

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 Upper Cumberland fourteen (14) county planning and service area. The Upper Cumberland 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*

Upper Cumberland Area Agency on Aging and Disability

Designated Area Agency on Aging and Disability

for the

Fourteen Counties of the Upper Cumberland Region

Planning and Service Area

**in TENNESSEE for
July 1, 2027 – June 30, 2030**

Designated Planning and Service Area

AAAD Name:	Upper Cumberland Area Agency on Aging and Disability
Physical Address:	1104 England Dr. Cookeville, TN 38501
Mailing Address (if different):	
AAAD Phone and Fax Number:	P: (931)476-4136 F: (931) 476-4094
AAAD Email Address:	hwilliams@ucdd.org
Website:	www.ucdd.org
AAAD Director:	Holly Heneger Williams
In Operation Since:	1969
Mission:	Through advocacy, planning, and coordination, the Upper Cumberland Area Agency on Aging and Disability will provide a comprehensive and innovative service delivery system that meets community and social service needs so older adults, caregivers, and adults with disabilities can achieve and maintain active, healthy, independent lives.

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
Cannon Co.	3,588	0.5%	0.7%	12.1%	12.1%	0.1%	81.1%
Clay Co.	2,499	3.8%	4.9%	19.4%	19.4%	0.7%	100.0%
Cumberland Co.	25,874	1.4%	2.0%	11.0%	11.0%	0.1%	60.9%
DeKalb Co.	5,678	1.7%	4.0%	14.2%	14.2%	0.2%	78.4%
Fentress Co.	6,235	1.6%	1.4%	16.2%	16.2%	0.3%	100.0%
Jackson Co.	3,672	0.5%	3.1%	19.8%	19.8%	0.1%	100.0%
Macon Co.	5,582	0.4%	0.6%	9.5%	9.5%	0.0%	79.6%
Overton Co.	6,778	2.3%	2.6%	18.3%	18.3%	0.4%	84.2%
Pickett Co.	1,859	0.9%	0.0%	12.2%	12.2%	0.1%	100.0%
Putnam Co.	19,251	2.2%	1.8%	14.6%	14.6%	0.3%	35.0%
Smith Co.	4,905	0.5%	2.2%	11.3%	11.3%	0.1%	82.9%
Van Buren Co.	2,054	2.2%	0.0%	9.0%	9.0%	0.2%	100.0%
Warren Co.	10,388	7.1%	5.8%	11.6%	11.6%	0.8%	61.4%
White Co.	7,950	2.8%	1.3%	13.9%	13.9%	0.4%	78.2%

Greatest Need and Assessment of Unmet Need

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

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

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.

Statewide, the number of Tennesseans aged 60 and over is projected to increase by 30% from 1.6 million in 2020 to 2.1 million by 2040, with those aged 80 and over expected to double. Also, adults age 18-64 with disabilities make up 12.2% of the state’s population. Currently, the fourteen county Upper Cumberland (UC) region’s population is comprised of 354,050 residents with over 30% being 60 and older and 9.4% being disabled adults. Older adults and adults with disabilities in the UC region face several economic challenges, including access to affordable and safe housing, healthcare, transportation, employment, support with in-home daily living activities, and financial security.

Utilizing the definition listed, the Upper Cumberland AAAD has identified persons living at or below the federal poverty level in the fourteen-county region (Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren and White) as those in greatest economic need. Thirteen percent (13%) of those age 60 and older are living below poverty in the UC with Clay County ranking 22%, which is the highest in the state and almost double the state average of 12%. The demographic shift noted above is anticipated to significantly increase the demand for affordable housing and transportation options as well as public long-term services and support programs for low-income

individuals. In addition, recognizing the contributions of older workers and creating opportunities for phased retirement and part-time work can improve overall financial stability.

Tennessee fares worse than the U.S. average in areas of social need such as health outcomes, healthcare accessibility, exercise opportunities and food insecurity. Tennessee experiences higher rates of preventable hospital stays, mental distress, and suicides compared to the U.S. average. Suicide rates alone are 9% higher in the UC than the national average. After review of multiple data sources, UCAAAD has identified persons within these particular categories in the primarily rural, fourteen county area as being in the greatest social need. The UCAAAD is experiencing an increase in referrals associated with mental health issues that lead to the inability to perform daily activities. The UC region ranks drastically low (6.6 per each 10,000 population) in available social associations as compared to Tennessee (11) and the U.S. (9.1). Specific barriers to access and services include lack of access to door-through-door transportation, lack of access to mental health resources close to home, food deserts in some counties, lack of social services and exercise opportunities within the counties.

Supporting family caregivers and addressing the shortage of direct care workers are essential for maintaining the well-being of seniors. Investments in affordable, age-friendly housing and transportation options are also vital for enabling older adults to age well.

Data sources evaluated include: 2022 American Community Survey, 2020-2024 Tennessee County Health Rankings and Roadmap (countyhealthrankings.org), 2022 Tennessee State of Aging Profile, Point2Homes, Northeast ADA Center, U.S. Census Bureau and 2022 American Community Survey.

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

AAAD leadership met on February 26, 2026 to update unmet needs determined in March 2025 by UCDD staff and the UCAAAD Advisory Council. UCAAAD staff meet monthly with program specific staff to discuss activity as well as trends and gaps in services. Data used included the waiting lists for Nutrition, HCBS, and Family Caregiver programs; 2022 American Community Survey; 2022 Tennessee State of Aging Profile; 2020-2024 Tennessee County Health Rankings and Roadmap (countyhealthrankings.org); and U.S. Census Bureau. The following unmet needs were identified:

Supportive Services: There are approximately 106,677 older adults and 33,352 disabled adults living within the Upper Cumberland Planning and Service Area.

Of those 140,029, the AAAD served approximately 763 (<1%) older adults and adults with disabilities with supportive services during FY 2025. Currently, there are 600 persons waiting for Home and Community Based Services (HCBS). As the 60+ population within the Middle Tennessee region is expected to grow by 25% by 2032, the AAAD recognizes the lack of supportive services to meet the demand.

Nutrition Services: Food insecurity ranks higher in the Upper Cumberland at 14.4% as compared to the average in Tennessee (TN) being 12% and 10% in the United States (U.S.) To assist in combatting food insecurity, UCAAAD served 211,721 congregate and home-delivered meals during FY 2025. In addition, a grocery assistance program is helping meet food insecurity needs. The current waiting list for the agency's nutrition services is 706 persons, which is a significant increase over the past year. While there are other entities providing some nutrition services in the region (Second Harvest, multiple churches), the AAAD is the only entity who provides nutrition education, counseling, congregate, and home-delivered meals without cost to the consumer.

Evidence-Based Disease Prevention and Health Promotion Services: Twenty-two (22%) of Upper Cumberland residents report being in Poor or Fair Health, as compared to 18% in TN and 14% in the U.S. In addition, residents in the region report having 4.8 Poor Physical Health Days on average per month as compared to 4.1 in TN and 3.3 in the U.S. The AAAD contracts with Senior Centers to promote and implement Evidence-Based programs throughout the region in an effort to improve overall health. In FY 2025, 284 older adults participate in programs such as Bingocize, Drums Alive, Tai Chai for Arthritis and Falls Prevention, Matter of Balance, Walk with Ease, and Chronic Disease Self-Management. A challenge across the region is the inadequate number / availability of certified evidence-based program trainers.

Family Caregiver Support Services: The AAAD provided support group, respite, information and assistance, and supplemental services to 97 caregivers during FY 2025. The Upper Cumberland region had three adult day care providers until around 2021/2022 when they had to close due to COVID. As a result, none of the centers have reopened which has left a gap in respite service provision options.

Multi-purpose Senior Centers: UCAAAD supports 19 multi-purpose senior centers within the PSA. Of the 91,000 older adults in the PSA, there were 5,936 who participated in the varied socialization programs offered at the senior centers. These centers are vital focal points providing education, evidence-based health promotion, recreation, congregate meals, and telephone reassurance. Across the Upper Cumberland, only 36% (range of 3%-68%) of the resident's report having adequate access to locations that offer exercise opportunities, as compared to 67% in TN and 84% in the U.S. With that being a factor, 32% across the region report being physically inactive as compared to 27% in TN and 23% in the U.S. Due to

the fact that the region ranks very low for available social associations and access to exercise opportunities, it is imperative that senior centers fill these gaps. Adequate transportation is a factor related to lack of access to these activities (see Transportation below).

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

The AAAD will:

- ❖ Collaborate with Twin Lakes telephone cooperative and senior centers to offer digital literacy classes.
- ❖ Collaborate with UCDD's Economic and Community Development department, local governments and AARP to expand Age-Friendly and Dementia-Friendly Communities across the Upper Cumberland.
- ❖ Recruit new providers in an effort to expand services (respite, adult day care, support groups, minor home modifications/ repairs) offered to HCBS clients.
- ❖ Continue having semi-annual HCBS provider meetings.
- ❖ Continue coordinating the annual AAAD Conference (May) and Senior and Caregiver Expo (October).
- ❖ Implement a survey for providers to measure their level of satisfaction related to the AAAD's support and assistance
- ❖ Disseminate the Senior Medicare Patrol Program's Activity Books and Healthcare Trackers booklets and scam prevention materials to AAAD clients and partner organizations.
- ❖ Through outreach and coalitions, strengthen partnerships with local governments, healthcare systems, nonprofits, faith-based organizations, and community service providers.
- ❖ SHIP will increase outreach to ESL and under-65 populations by establishing documented partnerships with Section 8 and generational housing facilities.
- ❖ Seek funding to implement aging and disability navigation and care transitioning services.

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

The AAAD will:

- ❖ Encourage and provide technical support to senior centers in the implementation of new activities while continuing to offer those such as brain games that promote socialization and healthy living.
- ❖ Develop a telephone reassurance program with Tennessee Tech University student organizations to address loneliness.
- ❖ Senior/activity center volunteers will be recruited and trained to conduct monthly friendly visits to previous senior/activity center participants or others who are homebound.

- ❖ In collaboration with long term care facilities, the AAAD's Public Conservators will identify clients who are interested in having stuffed robotic pets.
- ❖ Expand services to include Adult Day Care, Out-Of-Home Respite, Overnight Respite, Support Groups, and Minor Home Modifications/Repairs.
- ❖ Continue offering grocery assistance (purchasing, shopping and delivery) as an alternative to home-delivered meals in an effort to maximize the funds
- ❖ pent by obtaining more food (i.e meals) than provided through the home-delivered meal program.
- ❖ Continue providing dementia navigation services.
- ❖ Expand on dementia navigation by seeking funding to implement aging and disability navigation and care transitioning services.

Streamlined - create easier access to services and programs

The AAAD will:

- ❖ Continue to support improvements to and utilization of the UCAssist kiosks throughout the region.
- ❖ Promote communities becoming certified as Dementia and Age-Friendly in order to improve mobility and safety of older adults.
- ❖ Expand virtual technology services through senior centers such as evidence-based programs.
- ❖ On a bi-annual basis, update the Upper Cumberland Caregiver and Senior Resource Directory for distribution and upload it to the UCDD/AAAD website.
- ❖ Advocate for a shared database with TennCare that will aid in reducing the duplication of services for clients enrolled in the AAAD's in-home services programs by having access to real-time approval and the onset of service provision by MCOs.

