

SUBMITTAL PAGE

(X) Area Plan for July 1, 2026 - June 30, 2030

() Amendment (Date): _____

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

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

Signature: _____ Date: _____
Area Agency Director

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

Signature: _____ Date: _____
Chair, Area Agency Advisory Council

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

Signature: _____ Date: _____
Director, Grantee Agency

Signature: _____ Date: _____
Chair, Grantee Agency Board

AREA PLAN on AGING and DISABILITY

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

FIRST TENNESSEE DEVELOPMENT DISTRICT

Designated Area Agency on Aging and Disability

for the

FIRST TENNESSEE

Planning and Service Area

in TENNESSEE for

July 1, 2027 – June 30, 2030

Designated Planning and Service Area

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

AAAD County Data

Geography	Population		Language	Poverty			Rural
	60+ Population	% of 65+ who are minority	% of individuals ages 65+ who speak language other than English at home	% of individuals ages 65+ who are below 100% FPL	% of total 65+ population who are below poverty	% of total 65+ population who are Low Income Minority	% of all 65+ who are Rural
Carter County	17,053	1.0%	0.7%	12.0%	12.0%	0.1%	41.0%
Greene County	21,334	2.6%	2.5%	12.8%	12.8%	0.3%	65.2%
Hancock County	2,121	2.0%	1.2%	30.4%	30.4%	0.6%	100.0%
Hawkins County	16,737	2.3%	1.0%	12.1%	12.1%	0.3%	57.9%
Johnson County	5,610	1.2%	1.3%	11.6%	11.6%	0.1%	85.2%
Sullivan County	47,124	1.9%	1.2%	10.3%	10.3%	0.2%	25.6%
Unicoi County	5,836	1.5%	2.2%	11.3%	11.3%	0.2%	44.7%
Washington County	35,231	3.4%	1.7%	11.0%	11.0%	0.4%	26.4%

Greatest Need and Assessment of Unmet Need

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

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

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

Greatest Social Need: the need caused by noneconomic factors, which include:

- (1) Physical and mental disabilities;
- (2) Language barriers;
- (3) Cultural, social, or geographical isolation, including due to:
 - a. Racial or ethnic status;
 - b. Native American identity;
 - c. Religious affiliation;
 - d. Sexual orientation, gender identity, or sex characteristics;
 - e. HIV status;
 - f. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
 - g. Interpersonal safety concerns;
 - h. Rural location; or
 - i. Any other status that:
 - i. Restricts the ability of an individual to perform normal or routine daily tasks; or
 - ii. Threatens the capacity of the individual to live independently; or
- (4) Other needs as further defined by State and area plans based on local and individual factors.

The First Tennessee Area Agency on Aging and Disability (FTAAAD) serves Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington counties in Northeast Tennessee. These counties include both limited urban areas as well as widespread, largely undeveloped rural areas, with transportation and healthcare access being the greatest unmet needs in both settings. In addition, Northeast Tennessee's population includes higher numbers of individuals with disabilities and/or limited income, both of which exacerbate the above unmet needs.

Utilizing the definition listed, populations in greatest economic need include older adults (60+) with incomes at or below the Federal Poverty Limit (FPL), especially those living alone on fixed incomes such as Social Security; adults age 65 and over living at near-poverty levels due to high out-of-pocket medical, prescription, food, and utility costs; older adults in rural, economically-distressed counties such as Hancock and Johnson; grandparents raising grandchildren, where limited incomes are stressed by caregiving expenses; and low-income caregivers who have reduced their paid work hours or left the workforce entirely to provide care for a loved one. Lack of housing options, utility costs, food insecurity, lack of transportation systems, and risk of elder abuse, neglect and financial exploitation also contribute to these populations' economic instability.

Populations in greatest social need include older adults with physical and/or cognitive disabilities that limit their ability to perform activities of daily living (ADL) or instrumental activities of daily living (IADL); veterans requiring ongoing support; older adults with limited English proficiency (LEP); and isolated individuals living in rural areas such as Hancock, Johnson, Unicoi, and parts of Greene and Hawkins counties. All have long distances to travel to reach services of almost any type, and limited broadband access is endemic to the area.

Unmet economic and social needs persist for older adults affected by Hurricane Helene in Federal Emergency Management Agency (FEMA) declared disaster areas. Many homes remain damaged or unsafe to live in; personal savings have been exhausted reestablishing basic living conditions; some roads are still under repair, limiting access to essential services and causing even more social isolation; some counties are still repairing infrastructure; and calls continue due to food insecurity and lack of income to pay for essential needs.

Data sources include TN Department of Disability and Aging, State Plan on Aging, 2022 State of Aging, TN Multi-Sector Plan for Aging Data Dashboard, and TN Department of Health. 2024 Tennessee Healthy Aging Report, Caregiving in the U.S. 2025: Tennessee, UETHDA. 2022 Northeast Tennessee Poverty Report, FEMA: Tennessee; Major Disaster and Related Determinations.

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

FTAAAD used several sources to best understand the needs of older adults in our community. We reviewed information from the State Plan on Aging and the Tennessee Multisector Plan for Aging, and gathered feedback from staff through a survey. We also looked at progress made on past goals and objectives and used results from a Spring 2025 survey completed by members of our Advisory Council. Additionally, we reviewed internal data from FTAAAD's state-approved database, including waiting lists for nutrition services, home- and community-based services (HCBS), and caregiver support. The most common topics and concerns voiced through our Information and Assistance (I&A) calls were also considered.

Our region is aging faster than both the state and national average. The First Tennessee region already has one of the oldest populations in the state, with 25-30 percent of all residents age 60 and older in most of our eight counties. Hancock, Johnson and Carter are aging faster than the rest of the state because many younger adults are moving away, and older adults are staying in their homes as they age. Over the next five years, the number of residents aged 60 and older is expected to grow 13-17 percent in Northeast Tennessee, compared to 10-12 percent statewide and 8-10 percent nationally. Due to this level of growth, we expect significant increases in demand for services such as nutrition, in-home assistance, transportation, SHIP/Medicare counseling, and caregiver support. Because many older adults in rural areas live with disabilities, we also expect to see higher service needs related to these disabilities.

Sources: State Plan on Aging, Tennessee Multi-Sector Plan for Aging, Aging Statistics published by Tennessee Commission on Aging and Disability, Tennessee State Data Center- Tennessee's Growing Retirement-Age Population Outshines Increases Among Prime-Age Workers, and Tennessee Comptroller of the Treasury issued a report, Senior Long-Term Care in Tennessee: Trends and Options.

a. Supportive Services:

There are currently 984 people on the waiting list who are considered high priority for HCBS, and another 1,194 people who need help but are not classified as high priority. Recent changes to eligibility guidelines have reduced the number of people on the list, but many with high priority scores are still waiting to receive services. Without help, many of these individuals will likely decline more quickly and need a higher level of care once help is provided. Long wait times, on average 762 days, make the situation worse. The waiting list exists mainly due to limited funding and lack of provider staff to start services. Funding from the American Rescue Plan previously helped to support these services, but those funds ended on September 30, 2025. This loss of funding has led to a growing waiting list, less funding available per person, and a reduction in the number of people we are able to serve.

b. Nutrition Services:

FTAAAD served 300,959 meals to 2,633 people in 2025. For many years, meals and nutrition-related calls have remained among the most requested services. At this time, 217 people are on the waiting list for home-delivered meals and are considered a high priority. Another 622 people also need help but do not meet the criteria for high priority. Recent eligibility guideline changes and updates to the FTAAAD database have reduced the total number on the waiting list by half, but many people in the community still need meals. Other organizations in the region provide some nutrition services, including Second Harvest, local churches, and community service agencies. However, the AAAD is the only organization that offers nutrition education, counseling, and

congregate and home-delivered meals at no cost to individuals. Many community members support this program, including ETSU students, senior center participants, and volunteers who assist with meal delivery for Meals on Wheels Northeast Tennessee. With the depletion of American Rescue Funds and lack of sustainable growth of Older Americans Act funds, our waiting list for meals is expected to continue to grow. A full-time staff member was hired to focus on getting individuals off the waiting list and into the HDM program as quickly as possible and will also be responsible for managing the home-delivered meals waiting list moving forward.

Our ongoing partnership with East Tennessee State University's (ETSU) Dietetic Department continues to provide strong telephone nutrition counseling and education. A pilot project for a virtual dinner club, developed with ETSU Dietetics and local senior centers, was very successful and is now a regular part of programming.

c. Evidence-Based Disease Prevention and Health Promotion Services:

Counties in our region have high rates of chronic conditions such as hypertension, diabetes, arthritis, and falls, especially among those ages 65 and older. In the 2022 Tennessee State Aging Profile, across all FTAAAD counties, an average of 41 percent of those on Medicare reported having four or more chronic conditions. FTAAAD contracts with senior centers, and continues to partner with local agencies like UT Extension, Alzheimer's Tennessee and Ballard Health to provide Evidenced-based programs like *Staying Active and Independent for Life (SAIL)*, *Living Well with Chronic Conditions*, *Take Charge of Your Diabetes*, *Bingocize*, *Tai Chi for Arthritis*, *Matter of Balance*, *Stepping On*, *Drums Alive*, and *Powerful Tools for Caregivers*, in various counties throughout the region.

d. Family Caregiver Support Services:

In FY2025 FTAAAD served 127 caregivers with a total of 10,748 units of in-home services such as respite, homemaker, and personal care. Currently, we are unable to add additional caregivers due to funding constraints, so our waiting list is growing. In the meantime, the need and demand for respite and support services for family caregivers continues to rise. Statewide, 28 percent of Tennessee adults serve as unpaid caregivers, providing approximately \$12.3 billion in unpaid care annually according to AARP Tennessee. National Institutes of Health reports that rural caregivers have higher levels of stress and lower service utilization due to access and cultural barriers, increasing the risk of caregiver burnout and institutionalization of care recipients. We have made available Trualta, an online platform that provides caregivers with relevant educational content, practical tutorials and the ability to engage in online discussions with both subject experts and fellow caregivers. Sixty caregivers, including some grandparents raising grandchildren, are actively participating. In addition, we publish a quarterly newsletter geared specifically to family caregivers. In partnership with UT Extension, we are working to provide support to grandfamilies

by exploring ways to engage the school system in supporting students that are serving as the primary caregivers for their grandparents.

e. Multi-Purpose Senior Centers:

FTAAAD works with 11 senior centers across the PSA, where older adults can access health classes, evidence-based wellness programs, exercise sessions, recreational activities, arts and crafts, travel, and receive information and assistance. These centers also provide congregate meals, transportation, and other key services to help older adults stay connected. Their role is especially important because nearly half (48 percent) of older Tennesseans feel isolated or lonely, 28 percent of people over 65 live alone, and 14 percent say they never receive social or emotional support. By offering regular activities, social contact, supportive services, and a welcoming place to belong, senior centers help reduce isolation and support those living alone and in need of social and emotional connection.

3. As the State plans to be effective in the provision of services and supports to Older Tennesseans, we must utilize all available resources, including both people and money. In your planning and coordination, outline the strategies the AAAD will use to address the unmet need listed above and include the use of the following solutions:

- Collaborative - build on new and existing partnerships

FTAAAD will work toward expanding collaboration with current partners such as senior centers, local governments, health systems, nonprofits, faith-based organizations, food and housing programs, transportation providers, and community volunteers to strengthen these relationships, share resources, and reach more isolated adults than ever before. Potential new partners include Rural Health, Tennessee Department of Health, individuals specializing in emergency preparedness, and various departments within universities that focus on specific populations or public health concerns.

- Diverse - provide a greater variety of services and programs to meet the needs of all populations

To meet the needs of a growing and diverse older adult population, the AAAD will look for ways to broaden our programs and services to meet individual needs. Programs of particular interest include nutrition, evidence-based health programs, finding new ways to offer social and recreational opportunities, increasing access to caregiver support, developing programs geared toward cultures relevant to our area, offering virtual options, and strengthening services for rural residents, adults living alone, and those lacking social or emotional support.

- Streamlined - create easier access to services and programs

FTAAAD will explore ways to simplify and expedite entry points to services, especially in areas related to information & assistance and case management. Creating stronger partnerships within the community, particularly with common hubs such as senior centers, disease-advocacy organizations, and others that work directly with older adults, will play a key role. We will provide additional training opportunities for our staff and partners on topics related to resources and services within the area agency, trauma-informed care and person-centered approaches to service, looking for ways to simplify our message in order to promote a more user-friendly and understandable approach.

- Data-driven - use data to inform decisions and track successes

Data from multiple sources will be used to evaluate needs, establish priorities and measure success over time. Experts in gathering data and creating relevant data dashboards are collaborating with us to discuss ways to “tell our story”. Available resources such as the Multi-Sector Plan on Aging and Lifelong TN, as well as internal data from within our state-approved database and direct staff experience, will help us appropriately allocate resources and identify underserved populations, especially those living in remote rural areas, living alone or otherwise isolated.

- Anticipatory - address both immediate needs of older adults and the needs of future older adults

With the rapid expansion of our aging population, FTAAAD continually monitors trends developing within the data. We work closely with our community, assessing current and anticipated demands for services. Being proactive in our approach, keeping our legislative body informed of emerging needs and gaps in funding, and advocating for flexibility in our services and delivery will help us develop strategies that address needs before they become critical. Currently, we work alongside our advisory council, other state agencies, local officials, universities, and community partners seeking input, support and guidance. Educating those around us on aging services and the importance of health, socialization, nutrition, and caregiver support is key to promoting an age-friendly environment. Building our infrastructure; being open to new ideas, such as using artificial intelligence to enhance our operational efficiency and finding ways to support and develop our workforce, will also help with long-term sustainability.

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

Within the First Tennessee PSA, we will distribute direct-service funds in a way that targets the older adults who need help the most—especially those living in rural counties, those who live alone, and those who lack social or economic support. Many of the counties in our region have large rural populations, where older adults often face numerous barriers and have fewer resources. We will prioritize funding for services that directly support these vulnerable groups, including home-delivered and congregate meals, in-home supports, caregiver assistance, and senior center programs that reduce loneliness. Because nearly half of older Tennesseans experience loneliness and 28 percent live alone, we will make sure funds strengthen programs that help older adults stay connected while maintaining their independence. We will also work closely with our 11 senior centers and community partners across the PSA to identify individuals most in need and ensure they receive timely access to services. Our goal is to use these funds in a fair and effective way so that the most socially and economically vulnerable older adults in Northeast Tennessee can remain safe, supported, and engaged in their communities.

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

FTAAAD addresses hunger, food insecurity, malnutrition, social isolation, and physical and mental health conditions by supporting both congregate and home-delivered meals; assisting with Supplemental Nutrition Assistance Program (SNAP) applications, outreach and information; and applying for relevant grants and keeping shelf-stable meals on hand for those in need. This ensures older adults, especially those in rural areas or living alone, have reliable access to nutritious food. To address delivery challenges in rural areas, we contract with providers for frozen home-delivered meals that still support nutritional needs. Rural nutrition food providers deliver these meals to isolated consumers in rural areas at least once every two weeks on a consistent schedule, ensuring they receive a reliable supply of balanced meals that can be safely stored and consumed as needed. This delivery structure also provides regular wellness check-ins and reduces the burden on caregivers and family members. To reduce social isolation, which affects nearly half of older Tennesseans and is especially common among those who live alone, we offer group activities, evidence-based wellness programs, social events, and transportation through our local senior centers. Some senior centers also offer regular phone check-ins. Others host special events such as pickleball tournaments, Brain Olympics, drive-through food box pick-ups for veterans, community gardens, and trips to various locations. These programs help older adults stay connected, engaged, and supported. Other services offered include physical and mental health screenings, exercise classes, caregiver support, and information & referral services. By combining nutrition support, social engagement opportunities, and health programs, FTAAAD works to meet the full range of needs—physical, emotional, and social—of older adults in the First Tennessee region.

