Academy on Aging, Stone writes: "The importance of an informal support system is underscored by the fact that that 50% of the elderly with long-term care needs who lack a family network live in nursing homes compared with 7% of those with family caregivers. With one older person in eight needing some assistance, the mainstay of long-term care in the community is the family caregiver."

The continuum of care and formal services for older persons throughout Tennessee is relatively thin; services in rural localities may be unusually scarce. In all localities, waiting lists for vitally needed in-home services are common and extensive. For those receiving services, the actual hours and units of assistance provided to the consumer is limited. Caregivers and consumers, no doubt, are thankful for what they do receive. But what positive outcomes in ADL and IADL functioning and overall rehabilitation could result from low-intensity in-home services?

Among both the elderly and non-elderly, arthritis and heart disease are the two most common causes for long-term care needs. Alzheimer's disease and its related disorders are another major underlying cause for the need for long-term care. No reliable information is available showing the exact number of persons afflicted by Alzheimer's disease and related disorders in Tennessee. Alzheimer's is not a reportable disease in Tennessee and no research has been conducted on the prevalence of the disease in the state. Reliable estimates based on national data indicate that Alzheimer's disease is a major health concern for the elderly of Tennessee. The GAO estimates that 5.7% of the population over age 65 have some degree of Alzheimer's disease. Moderate or severe Alzheimer's disease is found in 3.3% of this population. Based on these estimates, 42,068 Tennesseans over 65 years of age have Alzheimer's disease, and of these, 24,355 people would have moderate or severe Alzheimer's. There is general agreement that the incidence of the disease increases with age, and the GAO estimates that 58% of the people with Alzheimer's are between the ages of 75 and 89. These estimates are projected from prevalence rates from 18 different studies, and the individual studies have produced estimates of the percentage of elderly with any type of Alzheimer's varying from 2 percent to 12 percent. [GAO, Alzheimer's Disease:

Estimates of Prevalence in the United States, A Report to the Secretary of Health and Human Services, January, 1998, p. 6]

Their own families provide most of the care for most of these persons. Minimal services are available to assist persons with Alzheimer's disease and their caregivers. Medical, health, and social service resources to assist this population are concentrated in the metropolitan areas and have been developed, maintained, and supported through local initiative.

This demographic overview points out the likely size of the population needing assistance with long-term care. The population includes infants, working age individuals, and older persons. Persons needing long-term care services reside predominately in the community and receive their primary care from family and friends. Some of those needing assistance will need only occasional support while a smaller proportion of them will require substantial assistance.

Rates of disability increase with age, and, with the general aging of the American population, the number of disabled persons increases. In Tennessee, persons over 65 years of age are estimated to number 12.4% of the population. When all baby boomers have achieved the ranks of senior citizens in 2030, those over 65 will constitute 20% of the total American population. Projected life expectancy for a 65-year-old in 2030 is 17 years for a man and 21.8 years for a woman. This is a considerable gain over the 15.7 years for a man and 20.3 years for a woman estimated for the year 2000. Susan Allen and Vincent Mor summarize the debate concerning the impact of the increased life expectancy: "Scientists disagree about the implications of increasingly longer life spans. Some are convinced that longer survival allows time for the onset of other illness or conditions, resulting in higher levels of disability among tomorrow's elderly population than among today's. Another theory is that continued medical advances and improved health practices delay disease to advanced ages. Thus, the average American will experience a "compression of morbidity," in which disability is confined to the several years before death. Regardless of which theory turns out to be correct in the end, the combined effects of population aging and extended life expectancy guarantee a substantial increase in the number of people who will require daily support over the next several decades." [Susan M. Allen and Vincent Mor, *"Unmet Need in the Community,"* p. 135]

TENNESSEANS --- 2000: PREVALENCE OF DISABILITY BY AGE, RACE, AND HISPANIC ORIGIN
(Estimates Adapted from *Americans with Disabilities*: 1997 AOA)

	<u>WITH A DISABILITY BY SEVERITY AND NEED FOR ASSISTANCE</u>						
	<u>TOTAL</u>	<u>All Severities</u>		<u>Severe</u>		<u>Needs Assistance</u>	
		<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
BOTH SEXES, ALL RACES, ALL AGES	5,689,283	1,120,789	19.7	699,782	12.3	216,193	3.8
Under 15 years	1,165,848	90,936	7.8	44,302	3.8	4,663	0.4
15 years and over	4,523,435	1,040,890	23.0	669,468	14.8	212,601	4.7
15 to 24 years	781,529	83,624	10.7	41,421	5.3	-----	-----
25 to 44 years	1,718,428	230,269	13.4	139,193	8.1	32,650	1.9
45 to 54 years	786,916	177,843	22.6	109,381	13.9	28,329	3.6
55 to 64 years	533,251	190,371	35.7	129,047	24.2	31,462	5.9
65 years and over	703,311	383,305	54.5	265,111	37.7	117,453	16.7

Strategic Service Implications

Tennessee has higher rates of disability than national rates. That needs information is of considerable importance. An ounce of prevention is worth a pound of cure, but health promotion and disease prevention activities in Tennessee are underemphasized and underfunded. Effective strategies of disease prevention and health promotion can lessen the disabilities burden. The Centers for Disease Control, the National Center for Chronic Disease Prevention and Health Promotion, emphasizes that the strategies of reducing behavioral and socio-environmental risks and reducing risks for illness and preventing disability have not been aggressively applied to the aging population. The focus is on managing illness. The National Center for Chronic Disease Prevention and Health Promotion emphasizes: “The leading causes of illness and death among people age 65 and older are heart disease, cancer, and stroke, chronic diseases that result not only in premature death, but in many cases reduce the quality of life. Approximately 80% of all seniors have at least one chronic condition, and 50% have at least two. Chronic diseases are among the most prevalent, costly, and preventable of all health problems.” Services to assist in this prevention are sparse.

Lifestyle changes can prevent many of the causes of chronic illness and early death. “Stop smoking and limit alcohol intake. Be moderately physically active for half an hour on five days or more of the week. Maintain a healthy weight. Eat a diet low in fat to control cholesterol levels.”

Arthritis affects almost half (49.5%) adult males over 70 and over three in every five women (63.8%). It is the leading cause of disability in the United States and the second leading cause of work related disability. Arthritis is not now curable but the National Center for Chronic Disease Prevention and Health Promotion stresses early diagnosis and appropriate management of the disease. Self management involves regular exercise, weight control and learning enough about the disease so the patient and physician can make joint treatment decisions. Arthritis self management courses are available from local chapters of the Arthritis Foundation.

About one in every five older adults has diabetes, and the complications of diabetes are more severe with old age. Diabetes education can assist in preventing or delaying many of the devastating consequences of diabetes. Support for this effort is important, as CDC Epidemiologist Catherine H. Hennessy notes, “It’s a big burden in terms of self-management besides being a serious health problem at a time in life when people are facing a lot of changes.”

The Center for Disease Control emphasizes that poor health and loss of independence are not inevitable consequences of old age. There are five opportunities which should be grasped: (1) healthy life style, (2) Early detection of disease, (3) Immunization, (4) Injury prevention, (5) Self- management techniques. These opportunities can be a pivotal step in counterbalancing the high rates of disability among Tennessee elderly.

