

**SUBMITTAL PAGE**

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stacie Burgess, Director  
SE TN Area Agency on Aging and Disability

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: \_\_\_\_\_

Dennis Valade, Chair  
SE TN Advisory Council on Aging and Disability

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: \_\_\_\_\_

Chuck Hammonds, Executive Director  
SE TN Development District

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D. Gary Davis, Chairman  
Chattanooga Area Regional Council of Governments/  
SE TN Development District



# **AREA PLAN on AGING and DISABILITY**

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

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Southeast Tennessee Area Agency on Aging and Disability

for the

10 counties of the  
Southeast Tennessee Development District

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

**Designated Planning and Service Area**

AAAD Name:	Southeast Tennessee Area Agency on Aging and Disability
Physical Address:	1000 Riverfront Parkway, Chattanooga TN 37402
Mailing Address (if different):	PO Box 4757, Chattanooga TN 37405
AAAD Phone and Fax Number:	(423) 424-4256 (423) 424-4225
AAAD Email Address:	setaaad@sedev.org
Website:	www.setaaad.org
AAAD Director:	Stacie Burgess
In Operation Since:	1973
Mission:	The mission of the Southeast Tennessee Area Agency on Aging and Disability is to help older adults and people with disabilities live with dignity and choices in their homes and communities.

**SE TN AAD 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
Bledsoe County	4,467	2.7%	0.7%	9.8%	9.8%	0.3%	100.0%
Bradley County	26,948	4.6%	2.8%	11.4%	11.4%	0.5%	33.0%
Grundy County	3,839	1.2%	0.5%	15.4%	15.4%	0.2%	100.0%
Hamilton County	93,310	16.3%	4.2%	9.1%	9.1%	1.5%	10.0%
Marion County	8,352	1.70%	0.30%	10.60%	10.60%	0.20%	77.00%
McMinn County	14,940	3.8%	2.4%	10.7%	10.7%	0.4%	60.3%
Meigs County	3,709	3.7%	0.8%	8.7%	8.7%	0.3%	100.0%
Polk County	5,055	1.1%	2.0%	10.5%	10.5%	0.1%	100.0%
Rhea County	9,318	3.5%	0.8%	12.0%	12.0%	0.4%	68.0%
Sequatchie County	5,007	0.9%	0.2%	10.9%	10.9%	0.1%	73.8%

## **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.

Within the SETAAAD Planning and Service Area (PSA), older adults and adults with disabilities experiencing greatest economic need are those living at or below the Federal Poverty Level (FPL), as well as those marginally above the FPL who face high cost burdens related to housing, utilities, transportation, food, and health care. Populations most affected include:

- Older adults living alone, particularly widowed or never-married individuals
- Individuals relying solely on Social Security or disability benefits
- Residents of rural counties (Bledsoe, Grundy, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie) with limited employment opportunities and higher transportation costs
- Renters facing housing instability and rising utility expenses
- Older adults with high medical and prescription drug costs
- Caregivers who have reduced income due to caregiving responsibilities

Economic hardship is compounded in rural areas where access to affordable services, transportation, and employment is limited.

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.

Populations within the PSA experiencing greatest social need include individuals impacted by one or more non-economic barrier(s) that threaten independence or daily functioning, including:

- Older adults with physical, cognitive, developmental, or mental health disabilities
- Individuals with chronic conditions or functional impairments
- Individuals with limited English proficiency or low health literacy
- Racial and ethnic minorities and individuals experiencing cultural or geographic isolation
- LGBTQIA+ older adults who may experience stigma or limited access to services
- Individuals living with HIV
- Residents of rural and geographically isolated communities
- Individuals experiencing housing instability, food insecurity, lack of transportation, or utility insecurity
- Individuals facing interpersonal safety concerns, including elder abuse, neglect, or exploitation
- Older adults lacking informal supports or living in socially isolated conditions

These factors frequently overlap, increasing vulnerability and the likelihood of unmet service needs.