Plan for Program Development and Coordination

The AAAD is proposing to use \$ 65,710 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2027. DDA allows up to 10% of these funds to be used for this purpose. The proposed amount represents 10% of the AAADs new Title III-B direct service allotment.

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

Goal: To strengthen and expand programs and partnerships that improve the quality of life, independence, and well-being of older adults in Northeast Tennessee through effective program development and coordination.

Objective 1: Enhance Training and Professional Development

Strategies:

1. Organize annual and quarterly training sessions for senior service providers and aging program staff.
2. Collaborate with local coalitions and statewide organizations to deliver specialized training on elder abuse prevention, health promotion, and resource navigation.
3. Develop and distribute educational materials for providers.

Objective 2: Strengthen Senior Centers as a Focal Point in the Community

Strategies:

1. Coordinate regular meetings for senior center directors to share best practices and resources.
2. Provide technical assistance for program planning, evidence-based health initiatives, congregate-meal participation, and outreach activities.
3. Support senior centers in hosting community events that promote healthy aging and social engagement.

Objective 3: Improve Communication and Collaboration Among Aging Networks

Strategies:

1. Facilitate bi-monthly advisory council meetings to align goals and share updates.
2. Maintain accurate membership lists, bylaws, and committee structures of community groups managed by FTAAAD.
3. Promote the development of partnerships with healthcare providers, nonprofits, and government agencies to address service gaps.

Objective 4: Increase Public Awareness of Aging Services

Strategies:

1. Conduct outreach through health fairs, community events, and media campaigns to provide education on programs available through FTAAAD, including CHOICES.
2. Develop partnerships to promote programs such as transportation assistance, Medicare counseling, and evidence-based wellness programs.
3. Collaborate on statewide initiatives like Lifelong Tennessee – A Multisector Plan on Aging Well to ensure regional representation.

Objective 5: Expand Funding Opportunities

Strategies:

1. Research and apply for grants at local, state, and national levels.
2. Cultivate partnerships with organizations that share common goals to leverage resources.
3. Explore innovative funding streams to sustain and grow programs for older adults.

FY 2023-2026 Performance Highlight of Accomplishments with ACL Federal Funds and State Allocations

(Please limit your response to 3 pages)

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

Older Americans Act Funding

- ❖ **Title III-B Supportive Services:** In FY23, III-B funds provided 54 assistive medical devices to 33 consumers. From July 2023–January 2026, we supported eight Options Counselors (five full-time, three part-time) who completed all assessments through in-home visits. After Hurricane Helene in FY24, staff made wellness calls, assisted displaced individuals, linked people to services, and advocated for additional outside support. Demand for I&A has grown sharply. We handled 15,936 calls in 2024 and 21,514 in 2025, with more than 2,000 calls each month, starting in October 2025. This work was completed by only three full-time and one part-time staff. All staff are cross trained in SHIP, CHOICES, SNAP, and other local resources. Staff attended health fairs, resource meetings, and community events, and one staff member is AIRS-certified. Our goal is to certify four staff members.
- ❖ **Title III-C Nutrition Services:** We partnered with two providers to deliver 236,558 home-delivered meals to 1,265 people and served 64,400 congregate meals to 1,368 participants. We also partner with ETSU’s dietetics program for nutrition counseling and education. After Hurricane Helene impacted six local counties, FTAAAD distributed 12,000 meals, 8,000 water bottles, and completed more than 600 welfare checks. For our efforts FTAAAD received Rural Health Association of Tennessee’s first-ever Rural Resilience Award.
- ❖ **Title III-D Disease Prevention & Health Promotion:** FTAAAD hosted nine evidence-based workshops, including *SAIL*, *Arthritis Exercise*, *Tai Chi*, *Matter of Balance*, *Active Living Every Day*, *Healthy Eating Every Day*, and *Drums Alive*. A total of 137 participants took part. Our Master Trainer partnered with UT Extension to train 19 new leaders in *Chronic Disease Self-Management* (CDSMP) and *Taking Control of Your Diabetes* (TCOYD) workshops, including *SAIL*, *Arthritis Exercise*, *Tai Chi*, *Matter of Balance*, *Active Living Every Day*, *Healthy Eating Every Day*, and *Drums Alive*.
- ❖ **Title III-E National Family Caregiver Support Program:** Sixty caregivers enrolled in the Trualta online caregiver platform, including 11 grandfamilies and 29 dementia caregivers. Our quarterly *Caregiver Connection* newsletter reaches over 110 caregivers. We continue to support grandfamily groups in partnership with UT Extension and local school systems.
- ❖ **Title VII Elder Rights:** Funds supported a part-time employee in the Long-Term Care Ombudsman Program, focusing on advocating for residents, investigating complaints, and promoting awareness of elder abuse, neglect, and exploitation.
- ❖ **Title VII Ombudsman Program:** Between July 2022 and January 2026, the program handled 644 cases and 1,484 complaints. We maintained two Volunteer Ombudsman Representatives

(VORs) in FY23 and FY25, and certified one new seasonal VOR in October 2025. Outreach for new volunteers continues. All required reports were submitted on time. The AAAD Director contacted legislators seeking sustainable funding, and the program pursued potential support from United Way branches. Title III-B funds are being used temporarily until permanent funding is secured.

State Funds

- ❖ **OPTIONS Home- and Community-Based Services:** OPTIONS provides assessments, service coordination, homemaker and personal-care services, meals, emergency response systems, and home modifications. Staff also assisted with utilities, rent, food boxes, and incontinence supplies, and conducted follow-up welfare calls after Hurricane Helene. In FY24, 35 consumers received assistive devices. Home modifications totaled \$46,558 for nine households in FY23, \$35,268 for seven households in FY24, and \$127,283 for 24 households in FY25. CHORE yard services supported between eight and 10 consumers each year.
- ❖ **Guardianship:** The Public Guardianship (PG) program supported more community-based clients while helping them remain independent. A PG Support Assistant helped with care plans and visits. Two active volunteers visited clients monthly in Greene and Washington Counties, and one new volunteer was recruited.
- ❖ **Alzheimer’s Disease Respite Program:** From FY23–FY25, 125 caregivers received in-home respite, homemaker, and personal-care services to reduce caregiver stress and support loved ones with dementia.

Other

- ❖ **SHIP, MIPPA, SMP:** SHIP staff participated in health fairs, church events, and senior-center outreach events. We strengthened partnerships with parish nurses and ETSU’s College of Public Health. Outreach materials were improved and translated into Spanish. We completed multiple in-person Open Enrollment events and supported Medicare Advantage members during their special enrollment period. Volunteer recruitment and training continued to grow.

Highlights of Accomplishments from Other Funding Sources

- ❖ **MyRIDE:** MyRIDE provides door-through-door volunteer transportation for people aged 60+. In FY24, FTAAAD had program oversight of five programs that served 202 clients with 5,765 rides. After two programs closed in 2025, the remaining programs provided more than 5,250 rides. In FY26 (through January 30), three active programs completed 1,927 rides.
- ❖ **CHOICES:** CHOICES assists adults with disabilities or adults age 65+ in applying for long-term services, Medicare Savings Programs, and Medicaid redeterminations. As of January 2026, we assisted 1,626 people. Staff completed National Core Indicators surveys and maintained partnerships with over 55 agencies through quarterly meetings.

- ❖ **Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA):** CREVAA supports older adults who are victims of crime. Between July and December 2025, CREVAA received 12 referrals and spent \$24,473 on food, utilities, phones, home repairs, rent, transportation, and safety equipment. CREVAA partnered closely with APS and provided annual training to investigators.
- ❖ **Collaborative Response to End Self-Neglect in Tennessee (CREST):** CREST serves adults experiencing self-neglect. From July–December 2025, CREST received 33 referrals and spent \$110,446 on emergency food, clothing, housing, utilities restoration, home modifications, transportation, medications, pest control, and durable medical equipment.
- ❖ **Supplemental Nutrition Assistance Program (SNAP):** From FY23 to date, FTAAAD screened 21,237 individuals for interest in SNAP, assisted with 441 applications and took part in 204 presentations and community events.
- ❖ **Grants:** In FY23, FTAAAD received a \$5,000 grant from the Community Foundation of Middle Tennessee. Funds were used to purchase robotic pets and smoke alarms with bed shakers.
- ❖ USAging provided \$180,000 of funding spread over FY24 and FY25 to promote flu and COVID-19 vaccines for older individuals, and to hold vaccination clinics across the district.
- ❖ In both FY24 and FY25, Appalachian Maid Service provided FTAAAD with \$1,000 grants which were used to purchase robotic pets.
- ❖ In both FY25 and FY26, Food Lion Feeds Foundation awarded FTAAAD \$10,000 and \$2,500 in grants, respectively. This was used to purchase a total of 840 shelf-stable emergency food boxes.
- ❖ In FY25 FTAAAD received a \$5,000 NANASP grant, which was used to purchase 360 shelf-stable food boxes.
- ❖ In FY25, after Hurricane Helene, FTAAAD received a \$35,000 emergency response grant from Meals on Wheels America to purchase 190 large shelf-stable food boxes and replace damaged kitchen appliances for 10 households.
- ❖ In FY25, FTAAAD received a CDBG Emergency Home Modification Grant of \$25,000 from the City of Kingsport to assist three homeowners with new heat pumps. In FY26 FTAAAD received a grant from the City of Kingsport for \$40,000. These funds were used for three households: to replace a badly damaged roof, replace a non-working heat pump, and repair a bathroom floor and install a walk-in shower.
 - ❖ FTAAAD received a \$10,000 Meals on Wheels America Social Connection grant that allowed us to invest in new tech equipment (10 tablets and 10 hot spots) to help meet our clients’ social needs. Lending tablets and internet devices to older adults and caregivers allows more low-income and rural clients the opportunity to take advantage of the social connection offered by the virtual dinner club, our Trualta caregiver platform, the virtual senior center programs and other online programs to meet their interests.

Goals, Objectives, Strategies, and Performance Measures

Goal 1: Access, Community Choice, and Aging in Place. Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Objective 1: Identify and disseminate information on the types of available community-based assistance that are most needed by Northeast Tennessee's low-income and rural demographic.

Strategies:

1. Investigate agencies and community partners that can offer homelessness assistance, mobile clinics or sliding-scale fee services, such as ARCH, the Lions Club; Appalachian Miles for Smiles; Smile On 65+; Tennessee Department of Health; and medical providers such as Ballad Health, RAM, Rural Health Consortium, and ETSU College of Medicine and College of Nursing.
2. Investigate available low-income resources for dental, vision and hearing care.
3. Create brief PDF of some available online resource directories (e.g. Community Compass, FindHelp) for distribution upon request.
4. Research and review existing pilot programs and best practices from other regions or states that may provide new ways to serve the community or sources of funding.

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

1. Contact at least two community partners that offer mobile clinics to document the services offered.
2. Contact at least one organization providing services to unhoused individuals to document the services offered.
3. Contact at least one organization providing dental, vision AND hearing services to document the services offered.
4. Distribute at least 100 handouts/flyers of community resources.
5. Identify two pilot programs that could offer ideas for our eight-county area.

Objective 2: Explore technological options and advancements to improve service delivery and access to enabling technologies for aging in place.

Strategies:

1. Explore texting services for outgoing notifications of impending FTAAAD calls to improve consumer contact rates.

2. Explore use of phone system(s) to offer surveys to evaluate agency services.
3. Explore grants to help fund internet/enabling technology in homes.
4. Investigate the possibility of offering refurbished FTAAAD computers, printers, or other equipment to low-income seniors at free or reduced rates to improve social connections.
5. Reach out to AAADs that use MAP Communications phone system for possible use by Public Guardian Program, Ombudsman Program, and for bilingual support for other programs.

Performance Measures:

1. Conduct tests with at least three individuals by notifying them of an impending call via text services.
2. Identify two options that offer the ability to conduct phone surveys.
3. Connect with at least two (2) AAADs that utilize the MAP Communications or similar phone system to gather information on system capabilities and applicability for the Public Guardian Program, Ombudsman Program, and bilingual support needs.
4. Provide a summary report of findings related to the MAP Communications or similar phone system including potential benefits, challenges, and recommendations for future implementation.

Goal 2: Funding, Advocacy, and Infrastructure. Build and maintain strong services by using funds wisely, finding new funding, working with partners, remaining flexible for complex needs, and speaking up for the people we serve.

Objective 1: Investigate opportunities for individuals, colleges, businesses, or other community organizations to donate directly and/or develop/host fundraising events on behalf of FTAAAD.

Strategies:

1. Identify local colleges, businesses, and community organizations in the area that may be willing to hold fundraising events.
2. Identify local philanthropic individuals, corporations or endowment funds that may be willing to make one-time or ongoing donations to FTAAAD.
3. Develop strong message to outside organizations that emphasizes the unique services provided, benefits to both individuals and the community, funding challenges, and financial and social importance of aging in place.
4. Identify local personal contacts to leverage communication with these organizations.
5. Promote need for donations through media and/or direct mail

6. Investigate possibility of using crowdfunding sources
7. Seek project “champion” to investigate the possibility of creating volunteer team for minor home repairs and property clean-up.

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

1. Contact at least three local organizations to determine interest in fundraising events.
2. Create approved donation-request letter and social media post
3. Write and distribute two press releases about FTAAAD’s need for donations to serve additional individuals.
4. Assign staff member(s) to research crowdfunding options.

Objective 3: Expand relationship-building with both current partners and other agencies and state departments/legislators to break down silos and to increase funding potential.

Strategies:

1. Locate and document FTAAAD clients willing to tell their stories emphasizing ways that FTAAAD made a positive difference in their lives.
2. Identify promising agencies that are unfamiliar to FTAAAD.
3. Use relationship building activities to find additional sources of interns and volunteers.
4. Identify legislators that could have greatest impact on agency funding and share client stories with them.

Performance Measures:

1. Interview two clients and document their stories for future use.
2. Identify three new agencies that we do not have a current relationship with.
3. Create a list of local and state legislators who have the most impact on funding issues.

Objective 4: Strengthen FTAAAD’s internal framework through workforce training and development, prioritizing the use of volunteers and interns, expanding crisis and emergency planning, and ensuring that public feedback is continually sought and incorporated into agency procedures as appropriate.

Strategies:

1. Offer regular training opportunities for both FTAAAD staff and service-provider staff.
2. Consult with FTDD’s workforce-development staff to identify ways to develop and attract potential employees for both FTAAAD and its service providers.
3. Investigate opportunities within the community to recruit volunteers and interns.

4. Document internal procedures used during Hurricane Helene to develop a crisis plan for future disasters/events.
5. Bring in emergency preparedness speaker to speak to staff and providers.
6. Identify ways to bring in and analyze continual public feedback on FTAAAD performance.

Performance Measures:

1. Provide one staff training on trauma-informed care
2. Speak at one community group or school to recruit volunteers or interns
3. Provide one training on emergency preparedness

Goal 3: Health, Healthcare, and Well-being. Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall wellbeing.