State of TENNESSEE

Population By Age Categories		Grandparenting	
All Ages	5689285	Grandparents 60+ Responsible for Grandchildren	15,930
60-64	239230	Grandparents 60+ Living with Grandchildren	24,440
65-69	204820	Grandparents <60 Responsible for Grandchildren	45,330
70-74	180420	Grandparents <60 Living with Grandchildren	34,280
75-79	145040		
80-84	92835		
85+	79725		
60+	942070		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	830800	< 5th Grade	43685
African American	99605	5th - 8th Grade	182510
American Indian	1160	9th-12th No Diploma	177020
Asian	3440	High School Diploma	269910
Other Minorities	7075	Some College	151305
<i>Ethnicity</i>		Bachelors	66935
Non Hispanic	937459	Master/Professional/Doctorate	50700
Hispanic	4605		
By Gender (60+)		Medical Facility Beds	
Male	394515	Skilled Nursing Facilities	703311
Female	547555	Hospitals	
		General	23396
		Mental Health	
		VA	
Living Situation (60+)			
Living alone	243610		
Financial Status (60+)		Disability Status	
Below Poverty Level	110975	Self Care <60	75067
Minorities below Poverty Level	25917	Self Care 60+	86310
Elder Housing			
Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	8.29	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	4744
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	78190	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	4583
		Home for the Aged	356
		Assisted Living Facilities	193

Area Profile First Tennessee

Population By Age Categories		Grandparenting	
All Ages	475410	Grandparents 60+ Responsible for Grandchildren	1260
60-64	24105	Grandparents 60+ Living with Grandchildren	1,820
65-69	20630	Grandparents <60 Responsible for Grandchildren	3,290
70-74	18445	Grandparents <60 Living with Grandchildren	2,150
75-79	14670		
80-84	9435		
85+	7845		
60+	95130		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	93160	<5th Grade	4860
African American	1240	5th - 8th Grade	21940
American Indian	95	9th - 12th Grade No Diploma	16935
Asian	160	High School Diploma	26205
Other Minorities	475	Some College	14230
<i>Ethnicity</i>		Bachelors	6740
Non Hispanic	94803	Master/Professional/Doctorate	4220
Hispanic	315		
By Gender (60+)		Medical Facility Beds	
Male	40380	Skilled Nursing Facilities	2511
Female	54745	Hospitals	
		General - Remaining Counties	1065
		Sullivan	1026
		Mental Health	
		VA	
Living Situation (60+)		Disability Status	
Living alone	25340	Self Care <60	7663
		Self Care 60+	8868
Financial Status (60+)		Elder Housing	
Below Poverty Level	12445	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	750
Minorities below Poverty Level	492	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	495
		Home for the Aged	23
		Assisted Living Facilities	12

Area Profile East Tennessee

Population By Age Categories		Grandparenting	
All Ages	1045365	Grandparents 60+ Responsible for Grandchildren	2,860
60-64	48680	Grandparents 60+ Living with Grandchildren	4,040
65-69	41920	Grandparents <60 Responsible for Grandchildren	7,100
70-74	36235	Grandparents <60 Living with Grandchildren	5,430
75-79	29720		
80-84	17985		
85+	15235		
60+	189775		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	181730	<5th Grade	9525
African American	5955	5th - 8th Grade	38380
American Indian	220	9th - 12th Grade No Diploma	31765
Asian	400	High School Diploma	54150
Other Minorities	1452	Some College	30610
<i>Ethnicity</i>		Bachelors	14820
Non Hispanic	189043	Master/Professional/Doctorate	10525
Hispanic	715		
By Gender (60+)		Medical Facility Beds	
Male	80785	Skilled Nursing Facilities - Remaining Counties	4940
Female	108985	Skilled Nursing Facilities - Knox Hospitals	2054
		General -Remaining Counties	1638
		Knoxville	2420
		Mental Health	
		VA	
Living Situation (60+)		Disability Status	
Living alone	48555	Self Care <60	15529
		Self Care 60+	17091
Financial Status (60+)		Elder Housing	
Below Poverty Level	21120	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	985
Minorities below Poverty Level	1857	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	790
		Homes for the Aged	74
		Assisted Living Facilities	39

Area Profile South East

Population By Age Categories		Grandparenting	
All Ages	566255	Grandparents 60+ Responsible for Grandchildren	1820
60-64	25865	Grandparents 60+ Living with Grandchildren	2,280
65-69	22685	Grandparents <60 Responsible for Grandchildren	4,900
70-74	19115	Grandparents <60 Living with Grandchildren	3,190
75-79	15430		
80-84	10000		
85+	8490		
60+	101585		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	91315	<5th Grade	4225
African American	8980	5th - 8th Grade	18120
American Indian	119	9th - 12th Grade No Diploma	19220
Asian	344	High School Diploma	29090
Other Minorities	830	Some College	18040
<i>Ethnicity</i>		Bachelors	7720
Non Hispanic	101128	Master/Professional/Doctorate	5165
Hispanic	450		
By Gender (60+)		Medical Facility Beds	
Male	42410	Skilled Nursing Facilities - Remaining Counties	2001
Female	59180	Skilled Nursing Facilities - Hamilton Hospitals	1894
		General -Remaining Counties	875
		Hamilton	1589
		Mental Health VA	
Living Situation (60+)		Disability Status	
Living alone	26400	Self Care <60	7605
		Self Care 60+	9048
Financial Status (60+)		Elder Housing	
Below Poverty Level	11955	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	325
Minorities below Poverty Level	2518	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	540
		Homes for the Aged	16
		Assisted Living Facilities	16

Area Profile Upper Cumberland

Population By Age Categories		Grandparenting	
All Ages	305000	Grandparents 60+ Responsible for Grandchildren	800
60-64	15795	Grandparents 60+ Living with Grandchildren	1,140
65-69	13685	Grandparents <60 Responsible for Grandchildren	1,990
70-74	12250	Grandparents <60 Living with Grandchildren	1,470
75-79	9035		
80-84	5760		
85+	4995		
60+	61520		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	60395	<5th Grade	4070
African American	645	5th - 8th Grade	17335
American Indian	105	9th - 12th Grade No Diploma	10850
Asian	69	High School Diploma	15945
Other Minorities	319	Some College	7740
<i>Ethnicity</i>		Bachelors	3025
Non Hispanic	61197	Master/Professional/Doctorate	2540
Hispanic	320		
By Gender (60+)		Medical Facility Beds	
Male	26950	Skilled Nursing Facilities	2230
Female	34575	Hospitals	
		General	1068
		Mental Health	
		VA	
Living Situation (60+)			
Living alone	15560		
Financial Status (60+)		Disability Status	
Below Poverty Level	9580	Self Care <60	4883
Minorities below Poverty Level	362	Self Care 60+	6134
Elder Housing			
Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	6.18%	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	405
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	3800	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	290
		Home for the Aged	17
		Assisted Living Facilities	11

Area Profile Greater Nashville

Population By Age Categories		Grandparenting	
All Ages	1411725	Grandparents 60+ Responsible for Grandchildren	3,180
60-64	50770	Grandparents 60+ Living with Grandchildren	6,040
65-69	41525	Grandparents <60 Responsible for Grandchildren	10,290
70-74	36550	Grandparents <60 Living with Grandchildren	8,160
75-79	28035		
80-84	18770		
85+	15865		
60+	191515		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	166575	<5th Grade	5920
African American	21675	5th - 8th Grade	28750
American Indian	255	9th - 12th Grade No Diploma	36825
Asian	1350	High School Diploma	57370
Other Minorities	1664	Some College	34000
<i>Ethnicity</i>		Bachelors	15475
Non Hispanic	190163	Master/Professional/Doctorate	13170
Hispanic	1360		
By Gender (60+)		Medical Facility Beds	
Male	80065	Skilled Nursing Facilities - Remaining Counties	4330
Female	111460	Skilled Nursing Facilities - Davidson Hospitals	3471
		General - Remaining Counties	1494
		Davidson	3567
		Mental Health	
		VA	
Living Situation (60+)		Financial Status (60+)	
Living alone	47925	Below Poverty Level	18675
		Minorities below Poverty Level	5051
Disability Status		Financial Status (60+)	
Self Care <60	17290		
Self Care 60+	16309		
Elder Housing			
Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	9.04	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	655
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	17320	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	1175
		Homes for the Aged	27 450
		Assisted Living Facilities	54 3543