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

The AAAD will:

- ❖ Publish impact stories and outcomes reporting to demonstrate program effectiveness.
- ❖ Utilize data from AARP and UT for determining priority communities for Dementia and Age-Friendly initiatives.
- ❖ Track volunteerism of programs to identify geographic and service gaps for recruitment/marketing purposes.
- ❖ Streamline provider billing and authorizations via the Mon Ami database portal.
- ❖ Continue tracking missed visits by HCBS providers.
- ❖ Continue tracking the number of clients served and units of service provided utilizing the AAAD dashboard.
- ❖ Analyze client satisfaction survey results to ensure that the AAAD programs, services, and providers successfully meet clients' needs.
- ❖ Continue tracking hits on the UCDD / AAAD website, Facebook, etc.
- ❖ Utilize Every Door Direct Mail postal service data to identify low-income

areas to target outreach materials about services.

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

The AAAD will:

- ❖ Promote volunteer opportunities for programs/services such as family caregiver, telephone reassurance, SHIP/SMP, Ombudsman, Nutrition, Public Guardianship, friendly visitors, senior center activities, etc.
- ❖ Continue partnering with Alzheimer's TN to continue providing Memory Café events.
- ❖ Have a greater focus on providing education and respite for caregivers.
- ❖ Continue conducting HCBS client surveys on a quarterly basis to identify client needs or provider issues in a timelier manner.
- ❖ Continue analyzing the expansion of new types of HCBS services that will support the long-term independence of older adults in their home or other community setting.
- ❖ Continue partnering with Cumberland Regional Development Corporation, UCHRA, CRMC Foundation and Helping Hands to meet the housing assistance needs of low-income older adults and those with disabilities.

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

- ❖ The AAAD allocates funds to senior centers and for home and community-based services based upon the demographic data specifically related to older adults, adults with disabilities, and/or income. In addition, outreach and education efforts about all programs and services are targeted specifically to these populations as well as minority and non-English speaking individuals.

- ❖ 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.

- ❖ The AAAD provides the following services that address these focus areas: congregate meals, home-delivered meals including medically tailored meals, grocery assistance program, nutrition counseling, nutrition education, emergency fund for food pantry and supplies such as microwaves, Ombudsman and Guardianship client visits by volunteers, individual counseling, robotic pets, respite services, and senior/activity center services such as evidence-based programs, health education, exercise classes, telephone reassurance, day and week-long trips. The AAAD plans to implement additional services during the FY27-FY30 period, especially related to social and mental health needs.

Exhibit B-1

Plan for Program Development and Coordination

The AAAD is proposing to use \$ 27,936.00 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 3.2% 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: Strengthen community partnerships, expand outreach, and implement educational campaigns.

Objective 1: Retain and recruit community partners through enhanced outreach activities.

- Strategy 1: Collaborate with providers to continue to coordinate an annual UC AAAD Aging Conference.
- Strategy 2: Attend health council meetings in each county on a quarterly basis.
- Strategy 3: Promote the AAAD through quarterly presentations at the regional senior centers.
- Strategy 4: Update and distribute brochures / program and resource guides to community partners.
- Strategy 5: Submit articles to the weekly Positively UC newsletter in order to share updates with community partners.
- Strategy 7: Create new outreach materials for the healthcare providers, employers, faith based community (develop pastoral care kits), diners and donut shops (placemats), hair salons, veterinary offices, HVAC, plumbers and other non-traditional trusted outlets.

Objective 2: Develop new marketing media and educational campaigns in collaboration with the Department of Disability and Aging and UCDD's Marketing and Communications Department.

- Strategy 1: Update website and other marketing materials.
- Strategy 2: Submit frequent social media posts to reach target populations.
- Strategy 3: Partner with local media to share stories, promote events / press releases about successful events or success stories.
- Strategy 4: Brand and market the AAAD as the trusted source for information and assistance.
- Strategy 5: Deliver educational campaigns on fraud and scams, advance directives, nutrition, caregiver support, home safety and falls prevention, elder abuse, severe weather preparedness, and senior center

Exhibit C-1

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

(Please limit your response to 3 pages)

Provide a status update of the progress and accomplishments of the following federal and state program areas. Unless noted otherwise, all data reflects service for 7/1/2022 – 12/31/2025.

Older Americans Act Funding

❖ Title III-B Supportive Services:

- Clients age 60+ receiving homemaker, personal care, and supportive services increased 84% from FY22 to FY24, largely due to American Rescue Plan funding.
- AAAD began offering Personal Emergency Response Systems (PERS) in September 2022 and served 62 clients through December 2025.
- In-home service provider meetings increased to two per year beginning in 2025.
- In partnership with UCHRA and senior centers, 49,745 one-way transportation trips or vouchers were provided to 873 older adults.
- Legal Assistance providers closed 415 of 546 cases.
- AAAD contracted with 19 senior centers; 17 actively use social media for outreach.
- Senior centers served 9,673 participants and delivered 630,447 units of service.
- Implemented the Mon Ami statewide database and billing portal, streamlining service management for nearly all in-home providers.
- Seven senior centers rebranded as Activity Centers.
- Eight new senior center directors were onboarded.
- Outreach efforts expanded post-pandemic, including creation of an AAAD Community Liaison position in 2025 to strengthen face-to-face education and outreach.

❖ Title III-C Nutrition Services:

- The Grocery Program, launched in February 2023, served 223 clients through December 2025 at a total cost of \$716,108.43.
- Congregate and home-delivered meals increased significantly due to added funding, with meals served rising 65% in FY23 compared to FY22 and remaining elevated through December 2025 (37% above FY22 levels).
- After a five-year gap, AAAD reinstated hot congregate meals in all 14 counties in FY23; by FY26, 13 of 17 sites serve fresh-cooked, hot meals.
- Across 17 congregate sites, 329,524 meals were served to 5,228 older adults.
- Nutrition Counseling services for 208 clients totaled 365 hours.

❖ Title III-D Disease Prevention & Health Promotion:

- Implemented new evidence-based programs in FY25 to promote health and prevent falls, including Bingocize (at 6 senior centers) and Drums Alive (at 10 senior centers).
- 14 evidence-based classes were delivered across 15 senior centers, serving 640 participants and providing 8,590 units of service.

❖ Title III-E National Family Caregiver Support Program:

- Introduced the Grocery assistance program in February 2023, serving 23 caregivers/clients through December 2025.
- Maintained a consistent rotation of interns to support Family Caregiver (FC) program operations.

- Expanded services using FY25 American Rescue Plan (ARP) funds, to include child day care, respite/tutoring, summer camps, and after-school programs, serving 10 caregivers of minors. Additionally, 58 clients received traditional services supported by ARP funds.
- ❖ Title VII Elder Rights:
 - Legal Assistance program staff conducted outreach and education on elder rights topics (scams, advance directives, Medicaid, and elder abuse, neglect, and exploitation), reaching 974 older adults.
- ❖ Title VII Ombudsman:
 - The LTC Ombudsman program staff opened 1,056 cases, closed 1,105 cases, conducted 2,264 facility visits, and investigated 1,792 complaints.
 - 12 Volunteer Ombudsman Representatives completed 604 facility visits, providing 1,132 volunteer hours.

State Funds

- ❖ OPTIONS Home and Community Based Services:
 - Implemented the Mon Ami statewide database and billing portal, streamlining service acceptance, management, and billing for in-home providers. All providers utilize the portal except medical supply and personal emergency response providers.
- ❖ Public Guardianship:
 - Public Guardianship volunteers participated in annual joint trainings with SHIP, SMP, and Ombudsman volunteers to strengthen recruitment, retention, and program sustainability.
 - Eight clients received robotic companions to help reduce social isolation.
 - Outreach and education efforts continued with banks, health care facilities, and community partners.
- ❖ Col. Thomas G. Bowden Alzheimer's Respite:
 - During the pilot program period (July 1, 2022–June 30, 2025), 54 caregivers were served, with 10,902 hours of respite, homemaker, and personal care services provided.
- ❖ Dementia Health Navigation:
 - Launched in September 2024, the Dementia Health Navigation program delivered statewide education through 91 outreach events, reaching 4,962 individuals with dementia and brain health information.
 - The program also provided training to 1,182 community members and professionals, certified 39 professionals in Dementia Capable Care, and delivered 115 direct supports to 115 clients.

Other

- ❖ ARDC:
 - Implemented SeniorStat software at 10 of 19 senior centers, improving data efficiency, accelerating report generation, and enhancing service tracking and data sharing.
- ❖ ARP Funds:
 - Title IIIB funds supported Legal Assistance with part-time administrative position through FY24, provide \$543,152 in grants (up to \$30,000 each) to 19 senior centers for activities, facility

improvements, and staffing, additional \$22,873 supporting nine centers in launching new programs.

- Title IIIC1 funds supported meal services, providing 50,141 congregate meals to 1,729 older adults in FY2023 and 45,399 meals to 2,194 older adults in FY2025.
 - Title IIID funds supported instructor certification in evidence-based programs (including Bingocize, Drums Alive, and Tai Chi) and the purchase of related equipment and materials.
 - Title VII Ombudsman funds supported the hiring of a part-time Residential Care Community District Long-Term Care Ombudsman in FY23-FY24, focused on assisted living facilities and homes for the aged.
- ❖ CARES Funds:
- Through FY23, funds supported the increase in part-time Ombudsman staff hours, strengthening complaint investigations and improving data entry capacity.
- ❖ CREST & CREVAA:
- From FY23-FY25, AAAD assisted 59 CREVAA clients and 137 CREST clients, providing person-centered emergency services related to victimization and self-neglect.
- ❖ SHIP:
- Expanded recruitment and retention through university staff fairs and an annual Volunteer Appreciation event.
 - Increased referral capacity by providing Medicare 101 trainings to UCHRA County Offices and distributing custom SHIP materials at partner sites.
 - Established a secure bi-directional “Warm Handoff” referral system for individuals transitioning from Marketplace coverage to Medicare.
 - Facilitated 1,442 MSP and Extra Help/LIS applications at dual-eligible screening events.
 - Conducted a targeted EDDM postcard campaign across 62 postal routes, reaching 17,555 households in rural and low-income ZIP codes.
 - Forty-five (45) volunteers delivered 12,068 counseling hours, and 419 outreach events were conducted, totaling 1,202 outreach hours.
- ❖ Senior Medicare Patrol (SMP):
- Distributed SMP fraud education and “Get to Know Your SMP” materials to senior centers statewide (January 2023 and February 2025).
 - Presented and conducted outreach at Tennessee Federation for the Aging conferences (Fall 2023–2025) and Tennessee Rural Health Association conferences (November 2023 and 2024).
 - Conducted statewide fraud-prevention outreach through Every Door Direct Mail and targeted campaigns from June 2023–December 2025, reaching 40,898 residents across all 89 counties.
 - Distributed Healthcare Trackers and fraud-prevention materials statewide through health fairs, senior centers, direct mail, and presentations.
 - Established a regional SMP outreach and education position in partnership with Northwest AAAD beginning June 2024, serving 21 West Tennessee counties.
 - Since June 2024, partnered with Northwest AAAD to support regional SMP outreach across 21 West Tennessee counties.
- ❖ SNAP:
- From July 2022–September 2024, UCDD contracted with the Department of Human Services to provide SNAP application assistance to 87 individuals.