Objective 1: Promote healthy aging through good nutrition, management of chronic conditions and mental health, personal safety and a focus on overall wellness.

Strategies:

1. Showcase methods for healthier eating and ways to make fruits and vegetables more accessible and affordable.
2. Investigate ways to address comprehensive strategies for wellness in group settings to encourage participation and mutual support.
3. Research possible options for welfare checks (by phone or in-person).
4. Pursue collaborative approach to education on scams and fraud.
5. Explore innovative nutrition programs like Virtual Supper Clubs and Restaurant-Supplied Meals for rural homebound residents.
6. Expand delivery of evidence-based programs.

Performance Measures:

1. Work with at least three senior centers to offer cooking classes online.
2. Collect five recipes to publish and distribute.
3. Contact UT Extension services and ARC&D to identify which grant-based programs are available annually to make fruits and vegetables more accessible and affordable.
4. Identify one individual who can make scam/fraud presentations to community groups.

Objective 2: Improve access to health resources.

Strategies:

1. Offer education about utilizing telehealth services.
2. Research current regional transportation options.
3. Identify mobile health clinic resources.
4. Screen for Medicare Savings Plan (MSP) and low-income subsidy (LIS) eligibility to reduce health insurance and prescription costs.
5. Assist individuals who have applied for Medicare Savings Plans (MSP) that have been referred to CHOICES in obtaining necessary documents needed to determine eligibility.

Performance Measures:

1. Provide staff training on the availability of various telehealth resources.
2. Inform at least five consumers with transportation concerns that their health plan may offer transportation services.
3. Screen four State Health Insurance Plan callers for MSP and LIS eligibility.
4. Assist five individuals that have been referred by TennCare to CHOICES for MSP in obtaining necessary documentation and submitting it through the portal.

Objective 4: Increase social connection among older adults.

Strategies:

1. Participate in ETSU CHAT statewide pilot program connecting older adults with mental health conditions to congregate meal sites.
2. Apply for ACL *Commit to Connect* initiative to evaluate the impact of Chronic Disease Self-Management programs on social connection.
3. Encourage congregate meal sites to host occasional twice-a-day meals to increase participation.

Performance Measures:

1. One congregate site will participate in the ETSU CHAT pilot program.
2. Work with one congregate site to offer two meals (breakfast and lunch) at least twice a month.

Goal 4: Caregiver Support: Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Objective 1: Expand programs and services offered to caregivers.

Strategies:

1. Investigate available grants and pilot programs that may offer additional caregiver services.
2. Collaborate with partner organizations to offer access to additional programs.
3. Partner with Elizabethton City Schools to support Grandfamilies in the district.
4. Educate local, regional and state policymakers about the prevalence of grandfamilies in this area, their challenges, and the effects on children and the community.

Performance Measures:

1. Identify one outside source for possible grant funding to provide additional caregiver services.
2. Create policy sheet on Grandfamilies to be distributed to policymakers.
3. Identify two new caregiver resources for family caregivers.

Objective 2: Offer enhanced counseling and education opportunities to caregivers.

Strategies:

1. Partner with Alzheimer's TN and Visiting Angels on GUIDE respite program.
2. Identify counseling services that meet DDA licensure requirements.
3. Research the use of local colleges to provide Caregiver counseling.
4. Refer individuals to telehealth options for caregiver-related counseling services.
5. Identify local grief support services.

Performance Measures:

1. Refer at least one caregiver to the GUIDE respite program.
2. Identify one college or other community partner for caregiver counseling.

Objective 3: Offer both family caregivers and provider-employed caregivers additional training opportunities.

Strategies:

1. Increase enrollment of family caregivers in virtual programming.
2. Offer providers access to virtual programming for caregiver training.

Performance Measures:

1. Increase the number of new family caregivers enrolled in the online platform by 10.
2. Increase overall education hours utilized in virtual programming by 10 hours.
3. Grant at least two providers access to virtual programming platform.

Program Planning for FY 2027 and FY 2028

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

A. Information & Assistance

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

Information & Assistance: A service that:

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

1. Complete the following:

Total Number of I & A Staff: 4

	# of individuals served in FY 2026	# of projected individuals served in FY 2027	# of projected individuals served in FY 2028
Units of Service	8,904	9,100	9,250

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

Distribute materials for FTAAAD services in both English and Spanish at the senior centers, SSA, DHS, libraires, health clinics, and medical offices in all the counties that we serve.

B. Home and Community-Based Services (Title III-B and OPTIONS)

Please check the types of service your AAAD will provide during FY 2027-2030 utilizing HCBS funding.

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

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

Includes services and coordination such as-

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

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

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

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

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

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

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

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

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

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

☒ Self-Direction: An approach to providing services (including programs, benefits, supports, and technology) under the OAA intended to assist an individual with activities of daily living, in which-(A) such services (including the amount, duration, scope, provider, and location of such

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

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

Other (Please list and define.):

Durable Medical Equipment: Medically necessary devices or equipment designed for long-term use at home to assist individuals with medical conditions, disabilities, or injuries.

Personal Emergency Response System: Installation, Monthly Fee – 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.

1. Complete the following table:

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
State – Options Allocation Amount	\$1,790,000	\$1,750,000	\$1,785,000
# Served	864	845	861
Units of Service	125,214	122,384	124,832

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

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
Federal Title IIIB/State Homemaker In-home services Allocation Amount	\$526,685	\$230,000	\$234,600
# Served	1,736	973	992
Units of Service	38,464	21,540	21,971

3. Describe the methodology for the projections listed above.

These projected numbers are based on a review of past financial budgets and current budget projections.

4. Complete the following table:

Number of Individuals on HCBS OPTIONS Waiting List (high-risk clients only)	103
Number of Individual on HCBS Title III-B Waiting List (high-risk clients only)	505

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

To effectively manage enrollment based on the unique needs and challenges of each county, flexibility is needed. A specific threshold/score of 31 for the waitlist will not ensure that we serve each county equitably. Urban areas (due to the size of the population and volume of calls) will dominate enrollment well beyond their actual share of the 60+ population. All HCBS Screenings will be entered into the state approved database with a score assigned, even if the need (score) is low. This allows us to track everyone who needs, and is requesting, support. FTAAAD will determine the greatest socioeconomic need based on the unique challenges and scoring within the region. Within 18 months of the initial or latest screening, the AAAD will follow up on those with a score of 31 or greater. If no response is received from the follow-up, the individual will be removed from the waiting list. When additional funding is available, a report will be generated from the internal state-approved database, filtered by the funding source, county, and greatest socioeconomic needs.

Due to various operational and management factors, we have found it necessary to clean up and/or re-evaluate the current waiting list. Steps in this “clean up” include reviewing accuracy, removing inactive entries, and documenting all changes for future reference.

C. Title III-C Nutrition Services

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

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

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

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

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

Other (Please list and define:

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

FTAAAD has had a contract with the First Tennessee Human Resource Agency (FTHRA) for almost 50 years to provide congregate and home-delivered meals and all related services in all eight service areas. Jason Cody is the executive director of FTHRA, and Beverly Culp is the director of nutrition services. Foods are purchased from reputable vendors and suppliers in accordance with appropriate bid specifications and industry standards. FTHRA operates a

central kitchen designed for the provision of congregate and home-delivered meals. The kitchen includes a tilt-skillet, ovens and other commercial equipment that meets the requirements of bulk-meal preparation. Non-refrigerated foods are stored in a temperature-controlled room until used, and a walk-in cooler and freezer are used for all other appropriate food items. Menu and dietary guidelines are used for purchasing food items and for meal preparation. Food safety and sanitation are incorporated into each day's activities. Tennessee Department of Health regulations are adhered to, as evidenced by the inspection reports. Foods are prepared for daily consumption, rather than preparing meals several days in advance. Fresh fruit and produce are sourced through a local vendor. Food temperatures are taken and recorded as required. Meals are packed in bulk for delivery to 15 meal/congregate sites. Home-delivered meals are packed in approved plastic food trays and sealed with an automated film-sealing machine. The food tray is labeled with the menu, date, and heating/usage instructions for the oven or microwave. Meals are delivered in either insulated food containers or in temperature-controlled food-delivery vehicles to sites. Volunteers deliver home-delivered meals utilizing insulated bags or coolers. Frozen meals are prepared and packaged by a food manufacturer and purchased from a distributor. Frozen meals are delivered to consumers who live in remote or rural locations, or because of the consumers' preference over hot meals. These meals are packaged as five-day meal kits and need to be delivered only once a week or once a month, depending on adequate freezer capacity. Shelf-stable meals are purchased and boxed according to menu requirements. Consumers may receive these meals if they do not have adequate freezer capacity for other meal types. All homebound meals are delivered by over 600 volunteers on over 70 meals routes. FTAAAD OPTIONS counselors determine someone's eligibility for service using a standardized in-home assessment, and annual reassessments are completed to determine continued eligibility for the service.

Since 2023 FTAAAD has contracted with Fit Clean Meals to provide frozen meals to our most rural areas and clients. Fit Clean works with two food vendors that supply them with all the food they need. Fit Clean procures frozen food and/or shelf-stable items, depending on the menu, need and the availability. All frozen food is either blanched, in the case of vegetables, or precooked so that the transition of portioning and packaging is very efficient. All food is maintained at the proper temperatures in the refrigerator or in the freezer and is only brought out when it is time to portion out and package the meals. After the meals are packaged, they are returned to the freezer until the rest of the meals are done. Finally, all meals get bagged in sets of five and put back into the freezer and are ready for delivery. All meals are transported in high-quality coolers that can hold ice for five days. For extra precautions, all coolers are topped with ice to maintain the frozen meals for an entire day of delivery. The meals are delivered to the individual's door every two weeks by Fit Clean employees. Fit Clean typically takes food and puts it in the clients' freezers upon request. And upon request they have been able to drop off food at directed locations whether it be the front door or the side or back door and leave at designated areas.

2. Complete the following table:

Provider	IIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites FY 2026	# of Projected Congregate Meals Served in FY 2027	# of projected Congregate Meals Served in FY 2028	# of Projected HDMs Served in FY 2027	# Projected HDMs Served in FY 2028
FTHRA	\$991,800	\$77,500	\$1,069,300	16	70,000	75,000	140,000	145,000

3. Complete the following table:

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

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

Both of our providers strive to provide the highest-quality meals at the most efficient cost. FTHRA and Fit Clean Meals do this by working on menus that are nutritionally sound and that follow the nutritional requirements set forth by DDA and the USDA. They work with their vendors to find the right products, especially focusing on proteins which are affordable yet still very high quality. Both providers order only the quantities of items that are needed and keep a very tight rein on inventory, as well as cooking only what will be used for that meal. We also find ways to utilize all our leftovers. If FTHRA has leftovers from a meal, they are used as holiday meals or are frozen for another usage. FTHRA meals are delivered by a volunteer or a meal site coordinator if a volunteer is unable to deliver that day. The volunteers provided over 20,000 hours of service with a contribution of over \$614,400 in-kind. Routes for both providers are mapped out to be efficient with delivery time and fuel costs. Fit Clean Meals deliver their frozen meals in high quality coolers that can hold ice for five days. For extra precautions, all coolers are topped with ice to maintain the frozen meals for an entire day of delivery. The meals are delivered every two weeks for the most efficient cost of delivery.

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

Each year surveys are distributed through senior centers, congregate sites, and Options Counselors. The results are entered into an Access database, and a report is published showing the results of each provider/service and any additional comments made. FTAAAD and both providers utilize surveys and/or daily work reports to gather input from our consumers. The goal is to provide a hot, nutritious lunch, but we also want it to be delicious and something they look forward to eating. Fit Clean Meals also does surveys beyond our QSI to check on food quality and delivery with their clients.

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

Many of our meal sites are in some of the areas of greatest social and economic need in Northeast Tennessee. We are increasing our outreach efforts in some of our most rural areas to inform them about the congregate nutrition program and where they can access a nutritious lunch each weekday. The senior centers have also assisted in getting the word out about congregate meals by providing the monthly menu in their newsletters and on their websites and Facebook pages. We are not looking to change any locations, but we are looking at piloting the option for breakfast and lunch at one rural site one day a week to reach more of the rural community.

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

FTAAAD works closely with our meal providers and local food partners to ensure that consumers receive meals during emergencies. First Tennessee Human Resource Agency (FTHRA) keeps frozen meals on hand for home-delivered clients if meal production is interrupted. Cold meals can be sent to congregate sites for heating, and shelf-stable meals are available for emergency use. Fit Clean Meals plans ahead for schedule changes and delivers shelf-stable meals twice per year, so clients always have food during weather-related emergencies. All consumers receive a five-day shelf-stable box when needed, and a one-day frozen meal for holidays. FTAAAD also keeps five-day and 20-day emergency food boxes available that can be utilized if a crisis that affects meal service or if a provider becomes unavailable. During past disasters, we have also received support from other AAADs, TEMA, meal providers outside our region, other services organizations, Second Harvest Food Bank and county/city emergency management agencies.

D. Guardianship:

1. Complete the following table:

	2026 Calendar Year	2027 Calendar Year Projected	2028 Calendar Year Projected
Active Caseload	48	49	50

* Number of clients served during the Fiscal Year 46

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

FTAAAD has retained one volunteer who visits most of our Washington County clients and one volunteer who visits most of our Greene County clients. We maintain good relationships and open communication with our volunteers. We recognize their hard work and dedication at our annual Aging Conference during the Volunteer Appreciation presentation. To increase our number of volunteers we plan to educate local organizations, such as senior centers, the Rotary club, Elks Lodge and other local organizations within our community to spread awareness of the Public Guardianship Volunteer program.

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

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

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

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

Includes services and coordination such as-

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

☒ Information and Assistance (Caregiver): A service that:

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

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

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

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

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

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

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

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

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

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

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

Other (Please list and define.):

1. Complete the following table:

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)

# Served (Excluding Case Management, Information Services, and Information & Assistance)	65	46	48
Units of Service (Excluding Case Management, Information Services, and Information & Assistance)	4,309	3,016	3,137

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

FTAAAD is looking at grant-funding options for our Trualta web-based platform for caregivers so they can continue to access resources, training, and support 24/7. The caregivers that have utilized Trualta have accessed information on the following topics: information and resources, stress and burnout, care skills, and feeling isolated. All of these are top caregiver needs that are being addressed in a number of ways. We are also working with a local school system to develop a pilot program to assist grandfamilies and the role reversal of grandchildren who are having to care for the grandparents that are raising them. We continue to explore music therapy to assist caregivers of dementia and those living with dementia and we continue to look for outside funding and innovative concepts to address the needs of respite care for caregivers, since there is no funding to continue the Alzheimer’s Respite Pilot. We are also investigating whether faith-based memory care could be a possibility with one or two churches in our service area.

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

FTAAAD will use caregiver support groups, community resource events, and speaking engagements to ensure that caregivers are aware of the agency and its NFCSP programs and services, as well as other community resources. This information, as well as other community resources, is also located on the Resource page of our web-based platform, Trualta, and in our quarterly caregiver newsletter.

F. Health Promotion/Disease Prevention – Title III-D

Please check the box below if you will provide programs during FY 2027-2030 utilizing III-D funding.

Health Promotion: Evidence-Based: Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition).