Area Profile South Central

Population By Age Categories		Grandparenting	
All Ages	385725	Grandparents 60+ Responsible for Grandchildren	960
60-64	17730	Grandparents 60+ Living with Grandchildren	1,420
65-69	15380	Grandparents <60 Responsible for Grandchildren	3,110
70-74	13670	Grandparents <60 Living with Grandchildren	2,230
75-79	10600		
80-84	7335		
85+	6205		
60+	70920		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	66215	<5th Grade	3320
African American	3980	5th - 8th Grade	16690
American Indian	100	9th - 12th Grade No Diploma	13910
Asian	64	High School Diploma	21425
Other Minorities	560	Some College	9460
<i>Ethnicity</i>		Bachelors	3525
Non Hispanic	70524	Master/Professional/Doctorate	2590
Hispanic	394		
By Gender (60+)		Medical Facility Beds	
Male	30060	Skilled Nursing Facilities	3084
Female	40865	Hospitals	
		General	1127
		Mental Health	
		VA	
Living Situation (60+)		Disability Status	
Living alone	18030	Self Care <60	4780
		Self Care 60+	6296
Financial Status (60+)		Elder Housing	
Below Poverty Level	8845	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	489
Minorities below Poverty Level	1115	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	285
		Home for the Aged	16
		Assisted Living Facilities	21

Area Profile North West

Population By Age Categories		Grandparenting	
All Ages	252390	Grandparents 60+ Responsible for Grandchildren	810
60-64	12545	Grandparents 60+ Living with Grandchildren	880
65-69	10810	Grandparents <60 Responsible for Grandchildren	2,300
70-74	9865	Grandparents <60 Living with Grandchildren	1,230
75-79	8620		
80-84	5660		
85+	5420		
60+	52920		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	48110	<5th Grade	2650
African American	4360	5th - 8th Grade	12885
American Indian	35	9th - 12th Grade No Diploma	11850
Asian	49	High School Diploma	15380
Other Minorities	354	Some College	6290
<i>Ethnicity</i>		Bachelors	2185
Non Hispanic	52733	Master/Professional/Doctorate	1690
Hispanic	184		
By Gender (60+)		Medical Facility Beds	
Male	22020	Skilled Nursing Facilities	3476
Female	30905	Hospitals	
		General	1080
		Mental Health	
		VA	
Living Situation (60+)		Financial Status (60+)	
Living alone	14420	Below Poverty Level	7060
		Minorities below Poverty Level	1232
Disability Status		Elder Housing	
Self Care <60	3621	Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	7.13
Self Care 60+	4924	Number of Elderly (60+) Householders with Housing Expense (>40% Income)	3775
		Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	235
		Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	134
		Home for the Aged	9
		Assisted Living Facilities	9

Area Profile South West

Population By Age Categories		Grandparenting	
All Ages	242765	Grandparents 60+ Responsible for Grandchildren	670
60-64	10295	Grandparents 60+ Living with Grandchildren	1,100
65-69	9165	Grandparents <60 Responsible for Grandchildren	2,340
70-74	8885	Grandparents <60 Living with Grandchildren	1,580
75-79	6700		
80-84	4625		
85+	4135		
60+	43805		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	36670	<5th Grade	2635
African American	6710	5th - 8th Grade	9895
American Indian	40	9th - 12th Grade No Diploma	9415
Asian	49	High School Diploma	12080
Other Minorities	335	Some College	5875
<i>Ethnicity</i>		Bachelors	2160
Non Hispanic	43648	Master/Professional/Doctorate	1760
Hispanic	160		
By Gender (60+)		Medical Facility Beds	
Male	18440	Skilled Nursing Facilities	873
Female	25365	Remaining Counties	
		Skilled Nursing Facilities - Madison	770
		Hospitals	
		General - Remaining Counties	575
		Madison	766
		Mental Health	
		VA	
Living Situation (60+)		Disability Status	
Living Alone	11720	Self Care <60	3191
		Self Care 60+	4374
Financial Status (60+)		Elder Housing	
Below Poverty Level	6365	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	310
Minorities below Poverty Level	1975	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	249
		Homes for the Aged	21
		Assisted Living Facilities	10

Area Profile

Aging Commission of Mid South

Population By Age Categories		Grandparenting	
All Ages	1004650	Grandparents 60+ Responsible for Grandchildren	3,570
60-64	33450	Grandparents 60+ Living with Grandchildren	5,690
65-69	29015	Grandparents <60 Responsible for Grandchildren	10,030
70-74	25400	Grandparents <60 Living with Grandchildren	8,860
75-79	22230		
80-84	13250		
85+	11530		
60+	134875		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	86635	<5th Grade	6475
African American	46065	5th - 8th Grade	18525
American Indian	195	9th - 12th Grade No Diploma	26240
Asian	935	High School Diploma	38285
Other Minorities	1049	Some College	25050
<i>Ethnicity</i>		Bachelors	11285
Non Hispanic	134178	Master/Professional/Doctorate	9035
Hispanic	705		
By Gender (60+)		Medical Facility Beds	
Male	53395	Skilled Nursing Facilities	1246
Female	81485	Remaining Counties	
		Skilled Nursing Facilities - Shelby Hospitals	4352
		General - Remaining Counties	216
		Shelby	5106
		Mental Health	
		VA	
Living Situation (60+)		Disability Status	
Living alone	35645	Self Care <60	12566
		Self Care 60+	13266
Financial Status (60+)		Elder Housing	
Below Poverty Level	16815	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	590
Minorities below Poverty Level	11315	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	625
		Home for the Aged	84
		Assisted Living Facilities	17

TENNESSEE STATE PLAN ON AGING

Section IV

GOALS AND OBJECTIVES

Section IV: Goals and Objectives

AoA Goal 1: Increase the number of older people who have access to an integrated array of health and social supports.

Goal 1: Increase the availability of and accessibility to community based long-term care in the least restrictive environment for older persons and adults with disabilities.

Objectives:

1. Determine the need for in-home services for adults with limitations in activities of daily living through a statewide needs assessment.
2. Increase the market awareness of alternative community-based long-term care options through a multimedia campaign and through contacts with key gatekeepers such as medical and social service professionals.
3. Continue advocacy efforts in cooperation with the Tennessee Chapter of the National Association of Social Workers, the Tennessee Conference on Social Welfare, AARP, the Tennessee Disability Coalition and other advocacy partners to advocate for systems change to increase consumer choice of long-term care services and settings.
4. Inform policy makers of home and community based alternatives available in the long-term care delivery system.
5. Increase efforts to recruit additional service providers, especially in rural areas, in order to offer consumer choice in each county of the state.
6. Assist Area Agencies in recruiting and contracting with all willing and capable providers of services.
7. Participate in the “United We Ride” initiative in conjunction with the Tennessee Department of Transportation and other funders of human services transportation to increase coordination of transportation services to assist older individuals across the state.
8. Compile and disseminate data describing the population served by alternative long-term care delivery and the services rendered.

Goal 2: Expand the number of older persons and adults with disabilities served by the Statewide HCBS Services System.

Objectives:

1. Work with rural community leaders and organizations to increase awareness of program services.

2. Create alliances with advocacy partners and organizations for older individuals and adults with disabilities to advocate for more accessible services and supporting maximum choice of alternatives for individuals who need long-term care services.
3. Work closely with partner agencies to streamline the single point of entry system and to facilitate older adults and adults with disabilities and their caregivers to gain access to long-term care services including those who can pay for their care.
4. Work with TennCare to expand the menu of services available under the Statewide HCBS Waiver for Elderly and Disabled or other waivers to include services such as adult day care and in-home respite.
5. Work with the Council on Developmental Disabilities, the Department of Human Services, and the TennCare Bureau to develop one or more pilot sites for the “Aging and Disability Resource Center” concept in Tennessee to simplify the process of accessing long-term care services.
6. Apply for funding to support an Aging and Disability Resource Center.

Goal 3: Connect consumers to accurate and timely health and social supports using improved technology, Alliance of Information and Referral Services (AIRS) certified information and assistance interviewers, coordination with community partners and by implementing best practices.