Goals, Objectives, Strategies, and Performance Measures

Goal 1: Enhance the availability, coordination, and effectiveness of services that empower older adults and adults with disabilities to maintain independence, improve health, and achieve a high quality of life.

- **Objective 1.1:** Strengthen In-Home Supports, Safety, and Housing Stability for Aging in Place

Strategies:

- ❖ Expand caregiver support options such as respite, adult day care, support groups, medication management, and caregiver resource navigation.
 - ❖ Expand in-home and community-based services such as enabling technology, pest control, and home repairs.
 - ❖ Expand social isolation prevention programs addressing loneliness among homebound
 - and isolated older adults, caregivers, and adults with disabilities.
 - ❖ Integrate housing needs into screenings and assessments.
 - ❖ Improve home safety and accessibility through referrals for weatherization, minor home modifications, and repairs.
 - ❖ Implement the AARP HomeFit Fall Prevention and the Evidence-Based Home Hazard Removal programs.
 - ❖ Facilitate expansion of age- and dementia-friendly communities by reducing barriers related to transportation, technology, rural access, and affordability.
 - ❖ Refer those in need of legal assistance for housing and other legal issues to the Legal Aid Society of Middle Tennessee and the Cumberland.
- **Objective 1.2:** Improve Preventative Health Supports and Reduce Avoidable Institutional and Emergency Care
- ### Strategies:
- ❖ Through care coordination, unify health and social supports to prevent avoidable hospitalization and institutionalization.
 - ❖ In collaboration with medical providers, offer mobile preventive care services, memory checks, and chronic health management services.
 - ❖ Formalize mental health and cognitive screening referrals into Information & Assistance (I&A) and Home and Community Based Services (HCBS) screening tools.
- **Objective 1.3:** Reduce Food Insecurity and Promote Nutrition Services

Strategies:

- ❖ Promote nutritious congregate meals.

- ❖ Expand the provider network's offering of hot, home-delivered meals.
- ❖ Provide nutrition counseling and nutrition education at senior centers and to HCBS clients.
- ❖ Promote the AAAD Resource Directory and [UCAssist.org](https://ucassist.org) for nutrition resources.
- ❖ In partnership with senior/activity centers, implement Grab-N-Go meals as a last resort option for those who cannot attend the center and do not qualify for traditional HDMs.

- **Objective 1.4: Promote Physical, Mental, and Emotional Well-Being**

Strategies:

- ❖ Offer mental health counseling by a licensed professional through federally funded and private pay sources.
- ❖ Establish a dedicated support group designed to provide essential resources and education for family caregivers.
- ❖ Formalize mental health and cognitive screening referrals into Information & Assistance (I&A) and HCBS screening tools.
- ❖ In collaboration with medical providers, offer mobile preventive care, memory checks, and chronic health management services.
- ❖ Advocate for a mental health Medicaid eligibility category that meets long-term services and supports needs.
- ❖ Expand evidence-based health and wellness programming at senior/activity centers and senior housing complexes.
- ❖ Improve coordination between senior/activity centers, housing complexes, community partners, and healthcare providers to increase wellness checks and screenings.
- ❖ Provide virtual services to combat social isolation.
- ❖ Increase the frequency of Long-Term Care (LTC) Ombudsman visits in facilities by increasing the number of Volunteer Ombudsman Representatives (VORs) throughout the region.
- ❖ Through outreach and education, improve awareness of adult abuse prevention, detection and reporting.

- **Objective 1.5: Expand Medicare Counseling, Benefits Access, and Fraud Prevention**

Strategies:

- ❖ Increase outreach and enrollment support for ESL communities and Medicare beneficiaries under age 65.
- ❖ Launch digital resources and multimedia tools tailored for New to Medicare (NTM) individuals and recent retirees.
- ❖ Expand fraud and scam prevention using SMP short videos and physical take-home educational booklets.

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

- ❖ Create and distribute a comprehensive Emergency Preparedness Packet to all HCBS clients.

- ❖ Develop a telephone reassurance program with Tennessee Tech University student organizations to address loneliness.
- ❖ Disseminate the AARP HomeFit Guide to HCBS clients
- ❖ In FY 28, coordinate with an occupational therapist to evaluate for home safety (Home Hazard Removal Program (HARP))
- ❖ Ensure the sustainable rollout of virtual support groups for Family Caregiver clients in FY27 through consistent delivery, proactive barrier reduction, and steady engagement.
- ❖ Increase participation in evidence-based health programs by 10% in FY27 and FY28 in senior centers
- ❖ Incorporate Medicare benefits counseling, fraud awareness, preventive services and low- income screenings into wellness events at senior centers.
- ❖ Post quarterly social media content on Medicare fraud and scam prevention, utilizing specialized resources from the SMP Resource Center and SHIP TA Center.
- ❖ Expand Medicare educational classes from three counties to four in FY2027, and to five counties by FY2028.
- ❖ Increase outreach to ESL and under-65 populations by establishing documented partnerships with Section 8 and generational housing facilities.
- ❖ Update the statewide SMP/SHIP website annually with targeted digital resources for New to Medicare (NTM) beneficiaries and their caregivers.
- ❖ Promote congregate meal programs at all regional SHIP/SMP Annual Enrollment Period (AEP) events to increase cross-program enrollment.
- ❖ Successfully launch pest control, home repair, and enabling technology services by securing at least one contracted vendor for each service category. Offer at least one service within FY27 and the remaining two by FY28.
- ❖ AAAD Community Liaison will collaborate with Housing Complex Service Coordinators on a quarterly basis to facilitate the promotion of health and wellness screenings offered at senior centers.
- ❖ Pilot the use of a virtual programming platform at two senior centers and to select HCBS clients.
- ❖ By FY28, implement and pilot integrated care protocols that bring mobile preventive care and memory checks directly into the community, establishing a baseline process for identifying and diverting clients at risk of institutionalization.
- ❖ Every Door Direct Mailings will be disseminated in at least one low-income focused mail route of each county in the Upper Cumberland region.
- ❖ Every Door Direct Mailings will be disseminated in thirty counties across the state promoting the prevention of SMP's Medicare fraud, waste and abuse campaign
- ❖ For FY27, the AAAD will add at least one hot meal provider to the Home-Delivered Meals program.
- ❖ Fully integrate mental health and cognitive screening tools into standard I&A and HCBS intake workflows in FY27 to successfully establish baseline data for community behavioral health referrals.
- ❖ Distribute 1,000 copies of the AAAD Resource Directory—featuring UCAssist information—to partner agencies, consumers, and community stakeholders across the Upper Cumberland region.

- ❖ Continue offering mental health counseling, while also increasing the number of clients receiving the service by at least 50% for FY27.
- ❖ By FY28, form a coalition with established partners to engage in data-backed advocacy, building a compelling case for TennCare to create a new Long-Term Services and Supports (LTSS) eligibility category specifically for individuals with severe mental health needs.

Goal 2: Maximize Community Impact by Expanding Outreach Efforts and Building Partnerships that Bridge the Gap to Underserved Populations

- **Objective 2.1: Expand Targeted Outreach and Community Education**

Strategies:

- ❖ Create new outreach materials for healthcare providers, employers, faith-based community leaders (develop pastoral care kits), diners/donut shops (placemats), salons, veterinary offices, HVAC businesses, plumbers, and other non-traditional community partners.
- ❖ Deliver educational campaigns on fraud and scams, advance directives, nutrition, caregiver support, home safety and falls prevention, elder abuse, severe weather preparedness, and senior centers.
- ❖ Continue partnering with the Upper Cumberland Human Resource Agency to promote increased utilization of public transportation services.

- **Objective 2.2: Strengthen Partnerships and Coalition Engagement**

Strategies:

- ❖ Through outreach and coalitions, strengthen partnerships with local governments, healthcare systems, nonprofits, faith-based organizations, and community service providers.
- ❖ Leverage collaborations to reduce duplication of services and improve coordination.
- ❖ Increase participation in coalitions supporting aging in place, dementia-friendly priorities, and health equity.
- ❖ Options Counselors and other AAAD staff will support the senior/activity centers by attending key events.
- ❖ The AAAD will meet with HCBS providers biannually to strengthen communication and operational alignment with the provider network.
- ❖ Implement a provider satisfaction survey process in order to evaluate and strengthen the relationships between the AAAD and its subcontracted partners.
- ❖ Strengthen health facility partnerships and address service gaps for Public Guardian clients through the enhancement of annual surveys.
- ❖ Strengthen partnerships by annually reviewing SHIP/SMP MOUs to reflect evolving community needs.

- ❖ Scale SMP fraud and scam prevention education by expanding community workshops into new and underserved counties across the region.

- **Objective 2.3: Increase Volunteerism and Social Engagement Opportunities**

Strategies:

- ❖ Position volunteerism as a pathway to health, purpose and community connection.
- ❖ Elevate social engagement and companionship among the HCBS population and waitlist clients by partnering with university students, interns, and trained volunteers to deliver a routine outreach program consisting of monthly reassurance calls and friendly in-person visits.
- ❖ Through outreach and education, as well as a media campaign, increase the number of Volunteer Ombudsman Representatives across the region.
- ❖ Expand SHIP/SMP volunteer recruitment by targeting retired professionals and college students to diversify the program's expertise and increase service capacity
- ❖ Utilize interns and volunteers at the annual Senior & Caregiver Expo.
- ❖ UC Senior Center Services Coordinator will encourage senior center directors to utilize the DDA Volunteer Resource Library and promote DDA's weekly Senior Center office hours.
- ❖ Expand Public Guardian Program volunteer recruitment by using multi-media outlets and enhanced staff training.

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

- ❖ The AAAD Community Liaison will work with the UCDD marketing team to create new marketing materials.
- ❖ Conduct annual reviews and revisions of all existing Memorandums of Understanding (MOUs) to ensure alignment with program goals.
- ❖ Achieve a 10% increase in volunteer recruitment by implementing the "Volunteer for Your Health" campaign focused on the wellness benefits of service.
- ❖ Coordinate SHIP/SMP representation at local university job fairs, utilizing former volunteers to recruit professionals.
- ❖ Deliver SMP fraud and scam prevention workshops in four counties by FY2027 and expand to six counties by FY2028 in the Upper Cumberland region.
- ❖ Increase the number of Public Guardian Program volunteers in order to serve seven counties.
- ❖ Options Counselors will visit their assigned county Senior Centers quarterly.
- ❖ The AAAD Community Liaison will host virtual AAAD 101 sessions annually to the community and will be posted on the UCDD website.
- ❖ Conduct HCBS Provider meetings biannually, alternating between morning and afternoon sessions to maximize attendance opportunities for all providers.
- ❖ Utilize local university students to conduct monthly reassurance calls by successfully reaching 50% of waiting list contacts in FY27 and scaling to 100% by the end of FY28.
- ❖ The Family Caregiver Program will utilize interns to conduct routine reassurance calls aimed at elevating social engagement among the HCBS population.