Activities must meet ACL/AoA’s definition for an evidence-based program, as presented on the ACL website. (Source: OAA)

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
# Served	40	26	27
Units of Service)	250	157	163

G. Legal Assistance

1. What legal priority case is the most served in the area?

Legal Aid of East Tennessee (LAET) provides the most legal services in the healthcare/long-term care area, housing, and guardianship.

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

The greatest number of cases handled in the service area by LAET under Title III are in healthcare/long-term care, which is the area of greatest need overall. However, one area where LAET sees fewer cases than expected is “Scam and Fraud Prevention.” This could be addressed through education efforts: LAET attorneys are in the process of adding information on scams and fraud prevention to presentation materials to be included in outreach efforts throughout the service area.

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

LAET continues to engage in targeting and outreach efforts to reach potential clients in targeted groups, such as poverty, minority individuals in poverty, and individuals in rural areas. Some of these outreach efforts include partnering with local nursing homes, community centers, and senior centers to disseminate information about the services offered by LAET. LAET also continues to work with volunteers through the Pro Bono Project to increase the number of clinics in rural and low-income areas.

LAET has noted low turnout at some outreach events in more rural counties throughout the service area – including both presentations and clinics. While LAET, partners, and the facilities

advertise these events, LAET could use assistance from AAAD with widening the scope of those efforts to ensure more people are being reached and served.

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

One of LAET’s greatest challenges is visibility and community awareness. Many people are not aware that LAET exists, or what services LAET can and cannot provide. AAAD can assist by continuing to make other partners, agencies, the community, etc. aware and informed of legal services provided by LAET.

H. Senior Centers

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

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Bristol-Slater Senior Center	1,371	52	73	3	6
Church Hill Senior Center	436	40	18	27	2
Clinchfield Senior Adult Center	208	27	16	11	0
Elizabethton Senior Citizens Center	386	42	9	7	0
Hancock County Senior Center	39	17	0	38	0
Johnson City Senior Center	3,681	274	296	71	5
Johnson County Senior Center	1,682	177	55	1,542	2
Jonesborough Senior Center	1,641	50	108	50	5
Kingsport Senior Center	4,822	185	164	76	15
Roby Fitzgerald Adult Senior	345	31	14	323	1
Rogersville Senior Citizens Center	230	52	10	192	7

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

FTAAAD has a senior center liaison that works closely with the 11 senior centers in our District. We support the centers by holding quarterly Senior Center Directors’ meetings where brainstorming sessions are held and directors can use each other and FTAAAD staff for sounding boards for ideas and solutions to problems such as improving their client numbers. We also provide technical assistance for outreach activities, program planning, and evidence-based health initiatives.

I. Emergency Preparedness

- Name of Staff Person on the local emergency management team:

Lee Gay, Volunteer Transportation Coordinator

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

The emergency plan is posted on the internal staff notices. During the orientation process, it is reviewed with staff and receipt is acknowledged by the staff member. Updates are communicated during staff meetings, annual staff retreat.

J. SHIP

- Complete the following table:

	Grant Year 2024-2025 (April – March)	Grant Year 2025-2026 (April – March)	Grant Year 2026-2027 (April – March)
# Client Contacts	5,101	8,654	9,000
# of Consumers Reached Through Outreach Events	20	43	45
# of Client Contacts Under Age 65	1,295	2,293	2,385
# of Hard to Reach Client Contacts	840	1,436	1,493
# Of Enrollment Contacts	5,101	8,654	9,000
# of Low Income/Medicare Savings Enrollment Assistance Contacts	425	450	465

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

- **Client Contacts:**

Implement quarterly visits to congregate centers in all eight counties. Work on creating relationships with the local university's science and allied health programs. Reach out to religious foundations, dioceses, and other regional nonprofits to educate them on SHIP resources and assist them with supporting their clients.

- **Outreach:**

Begin regular updates and program highlights using social media for SHIP messaging.

- **Client Contacts Under age 65:**

Continue social media campaign with emphasis on family support for Medicare recipients.

- **Hard to Reach Client Contacts:**

Continue community outreach in congregate centers and other facilities in rural communities.

- **Enrollment Contact:**

Implement quarterly visits to congregate centers in all eight counties to establish relationships to build trust and confidence to utilize SHIP services for open enrollment comparisons, for cost saving on an annual basis.

- **Low Income/Medicare Savings Enrollment Assistance Contacts:**

Implement quarterly visits to congregate centers in all eight counties to establish relationships to build trust and confidence to utilize SHIP services for assistance in applying for Medicare Savings Plan, LIS, and SNAP applications.

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

Implement quarterly visits to congregate centers in all eight counties. Additionally, increase attendance at health fairs and community events in the more rural zip codes. Create materials in both English and Spanish for SHIP services and make them available at Social Security and DHS offices as well as local libraries throughout the region.

Targeting Status Report

Report on activities during the preceding year.
 (This information is used for the Title VI Plan)

Provide information on the extent to which the Area Agency met its Targeting objectives related to rural, minority, ESL, and poverty populations **for all programs** in the FY 2023-2026 Area Plan.

2023-2026* OBJECTIVE	ACTUAL ACCOMPLISHMENT
1. Continue to partner with UT Extension’s TNCEP agents.	Agency brochures and rack cards were provided to UT Extension Agents and TNCEP agents to be distributed through their TNCEP programs, FCE groups, and other Extension programs that target rural, minority, ESL and poverty populations.
2. Increase the number of 60+ adults that are aware of SNAP outreach & application assistance in the categories of minorities, those with limited English proficiency, and rural residents.	SNAP outreach materials were distributed to a local community center serving a community primarily composed of people of color. They were also distributed to a large community health center serving a significant Hispanic population. Rural residents were informed about available services through posters and flyers at senior centers, annual flyers included with HDMs, and FTAAAD participation at dozens of outreach events each year in all eight counties of the District, most of which are designated as rural.
3. Reach individuals with limited English proficiency.	FTAAAD has produced a Spanish-language version of the agency rack card detailing available services and complete contact information, which is available in our lobby, at outreach events, certain community locations, and by request. Also available are Spanish versions of an APS rack card and a COVID-safety rack card, both created by FTAAAD; along with state-produced Spanish versions of brochures such as CHOICES and SHIP. Medicare and You Spanish language handbooks available.
4. Discuss ways to better target minorities and those with limited	General discussion among senior center directors on best practices. FTAAAD works closely with senior centers in our 8-county catchment area. We have distributed

<p>English proficiency at senior centers.</p>	<p>materials such as rack cards in both English and Spanish, and we utilize AVAZA for translation services.</p>
<p>5. Recruit additional minority representation on FTAAAD's Advisory Council.</p>	<p>Advisory Council Bylaws follows guidelines set by DDA, and if a member leaves the Council or we must recruit, we do it utilizing Older American Acts guidelines, which includes minorities. We recruit individuals active in their communities, minorities, retirees, and others concerned with the welfare of the needy and disadvantage to consider becoming members of the Advisory Council.</p>
<p>6. Increase awareness of our programs and services to older individuals who are in both social and economic need.</p>	<p>FTAAAD works closely with Options Counselors and the nutrition coordinator to assure that the homebound consumers we serve with meals and other in-home services receive regular information about additional services that might be beneficial to them, such as minor home repairs, grant-funded programs, pilot programs, etc. This population is the first group FTAAAD reaches out to with new opportunities before offering them to more mobile groups like senior-center participants.</p>
<p>7. Work with Legal Aid to assist individuals in the targeted groups.</p>	<p>Participated in a listening session with other key community partners to discuss unmet needs, trends, and areas of particular interest. Review and evaluate reports received and work with Legal Aid on special needs as they arise.</p>
<p>8. Report on the number of older individuals with greatest economic social need, including low-income minorities on an annual basis.</p>	<p>Various reports are run monthly which show those of greatest economic and social need. Additional reports are run at least annual which show many demographics including low-income and minorities. In addition the annual SPR report list breakdowns of those who are low income and those minorities who have received services.</p>
<p>9. Raise awareness of FTAAAD Services, including CHOICES program, in healthcare</p>	<p>FTAAAD has a working partnership with ETSU Clinics and their Resident Physicians as well as Students of ETSU Quillen College of Medicine. This has allowed Residents and students that will eventually</p>

<p>professionals service our rural population.</p>	<p>serve in rural areas to learn about the services provided by FTAAAD and observe a CHOICES home visit. FTAAAD continues to provide education and outreach to each of the seven Rural Health Service Consortiums, Health Departments located in each of the local 8 counties that we serve, and all the Hospital Systems that all come into contact and serve rural populations.</p>
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Targeting Plan, Title VI

Civil Rights Act of 1964, Title VI, and Targeting Activities
 Area Agency Title VI Implementation Plan FY 2027-2030

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

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

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

2. Complete the following table:

	FY 2026	FY 2027 Projected	FY 2028 Projected
Total Individuals Served	28,261	26,848	27,385
Total Minority Individuals Served	968	920	966

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

The agency uses the AVAZA language interpretation services.

4. Complaint Procedures

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

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

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

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

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

All complaints must be filed with the Title VI Coordinator unless complaints are filed with external entities first. The Title VI Coordinator will notify the respective Departmental Director.

No complaints have been received.

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

First Tennessee Area Agency on Aging and Disability Minority Providers
Fiscal Year July 1, 2025-June 30, 2026

Provider Name	
<u>Contractor Name:</u> A-1 Independent Living Solutions Andrea Townsend, CFO, Marsha Daniels, CEO 4504 Bristol Hwy, Suite 105 Johnson City, TN 37601	\$9,400
<u>Contractor Name:</u> Mountain Wings, dba Visiting Angels James & Nancy Howard, Owners 321 Old Gray Station Rd., Ste 3 Gray TN 37615	\$27,600
<u>Contractor Name:</u> Synergy HomeCare of West Knoxville Yvonne Coffey, Owner/Administrator 6716 Central Ave Pike Suite 7 Knoxville, TN 37912	\$57,400
<u>Contractor Name:</u> Fit Clean Meals LLC Ajay & Chassidy Koleth, Owners 105 Unicoi Village Place Unicoi, TN 37692	\$141,000
	\$235,400

FTAAAD had 15 Providers of which 4 are Minority for 27%.

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

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

7. There is a need for a clear understanding of the demographic diversity of a region and methods to provide information and education to the underserved populations even when there are waiting lists, there are other opportunities/resources unknown to these groups. List the strategies to achieve this outreach within those identified communities.

- a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?

FTAAAD shares information about our services and programs through our dedicated Information & Assistance phone line, our senior centers, health fairs, booths, presentations, and through our OPTIONS counselors. FTAAAD uses a standard assessment form to decide who should receive in-home services first. This assessment looks at a person's abilities, health, support system, and financial situation. When resources are limited, guidelines give priority to low-income minority individuals if resources are not available to serve all individuals with the same assessment score. Focusing on specific regions and groups helps FTAAAD use its limited resources more effectively so it can better reach older adults.

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

FTAAAD uses local demographic information to make sure services reach people in minority, rural, and low-income communities. To reach more people, FTAAAD uses targeted outreach and works with community organizations. Staff receive training to help them deliver services that are culturally responsive. Contracts with providers also require them to focus on people with the greatest social and economic needs, including minority seniors. FTAAAD also supports diversity through its advisory groups. These groups include members from all eight counties in the region so that planning decisions reflect the needs and perspectives of the entire community.

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

FTAAAD collects information such as race, ethnicity, age, and income through registration forms, intake screenings, and in-home assessments. This data is entered into the state-approved database so statistical information can be retrieved when needed. FTAAAD also uses activity logs to document targeted outreach, including presentations, health fairs, mailouts, and media events. These logs track the staff involved, the type of event, the funding source, and whether participants are minority, limited-English-proficient, low-income, homeless, potential volunteers, rural residents, or caregivers. The activity log provides the documentation required for monthly reports across several funded programs. Outreach is conducted through face-to-face meetings, virtual meetings, and mailouts.

Older Americans Act Required Targeting Activities

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

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

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Target outreach to rural areas with greatest socioeconomic need and at risk for institutionalization	<p>Work with community partners and Senior Centers in rural areas to offer educational programs and access to OAA services.</p> <p>Work with Legal Aid to build awareness, improve attendance at informational sessions and legal clinics. Work with Senior Centers and partners in the rural areas to educate on Medicare, Medicaid, Medicare Saving Plan, and Low Income Subsidies.</p>	<p>Lee Gay Kathleen McLaughlin Rachel Barker Tracy Buckles Janie Gortney</p>

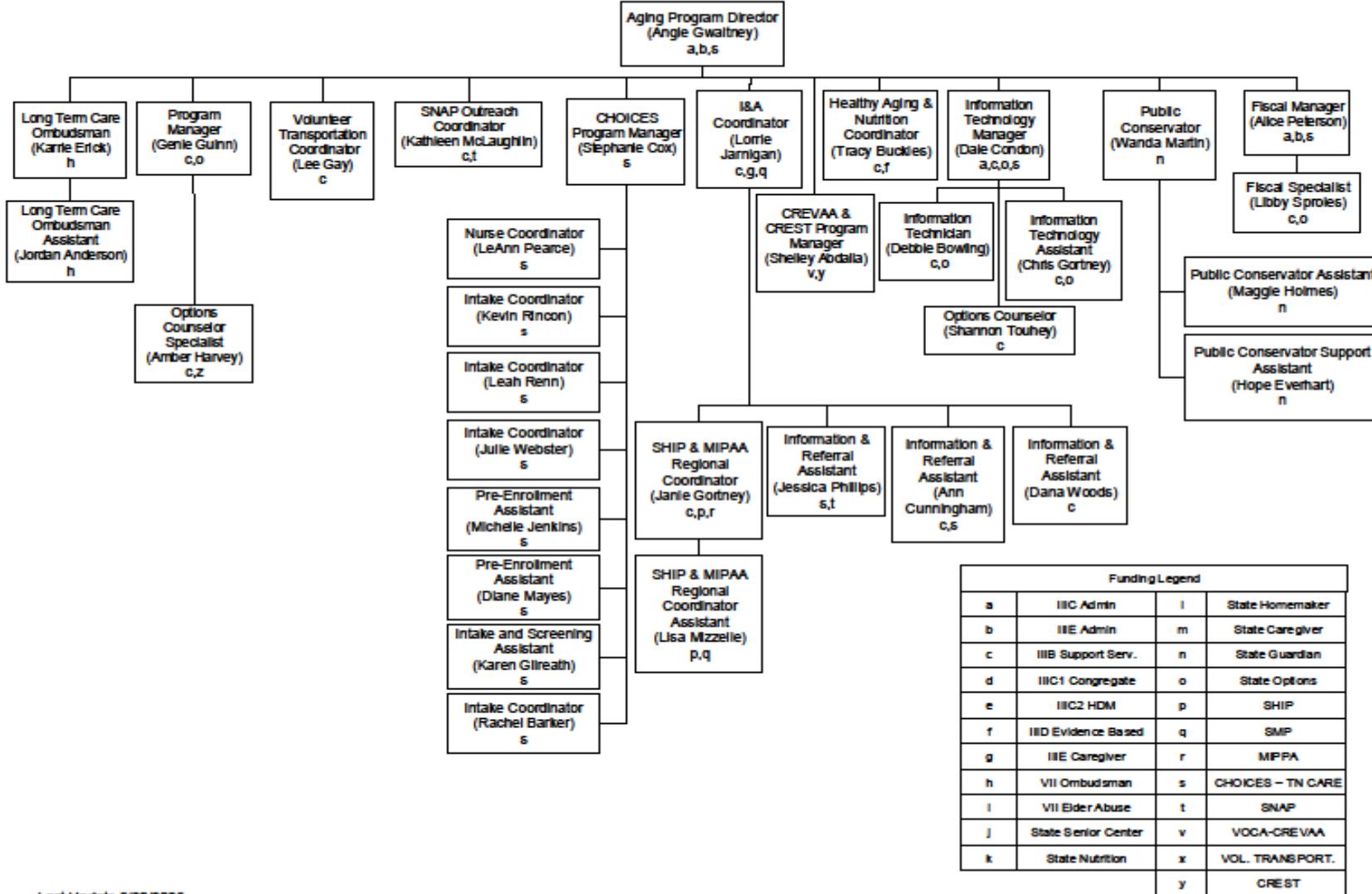
<p>Provide training or educational materials to providers/volunteers/long-term care facilities and community partners on elder-abuse prevention, evidenced-based health promotion, SHIP, SNAP and resources and programs available through FTAAAD.</p>	<p>Host Annual Conference on Aging.</p> <p>Provide updates and new services available during provider meetings, staff meetings, and community events.</p> <p>Distribute educational materials at health fairs and outreach events, open enrollment events and presentations.</p> <p>The Long-Term Care Ombudsman Program will educate volunteers on the resources and programs available through FTAAAD. Ombudsmen will deliver residents' rights information to long-term care residents and, when able, the program will conduct staff training at long-term care facilities regarding residents' rights and abuse prevention. Incorporate education on FTAAAD programs during annual trainings for Public Guardian Volunteers.</p>	<p>Kathleen McLaughlin Tracy Buckles Rachel Barker Lee Gay Janie Gortney Karrie Erick Jordan Anderson Maggie Holmes</p>
<p>Provide technical assistance to Senior Centers regarding evidence-based health programs, outreach to LEP, and those that are socially isolated or lonely.</p>	<p>Keep centers informed about new programs being offered, train staff on reporting requirements, and assist with scheduling.</p> <p>Create Spanish-language FTAAAD posters for low-income community health centers and Catholic churches.</p>	<p>Tracy Buckles Kathleen McLaughlin Kevin Rincon Rachel Barker Lee Gay Janie Gortney</p>