Objectives:

1. Establish a statewide working committee to design guidelines, objectives and strategies to improve the statewide aging network Information and Assistance (I&A) system including creating a program name and marketing plan, recruiting funding partners, resource development strategies and interactive website development.
2. Cooperate with other I&A systems to develop a coordinated statewide system ensuring broad access to information and referral services to increase older adult and persons with disabilities access to health and social supports.
3. Provide training to Area Agencies on Aging and Disability I&A Specialists on interviewing skills, new assessment tools, reporting and service classification, and arrange I&A certification testing in Tennessee annually.
4. Work with the Area Agencies on Aging and Disability to continue to expand their database of service resources including service descriptions, eligibility criteria, and service availability for each program.
5. Work with Area Agencies on Aging and Disability to develop a comprehensive reporting system capable of producing inquirer data from the resource database to support community planning activities, internal analysis and advocacy.

Goal 4: To increase the number of individuals educated and counseled on Medicare and other related health insurance issues and those assisted to identify and report suspected waste, fraud and abuse in Medicare and other related health insurance programs.

Objectives:

1. Expand the statewide State Health Insurance Assistance Program/Senior Medicare Patrol Project Advisory Council by adding representatives from various agencies and disciplines that address the health care and health insurance needs of people with Medicare to better monitor the health care environment, as well as fraud and abuse schemes, at both the national and state levels; to observe for best practices in other states; to evaluate program operations; and to make program recommendations.
2. Conduct a statewide marketing campaign to raise public awareness about the services provided by the State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol Project (SMPP), including all provisions of the Medicare Modernization Act (MMA).
3. Further develop SHIP/SMPP presence on the internet with links to multiple sources of information on Medicare and help in understanding the program.
4. Further develop the SHIP/SMPP volunteer network to assist the SHIP/SMPP statewide staff in meeting the counseling needs of the state's 876,000 Medicare consumers especially related to all provisions of the Medicare Modernization Act (MMA).
5. Focus efforts on finding the hardest-to-reach populations (those with low levels of education and low incomes and those who prefer to receive information and assistance with Medicare issues in their own communities) in all areas of the state in order that all Medicare consumers may have access to SHIP/SMPP services.
6. Partner with public and private agencies/organizations in order to reach not only people with Medicare, but also their adult children and other caregivers, their advocates and their health care providers to educate about the availability of the services offered by SHIP/SMPP.
7. Collaborate with various agencies/organizations that can assist SHIP/SMPP in getting important messages about current issues disseminated to the public and, especially, to people with Medicare, including all provisions of the Medicare Modernization Act (MMA).
8. Target outreach to people younger than age 65 to educate about the importance of planning for their long-term care expenses in advance of need.
9. Provide technical assistance and training to Area Agency SHIP/SMPP staff and volunteers.

AoA Goal 2: Increase the number of older people who stay active and healthy.

Goal 5: Provide innovative, efficient and responsive nutrition services for older persons and adults with disabilities that include daily nutritious meals, quality food and access to supportive and volunteer services.

Objectives:

1. Work with Area Agencies to develop innovative alternative methods for providing congregate meal services.
2. Work in partnership with community organizations to provide consumers with nutrition education that will empower them to make informed choices about healthy living.
3. Work with Area Agencies and nutrition service directors to develop a nutrition training module that will help the aging network understand the new “Dietary Guidelines for Americans 2005” and the new Food Pyramid.
4. Conduct statewide training on the new nutrition guidelines and health promotion activities, in cooperation with Area Agencies and service providers.
5. Analyze nutrition risk data from the Nutrition Screening Initiative (NSI) Checklist to assess the extent of nutritional health risks among congregate and home-delivered consumers.
6. Increase referrals of consumers identified as “high risk” by the NSI screening for nutrition counseling and training through local resources such as hospitals, Extension Services, and Health Departments.

Goal 6: Develop strategies to strengthen the senior center network and ensure that each center is able to meet the needs of the communities that they serve.

Objectives:

1. Work with Area Agencies and senior center directors to update the curriculum for the purpose of implementing a senior center state certificate training program.
2. Establish a taskforce to collect state of the art program models and develop new programming in an effort to respond to a more diverse clientele to be served through senior centers.
3. Conduct statewide training sessions for senior center directors to address identified training needs.

4. Work with Area Agencies and service providers to develop and conduct training utilizing new health promotion training modules on chronic diseases, physical fitness and medication management.

Goal 7: Provide resources that improve the health and physical fitness of older persons.

Objectives:

1. Work with the Tennessee Diabetes Control Program State Coalition to promote diabetes education.
2. Coordinate with other state and community-based agencies to educate workers and seniors on the benefits of annual influenza vaccinations.
3. Promote osteoporosis education and prevention, including safety from falls and accidents, in cooperation with the Tennessee Osteoporosis Interagency Council and Advisory Board.
4. Promote regular screenings and early detection of breast and cervical cancer among older women; regular screenings for early detection of colon cancer among older men and women; and screenings for prostate cancer among men age 60 and older.
5. Promote the “You Can Campaign-Healthier Lifestyles” through collaboration with governmental and social services agencies to establish and disseminate information for better health.
6. Establish partnerships with medical centers and health clinics to enhance the wait room education for the purpose of reaching more seniors and adults with disabilities.
7. Provide educational materials and support to reach at-risk minority groups (e.g. alternative language materials or Braille).
8. Promote education on weight management and exercise by providing educational materials focused on the needs and lifestyles of older adults.
9. Conduct home environment assessments for in-home services consumers to determine need for safety measures which can be addressed through minor home modifications services.

AoA Goal 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

Goal 8: Offer family directed care as a service option available to caregivers and older consumers of the Tennessee Aging Services Network.

Objectives:

1. Develop program policies and criteria for family-directed care.

2. Identify organizations, such as the Arc of Tennessee, the Tennessee Respite Coalition, and Alzheimer's Association, to assist in implementing family-directed care.
3. Plan and provide workshops for Area Agencies examining consumer directed care preparatory to implementation.
4. Analyze service information and compare results and costs of agency administered care to that of family directed care.
5. Collect satisfaction information from consumers, caregivers, and services providers.

Goal 9: Support the Alzheimer's initiative as described in the proposal.

Objectives:

1. Provide respite services to caregivers of individuals with Alzheimer's disease and related dementia.
2. Compile information on service provision and outcomes for each demonstration site.
3. Develop descriptive material to enable appropriate replication of program models.
4. Assist with identifying and accessing additional funding.
5. Identify and assemble resources for complementing Tennessee services for persons with Alzheimer's disease and their caregivers with program models of services provided according to evidence based practice.
6. Assist the Tennessee Aging Services Network to examine project experience and the benefits of providing services following evidence based practice, such as the Resources for Enhancing Alzheimer's Caregiver Health (REACH) initiatives, and the system change potential of consumer and family directed care.

Goal 10: Maintain and expand the system for providing services to family caregivers of older persons and older persons caring for minor relatives.

Objectives:

1. Develop and establish a demonstration program to utilize vouchers which would allow caregivers to direct and manage their own in-home services.
2. Conduct annual statewide training for family caregiver coordinators on best practices for caregivers.

3. Partner with other agencies and organizations to develop and implement a range of services to better serve grandparents and older relative caregivers of minor children.
4. Review unmet caregiver service needs identified by Area Agencies and work to expand services based on these needs.

AoA Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse.

Goal 11: Increase access to ombudsman services.

Objectives:

1. Increase recruitment and retention of volunteer ombudsman representatives to achieve at least one volunteer for every five nursing homes.
2. Strengthen partnerships with AARP and other senior advocacy organizations for volunteer development activities.
3. Establish volunteer recruitment relationships with faith-based organizations.
4. Provide on-going training for ombudsman program staff and volunteers.

Goal 12: Increase awareness of and access to the Public Guardianship Program for the Elderly.