- ❖ Senior center volunteers will be recruited and trained to conduct monthly friendly visits, when feasible, to focus on companionship in four Upper Cumberland counties in FY 27 and eight counties in FY 28.
- ❖ Recruit and deploy a minimum of 50 volunteers and interns for the 2027 Senior and Caregiver Expo—targeting a 10% increase in first-time volunteers—and administer a post-event feedback survey to 100% of participants to improve future volunteer experiences.
- ❖ Increase the number of LTC Ombudsman VORs from four to nine in FY27 and fourteen in FY28.

Goal 3: Strengthen AAAD Relevancy, Capacity, and Sustainability. Ensure the AAAD remains a trusted, innovative, and effective leader in aging and disability services.

- **Objective 3.1:** Modernize Systems, Strengthen Visibility, and Support Continuous Improvement

Strategies:

- ❖ Publish impact stories and outcomes reporting to demonstrate program effectiveness.
- ❖ Partner with DDA to create videos highlighting consumer successes.
- ❖ Ensure continuous internal improvement efforts by shadowing staff and meeting at least annually with each program’s staff to thoroughly review current processes and identify improved efficiencies.
- ❖ Use data and outcomes reporting to demonstrate impact and guide decision-making.
- ❖ Strengthen organizational visibility, branding, and public awareness of services.
- ❖ Through branding and marketing, promote the AAAD as the trusted source for aging and disability services.
- ❖ Use stakeholder feedback to inform continuous improvement efforts and enhance service delivery.
- ❖ Streamline provider billing and authorizations via the Mon Ami database portal.
- ❖ Analyze client satisfaction survey results to ensure that the AAAD programs, services, and providers successfully meet clients’ needs.

- **Objective 3.2:** Strengthen Advocacy and Expand Funding Sustainability

Strategies:

- ❖ Advocate for local and state policies that improve resources, funding, and supportive service systems.
- ❖ Expand funding opportunities through grants, partnerships, and diversified revenue sources.
- ❖ Leverage advocacy and partnerships to strengthen the agency’s capacity and long-term impact.
- ❖ Incorporate impact analysis into the AAAD annual report.

- **Objective 3.3:** Expand Aging and Disability Navigation Services

Strategies:

- ❖ Seek funding opportunities to develop trusted Aging and Disability Navigators to assist in holistically addressing needs.
 - ❖ Provide resource navigation support for individuals with complex needs.
 - ❖ Strengthen coordination across OAA services, HCBS, caregiver supports, benefits counseling, and community programs.
- **Performance Measures:** (identify performance measures for FY 2027 and FY 2028)
 - ❖ Publish at least twelve impact and success stories annually through social media and the Positively UC newsletter.
 - ❖ Increase digital engagement / website and social media engagement by 15% annually
 - ❖ Participate in at least two statewide and/or national advocacy events/conferences annually supporting aging and disability services.
 - ❖ Share SMP Medicare fraud prevention videos monthly on all social media pages.
 - ❖ Transition 100% of home-delivered meal providers to the Mon Ami portal for service management and billing.
 - ❖ Publish and present data at least quarterly demonstrating how the cost-effective delivery of AAAD community-based care successfully delays or prevents the need for more expensive TennCare LTSS and skilled nursing facility placements.
 - ❖ Enhance long-term agency sustainability by submitting at least one targeted grant proposal and establishing one new funded partnership, with the overarching goal of increasing diversified, non-traditional revenue to launch and sustain a dedicated Aging and Disability Navigator role.
 - ❖ Conduct annual reviews and revisions of all existing Memorandums of Understanding (MOUs) to ensure alignment with program goals.
 - ❖ Increase the percentage of new rural, minority, and underserved clients who report learning about the AAAD through targeted outreach efforts.
 - ❖ Create a minimum of two consumer impact videos per year.

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:

	# of individuals served in FY 2026	# of projected individuals served in FY 2027	# of projected individuals served in FY 2028
	2,117	2,200	2,200
Units of Service	8,717	9,000	9,000

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

- *Throughout FY27, the AAAD will continue participating in local health fairs and available community outreach events. To effectively reach Upper Cumberland residents with higher social and economic needs (including low-income, rural, and minority populations, as well as those with language barriers), the agency will utilize Every Door Direct Mail and all media outlets (radio, newspaper, social media). This outreach will target regions identified as having high concentrations of these populations, based on the Director of Informatics' mappings of the Upper Cumberland region. Staff will continue to partner with the My Ride Program, SHIP/SMP, SNAP, and the Senior & Caregiver Expo. Dissemination methods will include newspaper PSAs, mail-outs, flyers, Every Door Direct Mail, newsletters, the UCDD website, Facebook posts, and educational radio interviews. All materials will highlight*

SHIP/SMP, SNAP, in-home services, congregate sites, evidence-based programs, and the I&A referral form.

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.):

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- **Pest Control:** A service that provides the systematic inspection, treatment, and prevention of unwanted pests (e.g., roaches, mice, bed bugs).
- **Grocery:** A service that allocates a designated monthly dollar amount to clients for groceries while providing an Errand & Delivery component that includes the provider collecting the shopping list, purchasing the items, managing the in-home delivery, and shelving of groceries.

1. Complete the following table:

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
State – Options Allocation Amount	\$1,314,968	\$1,319,767	\$1,439,746
# Served	274	275	300
Units of Service	52,629	52,821	57,623

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

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
Federal Title IIIB/State Homemaker In-home services Allocation Amount	\$277,322	\$277,322	\$294,129
# Served	165	165	175
Units of Service	9,619	9,619	10,202

3. Describe the methodology for the projections listed above.

- *Fiscal and programmatic projections are based on historical data and services that have been rendered year-to-date. The average # of clients receiving services per month, average # of units of services per client per month, and the average cost per unit of service are calculated by program to determine projections.*

For the period July 1, 2025 – December 31, 2025, the Options 1 and Options 2 programs averaged 215 active clients per month combined, ranging from 220 high and 210 low, 19 units of services per client per month, and an average cost of \$19.42 per unit of service. The AAAD is adding approximately 30 more clients and plans to maintain a caseload of 250 clients to utilize all funds for FY26.

For the period July 1, 2025 – December 31, 2025, the Title IIIB program averaged 106 active clients per month, ranging from 142 high and 75 low, 7.8 units of services per

client per month, and an average cost of \$28.84 per unit of service. Based upon this information and an expected increase in spending for January 2026, the AAAD plans to maintain a caseload of 75 clients.

4. Complete the following table:

Number of Individuals on HCBS OPTIONS Waiting List (high-risk clients only)	321
Number of Individual on HCBS Title III-B Waiting List (high-risk clients only)	277

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

- *Individuals on the waiting lists are given the opportunity to private pay for services until the time they can be enrolled into one of the HCBS programs. High risk clients (score 31+) will be contacted at least every 12 months to identify any changes in their living arrangements, functional limitations, financial status, types of assistance needed or any other factors that influence their scoring/placement on the waiting list. If it is determined that their needs or condition has changed, a new screening and prioritization form will be completed to more accurately reflect their current situation and update the waiting list score. During this process, each individual will be re-considered for CHOICES eligibility with the intent being for them to receive services as soon as possible while reducing the HCBS waiting list.*

The AAAD's staff connects individuals with community resources such as food banks, commodities, churches and senior centers that provide home-delivered meals, and assist or refer for enrollment into programs such as SNAP, LIS, etc. when possible.

The AAAD is eager to expand partnerships and seek other financial avenues to decrease the waiting list and increase enrollment into the HCBS programs. As new federal, state or other funds become available, enrollment will increase accordingly.

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.):

- **Grocery:** A service that allocates a designated monthly dollar amount to clients for groceries while providing an Errand & Delivery component that includes the provider collecting the shopping list, purchasing the items, managing the in-home delivery, and shelving of groceries.

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

- *The AAAD's Quality Assurance staff, Senior Center Services Coordinator, MIS, contracted Registered Dietitian, Fiscal Director, and Management provide technical assistance, nutrition counseling and education, ensure fiscal and programmatic contractual compliance, conduct satisfaction surveys and analyses, enter units of service in Mon Ami and process invoices. The AAAD administers the nutrition program through contracts with providers serving in a variety of capacities: fresh, hot meal service provider (cook, serve hot meals at congregate site, and deliver hot meals to homes); frozen meal service provider (heat frozen meals, serve heated frozen meals at congregate site, and deliver heated frozen meals to homes); meal provider (provide the hot or frozen meal product only); and other (any other service provision). Currently, the contracts are as follows:*

2. Complete the following table:

Provider	IIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites	# of Projected Congregate Meals Served in FY 2027	# of projected Congregate Meals Served in FY 2028	# of Projected HDMs Served in FY 2027	# Projected HDMs Served in FY 2028
Algood Activity Center	4,350 (C1)	0	4,350	1	2,500	3,000	n/a	n/a
Baxter Senior Center	61,300 (C1)	4,670	65,970	1	3,750	4,000	n/a	n/a
Cannon Co. Senior	3,400 (C1);	0	7,600	1*	1,800	2,000	850	850

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Center	4,200 (C2)							
Clark House Lunches	19,750 (C2)	0	19,750	0	n/a	n/a	4,000	4,250
Clay Co. Senior Center	32,250 (C1)	2,285	34,535	1	5,000	5,500	n/a	n/a
Dekalb/Alexandria Activity Center	8,600 (C1)	2,025	30,625	1	4,000	4,500	n/a	n/a
Dekalb/Smithville Senior Center	3,000 (C1)	0	3,000	1*	1,300	1,500	n/a	n/a
Fair Park Activity Center	86,000 (C1)	6,075	92,075	1	10,000	11,000	n/a	n/a
Fentress Co. Senior Center	111,500 (C1)	7,900	119,400	1	16,000	17,500	7,800	8,000
Fit Clean Meals	31,500 (C1); 113,000 (C2)	2,925	147,425	Noted in other sites*	5,000	5,500	37,000	35,000
Homestyle Direct	4,400	300	4,700	0	100	100	10,000	10,000
Jackson Co. - Fairview Senior Center and Granville Senior Center	16,800 (C1)	900	17,700	1;1*	4,000	4,500	n/a	n/a
Macon Co. Senior Center	3,100 (C1)	0	3,100	1*	2,000	2,250	n/a	n/a
McMinnville Senior Center	161,400 (C1)	11,815	173,215	1	30,000	32,000	n/a	n/a
Overton Co. Senior Center	29,700 (C1); 20,750 (C2)	2,100	52,550	1	3,500	4,500	4,000	4,250
Pickett Co. Senior Center	23,250 (C1); 18,500 (C2)	1,650	43,400	1	3,750	4,000	3,300	3,400
Smith Co. Senior Center	38,900 (C1)	2,755	41,655	1	5,750	6,000	n/a	n/a

Sparta Activity Center	64,450 (C1)	4,575	69,025	1	11,500	12,500	3,000	5,000
Van Buren Co. Activity Center	53,900 (C1)	3,825	57,725	1	8,500	9,000	n/a	n/a
Warren Home Delivery Meals, Inc.	29,500	0	29,500	0	n/a	n/a	7,500	8,000

3. Complete the following table:

Service	Amount III-C Allocated
Nutrition Counseling	\$10,000
Nutrition Education	\$
Other Services (Describe): _____	\$

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

- *Through the FY2027-FY2030 RFP process, the AAAD will select nutrition providers with the highest level of quality and satisfaction of the meals being served as well as the most competitive rates for both congregate and home-delivered meals. The AAAD aims to offer fresh, hot, congregate and home-delivered meals in all counties as well as frozen and medically tailored meals in all counties to meet the needs of all clients.*

To keep costs low and improve efficiencies, the AAAD relies on providers, Quality Assurance staff, Fiscal Director, MIS, Options Counselors, and management staff to continuously analyze workflows and dashboards to identify opportunities to improve efficiencies. HCBS Support Staff and Options Counselors monitor missed visits to identify trends that may lead to a client no longer needing services. The staff compare missed visits to invoices in an effort to identify billing discrepancies. The Contracts Manager and Options Counselors will verify that meals are provided to eligible participants through the internal monitoring process. Additionally, the meal providers will continue to notify the Options Counselors when a client’s status has changed and they no longer appear to need the service.