	<p>Meet with senior center directors to brainstorm ways to identify socially isolated seniors in their communities and pilot ways to engage them physically or virtually in center activities.</p> <p>Create and distribute flyers for the Hispanic population for eligibility for Medicare and Medicaid programs.</p>	
<p>Continue partnerships with UT Extension, ETSU, Ballad Health, Department of Health, Rural Health, etc.</p>	<p>Collaborate on ways to develop new programs, participate in grant and pilot-program collaborations, and utilize their knowledge to better serve consumers.</p>	<p>Angie Gwaltney Tracy Buckles Kathleen McLaughlin Dale Condon</p>
<p>Establish new relationships with faith-based communities and medical providers.</p>	<p>Encourage all staff members to bring an FTAAAD flyer/poster and brochures to their respective churches (if applicable) and doctors' offices and request that they be displayed.</p>	<p>All Staff</p>
<p>Reach out to local city councils and managers to connect with EMS, Fire and Social Services to be present at their local outreach events.</p>	<p>Create and list of contact names and numbers. Reach out to them quarterly to learn about upcoming events.</p>	<p>Janie Gortney</p>

AAAD STAFFING

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

2026 ORGANIZATIONAL CHART OF FIRST TN AREA AGENCY ON AGING & DISABILITY



Last Update 2/20/2026

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

- Jordan Anderson - Long Term Care Ombudsman Assistant
- Diane Mayes – Choices Pre-Enrollment Assistant
- Lisa Mizelle - SHIP & MIPPA Regional Volunteer Coordinator
- Alice Peterson – AAAD Fiscal Manager
- Jessica Phillips - Information & Referral Assistant
- Shannon Touhey - Options Counselor
- Dana Woods - Information & Referral Assistant

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

- Jordan Anderson -100% Title VII-Ombudsman and Elder Care Prevention
- Diane Mayes – 100% Choices
- Lisa Mizelle – 10% CHOICES, 10% SHIP, 10% Information and Referral, 70% MIPPA
- Alice Peterson – 40% CHOICES, 60% Planning and Administration
- Jessica Phillips – 100% Information & Referral
- Shannon Touhey – 100% Service Coordination
- Dana Woods – 100% Information & Referral

3. What is the name of the individual who directly supervises the Director of the Area Agency on Aging and Disability? Michael Harrison, Executive Director of First TN Development District

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

- Age 60+: 8
- Female: 30
- Minority: 2
- Disabled: 0

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

The senior center directors handle the day-to-day supervision of the Options Counselors and the FTAAAD maintains the technical supervision of the program. Staff include three part-time and five full-time Options Counselors employed by the senior centers, two full-time Options counselor employed by FTAAAD (one who covers the Kingsport area and one who manages the waitlist and getting meals started for eligible individuals), and one full time Options

Program Manager, also employed by FTAAAD, who provides the overall supervision of the program.

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

218

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

FTAAAD's plan for increasing capacity as program funding grows is to adjust Options Counselor caseloads through a combination of staffing expansion, workflow improvements, and more effective and efficient use of technology. As funding increases, FTAAAD will add additional Options Counselors or support staff to balance caseloads and ensure timely service delivery. We will keep evaluating and improving our internal processes to reduce administrative burden. Caseload data will be reviewed regularly to see where demand is increasing and where staff need to be added. Crosstraining of staff will continue, which will allow more flexibility to use staff in any area needed.

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

Title & Subject of Training	Number of Persons to be Trained	Estimated Date of Training
Meals on Wheels America Conference & Expo (Nutrition), Las Vegas, NV	1-2	Aug 17-20, 2026
NANASP Conference (Nutrition), TBD	1-2	Summer 2027
Inform USA Annual Conference (Information and Referral), TBD	1	Summer 2027
SE4A Annual Conference (Revolutionizing Aging). Williamsburg, VA	8	September 21-24, 2026
US Aging Conference, (Answers on Aging), San Diego, CA	3	July 18-21, 2026
NCOA, (Aging and Action), TBD	2	Summer 2027
American Society on Aging, (Aging), TBD	2	Spring 2027
National Consumer Voice Conference (Quality Long-Term Care), St. Louis, MS	1	September 28-October 1, 2026
SpiceWorld IT Conference	1	November 2026

Advisory Council

A. MEMBERSHIP and REPRESENTATION

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

- a. Age 60+ (50% Older individuals, including minority individuals who are participants or who are eligible to participate in OAA programs, with efforts to include individuals as in greatest economic need and greatest social need.)
- b. Family Caregivers (which may include older relative caregivers)
- c. Representatives of Older Individuals
- d. Representatives of health care provider organizations, including providers of veteran’s health care (if appropriate)
- e. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease promotion, caregiver, long-term care ombudsman, and other service providers
- f. Persons with leadership experience in the private and voluntary sectors
- g. As available:
 - i. Representatives from Indian Tribes, Pueblos, or Tribal Aging programs; and
 - ii. Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability

Members	Represents
Freddy Rodriguez	A. Age 60+ (50% Older individuals, including minority individuals)
Gina Clark	D. Representatives of health care provider organizations. As well as Elected Official
Tracey Wilson	E. Representatives of service providers
Edward Brown	C. Representatives of Older Individuals and Jonesborough Senior Center, and A. Age 60+ (50% older individuals)
Chad Bruckman	Emergency Preparedness Representative
Sandra Byington	C. Representatives of Older Individuals and Kingsport Senior Center, and A. Age 60+ (50% older individuals)

Carla Dunn	F. Persons with leadership experience in the private and voluntary sectors
Lori Greene	D. Veteran’s health care
Cheryl Ann Hess	A. 60+ (50% older individuals) and Member at Large
Bob Mallory	C. Representatives of Older Individuals and Rogersville Senior Center and A. Age 60+ (50% older individuals)
Kathleen Morris	Adult Protective Services
Reanna O’Hare	Law Enforcement (FBI)
Dr. John Payne	C. Representatives of Older Individuals and Johnson County Senior Center, and A. Age 60+ (50% older individuals)
Elizabeth Renfro	Education
Heather Sifford	D. Representatives of health care provider organizations
Carol Tilson	A. Age 60+ (50% older individuals) and Member at Large
Glenn Tilson	C. Representatives of Older Individuals and Clinchfield Senior Adult Center, and A. Age 60+ (50% older individuals)
Jo Willems	C. Representatives of Older Individuals and Johnson City Senior Center, and A. Age 60+ (50% older individuals)
Mike Willis	DDA Representative

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

Give Dates and Times of Scheduled Meetings

Tuesday, February 17, 2026, 1:30pm – 2:30pm

Tuesday, April 21, 2026, 1:30pm – 2:30pm

Tuesday, June 16, 2026, 1:30pm -2:30pm

Tuesday, August 18, 2026, 1:30pm – 2:30pm

Tuesday, October 20, 2026, 1:30pm – 2:30pm

December to be Determined

**The Advisory Council Meets the 3rd Tuesday every other month
from 1:30pm -2:30pm on the 2nd floor of the FTAAAD building located at 3211
North Roan Street, Johnson City, TN 37601**

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Freddy Rodriguez	Chair	12/3/26
Gina Clark	Vice-Chair	12/3/26
Tracy Wilson	Secretary	12/3/26

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

See following pages: Advisory Council Bylaws

**ADVISORY COUNCIL OF THE FIRST TENNESSEE
AREA AGENCY ON AGING and DISABILITY**

BY-LAWS

ARTICLE I - NAMES AND DESCRIPTION

- Section 1 - The name of this organization shall be the **Advisory Council of the First Tennessee Area Agency on Aging and Disability**.
- Section 2 - The central office shall be located in the First Tennessee Development District building, 3211 North Roan Street, Johnson City, TN 37601.
- Section 3 - The Advisory Council shall be composed of volunteers and shall include:
- a) Fifty (50) percent of Council membership shall be seniors; with emphasis on volunteers representing those with greatest economic and social needs, and consumers of the Older Americans Act and the Americans with Disabilities Act services;
 - b) Elected local officials;
 - c) Advocates for the elderly (selected from among the general public).

ARTICLE II - MEMBERSHIP

Classification A - Regular Membership

- Section 1 - Regular membership shall be open to citizens who meet qualifications that shall include, but not be limited to:
- a) Leadership ability in representing the interests of older persons and those with disabilities;
 - b) Ability to work harmoniously with others;
 - c) Sensitivity to needs of older persons and those with disabilities at the local level;
 - d) Willingness to devote time and effort toward achieving Council goals;

- e) Taking an active role in working toward building a continuum-of-care system for older persons and those with disabilities.

Section 2 - The Council's constituency categories shall be those assuring both county-wide and region-wide representation:

- a) Agencies, groups or organizations and number of representatives, with a primary representative chosen for each agency: (a. agencies and b. groups and/or organizations combined)

- Alzheimer's Organization	1
- Churches	1
- Department of Human Services	2
- Disability Organizations	2
- Education	1
- Emergency Preparedness	1
- Health Care	1
- Health Department	1
- Housing Authority	1
- Law Enforcement	1
- Mental Health	1
- Neighborhood Service Center	1
- Social Security Administration	1
- Veterans' Administration	1

- b) Consumer Representatives:
 - One (1) from each recognized Senior Ctr 11
 - Family Caregiver 1

- c) Appointees:
 - One by Governor to TCAD (Ex-officio/non-voting)

- d) Six (6) At-Large Members

Section 3 - Voting membership on the Council shall be for an unlimited term, contingent on the member's ability and willingness to involve himself/herself responsibly in the efforts of the Council.

Section 4 - Three (3) consecutive absences from regular Council meetings shall render the member inactive unless he/she has given the Area Agency on Aging and Disability an acceptable reason for absence—before the meeting when the absence can be anticipated or within twenty-four (24) hours following the meeting when the absence cannot be anticipated.

A situation, condition, or circumstances beyond the member's control, including the following, shall be deemed an acceptable reason:

- a) Accident
- b) Illness/death in family
- c) Car inoperable/lack of transportation
- d) Unexpected employment demands

Said inactive member may be reinstated to full membership with voting rights, provided he/she attends the next two (2) consecutive meetings immediately following the absences.

The membership of said inactive member shall be terminated, and name removed from the Council roster, if he/she fails to attend the two (2) consecutive meetings immediately following the absences.

Section 5 - Avoidance of Conflict of Interest: Members of the Council who have a special interest in a program through financial contribution, staff position, service responsibility, or family relationship in the hierarchy of the Agency shall:

- a) Abstain from voting on specific conflict of interest matters coming before the Council;
- b) Refrain from using their influence directly or indirectly to sway or coerce another member to vote in favor of their specific interest.

Section 6 - New members may be proposed by any member of the Council; resumes shall be assessed by the Membership/Nominating

Committee for compliance with the foregoing Sections of this Article. (Cross ref. Article VIII, Section 1-f).

Section 7 - When a vacancy occurs within the Advisory Council, the Membership/Nominating Committee shall ask the appropriate agency to submit the name of a nominee. (Cross ref. Article VI, Section 2-d).

Classification B - Honorary Membership

Section 1 - Honorary membership is a complimentary position, conferred in perpetuity unless forfeited through some infraction of rules, policies, or misconduct.

Section 2 - Honorary membership shall be conferred in recognition of outstanding contribution by a member of the Advisory Council who has invested time and talents in promoting the work of the Agency/Council, especially in the areas of consumer advocacy; marketing and dissemination of information regarding the programs and services administered by the Area Agency on Aging and Disability; objective involvement in legislation affecting the elderly and disadvantaged; diligent performance of responsibilities (within prescribed expectations) and going beyond the call of duty; regularity in attendance and participation in committees and Advisory Council meetings and Public Hearings.

Section 3 - Honorary members may attend meetings, have the same privilege of speaking and may be assigned any duty the same as if they did not hold honorary status. Honorary members shall not hold any office in the Council or have voting rights.

Section 4 - The secretary shall inform, in writing, the individual that honorary membership has been conferred upon him/her.

ARTICLE III - ADVISORY COUNCIL DUTIES/RESPONSIBILITIES

Section 1 - The duties and responsibilities of the Advisory Council of the First Tennessee Area Agency on Aging and Disability (AAAD) shall fall generally into unclassified categories, and shall be to:

- a) Make recommendations based on expert knowledge and special expertise,
- b) Assist in determining and achieving goals; establishing and implementing policies and procedures; identifying needs, gaps in services, and problems; and seeking means and solutions to problems and methods for closing gaps in services.

Among more specific duties shall be:

- 1) Assisting in developing a comprehensive and coordinated service-delivery system at the local level;
- 2) Sharing information, providing guidance, giving advice and support in decision-making
- c) Attend publicized Public Hearings;
- d) Assist the Membership/Nominating Committee in recruitment of Advisory Council members to ensure equitable representation from the various segments of the senior population and those with disabilities
- e) Assist in making decisions affecting respective Sub-Contractor programs.

ARTICLE IV - OFFICERS AND TERM OF OFFICE

Section 1 - Officers of the Advisory Council shall be a Chair, Vice-Chair, and Secretary. These officers shall be members of the Executive Committee. (See Article VI).

Section 2 - Term of office for elected officers shall be one (1) year, with incumbents having the privilege to succeed themselves in the same offices, not to exceed three (3) consecutive terms.