Objectives:

1. Expand outreach and marketing efforts by forming partnerships among the key stakeholders (local courts, local judges, local bar associations, families and the public).
2. Increase the number of trained and active volunteers in the program.
3. Share best practices with district guardianship programs.
4. Develop a database reporting system specific to the Guardianship Program in order to better capture data unique to the program so that program assessment and program needs can be quantifiable.

Goal 13: Enhance and protect the rights of older persons by increasing their access to Title III-B Legal Assistance Program services.

Objectives:

1. Create a statewide Legal Assistance Program task force to study national trends, evaluate program operations and make program recommendations.

2. Develop a statewide network of private attorneys (pro-bono and others) to supplement the number of those already in place throughout the state's Legal Services Corporation services network in providing free or low-cost legal services to eligible consumers.
3. Develop and implement a multi-faceted public information or marketing campaign to educate the public, including legislators, about the services available and asking their help in guiding consumers in need to the program.
4. Further develop relationships that will bolster the Commission's awareness of national and local legal issues that can affect older persons.

Goal 14: Ensure that every level of service provided is focused upon the well-being and satisfaction of the service-recipient, focusing on our timeliness, efficiency, and using evidence-based best practices.

Objectives:

1. Develop a more integrated system of financial reporting to share data between the Commission and the Area Agencies (and other sub-contractors).
2. Develop staff training geared to enhancing program knowledge, professionalism, management skills, and interpersonal relating expertise.
3. Develop and implement a quality assurance plan that monitors compliance with basic standards and contracts and addresses the improvement of overall quality of program service delivery.
4. Utilize a standardized method for Area Agencies to solicit responses from consumers and their caregivers on the quality and their satisfaction of services provided.
5. Summaries of quality satisfaction information will be analyzed at least annually and used as a basis for planning training, technical assistance and overall quality improvement activities.
6. Collect data in a timely, precise and efficient manner, analyze the data, and use the analysis to facilitate further planning and predictions.
7. Design and implement effective staff training in the use of appropriate and current technology.
8. Increase the efficiency of all office procedures and functions, including, but not limited to using electronic documents and forms; using the web for public access to information on services and publications; wireless communication for staff field use; and on-line data collection.

TENNESSEE STATE PLAN ON AGING

Section V

FINANCIAL PLAN

SECTION V
FINANCIAL PLAN
OPERATING BUDGET FOR FY 2006

A: TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION:

	TITLE III & VII	OTHER RESOURCES	TOTAL BUDGET
OLDER AMERICANS ACT-III & VII			
STATE ADMINISTRATION	\$1,042,600	\$497,300	\$1,539,900
ELDER ABUSE	25,200		25,200
OTHER FUNDING RESOURCES			
GUARDIANSHIP		78,600	78,600
ALZHEIMER'S DISEASE GRANT		11,000	11,000
INSURANCE COUNSELING		60,000	60,000
MEDICAID HCBS WAIVER		300,000	300,000
TOTAL	\$1,067,800	\$946,900	\$2,014,700

B: TOTAL RESOURCES AWARDED FOR SUBSTATE PLANNING AND SERVICE DELIVERY:

AREA AGENCIES ON AGING and CONTRACT SERVICE PROVIDERS

FEDERAL, TITLE III		\$22,296,200
FEDERAL, TITLE VII		351,900
NSIP REIMBURSEMENT		1,804,000
INSURANCE COUNSELING		337,500
MEDICAID HCBS WAIVER - ADMINISTRATIVE FUNDS		1,800,000
MEDICAID HCBS WAIVER - SERVICES DIRECT PAYMENTS		27,000,000
STATE FUNDS		
SENIOR CITIZEN CENTERS	\$1,000,000	
STATE IN-HOME SERVICES	1,500,500	
GUARDIANSHIP	913,800	
HOME & COMMUNITY BASED SERVICES	4,494,800	
SUB-TOTAL STATE FUNDS		7,909,100
TOTAL AREA AGENCIES ON AGING		\$61,498,700
OTHER AGENCIES		
ALZHEIMER'S DISEASE GRANTS		300,000
TOTAL		\$61,798,700

INTRASTATE FUNDING FORMULA FOR TITLE III FUNDS

GOAL

To allocate funds to the planning and service areas using a formula that meets the federal regulations, that reflects the purposes of the Older Americans Act, that is consistent with the needs of older persons in Tennessee, and that is derived from the best statewide statistics available.

FORMULA OBJECTIVES

1. To provide adequate funds to support an area agency with the capacity to perform its mandated functions under the Older Americans Act in each PSA by allotting a minimum base of \$100,000 to each area agency.
2. To take into account the proportion of elderly residing in each PSA.
3. To give priority to elderly in greatest economic need.
4. To provide service funds to low income minority persons at a level greater than that of their proportion of the elderly population, pursuant to Older Americans Act requirements giving special attention to the needs of such individuals.
5. To give special emphasis to the elderly residing in rural areas.
6. To reflect the needs of “at risk” frail elders.

STATEMENT OF FORMULA

- (1) Federal funds received under Title III of the Older Americans Act shall be allocated to each of the nine area agencies on aging using the following formula:
 - (a) Ten percent of the Title III funds for area agencies are designated for administration of area agencies on aging. From this amount each area agency is allocated an identical base sub-grant of \$100,000 plus a pro rata share of the remaining funds. The pro rata share shall be equal to the percentage which reflects a given area agency's portion of total State funds allocated to all area agencies by the State agency for nutrition services and senior centers in the State fiscal year immediately preceding the distribution of funds.
 - (b) The remaining ninety percent of the Title III funds for area agencies is allocated for services. This amount shall be distributed as follows:
 1. Thirty five percent of the services allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of elderly persons (aged 60 and over) in the state.
 2. Thirty percent of the service allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of elderly persons with income below 100% of the poverty level established by the Office of Management and Budget.

3. Ten percent of the services allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of minority elderly persons with income at or below 100% of the poverty level established by the Office of Management and Budget.
4. Fifteen percent of the services allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of elderly living in rural areas (using the U.S. Census Bureau classification of rural, which is "all territory located outside urbanized areas and urban clusters").
5. Ten percent of the services allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of older individuals who are frail, using age 80 and above as a proxy for frailty.

RATIONALE

Factors and weightings of the formula are based requirements of the Older Americans Act and reflect the Commission's commitment to see that dollars follow the most needy persons. At the formula base are all older individuals, 60 years of age or older, recognizing that all persons in this category are eligible for services under the act, and that information and referral must be reasonably available. Additional factors in this formula selected for special weighting include low-income minority, poverty level income, rural locality and frailty. These factors are not mutually exclusive; accumulated weightings determine final outcome. The amount available to more vulnerable populations increases with risk. Thus, the formula assists in targeting vulnerable populations while providing mandated services statewide for all over 60.

ASSUMPTIONS AND WEIGHTING

Particular attention, the highest cumulative weighting and the greatest per capita funding, is given to low-income minority individuals with social need aggravated by isolated rural living. Special attention to low income minorities is responsive to their high incidence of functional disability threatening independent living status, and to the statutory mandate targeting this population. Low income minority persons not in rural areas are counted three times, as are low income non-minorities in rural circumstances. Weighting for individuals living in rural areas responds to specific rural needs, less extensive rural social service systems, and the difficulty of service delivery in sparsely populated areas. Poor individuals residing in urban areas are counted twice in the formula. The formula provides more than twice as much money per individual to the poor elderly as to those not included in special need categories, because low income is associated with poor health and lack of ability to purchase services. Simply attaining age 60+ carries the lowest risk of need for services. Tables displaying the demographic data used for each formula factor and the allocation of funds to each area agency on aging follow.