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

- *The AAAD attempts to survey 100% of the home-delivered meal participants each year. These surveys are conducted by phone on a quarterly basis. All clients who receive meals during the first quarter (July 1st – September 30th) are contacted for a survey in October. Surveys for new clients enrolled in the program in each subsequent quarter are completed at the beginning of the quarter following enrollment. Clients added in the second quarter (October 1st – December 31st) are surveyed in January, those added in the third quarter (January 1st – March 31st) are surveyed in April, and those added in the fourth quarter (April 1st – June 30th) are surveyed in July. The survey results are compiled, analyzed, and shared with providers for quality improvement purposes.*

The congregate meal providers survey participants annually, and a summary of the results are provided to the AAAD. The providers review and analyze these results for quality improvement purposes. All providers are encouraged to survey clients in order to obtain feedback on menu satisfaction and overall program performance.

In addition to formal survey results, consumer phone calls and “word of mouth” comments are also taken into consideration.

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?

- *In an effort to increase exposure to those within the target population, the AAAD contracts with at least one senior center in each of the 14 counties to serve as a congregate nutrition provider. During the four-year area plan period, it is possible that the two sites in Jackson County will be relocated and consolidated to one site/senior center where there is the largest concentration of the target populations.*

In addition to utilizing social media, PSAs, newsletters, and participation at local health fairs and other community outreach events, the AAAD will continue to use Every Door Direct Mail to reach those of higher social and economic need (low-income, rural, minorities, language barrier) in the Upper Cumberland. To ensure language is not a barrier, the AAAD has Spanish-speaking staff available as interpreters or the contracted interpreter service, AVAZA, can be utilized by staff.

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.

- *The standard operating procedures to ensure that meals are available to clients during an emergency situation are as follows:*
- *If hot meals cannot be provided, shelf-stable meals are available in the client’s home. Three emergency meals are provided to home-delivered clients and are replaced as used following inclement weather or an emergency situation. If there are not any emergencies within a six-month period, meals are replaced.*
- *For clients receiving frozen meals, it is less likely that an emergency would disrupt their bi-monthly delivery. The bi-monthly deliveries are beneficial in that the clients are more likely to already have meals on hand. If in fact the emergency happens to affect the scheduled delivery, or leaves the clients without the ability to heat the frozen meals, then the clients are to use the shelf-stable meals provided to them in advance.*
- *When an emergency occurs, the Options Counselor(s) will attempt to contact their clients in the affected area(s). The priority is to take any action necessary to assist the individuals in meeting identified needs and to ensure their safety.*
- *During emergency situations, most nutrition sites have the option of utilizing local emergency management personnel for delivery of meals.*

- *In the event of a loss of provider, the AAAD will contact other contracted meal providers within the region to determine the willingness to cover an area that has experienced this issue. If a current provider is unable to meet the need, then the AAAD will contact other potential providers in the local area to attempt to identify a new provider. If neither of these efforts yield a solution, then the AAAD will consult with other AAADs and DDA for a solution.*

D. Guardianship:

1. Complete the following table:

	2026 Calendar Year	2027 Calendar Year Projected	2028 Calendar Year Projected
Active Caseload	92	95	98

* Number of clients served during the Fiscal Year

2. Describe the agency’s plan to maintain or increase the number of volunteers.
- *Since hiring a Public Guardianship Program Support/Volunteer Coordinator in April 2023, UCAAAD has centralized recruitment for the Public Guardianship, SHIP (added Oct. 2024), and Ombudsman (added Oct. 2025) programs. This "one-stop" approach simplifies the process for applicants while diversifying outreach through social media, newspapers, and upcoming local TV advertising. In-person outreach efforts continue to be done through presentations to senior centers, retired professionals and other community centered groups. To ensure long-term volunteer retention, the coordinator provides flexible one-on-one or group training with the goal of having regular check-ins. An annual volunteer recognition luncheon is held each year to coincide with an update training.*

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 to 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.):

- **Pest Control:** A service that provides the systematic inspection, treatment, and prevention of unwanted pests (e.g., roaches, mice, bed bugs).
- **Grocery:** A service that allocates a designated monthly dollar amount to clients for groceries while providing an Errand & Delivery component that includes the provider collecting the shopping list, purchasing the items, managing the in-home delivery, and shelving of groceries.

1. Complete the following table:

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
# Served (<i>Excluding Case Management, Information Services, and Information & Assistance</i>)	40	40	40
Units of Service (<i>Excluding Case Management, Information Services, and Information & Assistance</i>)	10,260	10,260	10,260

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

- *The UCAAAD aims to serve as many caregivers as possible by carefully balancing the provision of the minimum number of services needed with the requirement that those services remain substantial enough to be beneficial. The agency will continue its self-directed voucher program, which is currently utilized by 16 caregivers. These vouchers can be applied to medical supplies, assistive technology, and chore services, as well as in-home respite, personal care, homemaker services, grocery assistance, PERS, medication dispensers, and home-delivered meals. Additionally, the AAAD plans to introduce the ElliQ AI companion to provide types of respite.*

The voucher program allows caregivers to hire individuals or agencies not under AAAD contract. This offers two primary benefits: 1) caregivers can hire individuals at lower hourly rates, allowing for increased service hours, and 2) it alleviates potential provider and staffing issues for the AAAD. Furthermore, the UCAAAD will continue providing in-home counseling through a local Licensed Professional Counselor.

3. 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.

- **Media Outreach:** *Utilizing the UCDD website, social media, and both radio and newspaper PSAs to promote program awareness and related events.*
- **Direct Distribution:** *Delivering NFCSP brochures and AAAD Resource Directories to primary care physician's offices and other local agencies in the Aging/Caregiver network.*
- **Events:** *Continuing to hold the Senior & Caregiver Expo each year to provide the public with an opportunity to receive information on the program.*

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

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

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	290	300	325
Units of Service)	3,250	3,500	3,750

G. Legal Assistance

1. What legal priority case is the most served in the area?
 - *Healthcare/long-term care is the legal priority case most served in the region.*

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?
 - *While healthcare/long-term care cases continue to represent the greatest level of need in our service area, housing-related cases are starting to represent the highest volume of requests.*

3. What economically or socially needy population, defined as Clients in Poverty, Minority in Poverty, Rural and, Frail/Disabled, represent less than 50 percent of those served through legal assistance. What targeting and outreach efforts can be done to increase those numbers served?
 - *The AAAD Community Liaison will target low-income housing complexes to provide outreach and education for the legal assistance provider. The AAAD will also target low-income and low-income minority communities about the legal assistance program through the United States Postal Service “Every Door Direct Mail” program. The legal assistance service provider will also provide outreach, education and information to senior centers, domestic violence safety centers and community partners.*

4. How will the AAAD and legal provider increase service to those identified economically or socially needy populations? How will the AAAD and legal provider address the identified legal priority needs in the PSA?
 - *The AAAD has created the position of Community Liaison. Their focus is outreach and education for all AAAD services including legal assistance. The Community Liaison will utilize the UCDD Director of Informatics to identify low-income communities in the service area as well as work with the UCDD Marketing and Communications team to post education and informational material on UCDD’s social media pages. The legal service provider will continue to provide education and information to their community partners to help disseminate materials to their network of clients.*

H. Senior Centers

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

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Cannon Co. Senior Center	578	67	14	70	4
Clay Co. Senior Center	167	66	9	166	0
Cumberland Co. – Fair Park Activity Center	1,277	198	41	1,261	0
Dekalb Co. – Alexandria Activity Center	92	14	2	72	0
Dekalb Co. – Smithville Senior Center	151	30	5	150	0
Fentress Co. Senior Center	369	115	4	356	1
Jackson Co. – Fairview Senior Center	46	16	1	46	0

Jackson Co. – Granville Senior Center	26	9	1	26	0
Macon Co. Senior Center	320	9	5	281	0
Overton Co. Activity Center	113	92	2	113	0
Pickett Co./Byrdstown Senior Center	112	16	1	112	0
Putnam Co. – Algood Activity Center	153	18	1	150	0
Putnam Co. - Baxter Senior Center	167	34	4	163	0
Putnam Co. – Cookeville Senior Activity Center	580	72	18	579	0
Putnam Co. – Monterey Activity Center	118	15	4	116	0
Smith Co. – Senior Center	164	36	3	123	0
Van Buren Co. Activity Center	59	58	1	59	0
Warren Co. – McMinnville Senior Center	1,632	369	68	1,597	2
White Co. – Sparta Activity Center	641	114	35	635	0

2. Describe your agency’s approach to working with those senior centers that need to improve their reach to the target populations.
 - *The UCAAAD hosts quarterly meetings for activity/senior center directors that allows directors to share program highlights and best practices from their respective centers. These meetings also include training on relevant topics by AAAD staff and guest speakers. The UCAAAD Senior Center Services Coordinator works directly with center directors to support innovative programming, target priority populations, and assist with promotional materials, including coordination with the UCDD Marketing and Communications team to share information through UCDD’s social media pages.*

I. Emergency Preparedness

1. Name of Staff Person on the local emergency management team: *The following AAAD staff serve on the UCDD Safety Committee: Chrystal Harris, Tina Naff, and Ariel Lewis. In addition, Chrystal Harris is the designated AAAD Emergency Services Coordinator.*
2. How is the agency’s emergency plan communicated to staff?
 - *The AAAD shares the UCDD’s Emergency Continuity of Operations Plan with staff via Google Drive. Emergency preparedness drills are conducted quarterly with staff and trainings are offered for staff to be prepared in an event of an emergency. In the event of a disaster, the agency will communicate with employees in the following ways: social media, ConnectTeam, email, text and/or cell phone calls, and in-person, as applicable.*

J. SHIP

1. Complete the following table:

	Grant Year 2024-2025 (April – March)	Grant Year 2025-2026 (April – March)	Grant Year 2026-2027 (April – March)
# Client Contacts	6,039	Actual: 4,242 Projected: 5,514	Projected: 5,719
# of Consumers Reached Through Outreach Events	5,728	Actual: 10,106 Projected: 11,116	Projected: 6,584
# of Client Contacts Under Age 65	876	Actual: 527 Projected: 629	Projected: 944
# of Hard to Reach Client Contacts	8,302	Actual: 5,696 Projected: 6,265	Projected: 7,333
# Of Enrollment Contacts	5,951	Actual: 5,696 Projected: 6,265	Projected: 5,719
# of Low Income/Medicare Savings Enrollment Assistance Contacts	388	Actual: 160 Projected: 208	Projected: 135