ARTICLE V - DUTIES OF OFFICERS

Section 1 - Chair - The duties of the Chair shall be to:

- a) Preside over all meetings of the Advisory Council and meetings of the Executive Committee;
- b) Foster a harmonious and cooperative work environment within the Council;
- c) By example, encourage a genuine commitment on the part of Council members to keep informed on all policies, programs, and activities which affect the disabled and 60-and-over-populations;
- d) Assure that each Council member is given opportunity to express ideas and to make suggestions, and to contribute in the open discussions during Council meetings;
- e) Appoint standing committees and special committees as needed to advance programs for the elderly and disabled;
- f) Serve as Ex-officio member of all standing committees;
- g) Vote only to break a tie vote.

Section 2 - Vice-Chair - The Vice-Chair shall, in the absence of the Chair:

- a) Preside over meetings of the Advisory Council and the Executive Committee;
- b) Be responsible for the functioning and coordination of all activities of the standing committees;
- c) Perform such other duties appropriate to that office and/or as assigned by the Chair;

Section 3 - Secretary - The duties of the Secretary shall be to:

- a) Prepare and preserve the minutes of the monthly Advisory Council meetings and the meetings of the Executive Committee (AAAD staff to assist);
- b) Keep an attendance record of members present at both Council and Executive Committee meetings;
- c) Have available at each meeting the following:
 - Agenda
 - Minutes

- Copy of the By-laws
- Copy of list of all committee membership

ARTICLE VI - EXECUTIVE COMMITTEE AND POWERS

Section 1 - The Executive Committee shall consist of the:

- Elected Officers
- Immediate Past Chair
- Chairs of all Standing Committees

Section 2 - Functions and powers of the Executive Committee shall be to:

- a) Represent and act between meetings of the Advisory Council on matters of policy and/or procedure. Such action shall be reported in the form of minutes for ratification by the Advisory Council at the next regular meeting;
- b) Act in a directive capacity on matters of policies and procedures and, as appropriate, make recommendations regarding policies and procedures for consideration by the Advisory Council;
- c) Participate responsibly in the decision making process and resolution of special problems arising in connection with Advisory Council sponsored programs;
- d) Elective office: The Chair of the Executive Committee shall notify the Chair of the Membership/Nominating Committee of any vacancy occurring in an elective office and direct the Membership/Nominating Committee to present name(s) of nominee(s) to the Advisory Council at the next regular meeting. The person elected shall hold the office for the remainder of the unexpired term;
Appointive Office: When, for whatever reason, a vacancy occurs in an appointive office, the Chair of the Executive Committee shall notify the appropriate AAAD staff to request an immediate appointment of a successor in the position.
- e) Transact any business brought before the Executive Committee, by a quorum vote of four. (Cross ref. Article XI, Section 2);
- f) The Executive Committee shall hold scheduled meetings in January and July, with additional meetings called as required.

ARTICLE VII – COMMITTEES

- Section 1 - All standing committee membership shall be selected from the Advisory Council membership and shall be appointed by the Chair of the Advisory Council at the first meeting beginning his/her term of office; committee membership shall be commensurate with the term of office of the appointing Chair.
- Section 2 - A Council member cannot chair more than one (1) committee in a given year.
- Section 3 - Standing committees shall be:
- a) Membership/Nominating Committee
 - b) Policies and Procedures/By-laws Committee
 - c) Legislative Committee
- Section 4 - Committees shall submit reports, recommendations, et cetera in writing to the Executive Committee for review and referral to the Advisory Council at regular meetings.
- Section 5 - *Ad hoc* committees may be established by the Chair at his/her discretion or upon request by five (5) Advisory Council members.

ARTICLE VIII - DUTIES OF COMMITTEES

- Section 1 - Membership/Nominating Committee – The Membership/Nominating Committee shall consist of a Chair with members appointed from the Advisory Council.

The Membership/Nominating Committee shall be responsible for:

- a) Preparing a slate of nominees for all elective offices;
- b) Notifying the members of the Advisory Council as set out in Article X, Sections 1 and 2;

- c) Recruiting individuals active in their communities, retirees, and others concerned for the welfare of the needy and disadvantaged to consider becoming members of the Advisory Council;
- d) Processing and screening applications/resumes of nominees for membership on the Advisory Council, keeping in mind Article II, Sections 1, 4, 5, 6, and 7 of these By-Laws;
- e) Working closely with the Secretary (and appropriate AAAD staff) to remain informed of the status of the Advisory Council membership and attendance records;
- f) Conducting orientation and planned activities.

Section 2 - Policies and Procedures/By-Laws Committee—The Policies and Procedures/By-Laws Committee shall consist of a Chair with members appointed from the Advisory Council.

The Policies and Procedures/By-Laws Committee shall be responsible for:

- a) Reviewing, from time to time, By-Laws and making recommendations for revisions and amendments, as necessary;
- b) Drafting amendments and revisions upon request of the Executive Committee;
- c) Reviewing policies and advising on procedures which shall assure that programs of the Area Agency on Aging and Disability shall be administered in a responsible, professional manner and shall speak specifically to:
 - Assisting in formulating policy and establishing procedure for recruiting candidates into membership in the Advisory Council;
 - Assisting in developing guidelines governing the functioning of the Advisory Council in carrying out mandates stated in the By-Laws;
 - Reviewing and revising Standing Rules for the conduct of public hearings, and general and special meetings of the Advisory Council;

- Reviewing the orientation manual and other related informational and training materials and determining methods to facilitate integration of new members into the Advisory Council;
- Promoting the concept of advocacy as a basic responsibility of every council member.

The Chair of the Policies and Procedures/By-Laws Committee shall serve as Parliamentarian.

Section 3 - Legislative Committee - The Legislative Committee shall consist of a Chair with members appointed from the Advisory Council:

The Legislative Committee shall be responsible for:

- a) Keeping informed on legislative issues which have a direct bearing on the programs and services administered by the Area Agency on Aging and Disability, and the extent to which consumers would be affected; transmitting (in person, by letter, email, or telephone) this information to the Advisory Council;
- b) Communicating at appropriate times with the Legislature to:
 1. Gain information regarding proposed bills:
 - By whom sponsored
 - When bill will be introduced
 - If passed, how it will affect consumers;
 2. Inform legislators about the goals of the Area Agency on Aging and Disability and communicate constituent/consumer expectations of them as personal representatives, committed to act in their behalf;
 3. Seek information and interpretation concerning proposed legislation;
- c) Acquainting Advisory Council with legislators who represent Northeast Tennessee constituents/consumers;
- a) Keeping Advisory Council informed regarding status of bills as they are debated.

ARTICLE IX-MEETINGS

- Section 1 - Advisory Council - The Advisory Council shall meet on the third Tuesday of every other month, beginning in February. Notification, designating the hour and place, shall be given by the Chair of the Advisory Council.
- Section 2 - Executive Committee – The Executive Committee shall hold scheduled meetings in January and July, with additional meetings called as required and upon petition of five (5) members of the Advisory Council.
- Section 3 - Special meetings of the Council may be called by the Chair when necessary.

ARTICLE X – ELECTIONS

- Section 1 - The Membership/Nominating Committee shall prepare a slate of nominees for all elective offices. (See Article VIII, Section I-a).
- Section 2 - The membership of the Council shall be notified by the Chair of the Membership/Nominating Committee of the slate of nominees, at least seven (7) days prior to the October meeting, at which elections will be held, with installation to follow at the December meeting. Newly-elected officers shall assume the responsibilities of their respective offices at the February meeting.
- Section 3 - Election of officers shall be by a voice vote, for a term of one (1) year, with the privilege of succeeding themselves in the same office; not to exceed three (3) consecutive one-year terms.
- Section 4 - Vote on all other matters coming before the Advisory Council shall be a voice vote.

A roll call vote requested by a member of the Advisory Council may be taken either before the question, or after a decision has been announced.

ARTICLE XI – QUORUM

Section 1 - The Advisory Council - One-third (1/3) plus one (1) of the voting members of the Council shall constitute a quorum.

Section 2 - The Executive Committee - Four (4) members of the Executive Committee shall constitute a quorum.

ARTICLE XII - COMPENSATION

Section 1 - Members serving on the Advisory Council of the Area Agency on Aging and Disability shall not receive monetary compensation.

ARTICLE XIII - RULES OF ORDER

Section 1 - Robert's Rules of Order, revised, shall govern all parliamentary procedures, except as otherwise provided in these By-laws.

ARTICLE XIV - FISCAL YEAR

Section 1 - The fiscal year for the Council shall be from January 1 through December 31.

ARTICLE XV - AMENDMENTS

Section 1 - Any member of the Advisory Council may propose an amendment to the By-Laws.

ARTICLE XVI - ADOPTION OF BY-LAWS

Section 1 - These By-Laws shall supersede and render invalid all previous By-Laws of the Advisory Council of the First Tennessee Area Agency on Aging and Disability and shall take effect and be in full force immediately upon their adoption by two-thirds (2/3) majority of the Advisory

Council membership present and voting in the regular monthly meeting of the Advisory Council.

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

Revised: August 16, 2022

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date(s) of Public Hearing	March 17, 2026
Time(s) when hearing was held	1:30 P.M.
Place(s) where hearing was held	Johnson City Senior Center at Johnson City Memorial Park, Room 146, 510 Bert Street, Johnson City, TN 37601
Was Place Accessible?	Yes
Type of Notice(s) or Announcement(s)	Posted on First Tennessee Development District website with direct link from FTAAAD website home page, and on the FTAAAD Facebook page. Published in eight regional newspapers. Distributed via email to various contact lists. Press release distributed to eight regional newspapers and two local network affiliates.
Date(s) of Notices or Announcements (attach copy)	Emails sent 2/23/26, Facebook posting 2/19/26, website posting 2/20/26

See Copy of postings under **C. Agenda and Announcement** sections

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
Total # Advisory Council Members in column 2		
Total Attendance*		

* Do not include AAAD staff in Public Hearing attendance

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

C. AGENDA & ANNOUNCEMENTS

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

See following website notice, facebook posting, the email notice sent to advisory council members, senior centers and providers, Public Hearing Agenda, and other notices



First Tennessee Area Agency on Aging and Disability
3211 N. Roan St.
Johnson City, TN 37601

NOTICE OF PUBLIC HEARING

The First Tennessee Area Agency on Aging and Disability (FTAAAD) will hold a **Public Hearing on the proposed 2027–2030 Area Plan on Tuesday, March 17, 2026, at 1:30 p.m.** The hearing will take place in the **Media Classroom of the Johnson City Senior Center at the Memorial Park Community Center, located at 510 Bert Street, Johnson City, Tennessee.**

The purpose of this hearing is to gather public input on the Area Plan, which outlines a responsive system of programs, services, and supports designed to **address the needs of older adults and adults with physical disabilities in Northeast Tennessee.**

The plan covers the eight counties served by FTAAAD: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington.

All interested parties are encouraged to attend and share comments or recommendations regarding the proposed plan.

Please contact Lee Gay, 423-722-5100, lgay@ftaaad.org, for questions about the public hearing.

About First Tennessee Development District Area Agency on Aging and Disability

FTAAAD's mission is to improve the quality of life for older adults and adults with disabilities who live in the eight counties of Northeast Tennessee by advocating, setting policy, identifying local needs, providing services, coordinating resources, and providing information to promote a continuum of care which supports independence, choice, and empowerment for those we are committed to serve. For more information, call 423-928-3258 or visit www.ftaaad.org.

Facebook Posting



First Tennessee Area Agency on Aging & Disability

February 19 at 2:36 PM · 🌐

...

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 Outlook

Fw: Public Notice

From Lee Gay <lgay@ftaaad.org>

Date Mon 2/23/2026 4:03 PM

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED] Public Hearing.docx;

Good afternoon to all Senior Center Directors and Advisory Council Members. Please see the attached notice for the Public Hearing for our FY 27 - FY 30 Area Plan that you all had input on. It is not mandatory for you all to be there, but if you can, please show up to give us support. You will see the meeting place and time in the attachment, but I'll lay it out here as well. It's at the Johnson City Senior Center, 510 Bert St, Room 146, Johnson City TN, on March 17, 2026, at 1:30pm.

If you have any questions what so ever, please call me at 423-722-5100 or email me at lgay@ftaaad.org.

Lee Gay
 Volunteer Transportation Coordinator
 423-722-5100

From: Kathleen McLaughlin <kmclaughlin@ftaaad.org>
Sent: Monday, February 23, 2026 10:08 AM
To: Lee Gay <lgay@ftaaad.org>
Subject: Public Notice

Go ahead and send this notice out to your lists.

Kathleen McLaughlin
 FTAAAD SNAP Outreach Coordinator

3211 N. Roan St.
Johnson City, TN 37601
423-722-5093
www.ftaad.org

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First Tennessee Area Agency on Aging and Disability
3211 N. Roan St.
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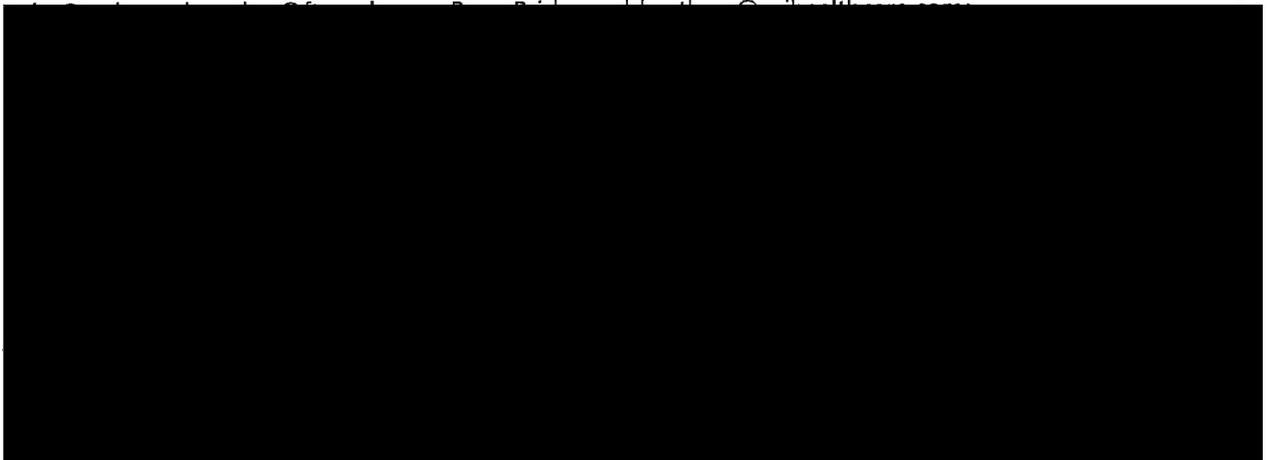


Fw: Public Notice

From Lee Gay <lgay@ftaad.org>

Date Mon 2/23/2026 4:09 PM

To



Cc

1 attachment (55 KB)

Notice of Public Hearing.docx;

Good afternoon to all of our Providers. Please see the attached. It is for our 4-year Area Plan. If any of you can make it, we would greatly appreciate the support and any comments or added changes you would like to see. The address and meeting information are in the attachment. Thank you all and have a nice day.