FORMULA FACTORS, FY 2006-2009 STATE PLAN ON AGING

<u>PSA</u>	PERSONS AGE 60+ 2000 CENSUS (TABLE 4)		PERSONS AGE 80+ 2000 CENSUS (TABLE 4)		PERSONS 60+ AT OR BELOW 100% OF POVERTY LEVEL (TABLE 90)		MINORITY PERSONS 60+ BELOW HHS POVERTY LEVEL (TABLE 88)		PERSONS 60+ RESIDING IN RURAL AREAS (TABLE 4)	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
FIRST	95,130	10.10%	17,280	10.02%	13,190	11.13%	454	1.72%	36,125	10.11%
EAST	189,775	20.15%	33,220	19.25%	22,530	19.00%	1,915	7.24%	74,705	20.91%
SOUTHEAST	101,585	10.78%	18,490	10.72%	12,770	10.77%	2,565	9.70%	33,965	9.51%
UPPER CUMBERLAND	61,520	6.53%	10,755	6.23%	9,575	8.08%	329	1.24%	41,810	11.70%
GREATER NASHVILLE	191,515	20.33%	34,635	20.07%	18,675	15.75%	5,150	19.48%	52,460	14.68%
SOUTH CENTRAL	70,920	7.53%	13,540	7.85%	9,635	8.13%	1,103	4.17%	43,685	12.23%
NORTHWEST	52,920	5.62%	11,080	6.42%	7,515	6.34%	1,254	4.74%	32,895	9.21%
SOUTHWEST	43,805	4.65%	8,760	5.08%	6,875	5.80%	2,095	7.93%	25,120	7.03%
DELTA	134,875	14.32%	24,780	14.36%	17,790	15.01%	11,570	43.77%	16,540	4.63%
TOTALS	942,045	100.00%	172,540	100.00%	118,555	100.00%	26,435	100.00%	357,305	100.00%
Percent of state's 60+ Population						12.59%		2.81%		37.93%

1. 2000 Census of Population and Housing – Special Tabulation on Aging, prepared by the Census Bureau for the Administration on Aging – Tables 4, 88 and 90.

**Allocation of Title III Funds by Service Program By Planning and Service Area
(effective July 1, 2006)**

PSA	Supportive Services	Congregate Meals	Home Del. Meals	Preventive Health	Medication Management	Family Caregiver	Ombudsman	Elder Abuse	
	<u>III-B</u>	<u>III-C 1</u>	<u>III-C 2</u>	<u>III-D</u>	<u>III-D</u>	<u>IIIE</u>	<u>VII</u>	<u>VII</u>	<u>Total</u>
First Tennessee	665,200	435,000	346,500	30,100	10,300	246,300	26,500	7,200	1,767,100
East Tennessee	1,289,600	843,300	671,800	58,400	20,000	477,600	51,300	13,900	3,425,900
Southeast Tennessee	728,600	476,400	379,600	33,000	11,300	269,800	29,000	7,900	1,935,600
Upper Cumberland	501,700	328,000	261,400	22,700	7,800	185,800	20,000	5,400	1,332,800
Greater Nashville	1,252,100	818,800	652,300	56,700	19,400	463,700	49,800	13,500	3,326,300
South Central Tennessee	564,100	368,900	293,900	25,500	8,700	208,900	22,400	6,100	1,498,500
Northwest Tennessee	442,800	289,600	230,700	20,000	6,900	164,000	17,600	4,800	1,176,400
Southwest Tennessee	398,000	260,300	207,400	18,000	6,200	147,400	15,800	4,300	1,057,400
Mid South	1,114,400	728,700	580,600	50,400	17,300	412,700	44,300	12,000	2,960,400
Totals	6,956,500	4,549,000	3,624,200	314,800	107,900	2,576,200	276,700	75,100	18,480,400

**Funds Estimated Assuming Level Funding From FY 2005
Based on Administration on Aging notice number 2005/2**

**Allocation of Title III Funds for Development and Administration of Area
Plans by Planning and Service Area
(effective July 1, 2006)**

PSA	III-C	III-E	Total
First Tennessee	181,500	27,800	209,300
East Tennessee	252,700	52,100	304,800
Southeast Tennessee	186,300	29,500	215,800
Upper Cumberland	172,500	24,800	197,300
Greater Nashville	237,400	46,900	284,300
South Central Tennessee	173,900	25,200	199,100
Northwest Tennessee	154,600	18,700	173,300
Southwest Tennessee	148,000	16,400	164,400
Mid South	198,800	33,800	232,600
Totals	1,705,700	275,200	1,980,900

**Funds Estimated Assuming Level Funding From FY 2005
Based on Administration on Aging Notice Number 2005/2**

TENNESSEE STATE PLAN ON AGING

Section VI

STATE PLAN ASSURANCES AND OTHER REQUIRED EXHIBITS

SECTION VI

ASSURANCES

The Executive Director of the Commission on Aging and Disability, the authorized official, commits the State Unit on Aging to performing all listed assurances and required activities by signing this document.

Sec. 305 (a) – (c), ORGANIZATION

Sec. 305(a)(2)(A) The State Agency, except as provided in subsection (b)(5), designates for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

Sec. 305(a)(2)(B) The State Agency provides assurances, satisfactory to the Assistant Secretary, that the State Agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

Sec. 305(a)(2)(E) The State Agency provides assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

Methods used to satisfy the needs of such individuals include:

- 1. Inclusion of such requirements in the uniform area plan format and contract instructions.*
- 2. Inclusion in tools used to monitor area agencies and service providers.*
- 3. Inclusion in assessment instructions.*
- 4. Inclusion in Policies and Procedures for Programs on Aging.*

Sec. 305(a)(2)(F) The State Agency provides assurances that the State Agency will require use of outreach efforts described in section 307(a)(16).

Sec. 305(a)(2)(G)(ii) The State Agency provides assurance that the State Agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

Sec. 305(c)(5) In the case of a State specified in subsection (b)(5), the State Agency and area agencies provide assurance, determined adequate by the State Agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Sec. 306(a), AREA PLANS

Sec. 306, (a)(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

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

(C) legal assistance;

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

Sec. 306(a)(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

Sec. 306(a)(4)(A)(ii) Each area agency on aging shall 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--

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

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

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

Sec. 306(a)(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

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

(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

Sec. 306(a)(4)(B)(i) Each area agency on aging shall 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--

- (A) older individuals residing in rural areas;
- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

Sec. 306, (a)(4)(C) Each area agency on aging shall provide 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.

Sec. 306, (a)(5) Each area agency on aging shall 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, with agencies that develop or provide services for individuals with disabilities.

Sec. 306, (a)(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

Sec. 306, (a)(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including--

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Sec. 306, (a)(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

Sec. 306, (a)(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State Agency--

(A) 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

(B) the nature of such contract or such relationship.

Sec. 306, (a)(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

Sec. 306, (a)(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

Sec. 306, (a)(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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.

Sec. 306, (a)(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Sec. 306, (a)(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Sec. 307, STATE PLANS

Sec. 307, (a)(7)(A) The plan provides satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

Sec. 307, (a)(7)(B) The plan provides assurances that--

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

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

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

Sec. 307, (a)(9) The plan provides assurances that the State Agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State Agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State Agency with funds received under Title VII for fiscal year 2000.

Sec. 307, (a)(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

The methods used to satisfy the service needs of such individuals include:

- 1. Inclusion of such requirements in the uniform area plan format and contracting instructions.*
- 2. Inclusion in program monitoring tools.*
- 3. Provision of technical assistance, as needed.*

The description of how funds are allocated to meet the needs, are found in Section V of this plan.

Sec. 307, (a)(11)(A) The plan provides assurances that area agencies on aging will--

(A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Sec. 307, (a)(11)(B) The plan assures that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Sec. 307, (a)(11)(D) The plan assures, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

Sec. 307, (a)(11)(E) The plan assures that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Sec. 307, (a)(12) The plan provides, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

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

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

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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

Sec. 307, (a)(13) The plan provides assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

Sec. 307, (a)(14) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area--

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

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

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

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

Sec. 307, (a)(16) The plan provides assurances that the State Agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

Sec. 307, (a)(17) The plan provides, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

Sec. 307, (a)(18) The plan provides assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

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

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

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

Sec. 307, (a)(19) The plan includes the assurances and description required by section 705(a).