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

- **Client Contacts:** *SHIP will continue to cultivate partnerships with retirement groups, medical offices, social workers, and pharmacies to raise awareness of available services. We are actively pursuing referral partnerships with large regional businesses to serve as a primary resource for employees transitioning into retirement. Additionally, SHIP will include Home and Community-Based Services (HCBS) and Information & Assistance (I&A) calls in our contact metrics. To increase engagement, we are implementing a multi-channel follow-up strategy using telephone, text, and email.*
- **Outreach:** *Building on the success of nearly doubling our outreach numbers, SHIP will continue collaborating with local libraries and community centers on workshops to maximize event attendance. We will maintain our "Every Door Direct Mail" campaign through the USPS, specifically targeting rural and low-income mail routes, alongside personalized mailings to former clients.*
- **Client Contacts Under age 65:** *To reach younger beneficiaries, SHIP will strengthen partnerships with vocational rehabilitation offices, Social Security offices, and disability advocacy groups. We are developing social media content specifically focused on "Early Medicare" eligibility due to disability. Furthermore, we are expanding our "ABCs of Medicare" classes into new counties to educate those with disabilities on navigating Medicare upon initial enrollment. SHIP also plans to conduct targeted outbound calls and mailings to disabled HCBS clients.*
- **Hard to Reach Client Contacts:** *SHIP is developing on-site counseling programs in rural areas and high-density senior housing. By shifting our presence from central offices directly into the neighborhoods where beneficiaries reside, we aim to recover the engagement levels seen prior to the 2025–2026 cycle.*

- **Enrollment Contacts:** *To ensure consistent enrollment assistance, we are scaling up our volunteer counselor recruitment and enhancing our training programs to increase capacity during peak seasons such as Medicare Annual Enrollment Period (October 15 - December 7) and Medicare Advantage Open Enrollment Period (January 1 - March 31).*
 - **Low Income/Medicare Savings Enrollment Assistance Contacts:** *In alignment with the MIPPA contract, our Medicare Access Coordinator and Medicare Counselors will screen all contacts for program eligibility to ensure this performance measure improves. Additionally, the CHOICES team will continue to utilize in-kind volunteers to provide Medicare Savings Program (MSP) application assistance with TennCare 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.
- *The UCAAAD employs a targeted approach to ensure equitable Medicare access for beneficiaries facing geographic, linguistic, or physical barriers. We maintain cultural competence by recruiting personnel who reflect our service area's demographics and utilizing AVAZA for real-time translation. To build trust within underserved communities, we collaborate with regional libraries, faith-based organizations, senior centers, and other community locations to provide counseling in familiar settings. These partnerships allow us to reach individuals with limited English proficiency who may otherwise lack access to traditional government resources.*
 - *For beneficiaries with disabilities, the agency offers home-visit counseling on an as-needed basis. Outreach materials are provided in accessible formats, including large-print and Braille-compatible digital documents. We also identify younger beneficiaries by coordinating with disability advocacy groups and vocational rehabilitation offices. Regional county offices can also collect and send documents to SHIP's regional office for those with limited access to transportation; in addition, virtual counseling services are available as needed.*
 - *To reach low-income populations, the agency coordinates with regional partners to identify dual-eligible individuals. One example of this is providing SHIP resources at energy assistance application sites, where we offer direct support for the Medicare Savings Program and Part D Low-Income Subsidy. SHIP will continue ongoing training to Upper Cumberland Human Resource Agency (UCHRA) staff to screen clients for these services, ensuring vulnerable residents are identified and assisted in reducing their out-of-pocket healthcare costs.*

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
Ensure compliance of Civil Rights and Title VI training to all service providers	Offered virtual training to HCBS providers in June 2023, June 2024, March 2025 and in-person November 2025. Senior Centers received virtual training in June 2023, April 2024, April 2024, March 2025 and August 2025. Advisory Board received virtual trainings in March 2024 and March 2025, and in person trainings in June 2023 ad September 2025. Volunteers received virtual training in June 2023 & June 2024; in-person training in April 2025. Staff was provided in person training Sept 2023, March 2023, April 2024, August 2024, April 2025, August 2025. April 2026 in person trainings will be provided for Volunteers, Senior Centers and staff.
Reach target populations with education and counseling for Medicare	Every Door Direct Mail, social media, multi-media, presentations, UC Senior & Caregiver Expo, and direct mailouts; disseminated materials to pharmacies in the service region
Increase outreach and education in rural and hard to reach communities.	Every Door Direct Mail was used to disseminate information about all programs; flyers and brochures were given to CRDC housing complex residents as well as presentations; set up informational booths at eleven county fairs; monthly participation and disseminated materials to UC health councils; mass mailings of program materials to home bound HCBS clients; distribution of resource guides to senior centers and stakeholders for distribution to

	<p>clients; disseminated AAAD materials at monthly commodity events in the service region; disseminated materials to food banks/ food pantries in the service region; disseminated materials to pharmacies in the Upper Cumberland region</p>
<p>ESL information</p>	<p>Medicare fraud prevention and counseling information will be provided to home delivered meal clients via a placemat in English and Spanish in March 2026; set up a booth during Spanish Heritage days;</p>

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.

- *Tamara Kulpa, UCDD and UCHRA Human Resources Coordinator, services as the Title VI Coordinator/EEO Officer. The duties of the Title VI Coordinator include: receiving and investigating Title VI complaints, and providing Title VI training for staff, volunteers, and interested subcontractors.*

2. Complete the following table:

	FY 2026	FY 2027 Projected	FY 2028 Projected
Total Individuals Served	9,507	16,792	18,471
Total Minority Individuals Served	474	521	573

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

- *The agency addresses the needs of persons with Limited English Proficiency through a multi-faceted approach. Primary language support is provided via Avaza Language Services, a telephone-based translation service covering over 180 languages. Additionally, select program materials are available in multiple languages. Internal bilingual support includes the Human Resources benefits coordinator (Spanish) and a SHIP program volunteer (French). The agency is continuously exploring future options to enhance language accommodation, including potential collaborations with Tennessee Tech University’s Foreign Language Department and local health departments.*

4. Complaint Procedures

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

- *A formal complaint must be filed in writing, within 180 days of the occurrence of the alleged discrimination. The complaint should be on the Title VI Complaint Form (that can be provided) and should also file a letter stating the elements of the complaint. Allegations that are received by telephone, fax, or email will be acknowledged and reduced to writing. However, a complain form will be forwarded for the person to sign and return to the Title VI/EEO Officer for processing. Any Department supervisory*

staff shall forward all written complaints to the Title VI Coordinator within two business days of any complaint.

- b. Describe agency policies related to investigations, report of findings, hearings and appeals, if applicable.
 - *The Title VI Coordinator will coordinate the review and investigation of the complaint; notify the complainant of receipt of the complaint by the most expedient means available; Notify the complainant by certified letter of the determination and / or any remedial action that has been taken if it is determined that discrimination exists based on race, color, or national origin. Maintain copies of complaints and findings for a minimum of three years from the resolution of the complaint. Take primary responsibility for investigating complaints and report findings to the Commissioner. Complete investigation and prepare a written determination on the alleged discrimination and / or make any recommendations on the appropriate remedial action to the Commissioner within thirty calendar days of the receipt of the written complaint.*
 - *If the complainant is not satisfied with the Title VI Coordinator's findings and/or the remedial action taken, an appeal may be filed with the Executive Director and /or Grievance Committee, which constitutes the last level in the internal complaint system.*
 - *A complaint may be filed simultaneously with the Office of Civil Rights, U.S. General Services Administration, and with UCDD. In such cases, the external complaint supersedes the internal UCDD complaint. Accordingly, the internal complaint procedures will be suspended pending the outcome of the federal review procedure, unless there is a request from the external agency for assistance in the investigation.*
 - c. Include a copy of the agency's complaint log, if applicable.
 - *N/A: no Title VI complaints*
5. List the total number of all contractors and provide the number and percentage of minority contractors, and the dollar amount and percentage expended with minority contractors.
- The UCAAAD has 42 providers for FY26. Of these 42 providers, 7 (17%) are minority providers. The maximum liability for all contracts is \$3,947,268, of which \$1,606,615 (41%) is with minority providers:
 - A+ Medical Staffing, Inc. (\$854,500)
 - Elizabeth A. Walker, RD, LDN (\$11,150)
 - The Clark House Lunches (\$77,100)
 - Retire at Home Senior Care, LLC (\$124,000)
 - Senior Solutions at Home, Inc. (\$30,940)
 - Fit Clean Meals, LLC (\$428,925)
 - Legal Aid Society of Middle TN and the Cumberland (\$80,000)
6. Title VI requires agencies and sub-recipients to monitor contractors regarding the dissemination of the following information to the public: non-discriminatory policy, programs and services, complaint procedures, and minority participation on planning boards and advisory bodies. Describe the procedures taken to ensure that this information is presented.
- *The Contracts Manager and Quality Assurance staff monitor all providers at least annually for Title VI compliance. Compliance ensures that all clients and employees*

are specifically informed about their individual rights under Title VI and that minority individuals are represented on boards and advisory committees. The UCAAAD ensures all contractors participate in Title VI training, either provided by the UCAAAD or through other means.

7. There is a need for a clear understanding of the demographic diversity of a region and methods to provide information and education to the underserved populations even when there are waiting lists, there are other opportunities/resources unknown to these groups. List the strategies to achieve this outreach within those identified communities.
 - a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?
 - *The UCAAAD is expanding targeted outreach efforts to serve individuals with higher economic and social need (including rural residents, minorities, low-income individuals, and those with language barriers) throughout the Upper Cumberland region. Using data such as GIS mapping, census data, and USPS sorting tools, UCAAAD identifies high-need “saturation areas” and will use USPS Every Door Direct Mail campaign to promote services, including SHIP/SMP, in-home services, and the I&A line. This effort is reinforced through a multi-media approach that includes local radio and newspaper PSAs, monthly community outreach events in targeted zip codes, social media engagement, ongoing cross-referrals with the UC Human Resource Agency. These coordinated strategies are designed to increase awareness, access, and service utilization among high-need populations in the coming year.*
 - b. How is diversity reflected in all aspects of area planning—programming, participants, personnel, service providers, governing/advisory entities?
 - *To ensure individuals of all races and ethnic backgrounds are aware of employment Opportunities within the AAAD, the UCDD Human Resources and Marketing staff actively promote job announcements through the agency’s website, Indeed and social media platforms, including Facebook, Instagram, LinkedIn, and Twitter. As of February 2026, the AAAD employs one minority staff member. In FY26, the AAAD contracted with five minority service providers to deliver HCBS services.*
 - 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?
 - *Documentation of minorities served by the UCAAAD is captured in Mon Ami, STARS (SHIP) and SIRS (SMP) databases. Through December 2025, the UCAAAD has served 474 minorities. UCAAAD staff document outreach activities utilizing standardized forms to capture data such as target populations.*