Lee Gay
Volunteer Transportation Coordinator
423-722-5100

From: Kathleen McLaughlin <kmclaughlin@ftaad.org>
Sent: Monday, February 23, 2026 10:08 AM
To: Lee Gay <lgay@ftaad.org>
Subject: Public Notice

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

**FIRST TENNESSEE AREA AGENCY ON AGING AND DISABILITY (FTAAAD)
PUBLIC HEARING
AREA PLAN FY27 – FY30
AGENDA**

DATE: Tuesday March 17, 2026
TIME: 1:30 P.M.
PLACE: Johnson City Senior Center,
Memorial Park Community Center
510 Bert Street, Room 146
Johnson City, TN 37601

PRESIDING: Freddy Rodriguez,
FTAAAD Advisory Council, Chairman

I. Call to Order & Introduction of Head Table..... Freddy Rodriguez

II. Welcome Rachel Evans

III. Attendance..... By Sign-In Sheet

IV. Public Hearing Purpose..... Angie Gwaltney,
Director, FTAAAD

V. Aging Network Services..... Angie Gwaltney

VI. Request for Waiver for Case Management, Ombudsman, and..... Angie Gwaltney
National Family Caregiver Support Program.....

VII. FTAAAD Budget..... Alice Peterson,
Fiscal Manager, FTAAAD

VIII. Questions/Comments/Discussion..... Angie Gwaltney

IX. Adjournment

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

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

D. DESCRIPTION

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

E. SUMMARY of PUBLIC COMMENTS

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

F. SUMMARY of CHANGES

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

Advisory Council Participation in the Area Plan Process

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

1. Date(s) when the Area Plan was reviewed by the Advisory Council.- February 17, 2026

2. Attach an agenda of the Area Plan review meeting or describe the review process.
See following page Advisory Council Agenda



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

FIRST TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY AGENDA (Area Plan FY 27 – FY 30 Review)

DATE: Tuesday, February 17, 2026
TIME: 1:30 p.m.
PLACE: First Tennessee Development District, 3211 North Roan Street,
Johnson City, 2nd floor conference room

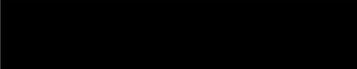
PRESIDING:	Freddy Rodriguez, Chairman
I. Call to Order	Freddy Rodriguez
II. Pledge of Allegiance	Freddy Rodriguez
III. Roll Call	By Sign-In Sheet
IV. Approval of Minutes (for 10/21/25 Meeting)	Freddy Rodriguez
V. Announcement/Reports	
A. No Announcements/Reports (time given for Area Plan).....	
VII. New Business	
A. Confidentiality Statement & Conflict of Interest.....	Lee Gay
B. 4-Year Area Plan FY 27 – FY 30 Review	Angie Gwaltney
VIII. Adjournment	

Meeting Schedule for 2026:

Tuesday, February 17, 2026, 1:30pm -2:30pm (Area Plan Review)
Tuesday, March 17, 2026, 1:30pm -2:30pm (**Date may be changed for Public Hearing**)
Tuesday, April 21, 2026, 1:30pm – 2:30pm
Tuesday, June 16, 2026, 1:30pm – 2:30pm
Tuesday, August 18, 2026, 1:30pm – 2:30pm
Tuesday October 20, 2026, 1:30pm – 2:30pm
December To Be Determined
(2nd Floor Conference Room was reserved for all dates and times on 8/5/25)

3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.
See following page Advisory Council Sign In Sheet

Advisory Council
First Tennessee Area Agency on Aging and Disability
Sign in Sheet
February 17, 2026 at 1:30pm

ORGANIZATION	VOTING MEMEBERS	SIGNITURE
Roby Fitzgerald	Barbara Patterson/ Open	
Rogersville Senior Center	Bob Mallory	
Dominion Senior Living	Carla Dunn	
Member-at-Large	Carol Tilson	
Health Department	Chad Bruckman	
Member-at-Large	Cheryl Ann Hess	
Jonesborough Senior Center	Dr. Edward Brown	
UT Extension Family Services	Elizabeth Renfro	
Hancock County Senior Center	Fred Tankerley/ Open	
Housing Authority	Freddy Rodriguez	
Mental Health Representative	Gina Clark	
Clinchfield Senior Center	Glenn Tilson	
Ballad, Trauma Department	Heatherly Sifford	
Member-at- Large	Jerry Lukach/ Open	
Johnson City Senior Center	Jo Willems	
Johnson County Senior Center	Dr. John Payne	
Social Security Administation	Karen King/ Open	
TN Dept of Human Services	Kathleen Morris	
Neighborhood Service Center	Kim Moore/ Open	
Veterans Affairs Representative	Lori Greene	

4. Provide a summary of comments made by advisory council members about the completed plan.
See following pages Advisory Council Input

Advisory Council Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Results from all that participated in the feedback (both Advisory Council/Senior Center Directors)

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

Transportation 8/6

Meals/Nutrition 8/5

Housing 6/7

In-home help 9/6

Technology/Internet 2/3

Other:

caregiver services

Weatherization-Heating/Cooling

Who is most affected?

Low income and rural- 2/1

Least active-0/1

Barriers to reading/writing- 0/1

60+ - 6/4

18-59 with disabilities 4

Mentally handicapped -1

Living alone 1/1

Older adults caring for children full time 1

Housing for seniors 0/2

More access to tools 0/1

Do services respect personal choice? Yes 4/3 Somewhat 3/4 No- 0/2

What help is most needed to stay safely at home?

Transportation with things such as shopping, meal prep, medication management -4/1

caregiver support - 2

Technology and connectivity 1

Social and emotional support 1

In home help-5/3

Meals and nutrition - 1/2

Med management - 2

Home mods to make home safe to stay home - 3

Welfare checks -2

Funding 0/1

Restructure Medicaid/Medicare 0/1
Help with application process 0/1
Program requirements are to strict 0/1

Suggested actions (list up to 3):

Partner with churches and other volunteers 1/1
Expand existing programs 1/2
In home help-3/3
Meals-3
Housing/home mods -4
Scheduled calls/welfare checks-2
Transportation services 2
Donation programs for community to donate/Funding-2/1
Streamline eligibility and application process 0/1
Strongly advocate with elected officials 0/1
Marketing 0/1
Training caregivers 0/1

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

All over 1/1
HCBS (including OC salaries)- 0/1

Home modification and emergency repair 2/2
Transportation for seniors and people with disabilities
Nutrition and caregiver support services 2
Uneven state level support 1/1
State and federal levels 3
City/county government
Community/Business buy in- donation programs and fundraisers 1/2
Outreach about programs
Senior Centers (Community based prevention and access points) 0/1
Money for computer at Senior Center 0/1

New funding ideas or partners:

Investing
Community- 2
Rural transformation health program
2023 resource map for older Tennesseans
Grants/ from DDA /Grants from DOH Aging initiative 1/1
Make a way transportation
Insurance companies 1/1
Tech companies
Businesses- Eastman 3
Ballad 1/1
Behavioral health and substance abuse prevention 0/1
Housing/aging in place partnerships 0/1
Estate planning with endowments- 0/1

Where are new partners needed?

Healthcare 6/3

Housing 8/8

Transportation 7/4

Community 6/4

Other: caregiver arena and meals, lower ER calls, prevent emergencies, decrease various types of crisis regarding seniors, educate our community to elder barriers

Does the system meet high or complex needs?

Yes 0/0

Somewhat 7/6

No 1/2

What should change?

Expand HCBS Capacity 1/2

Advocate for increased funding from TennCare CHOICES and related programs to reduce waitlists.

Too much need for services and not enough community input and funding

Strengthen community based infrastructure like senior centers

Integrate Care Coordination

Use technology for real-time coordination between providers, caregivers, and families

Flexible funding and services models 1/1

Strengthen partnerships

Collaborate with hospitals, nonprofits, and local governments to share resources and avoid duplication

Engage Faith Based Volunteer networks for companionship and respite care-2

Advocate for Policy and Funding

Push for sustained state and federal investment in aging and disability services

Highlight rural challenges to ensure equitable distribution of resources

More Communication

Invest in workforce 0/1

More affordable housing 0/1

Lower Cost 0/1

Complex needs training for caregivers 0/1

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

Healthy eating 1/0

Exercise 1/4

Fall prevention 1/6

Chronic condition support 1/3

Mental health 1/4

Social connection 1/5

Barriers to care:

Lack of providers-3

Being isolated- 3
Lack of financial resources-6/1
Lack of Senior Centers in rural communities
Difficulty qualifying for services-2
Training 1/1
Transportation-2/1
Lack of internet for telehealth 1/1

Mental and emotional health needs:

Dementia behavioral expression-2
Hopelessness-2
Disease related depression/mood changes-3
Not good access to mental healthcare and medication-2/1
Regular outreach to decrease isolation and loneliness-6/1
Caregiver stress support and respite services
Increased awareness, education, resources 0/1

Top health-related action to include:

Face to Face interactions-2
Meals - 3
Help with Daily Medications-3
Access to Medical Services-2
Education earlier 0/1

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers 9/7

Working caregivers 4/5

High-stress caregivers 7/6

Grandparents raising grandchildren 6/2

Other: _____

Training and education needs:

Stress relief- 3

Grief support

Anticipatory grief support

Medication management

Dementia care 1/1

Signs of burnout

Online training and/or in person workshops 1/3

Resources, training, outreach for grandparents raising grandchildren

CARE Tag Program (DOH)

Do caregivers know where to get help?

Yes 0/0

Somewhat 8/5

No- 1/4

How can outreach be improved?

Create or leverage in-place caregiver service hubs (website or hotline) for easy access to information

Use social media, local radio, and faith-based networks to reach caregivers-2

Partner with healthcare providers and senior centers to distribute printed guides and host informational sessions- other places like community, grocery store, etc. 3/3

Outreach especially rural -0/1

One action to reduce caregiver stress:

Online group connection

Additional support

Expand respite care programs- offer short term relief through home health aides, adult day services, or volunteer companionship programs so caregivers can rest and recharge 1/1

Exercise 0/1

Please list:

Top three actions the Area Plan should focus on:

1. Transportation- 2 (rural transportation gaps)
2. Hands on services-2
3. Access to Healthcare (physical and mental)-3/2

4. In home support and safety programs-2

5. Food and improve meals provided-2/1

Funding 1/1

Volunteer programs (for home repairs) 1/

Bill assistance 1/1

Housing/Home repairs 1/3

Caregiver Education/Navigation 1/4

Marketing 0/2

Expand HCBS 0/1

Invest in Senior Center 0/1

Technology 0/1

Grief 0/1

Additional Comments:

Need services for those unhoused older adults

Use community clubs and senior centers

Meeting Guide (For Facilitators)

Suggested Time: 60–90 minutes

1. Welcome & Purpose (5 min)

- Explain goals and scoring

2. Goal Review (10 min per goal)

- Read goal aloud
- Silent form completion (3–5 min)
- Group discussion

4. Wrap-Up (5 min)

- Identify top 3 actions
- Note themes and gaps

Thank you for taking the time to share your ideas. Your feedback is important and helps improve services in our community.

Advisory Council Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

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How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

Transportation Meals/Nutrition Housing In-home help
Technology/Internet Other: _____

Who is most affected?

Older Adults + if they are caring for children full-time they are affected.

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

• I think in-home help, whether it's daily or a few times a week.
• Retro fitting the current home so that it's safe for older adults to stay home.

Suggested actions (list up to 3):

1. ^{in-home visits to} See what can be done to retro fit the home.
2. Figuring out funding.
3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

All-over _____

New funding ideas or partners:

Insurance Companies ; Tech companies

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Cost ; transportation

Mental and emotional health needs:

anxiety ; depression ; dementia ; alzheim.

Top health-related action to include:

Social Connection can really encompass all of this b/c you can talk about healthy eating, fall prevention, chronic conditions, etc. in a group setting.

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Dealing w/ stress & how to balance everything.

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. _____

2. _____

3. _____

Additional Comments:

Advisory Council Input for Area Plan FY2027-2030

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How to use this form:

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- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation Meals/Nutrition Housing In-home help
Technology/Internet Other: _____

Who is most affected?

Senior 60+, adults 18-59 with disabilities

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Personal aid in the home to help with housework, transportation, grocery shopping, light meals

Suggested actions (list up to 3):

1. Community wide fundraisers
2. Donation programs for community to donate
3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

Community by in (donation programs, fundraisers)

New funding ideas or partners:

Eastman, Big Corporations,

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Too much need for services + not enough
Community input + funding

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

not enough funding, isolation, not enough community providers providing service,

Mental and emotional health needs:

not good access to mental health care medication for people who suffer w/ mental health needs

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

flyers to community places, grocery stores etc

One action to reduce caregiver stress:

additional support

Please list:

Top three actions the Area Plan should focus on:

1. _____
2. _____
3. _____

Additional Comments:

Advisory Council Input for Area Plan FY2027-2030

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How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation Meals/Nutrition Housing In-home help
Technology/Internet Other: _____

Who is most affected?

People living alone

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Suggested actions (list up to 3):

1. _____ 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Mental and emotional health needs:

Some people just need a listening ear

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Explain importance

Please list:

Top three actions the Area Plan should focus on:

1. health
2. food
3. home care

Additional Comments:

vbc community club - SR centers etc

Advisory Council Input for Area Plan FY2027-2030

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- Write short answers in the spaces provided.
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Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and maintain strong services by using funds wisely, finding new funding, working with partners, staying flexible to meet complex needs, and speaking up for the people we serve.

Where could funding be improved?

- Underfunded HCBS (Home and Community-Based Services). Is this program underfunded?
 - CHOICES Program
- Home Modification & Emergency Repair Services
- Transportation for Seniors and People with Disabilities
- Nutrition & Caregiver Support Services
- Uneven State-Level Support

New funding ideas or partners:

How will the Rural Transformation Health Program provide funding for older adults, those who need memory care, and have chronic diseases?

2023 Resource Map for Older Tennesseans – How has funding described in this document impacted the FTAAAD? Also, have funding (grants) been provided by the Tennessee Department of Disability and Aging? Has grant funding been provided by the Tennessee Department of Health's Health Aging Initiative?

Make A Way Transport: <https://www.makeawaytransport.com/>

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support
 Mental health Social connection

Barriers to care:

- Limited transportation options, specifically in rural areas
- Cost of healthcare and medications
- Shortage of providers for home and community-based services
- Lack of internet access for telehealth and information
- Maybe (Complex eligibility requirements for assistance programs)

Mental and emotional health needs:

- Increased isolation and loneliness among older adults
- Limited access to counseling or mental health professionals
- Need for caregiver stress support and respite services
- Programs to reduce depression and anxiety through social engagement

Top health-related action to include:

- Work with partners to leverage access to preventative and primary care through mobile clinics, telehealth, and community outreach programs
 - This addresses transportation barriers, improves early detection of health issues, and supports overall well-being.

Please list:

Top three actions the Area Plan should focus on:

1. Access to Healthcare (Physical and Mental Health)
2. Transportation (Rural transportation gaps)
3. In-Home Support and Safety programs

Additional Comments:

Are there any services provided to those unhoused older adults?

Advisory Council Input for Area Plan FY2027-2030

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Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation
 Meals/Nutrition
 Housing
 In-home help
 Technology/Internet
 Other: Caregiver Services

Who is most affected?