Sec. 307, (a)(20) The plan provides assurances that special efforts will be made to provide technical assistance to minority providers of services.

Sec. 307, (a)(21) The plan--

(A) provides assurance that the State Agency will coordinate programs under this title and programs under title VI, if applicable; and

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

***This section does not apply to Tennessee.**

Sec. 307, (a)(22) If case management services are offered to provide access to supportive services, the plan provides that the State Agency shall ensure compliance with the requirements specified in section 306(a)(8).

Sec. 307, (a)(23) The plan provides assurances that demonstrable efforts will be made--

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

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

Sec. 307, (a)(24) The plan provides assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

Sec. 307, (a)(25) The plan includes assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

Sec. 307, (a)(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State Agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

Sec. 308, (b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute) Section 705(a)

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

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

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

A subcommittee of the Area Agency/Commission planning group focuses on elder rights issues.

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

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

(6) The State plan provides assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order.

(7) A description of the manner in which the State Agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

The State Agency includes the above requirements in area plans and Policies and Procedures for Programs on Aging. Confidentiality is also addressed in the Commission's rules.

REQUIRED ACTIVITIES

307 STATE PLANS

Sec. 307, (a)(1) The State Agency--

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

(B) the state plan is based on such area plans.

The State Agency has implemented the procedures for the development and submittal of uniform area plans. They were issued under TCA-PI-2005-08 on December 22, 2004, as "Instructions and Format for Area Plans on Aging for FY 2006-2009."

The State Agency meets the provision of basing the State plan on the area plans by having area agency on aging input into the State plan process.

This was accomplished through:

- 1. Area agency involvement in development of the area plan formats through membership on a joint AAA/TCA area plan committee.*
- 2. AAA participation in a planning retreat in November 2004 planning committee with membership including Commission members, SUA staff, and AAA staff to look at the future of the aging network.*
- 3. AAA representation on the Commission's state plan committee composed of Commission members, State Agency staff and area agency representatives.*

4. *Review of draft goals and objectives by area agencies prior to public hearing.*
5. *Participation in the state plan public hearing on the draft plan.*

Sec. 307, (a)(2)(2) The plan assures that the State Agency:

(A) will evaluate, using uniform procedures described in Section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

1. *The State Agency will conduct these evaluations by:*
2. *Ongoing data collection regarding unmet need generated from the statewide I & A program;*
3. *Waiting lists from the area agencies and other service providers; and*
4. *Review of area agency needs assessments.*

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

The State Agency's standardized process for determining the extent to which public or private programs and resources meet the needs of older persons will include:

Ongoing data collection regarding service resources available to older persons through the statewide information and referral program which is a partnership between the area agencies, SUA and service providers. Area Agencies are responsible for maintaining a comprehensive computerized data base on resources in their respective PSAs and for transmitting this information for State Agency review and analysis.

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

This requirement is included in the instructions for the area plan on aging. Currently, the minimum percentages are 35 percent for access services, ten percent for in-home services, and two percent for legal services.

Sec. 307, (a)(4)(i) With respect to services for older individuals living in rural areas, the state agency shall spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000.

Expenditures for individuals in rural areas were \$5,374,141 in 2000 and \$7,649,316 in 2004.

Sec. 307, (a)(4) The State Agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title (Title III), and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas.

The State Agency will carry out the periodic evaluations and public hearings by:

- 1. The State Agency will sponsor at least one statewide public hearing on needs each year.*
- 2. The State Agency will also assist area agencies and other organizations in planning local and/or regional hearings and forums on needs.*

Sec. 307, (a)(5) The plan provides assurance that the State Agency will:

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

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

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

The State Agency has implemented the provisions for public hearings through:

Adoption of rules regarding the opportunity for hearings for area agencies submitting a plan and for providers of and applicants to provide services. These rules have been distributed to all Area Agencies and service providers.

The State Agency has implemented the provisions for grievance procedures through:

Grievance procedures have been adopted by the Commission and issued to all Area Agencies and service providers through the Commission's Policies and Procedures for Programs on Aging manual.

The State Agency will/has implemented the provisions for public hearings regarding waiver requests by:

The Commission distributes policies on public hearings for waiver requests in the Instructions for Area Plans.

Sec. 307, (a)(6) The State Agency will make such reports, in such form and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

The State Agency will/has implemented the reporting requirements through:

1. The purchase and distribution of SAMS reporting software developed by Synergy Software Technologies, Inc. located in Essex Junction, VT.

2. The provision of training/technical assistance to Area Agency directors and management information specialists and major service providers prior to the initial deployment of the software and after each major upgrade. Staff of the developer conducted this training. Additional training has been provided by the Commission staff. Ongoing assistance is provided on a daily basis by phone by the Commission's Information Resource Specialist.

3. The completion of NAPIS reports for the U.S. Administration on Aging each year by the required date.

Sec. 307, (a)(7) The State Agency assures that such fiscal control and fund accounting requirements will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

The State Agency meets the requirements for fiscal control and fund accounting requirements through the use of:

1. *Monthly "Requests for Funds" from Area Agencies.*
2. *Quarterly Financial reporting by Area Agencies.*
3. *Annual audit reports prepared by a State Agency or a CPA firm.*
4. *Periodic monitoring by the state unit on aging.*

Sec. 307, (a)(8) No supportive services, nutrition services, or in-home services will be directly provided by the State Agency or an area agency on aging in the State, unless, in the judgment of the the State Agency--

- (i) provision of such services by the State Agency or an area agency on aging is necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State Agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State Agency or area agency on aging.

The State Agency ensures that the provisions regarding direct provision of services are met by:

1. *The State Agency itself provides no services under the Older Americans Act directly*
2. *The State Agency has issued guidance to area agencies on aging that complies with the above provisions*
3. *The State Agency requires each area agency on aging wishing to provide services directly to demonstrate that it can provide the direct services more economically and with comparable quality through documentation of cost of service provision proposed by the area agency and cost of service provided by other providers in the area. Such documentation must be provided in the area plan accompanied by a report on the public hearing on provision of direct service.*

Sec. 307, (a)(8)(B) Regarding case management services, if the State Agency or area agency on aging is already providing case management services (as of the date of the submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

All nine area agencies are authorized to provide case management for in-home services and will continue to do so for the period of this plan.

Sec. 307, (a)(8)(C) The plan may specify that an area agency is allowed to directly provide information and assistance services and outreach.

All nine area agencies are authorized to provide information and referral services for older persons and their caregivers.

All nine area agencies are authorized to provide outreach for National Family Caregiver Support Program services.

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

The coordination of legal assistance, the advice and technical assistance, and the support for the training and technical assistance will be met through:

- 1. Legal services training will be provided at least annually.*
- 2. The State Agency will continue to coordinate with the Tennessee Association of Legal Service (TALS).*

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

The State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households.

The State Agency meets this requirement by:

- 1. Each area agency providing elder abuse services is required to provide assurance that participation in such services is voluntary.*
- 2. The State Agency does not provide direct services to alleged victims, abusers, or their households.*

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

The State Agency meets this requirement by:

The state agencies has policies in place requiring compliance with the confidentiality provisions of Section 705.

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

Section 306(a)(8) requires that case management services provided under this title (Title III) 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 or a non-profit 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).

The State Agency meets these requirements by:

Each Area Agency is required to provide assurances that any case management provided will comply with 306(a)(8).

Kanay D. Singh, Esq.
Signature and Title of Authorized Official

8/8/05
Date

COST OF SERVICE IN RURAL AREAS

For the purpose of calculating the cost of service in rural areas, counties that are included within a Metropolitan Statistical Area (as defined by the office of Management and Budget) are defined as urban; all other counties are classified as rural. The office of Management and Budget defines Metropolitan Statistical Areas in terms of entire counties (except in New England). MSAs are named for the city(s) with a population of at least 50,000 which are at their hub. Of the 95 counties in Tennessee 36 are included in an MSA. The remaining 60 are considered rural. Tennessee has seven (7) MSAs. Names and locations by PSA are listed below.