Older Americans Act Required Targeting Activities

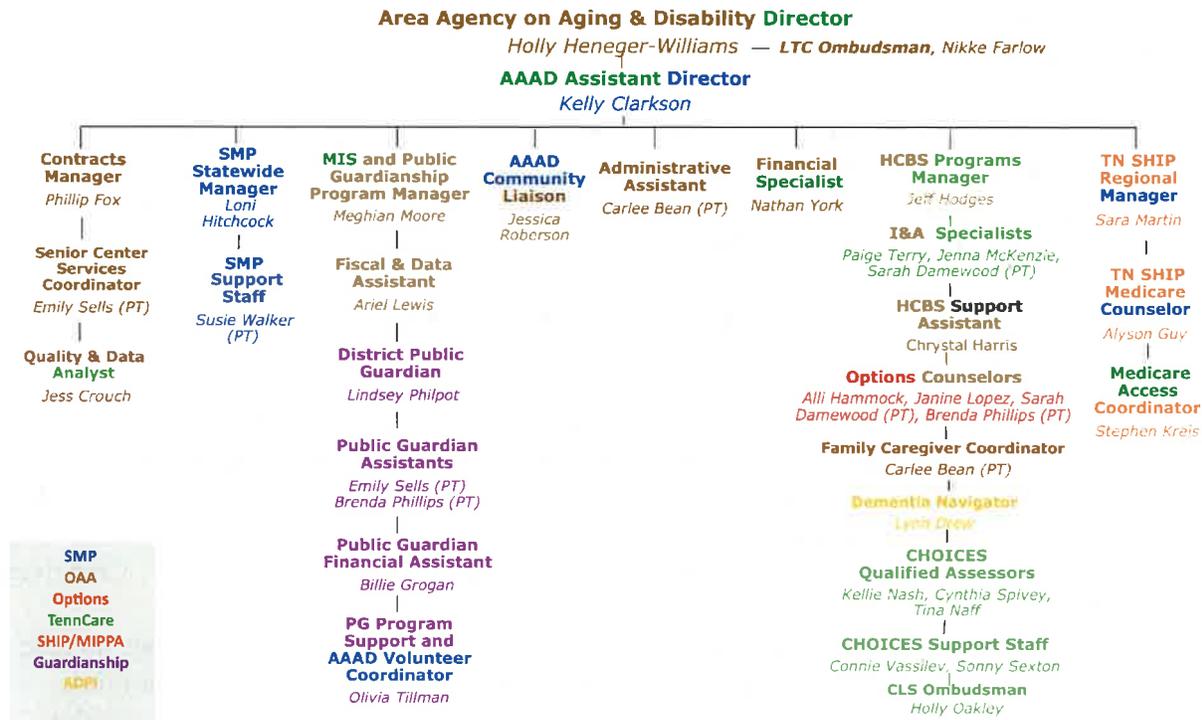
Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; including specific objectives for providing services to low-income minority 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
Ensure compliance of Civil Rights and Title VI training for all service providers	Offer in-person and virtual annual trainings to senior centers, volunteers, and providers	UCDD Human Resources Coordinator/Title VI Coordinator
Make Title VI brochures available	Brochures in English and Spanish	UCDD Marketing and Communications Department; AAAD Director and Assistant Director
Provide outreach materials to older adults with limited English proficiency	Provide materials in native language if available. If not available, translation services will be utilized.	All Staff
Conduct Outreach activities to minority populations	Community events, religious organizations, CRMC Family Engagement Events, CRDC housing, senior centers	AAAD Community Liaison; All Staff
Reach targeted populations with education and counseling for Medicare	Recruit volunteers to set up host sites and provide presentations	SHIP/SMP Staff
Increase outreach and education in rural, hard to reach communities	Direct Mail, community events, CRDC housing complexes	AAAD Community Liaison; All Staff

AAAD STAFFING

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



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

- Name and Position
- Full/Part time status (If the individual will have multiple roles, indicate each responsibility separately and the percent of time to be dedicated to each role)
 1. Jenna McKenzie, Information and Assistance (I&A) Specialist; Full-time; 50% DDA I&A and 50% TennCare CHOICES I&A
 2. Tina Naff, CHOICES HCBS Qualified Assessor; Full-time; 100% TennCare CHOICES
 3. Sarah Damewood, Information and Assistance Specialist/Options Counselor; 50% Options Counselor; 25% DDA I& A and 25% TennCare CHOICES I& A

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

- Mark Farley, UCDD Executive Director

4. The total number of staff at the AAAD is: 34. Of the total number of AAAD staff the following are:
- Age 60+: 3
 - Female: 30
 - Minority: 1
 - 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 UCAAAD employs 2 FTE and 2 Part Time Options Counselors and one (1) Part Time Family Caregiver Coordinator.
6. What is the average caseload for Options Counselors managing cases for OPTIONS, III-B In-home Services, III-C, and/or III-E?
- The Family Caregiver Coordinator manages a caseload of 16 caregivers/care recipients while handling other responsibilities in the program and AAAD. These 16 caregiver/care recipients are in the voucher program, similar to self-direction, where the caregiver hires a paid voucher worker that he/she knows. With the voucher clients, more oversight and additional duties (background checks, reviewing applications, processing timesheets) are required by the Family Caregiver Coordinator.
 - The Options Counselors have an average caseload of 158 clients, which does include III-E caregivers/care recipients who utilize traditional providers. The two part time counselors manage a caseload 35% to 50% lower than those of full-time counselors.
7. What is your plan for increasing capacity in programs with regards to Options Counselor's caseloads as funding for programs increase?

The AAAD will implement the following procedures to maximize caseloads of Options Counselors:

- Work toward increasing the caseload of each FTE Options Counselor to 200 clients while not jeopardizing the quality of work or negatively impacting the ability to meet clients' needs.
- HCBS support staff will identify clients who have been on the waiting list for a considerable time to assess their current needs and interest in CHOICES reconsideration. Additionally, staff will identify high-risk clients on the waiting list and follow up with them every 12 months to perform this same assessment of needs and continued interest in CHOICES.
- Utilize the Provider Request Service Change log to identify patterns and offer support to providers in improving start/resume service times. The AAAD will also continue to hold HCBS Provider meetings twice a year to offer chances for open discussion on issues related to timing/staffing of services

**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
OHIC National Conference (SHIP and SMP)	2	August 2026
SE4A	4	September 2026
NCOA Conference	2	May/June 2027
US Aging	3	July 2026
Inform USA	2	May 2027
National Guardianship Association Conference	3	October 2026
HCBS Conference	3	August 2026
Meals on Wheels Conference	2	August 2026
American Society on Aging Conference	2	March 2027
NAPSA	1	November 2026

Exhibit E-1

Advisory Council

A. MEMBERSHIP and REPRESENTATION

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

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

Members	Represents
Mitzi Brandon	Age 60+ Family Caregiver Representatives of Older Individuals Representatives of service providers (Cannon Co. Senior Center) Person with leadership in the private and voluntary sectors
James Burden	Age 60+ (Minority) Representatives of Older Individuals Representatives of service providers (White Co. Senior Center) Person with leadership in the private and voluntary sectors
Richard Driver	Representatives of Older Individuals Representatives of service providers (Macon Co. Senior Center) Person with leadership in the private and voluntary sectors
Steve Moore	Age 60+

	Representatives of Older Individuals (and those with disabilities)
Jason Murphy	Representatives of Older Individuals Representatives of health care provider organizations, including providers of veteran’s health care (AMVETS) Person with leadership in the private and voluntary sectors
Beth Stephens	Family Caregiver Representatives of Older Individuals Representatives of service provider (previous UCHRA employee) Person with leadership in the private and voluntary sectors
Cynthia Strong	Age 60+ Representatives of Older Individuals Representatives of health care provider organizations, including providers of veteran’s health care (Ascension Saint Thomas Highlands Hospital) Person with leadership in the private and voluntary sectors
Katherine Pack	Age 60+ Representatives of Older Individuals Representatives of service providers (Smithville Senior Center) Person with leadership in the private and voluntary sectors
Melonie Turner	Age 60+ Family Caregiver Representatives of Older Individuals Representatives of service providers (Warren Co. Senior Center) Person with leadership in the private and voluntary sectors
Melinda Vanatta-Davis	Age 60+ Family Caregiver Representatives of Older Individuals Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability Person with leadership experience (APS)
Myra Walker	Family Caregiver Representatives of Older Individuals Persons with leadership experience (Relative Caregiver Program and CRDC Senior Housing)
Beverly Wattenbarger	Representatives of Older Individuals

	Representatives of health care provider organizations, including providers of veteran’s health care (Quality Family) Person with leadership in the private and voluntary sectors
Johnnie Wheeler	Age 60+ (Minority) Representatives of Older Individuals Person with leadership in the private and voluntary sectors
Doug Young	Age 60+ Representatives of Older Individuals Persons with leadership experience in the private and voluntary sectors.

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

Give Dates and Times of Scheduled Meetings

The scheduled Advisory Council Meetings are as follows:

- September 16, 2026
- December 10, 2026
- March 17, 2027
- June 9, 2027

All meetings are scheduled for 9:30 a.m.-11:30a.m. CST

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Jason Murphy	Chairman	Indefinite
Mitzi Brandon	Vice-Chairman	July 2026
Beverly Wattenbarger	Secretary	August 2027

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

See attached March 15, 2023 version. The AAAD plans to update the by-laws at the June 2026 meeting to incorporate OAA regulation changes and revise other by-laws sections, as needed.

UPPER CUMBERLAND ADVISORY COUNCIL ON AGING AND DISABILITY BY-LAWS

ARTICLE I—NAMES AND DESCRIPTION

- Section 1 The name of this organization shall be the Upper Cumberland Advisory Council on Aging and Disability.
- Section 2 The central office shall be located in the Upper Cumberland Development District building, 1104 England Drive, Cookeville, TN 38501
- Section 3 Functions of the Council-The AAAD advisory council shall function in an advisory rather than a policy making or decision-making capacity. The opinions and recommendations of the council are to be solicited by the AAAD and governing body, and are to be given serious consideration prior to determining particular actions and formulating policies. The council shall carry out advisory functions which further the area agency's mission of developing and coordinating community-based systems of services for all older persons and adults with disabilities in the planning and service area. The council shall advise the agency relative to:
- A. Developing and administering the area plan
 - B. Conducting public hearings
 - C. Representing the interest of older persons
 - D. Reviewing and commenting on all community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.
- Section 4 Composition of the Council-The Advisory Council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the Area Agency in developing community-based systems of services. The advisory council shall be made up of:
- A. More than fifty percent older persons, including minority individuals who are participants or who are eligible to participate in programs under this part
 - B. Representatives of older persons and adults with disabilities
 - C. Representatives of health care provider organizations, including providers of veterans' health care
 - D. Representatives of supportive services providers organizations
 - E. Persons with leadership experience in the private and voluntary sectors
 - F. Local elected officials
 - G. The general public
- Section 5 Review by the Advisory Council-The area agency shall submit the area plan and amendments for review and comments to the advisory council before it is transmitted to the state agency for approval. The area plan shall contain a written statement from the chairperson of the advisory council verifying the council's participation. The area plan does not require approval by the AAAD advisory council, but does require a review and an opportunity to comment.

ARTICLE II—MEMBERSHIP

Section 1 Regular membership shall be open to citizens who meet desirable qualifications which shall include, but not be limited to:

- A. Leadership ability in representing the interest of older persons and adults with disabilities (18 years and above);
- B. Ability to work harmoniously with others;
- C. Sensitivity to needs of older persons and adults with disabilities (18 years and above) 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 adults with disabilities (18 years and above).