Elderly

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home? in-home caregivers, housing repairs

Suggested actions (list up to 3):

1. unknown 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

housing, Caregivers, Meals

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: Caregiver Agencies

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Resources, difficulty qualifying for services

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Respite Services

Please list:

Top three actions the Area Plan should focus on:

1. funding for resources
2. Volunteer Programs for home repairs
3. Bill assistance

Additional Comments:

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Goal 1: Access, Community Choice, and Aging in Place

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Biggest access problems (check all that apply):

Transportation Meals/Nutrition Housing In-home help
Technology/Internet Other: _____

Who is most affected?

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Suggested actions (list up to 3):

1. _____ 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

State and Federal level _____

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
 Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1.

2.

3.

Additional Comments:

Advisory Council Input for Area Plan FY2027-2030

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Goal 1: Access, Community Choice, and Aging in Place

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Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation Meals/Nutrition Housing In-home help Technology/Internet Other: _____

Who is most affected?

Aging Seniors

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home? Routine visits
From Counselors.

Suggested actions (list up to 3):

1. Provide In House Help 2. Meals 3. Housing

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

Out Reach To Inform seniors of our Programs

New funding ideas or partners:

Approaching more Business for Participation.

Where are new partners needed?

Healthcare Housing Transportation Community

Other: Meals

Does the system meet high or complex needs? Yes Somewhat No

What should change?

more Communication

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

more Senior Centers in Rural Communities

Mental and emotional health needs:

Regular outreach.

Top health-related action to include:

Meals + Help with Daily Medications

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

Communication & Training

One action to reduce caregiver stress:

Online Group Connection

Please list:

Top three actions the Area Plan should focus on:

1. Housing
2. meals
3. Personal Health.

Additional Comments:

Advisory Council Input for Area Plan FY2027-2030

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- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation Meals/Nutrition Housing In-home help Technology/Internet Other: _____

Who is most affected?

low income and rural individuals

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home? transportation, set up
of things such as shopping, meal prep, medication
management, caregiver support.

Suggested actions (list up to 3):

1. partner w/ churches
2. reposition of existing programs
3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

New funding ideas or partners:

Investing, community

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

lack of providers, being isolated, lack of financial resources.

Mental and emotional health needs:

dementia behavioural expressions, hopelessness, disease-related depression / mood changes

Top health-related action to include:

face to face interactions

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Stress relief, grief support- anticipatory Grief support

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. Transportation
2. Hands on services
3. _____

Additional Comments:

Advisory Council Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation
 Meals/Nutrition
 Housing
 In-home help
 Technology/Internet
 Other: _____

Who is most affected?

Disabled personnel and older adults.

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Caregivers

Suggested actions (list up to 3):

1. _____ 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

State and Federal Levels

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Funding for training.

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. _____
2. _____
3. _____

Additional Comments:

Advisory Council Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation Meals/Nutrition Housing In-home help Technology/Internet Other: _____

Who is most affected?

Mentally & Physically handicapped

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Welfare checks - Calls and/or Visits

Suggested actions (list up to 3):

1. Scheduled calls
2. Periodic visits
3. Transportation services

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

State Legislature County & City governments

New funding ideas or partners:

Community foundations, Ballard Health

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Individual/home contacts

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Isolation

Mental and emotional health needs:

Socialization

Top health-related action to include:

Access to medical services

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers / High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. Reaching into homes
2. Care giver education
3. _____

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation
 Meals/Nutrition
 Housing
 In-home help
 Technology/Internet
 Other: _____

Who is most affected?

WE need more access to tools

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Suggested actions (list up to 3):

1. _____ 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

I think for our center we could use more money for computer

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. Technology
2. Grief for older adults
3. _____

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

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How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation
 Meals/Nutrition
 Housing
 In-home help
 Technology/Internet
 Other: _____

Who is most affected?

All services

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Suggested actions (list up to 3):

1. _____ 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. _____
2. _____
3. _____

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation Meals/Nutrition Housing In-home help Technology/Internet Other: _____

Who is most affected?

Housing for Seniors

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Meals & Dr. App't transported on

Suggested actions (list up to 3):

1. reliable Service 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

Home Repairs

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

lower Cost ~~at the~~

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. Housing
2. Transportation
3. _____

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation Meals/Nutrition Housing In-home help Technology/Internet Other: _____

Who is most affected?

Seniors

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Medicine, personal care, transportation

Suggested actions (list up to 3):

1. _____ 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

- Businesses

New funding ideas or partners:

-

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. _____

2. _____

3. _____

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

Transportation Meals/Nutrition Housing In-home help
Technology/Internet Other: _____

Who is most affected?

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

Suggested actions (list up to 3):

1. _____ 2. _____ 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. _____
2. _____
3. _____

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation
 Meals/Nutrition
 Housing
 In-home help
 Technology/Internet
 Other: _____

Who is most affected?

aging _____

Do services respect personal choice?
 Yes
 Somewhat
 No

What help is most needed to stay safely at home?

In home help/assistance

Suggested actions (list up to 3):

1. resources 2. funding 3. vol.

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

Fed + state level

New funding ideas or partners:

grant opportunities

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

resources

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Education

Mental and emotional health needs:

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

Better understanding of options available.

One action to reduce caregiver stress:

Please list:

Top three actions the Area Plan should focus on:

1. *funding*
2. *Electric + Water Assistance*
3. *in Home Maintenance*

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

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How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation
 Meals/Nutrition
 Housing
 In-home help
 Technology/Internet
 Other: _____

Who is most affected?

Seniors who are alone without family.

Do services respect personal choice?
 Yes
 Somewhat
 No

What help is most needed to stay safely at home?

house keeping, nursing care

Suggested actions (list up to 3):

1. Marketing/consumers
2. Trained Caregivers
3. training

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

private funding through Businesses

New funding ideas or partners:

estate planning with endowments

Where are new partners needed?

- Healthcare Housing Transportation Community
 Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

complex needs training for caregivers

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

transportation

Mental and emotional health needs:

lack of trained counselors & availability

Top health-related action to include:

education earlier

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

all levels of training & education

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

Market - rural marketing go out into the community.

One action to reduce caregiver stress:

exercise

Please list:

Top three actions the Area Plan should focus on:

1. Training
2. Marketing
3. Access

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

- Transportation
 Meals/Nutrition
 Housing
 In-home help
 Technology/Internet
 Other: _____

Who is most affected?

_____ Senior housing _____

Do services respect personal choice?
 Yes
 Somewhat
 No

What help is most needed to stay safely at home?

- 1. In home help
- 2. Meals

Suggested actions (list up to 3):

1. Not enough 2. reliable services / providers 3. _____

Goal 2: Funding, Advocacy, and Infrastructure

Goal Statement:

Build and keep strong services by using funds wisely, finding new funding, working with partners, staying flexible for complex needs, and speaking up for the people we serve.

Where could funding be improved?

More home repairs

New funding ideas or partners:

Where are new partners needed?

Healthcare Housing Transportation Community

Other: _____

Does the system meet high or complex needs? Yes Somewhat No

What should change?

More affordable housing for seniors

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

Mental and emotional health needs:

Family support

Top health-related action to include:

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

Rural caregivers Working caregivers High-stress caregivers
Grandparents raising grandchildren Other: _____

Training and education needs:

Need provider with special training -
Chronic disease, dementia

Do caregivers know where to get help? Yes Somewhat No

How can outreach be improved?

Medical providers

One action to reduce caregiver stress:

more drop-off facilities for dementia patients
giving caregiver temporary relief

Please list:

Top three actions the Area Plan should focus on:

1. Housing and Modifications
2. Caregiver support
3. Improve the quality of the
congregate & home bound meals

Additional Comments:

Senior Center Directors Input for Area Plan FY2027-2030

Meeting date: 2/17/26

Area Plan: First Tennessee Region

Purpose:

This document collects your ideas and priorities. Your input will guide goals and actions for the Area Plan. Your feedback helps make sure services for older adults and adults with disabilities are fair, helpful, and centered on the person.

How to use this form:

- Write short answers in the spaces provided.
- Check boxes where asked.

Goal 1: Access, Community Choice, and Aging in Place

Goal Statement:

Make sure older adults and adults with disabilities in the First Tennessee region can get the services they need. These services should support independence, safety, dignity, and a good quality of life.

Biggest access problems (check all that apply):

Transportation Meals/Nutrition Housing In-home help
Technology/Internet Other: weatherization / Heating-Cooling

↳ Private Donor temp. some funds.

Who is most affected?

Most affected are low income, rural areas, least active, and barriers to reading / writing.

Do services respect personal choice? Yes Somewhat No

What help is most needed to stay safely at home?

The state as a whole needs to allot more funding, more restructure to our Medicaid/Medicare. Seniors rarely can obtain the services due to application process, and strict requirements to qualifying.

Goal 3: Health, Healthcare, and Well-Being

Goal Statement:

Help people stay healthy, feel supported, and enjoy life through prevention, access to care, independence, and overall well-being.

Most needed health supports (check up to 3):

- Healthy eating Exercise Fall prevention Chronic condition support Mental health Social connection

Barriers to care:

funding, resonating in away older rural adults respond,
technology access, education level

Mental and emotional health needs:

our communities would benefit incorporating increased awareness, education, ; resources given to older adults

Top health-related action to include:

?

Goal 4: Caregiver Support

Goal Statement:

Make it easier for caregivers to find help and feel supported, with special focus on rural and high-stress caregivers.

Caregiver groups most in need (check all that apply):

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

Advisory Council members were asked to complete a survey to determine their thoughts on greatest areas of community need, and ways that FTAAAD could address these needs. While many of the answers duplicated those previously made by FTAAAD staff, six unique suggestions were very well thought out and were incorporated into the objectives and strategies of the Area Plan. They include:

- a. Addressing multiple factors of wellness together in a group setting
- b. Seeking ongoing community feedback
- c. Posting agency flyers in commercial community spaces to increase awareness
- d. Creating volunteer groups for minor home repairs
- e. Increasing grief-support resources
- f. Investigating ways to offer welfare checks (by phone and in person)

Request for Waiver for FY2027-2030

First Tennessee AAAD

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

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

 Nutrition Services Administration

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

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

 X **Ombudsman**

1. List all agencies in the PSA that provide this service to elderly persons.
There are no agencies in our PSA that provide this service to older adults.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
Outside of FTAAAD there are currently no agencies providing this service. FTAAAD has a proven record of success in direct service delivery of the Ombudsman program.
3. Explain why it is best practice for AAAD to provide this service directly.
FTAAAD already works closely with many programs that serve older adults. Housing the Ombudsman Program within the AAAD improves coordination, strengthens oversight, and keeps services consistent. FTAAAD can support the program’s independence while also providing stability, resources, and expertise. Training and quality assurance are prioritized, and we have long-standing relations with providers in our region. It also reduces administrative costs and duplication and makes the system easier for the public to understand and navigate.

X National Family Caregiver Support Program

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

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

FTAAAD issued a Legal Notice that we were accepting proposals to provide case management. Elizabethton, Johnson City, Jonesborough, Roby Fitzgerald, Johnson County, Rogersville Senior Centers provide case management (Options Counseling) in their respective services areas. These senior centers are expected to reapply to continue delivering this service.

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

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

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

FTAAAD contracts service coordination or OPTIONS counseling services to six of our senior centers (Elizabethton, Johnson City, Johnson County, Jonesborough, Roby Fitzgerald and Rogersville). FTAAAD provides service coordination directly in the Kingsport areas, as well as our program manager for the service. FTAAAD also has a case manager who is responsible for managing Title IIC Home Delivered meal waiting list cases to get individuals started on meal services. Case management is an access service and is designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible; therefore, this is directly related to our administrative functions.

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

It is more cost-effective and efficient for FTAAAD to provide these services directly because we already have the staff, systems, and programs in place to handle these tasks. Doing the work in-house avoids higher contractor costs and eliminates duplicated administrative tasks, improves communication, coordination, consistency, and accountability, providing a smoother experience for older adults and caregivers while keeping overall costs lower.

Legal Assistance

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

Senior Center/Office on Aging

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

X Other Case Management

1. List all agencies in the PSA that provide this service to elderly persons.
FTAAAD issued a Legal Notice that we were accepting proposals to provide case management/service coordination services. Elizabethton, Johnson City, Johnson County, Jonesborough, Roby Fitzgerald, and Rogersville Senior Centers provide case management (Options Counseling) and are expected to reapply.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
The Greater Kingsport area/Sullivan County does not have an agency to provide case management (Options Counseling).
3. Explain how this service is directly related to the AAAD's administrative function.
FTAAAD contracts service coordination or OPTIONS counseling services to six of our senior centers (Elizabethton, Johnson City, Johnson County, Jonesborough, Roby Fitzgerald and Rogersville). FTAAAD provides case management directly in the Kingsport areas, as well as our program manager for the service. FTAAAD also has a case manager who is responsible for managing Title IIIC Home Delivered meal waiting list cases to get individuals started on meal services. Case management is an access service and is designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible; therefore, this is directly related to our administrative functions.
4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out.
It is more cost-effective and efficient for FTAAAD to provide these services directly because we already have the staff, systems, and programs in place to handle these tasks. Doing the work in-house avoids higher contractor costs and eliminates duplicated administrative tasks, improves communication, coordination, consistency, and accountability, providing a smoother experience for older adults and caregivers while keeping overall costs lower.

SIGNATURES:

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

Request for Waiver for FY _____

_____ **AAAD**

FIVE DAY REQUIREMENT

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

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

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

SIGNATURES:

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

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

Required minimums:

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

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

SIGNATURES

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

**Request for Waiver for FY _____
DDA POLICY REQUIREMENT**

1. AAAD: _____
2. DDA Policy for which waiver is requested:

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

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

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

SIGNATURES:

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

ASSURANCES

Older Americans Act (2020) Assurances of Compliance

AREA PLANS

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

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals

with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42

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

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

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

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

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted

under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) provide assurances that—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2) Such assessment may include—

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

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

older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

SEC. 374. MAINTENANCE OF EFFORT.

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

Certification by Authorized Agency Official

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

SIGNATURES

AAAD Director

Date _____

Grantee Agency Director

Date _____

Availability of Documents

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

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

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

Certification by Authorized Agency Official

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

SIGNATURES

AAAD Director

Date _____

Grantee Agency Director

Date _____

Title VI of the Civil Rights Act of 1964 Compliance

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

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

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

Prohibited practices include:

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

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

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

SIGNATURES

AAAD Director

Date _____

Grantee Agency Director

Date _____

ADDITIONAL DOCUMENTS *(Attached)*

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	
1	FY2027 BUDGETED OTHER OAA INFO													
2	Name of Grantee:				First Tennessee AAAD									
3														
4						Federal B1	Federal C1 Serv.	Federal C2 Serv.	IIIE	Ombudsm an Local	Federal EA		Double Check (Should be zero)	
5	<u>NSIP</u>													
6	NSIP allocation							0	82,800					0
7														
8	<u>IIIB Ombudsman MOE</u>													
9	Ombudsman IIIB Traditional						139,321							
10	Ombudsman Local Cash										0			
11	Ombudsman IIIB In-Kind Match						0							
12														
13	<u>Title VII Elder Abuse</u>													
14	Title VII Abuse for Ombudsman										5400			
15	Title VII Abuse for Legal										0			
16	Title VII Elder Abuse Other										0			
17	Total VII Elder Abuse										5400		-	
18														
19	<u>Relative Caregiver/Caregiver of Minors</u>													
20	IIIE Relative Caregiver									0				
21	IIIE Relative Caregiver Match													