- (1) **Johnson City–Bristol–Kingsport** comprised of five (5) counties in the First Tennessee PSA.
- (2) **Knoxville** – containing eight (8) counties in the East Tennessee PSA.
- (3) **Chattanooga** - containing three (3) counties in Southeast Tennessee PSA.
- (4) **Nashville–Davidson**, and (5) **Clarksville–Hopkinsville** which together contain eleven (11) of the counties in Greater Nashville PSA, three (3) in the Upper Cumberland PSA, and one (1) in South Central.
- (6) **Jackson** – containing two (2) urbanized counties in Southwest PSA.
- (7) **Memphis** – containing three (3) urbanized counties in Mid-South PSA.

The Northwest PSA contains only rural counties.

While there are variations in service cost by county and PSA, our analysis shows no significant cost increase that can be attributed to rural locations. The Commission will continue to analyze unit cost documentation and service utilization in rural areas throughout the plan period.

METHODS FOR CARRYING OUT PREFERENCE FOR OLDER PERSONS IN GREATEST NEED

The Older Americans Act identifies certain categories of individuals to whom preference must be given in providing services funded under the Act. One of the groups to whom services are targeted is older persons in “greatest economic need,” defined as individuals whose income is at or below the poverty level published by the U.S. Department of Health and Human Services. Similarly targeted are older persons in “greatest social need,” whose need is caused by non-economic factors which restrict their ability to perform normal daily tasks or threaten their capacity to live independently. Those factors include:

- (1) Physical or mental impairments;
- (2) Cultural or social isolation, including that caused by minority racial or ethnic status; and,
- (3) Language barriers.

The Act also targets older persons residing in rural areas. The Commission on Aging and Disability endorses the priorities of the Act and pledges continued support for giving preference to these individuals by the area agencies and service providers. The Commission has in place several policies which help to target the most needy for service.

With respect to minority participation, Commission policies direct area agencies, whenever feasible, to enter into contracts with agencies and organizations operated by minority individuals at least in proportion to their relative numbers in the planning and service area. In FY 2004, 15 of 226 Title III providers (6.6%) were minority organizations. According to the 2000 census, low-income minorities in Tennessee number 26,435 or 2.8% of the elderly population. Of the persons provided Title III services in FY 2004, 5% were low-income minority individuals (NAPIS report for FY 2004). The number of Tennesseans (age 60 and above) who are Native Americans, according to the 2000 census, is 1,160. Title III programs served 123 such individuals in FY 2004 reaching 10% of the total.

To aid in targeting the most needy for services, the Commission utilizes a standard assessment form for prioritizing applications for in-home services. The assessment rates functional status, health, social support, and economic resources. Commission guidelines give first priority to low-income minority applications if resources are not available to serve all applicants with the same assessment score. Training on the assessment form and priority system has been provided to area agency staff who authorize in-home services.

Rural elders constitute 37.9% of Tennesseans 60 and over (2000 census). To ensure provision of services to rural residents, the Commission supports a senior citizens center or a nutrition center in each county of the state which provides basic services and provides linkages to other sources of assistance. Transportation, congregate and home-delivered meals, information and referral, ombudsman services, legal assistance, health screening, and volunteer opportunities are available in each county as well. In consultation with the area agencies, the Commission has developed and issued policies requiring that all Title III providers conduct outreach designed to locate and serve those in greatest need, with particular attention to low-income minorities and rural elderly. Publicity regarding services is to be directed toward these groups also. Forty-six percent (46%) of the total persons served in FY 2004 lived in rural areas. Rural is defined as any area outside urbanized places and their adjacent territories with a combined population of 50,000, and incorporated areas of 20,000 or more inhabitants.

Data on the number of each target group living in each county are distributed to the aging network to assist area agencies and providers plan and assess targeting efforts. Area agencies were required to include in each area plan or annual plan update target numbers and measurable objectives to be used to target supportive and nutrition services to those in greatest social need and economic need with particular attention to low-income minority individuals. No area plan is approved that does not contain procedures for carrying out this requirement. Service providers were required to specify the methods they intend to use to satisfy the service needs of low-income minorities. Twenty-three percent (23%) of the total Title III participants in FY 2004

were identified as low income. Forty-four percent (44%) of those receiving registered services were low income.

Service providers and area agencies were required to report the number of elderly in economic and social need served each quarter, including low-income minorities and rural elderly. These reports were monitored each quarter by the State Agency. Technical assistance is provided as necessary to area agencies or providers who have difficulty in meeting this requirement.

In FY 1991, the Commission began using a revised intrastate funding formula to allocate Title III funds to the area agencies, which added a factor for low-income minorities and a factor for rural elderly to focus funding to areas with high concentrations of low-income minorities and whose with large numbers of rural elders. The proposed formula submitted with this plan increases the weight given to rural elderly and low-income minorities and adds a frailty factor, as well.

Section VII

PUBLIC HEARING

PUBLIC HEARING

The Tennessee Commission on Aging and Disability conducted a public hearing on the State Plan on Aging including the Funding Formula for FY 2006 – 2009 at 1:00 p.m. on July 1, 2005 at J.B. Knowles Center in Nashville, Tennessee.

Hearing notices were posted on the TCAD website and were sent to Area Agencies on Aging, service providers, and other organizations with an interest in the welfare of older persons. These agencies were asked to post the notices in public areas.

Ruby Stewman, Commission member and Chairman of the State Plan Committee, presided over the public hearing. Twenty-eight persons signed in attendance for the hearing. There were no comments on the State Plan.

Comments regarding the Funding Formula:

- **Marie C. Ferran, Aging Services for the Upper Cumberland** – Decreasing the Poverty Factor definition seems to not be indicative of the reality that an individual at 125% of the poverty level is trying to survive on less than \$1,000/month. This is not a lot of money given today cost of living especially in a rural area with little or no public transportation and gasoline prices predicted to rise to \$2.50/gallon.

Other Comments:

- **Connie C. Rigsby, Cannon County Senior Center Director, President of the Upper Cumberland Senior Center Directors Association** – More focus and money should be put toward the work Senior Citizens Centers are providing. Funding for Senior Centers has continued to decrease since 1997, and the population of senior citizens in Tennessee has increased to 1,321,396, and will continue to grow. Most centers depend on fundraisers just to keep the doors open, and these Centers are providing 64% of the services to seniors.

According to FY 04 NAPIS report the total number of service units provided by the Upper Cumberland area was 802,628. The total number of service units provided by the Senior Centers in the Upper Cumberland area was 517,429 in FY 04. That is 64.466% of total services being provided by the Senior Centers. It is disappointing that the percentage of funding received by Senior Centers is not comparable to the amount of services.

The Senior Centers are on the front line providing services in each of the fourteen counties in the Upper Cumberland. Senior Centers are keeping more seniors in their homes, active in their communities, and saving our state millions of dollars a year by alleviating the need for institutional care. Consider reflecting in your budget appropriate funding, in order to give the people doing the bulk of the service more resources.

- **Steve Zagorski, Centennial Adult Care Center** – Medicaid waiver rates are too low. It is unfair to penalize a provider when a consumer is not home and we are not told. We should be paid a one hour rate for this. Providers will leave the program if rates are not increased.
- **Margaret Fleming, Director, Tipton County Senior Center** – I have noticed in the metropolitan area, Shelby County, there is a tendency to put senior centers on the back burner. I wonder if that is because they looked at some of the attendance in some of the programs and just looking at the numbers. There has been a slight decline, but if you think about where we are in perspective to where our country was before boomers were born we are 4 to 5 years before the explosion of boomers. Four or five years before they were born we were at war, so we should have a slow down with the number of seniors, but if we market and plan for the short term, we will be in trouble in five years when the boomer seniors say “You knew we were coming. Why aren’t you ready?” and they will because they are an assertive group of people.