Section 2 To assure both county-wide and region-wide representation, the Council's constituency categories may be as follows:

A. Agencies/Groups and Organizations, which may include the following:

- Mental Health
- Housing
- Veterans Administration
- Department of Human Services
- Labor/Workforce Development
- Hospital
- Disability
- AARP
- In Home Care
- Minority
- Churches
- Long Term Care Facilities
- Emergency Medical Services (EMS)
- First Responders

B. Appointees:

- 1. One (1) by County Executive (Mayor) from each county within the District
- 2. By Governor to TCAD (Ex-officio/non-voting)

C. Two At-Large Members

D. Older Americans Act Service Providing Agency representatives (non-voting)

Section 3 Membership on the Council from Agencies/Groups and Organizations; At-Large members; and Older Americans Act Service Providing Agency representatives shall be for an indefinite term, depending on the member's ability and willingness to involve himself/herself responsibly in the work of the Council.

Appointees made by the County Executive/Mayor shall serve a term of two years. A representative may serve three (3) consecutive terms, depending upon the member’s ability and willingness to do so. A representative may be reappointed to the Council following a two-year leave (one term) from membership.

The appointee by the Governor may serve on the advisory council for the duration of their appointment as TCAD Commission Member.

Section 4 Four consecutive absences from regular quarterly Council meetings shall render a voting member inactive and will lose voting rights.

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 consecutive meetings immediately following the absences.

Section 5 An individual, whose salary is paid for in whole or in part through OAA and State appropriated funds, may not serve as a voting member of AAAD advisory council.

Section 6 No person who is on the AAAD or service provider agency board of directors shall serve as a voting member of the advisory council.

Section 7 The AAAD must provide staff and assistance to the advisory council.

Section 8 Advisory council membership should not exceed 25 members.

ARTICLE III—OFFICERS AND TERM OF OFFICE

Section 1 Officers of the Advisory Council shall be a Chairman, Vice-Chairman, and Secretary.

Section 2 Term of office for elected officers shall be one year, with incumbents having the privilege to succeed themselves in the same offices not to exceed two consecutive terms. A member may be elected to the same office following a one year leave from the said elected office.

ARTICLE IV—DUTIES OF OFFICERS

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

- A. Preside over all meetings of the Advisory Council;
- 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 effect the 60-and-over and adults with disabilities (18 years old and above) population;
- D. Assure that each Council member is given opportunity to express ideas and make suggestions, and to contribute in the open discussion during Council meetings;
- E. Be familiar with the affairs, programs, and projects;
- F. In concert with the appropriate Area Agency staff, develop the agenda for the quarterly Advisory Council meetings;
- G. Appoint special committees (Nominating, etc) as needed;
- H. Fill appointive offices;
- I. Vote only to break a tie vote.

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

- A. Preside over meetings of the Advisory Council;
- B. Be responsible for the functioning and coordination of all activities of special committees;
- C. Perform such other duties appropriate to that office and/or as assigned by the Chairman;

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

- A. Review the minutes of the quarterly Advisory Council meetings prepared by AAAD staff;
- B. Keep an attendance record of members present at the Advisory Council;
- C. Have available at each meeting the following:
 - Copy of the By-Laws
 - Copy of list of all members

ARTICLE V—MEETINGS

Section 1 The Advisory Council shall meet, at a minimum, one time during each quarter of the State's fiscal year. Notification, designating the hour and place, shall be given by the AAAD staff.

Section 2 Special meetings of the Council may be called by the Chairman when necessary.

ARTICLE VI—ELECTIONS

Section 1 At the third quarter meeting, a Nominating Committee shall be appointed by the Chairman. Board members interested in serving as an officer should notify the Nominating Committee Chairman by a specified date set prior to the fourth quarter meeting as determined by the Committee Chairman.

Section 2 The Chairman of the Nominating Committee shall report on the slate of nominees at the last meeting (4th quarter) of the fiscal year (July 1st—June 30th), at which elections will be held, with installation to follow at the meeting. Newly elected officers shall

assume the responsibilities of their respective offices at the first meeting of the fiscal year.

Section 3 Election of officers shall be by ballot, for a term of one year, with the privilege of succeeding themselves in the same office; not to exceed two (2) consecutive one-year terms. A member may be elected to the same office following a one year leave from the said elected office.

Section 4 Vote on all other matters coming before the Advisory Council shall be a voice vote.

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

ARTICLE VII—QUORUM

Section 1 Fifty percent plus one of the voting Council members shall constitute a quorum.

ARTICLE VIII—COMPENSATION

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

ARTICLE IX—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 X—FISCAL YEAR

Section 1 The fiscal year for the Council shall be from July 1 through June 30.

ARTICLE XI—AMENDMENTS

Section 1 Recommendations for amendment of these By-Laws shall be submitted in writing to the UCDD Aging Committee and UCDD Executive Committee for consideration.

ARTICLE XII—ADOPTION OF BY-LAWS

Section 1 These By-Laws shall supersede and render invalid all previous By-Laws of the Advisory Council on Aging and Disability, and shall take effect and be in full force upon the adoption by the Executive Committee, Upper Cumberland Development District Board of Directors.

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date(s) of Public Hearing	March 18, 2026
Time(s) when hearing was held	9:30am-10:30am
Place(s) where hearing was held	Overton County Senior Center 1513 Bradford Hicks Dr. Livingston, TN 38570
Was Place Accessible?	Yes
Type of Notice(s) or Announcement(s)	Publication of legal notices in the Herald-Citizen (regional circulation), the Citizen Statesman (Celina), and the Overton County News (Livingston), with additional distribution through official websites and social media platforms to ensure broad public awareness and accessibility throughout the service area.
Date(s) of Notices or Announcements (attach copy)	Starting 3/4/2026 through 3/27/2026. Please see attached.

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
Cannon		
Clay		
Cumberland		
Dekalb		
Fentress		
Jackson		
Macon		
Overton		
Pickett		
Putnam		
Smith		
Van Buren		
Warren		
White		
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.

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.
2. Attach an agenda of the Area Plan review meeting or describe the review process.
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.
4. Provide a summary of comments made by advisory council members about the completed plan.
5. Summary of Changes. List changes made in the plan as a result of comments made at Advisory Council review.

Request for Waiver for FY2027-2030

Upper Cumberland AAAD

DIRECT PROVISION OF SERVICES PROVIDED BY OLDER AMERICANS ACT

FUNDING

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

X 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.
 - The UCAAAD is not aware of any other organizations providing Nutrition Services Administration as it relates to the model of services administered by the AAAD to the older adult population in the region.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
 - Since there is not any knowledge of another organization providing this service, there is an existing gap that the UCAAAD is willing to meet.
3. Explain how this service is directly related to the AAAD's administrative function.
 - The administrative function provides management, organization, which includes technical support and monitoring of nutrition service providers. The UCAAAD handles fiscal management, meal service provider procurement and monitoring, processing of invoices, data entry of services, menu approval and nutrition counseling through the AAAD's contracted Registered Dietitian, and customer satisfaction surveys.
4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.
 - Due to the UCAAAD not being aware of any other organization that provides nutrition administrative services comparable to OAA funded programs, the AAAD is the only appropriate entity to do so. Additionally, provision of the services conforms to the vision and mission set forth by the UCAAAD and UCDD.

X **Ombudsman**

1. List all agencies in the PSA that provide this service to elderly persons.
 - The UCAAAD is not aware of another agency in the region that has the type of relative experience that the AAAD has to provide this service.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
 - As of October 1, 2025, Aging Services for the Upper Cumberland withdrew as the provider of LTC Ombudsman services after over 40 years. As a result, the UCAAAD requested, and was approved by DDA, to serve as the entity to administer the LTC Ombudsman Program across the Upper Cumberland region for the remainder of the 2026 fiscal year.
3. Explain why it is a best practice for the AAAD to provide this service directly.
 - Since the UCAAAD has successfully provided this direct service since October 1, 2025, it would be a best practice to support the agency in doing so for continuity and efficiency purposes. In addition, the UCAAAD submitted an RFPA to provide LTC Ombudsman services for the 2027-2030 fiscal year period and was approved by DDA on February 10, 2026 to continue in this capacity. Additionally, provision of the service conforms to the vision and mission set forth by the UCAAAD and UCDD.

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.
 - Due to these Family Caregiver services historically being a direct AAAD service, the UCAAAD has not been required to issue a legal notice to solicit Request for Proposals for the following: information and assistance, case management, outreach, support groups and caregiver training. Because of this practice, the UCAAAD is uncertain of potential providers of the services in the planning and service area.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
 - As noted above, the UCAAAD is not required to issue a legal notice to solicit Request for Proposals due to DDA policies and Older Americans Act allowances of the AAADs to directly provide case management, information and assistance, and outreach services. Therefore, the current level of service is being adequately met by the UCAAAD and the ability for another provider to adequately meet the need is unknown.
3. Explain how this service is directly related to the AAAD's administrative function.
 - Contractually, and in accordance with DDA policy, the UCAAAD is designated as the Aging and Disability Resource Center which includes information and assistance

and outreach services. Additionally, the UCAAAD's planning function facilitates the following duties directly related to case management: information assistance, waiting list operations, fiscal management, data entry of services, geographic and caseload assignment of consumers to case managers, provider procurement and monitoring, processing of provider invoices, and customer satisfaction surveying. The administrative function provides supervision of these direct services.

4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.
 - With information and assistance, case management, quality assurance, fiscal and outreach staff residing in-house, greater efficiency is realized through more effective horizontal and vertical communications channels. This is evident by the ability to readily facilitate face-to-face communications between the NFCSP Coordinator and planning staff on many issues including but not limited to consumer satisfaction and fulfillment issues, plans of care adjustments to accommodate resources, data management, and staffing proficiencies. This increased communication also allows for more cost-effective model given the changes to plans of care and other customer services can be accomplished more quickly. Additionally, provision of the services conforms to the vision and mission set forth by the UCAAAD and UCDD.

Legal Assistance

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

Senior Center/Office on Aging

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

Other

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

SIGNATURES:

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

Request for Waiver for FY2027-2030

Upper Cumberland 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);

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals,

older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

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

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

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

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

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

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

Upper Cumberland Development District/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

Upper Cumberland Development District/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 Upper Cumberland 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 Upper Cumberland Area Agency on Aging and Disability.

Prohibited practices include:

1. Denying any individual any services such as: congregate meals, in-home services, and information and assistance; opportunity to serve as a volunteer, advisor, or member of a policy board, positions of leadership, or other benefit for which he/she is otherwise qualified.
2. Providing any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program, such as the selection of menu items, the mode of style of service, or the manner of conveyance in transportation.
3. Subjecting any individual to segregated or separate treatment in any manner related to that individual's receipt of service, including congregate meals in separate sites or facilities, senior center services in separate sites or facilities, or employment services in separate sites or facilities.
4. Restricting an individual in any way in the enjoyment of services, facilities or any other advantage, privilege, or other benefit provided to others under the program.
5. Adopting methods of administration which would limit participation by any group of recipients or subject them to discrimination, including submitting bids for services and receiving contracts or subcontracts; and personnel practices such as hiring, firing, and granting raises.
6. Addressing an individual in a manner that denotes inferiority because of race, color, or national origin.

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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
H-3	List of Subcontracting Agencies
H-4	List of Nutrition Sites