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

The SETAAAD utilizes a mixed-method, data-driven approach to assess unmet need, incorporating both quantitative and qualitative data. Data sources include:

- U.S. Census Bureau and American Community Survey
- Tennessee Department of Health and Department of Disability and Aging data
- Waiting lists and service utilization reports
- Client intake and assessment data

- Provider and stakeholder surveys
  - Public hearings, focus groups, and community forums
  - Feedback from advisory councils and advocacy organizations
- a. Supportive Services: Assessment focused on transportation, homemaker services, personal care, legal assistance, and case management. Unmet needs were identified through waitlists, rural access barriers, and increased demand among individuals with functional limitations.
  - b. Nutrition Services: Evaluations considered congregate and home-delivered meal capacity, food insecurity indicators, and geographic gaps. Rising food costs and increased social isolation have expanded unmet needs, particularly in rural counties.
  - c. Evidence-based Disease Prevention and Health Promotion Services: Assessment identified limited program availability, transportation barriers, and workforce capacity challenges affecting participation in chronic disease management, fall prevention, and mental health promotion programs.
  - d. Family Caregiver Support Services: Caregiver stress, lack of respite, limited awareness of services, and increasing caregiving complexity contributed to unmet need. Rural caregivers experience heightened barriers to access.
  - e. Multi-purpose Senior Centers: Evaluations revealed disparities in geographic access, transportation, facility capacity, and program diversity, especially in rural and mountainous areas.
3. As the State plans to be effective in the provision of services and supports to Older Tennesseans, we must utilize all available resources, including both people and money. In your planning and coordination, outline the strategies the AAAD will use to address the unmet need listed above and include the use of the following solutions:
- Collaborative - build on new and existing partnerships
  - Diverse - provide a greater variety of services and programs to meet the needs of all populations
  - Streamlined - create easier access to services and programs
  - Data-driven - use data to inform decisions and track successes
  - Anticipatory - address both immediate needs of older adults and the needs of future older adults

Using results from its mixed-method, data-driven assessment, SETAAAD will address unmet needs through collaborative, diverse, streamlined, data-driven, and anticipatory strategies across all service areas.

a. Supportive Services

SETAAAD will continue to partner with healthcare providers, transportation agencies, legal service organizations, community action agencies, and disability

service providers to coordinate access to transportation, homemaker services, personal care, legal assistance, and case management.

A range of service delivery models will be supported, including in-home, community-based, and referral-driven services, to meet the needs of individuals with varying functional limitations and geographic barriers.

Centralized intake, referral, and care coordination processes will be used to improve access and reduce delays, with priority given to individuals experiencing greatest social and economic need.

Service utilization data, waitlists, and client assessments will be reviewed regularly to identify gaps, guide resource allocation, and improve service responsiveness.

SETAAAD will plan for increased demand related to population aging and disability prevalence by supporting provider capacity and strengthening coordination among service partners.

#### b. Nutrition Services

SETAAAD will coordinate with nutrition providers, food banks, local farmers, faith-based organizations, senior centers, and local governments to support congregate and home-delivered meal programs.

Nutrition services will include congregate meals, home-delivered meals, and alternative delivery models to reach rural, homebound, and socially isolated individuals. SETAAAD will conduct regular menu planning meetings to review menu items, food quality, and participant feedback.

Referrals and eligibility screening will be coordinated through centralized intake for information and assistance services to ensure timely access to nutrition supports.

Food insecurity indicators, participation data, and geographic service gaps will be analyzed to guide planning and identify underserved areas.

SETAAAD will prepare for increased nutrition service demand driven by rising food costs and social isolation by supporting flexible service models and partnerships.

c. Evidence-Based Disease Prevention and Health Promotion

Partnerships with healthcare systems, colleges, senior centers, and community organizations will support the delivery of evidence-based health promotion programs.

Programs will be offered in multiple formats, including in-person, virtual, and in community-based settings, to reduce transportation and accessibility barriers.

Health promotion programs will be integrated with existing services and referral pathways to increase awareness and participation.

Participation trends and outcome data will be reviewed to inform program selection, placement, and improvement.

SETAAAD will plan for future health needs by supporting prevention-focused programs addressing chronic disease management, fall prevention, and mental health.

d. Family Caregiver Support Services

SETAAAD will work with healthcare providers, behavioral health organizations, and community partners to identify caregivers and coordinate referrals to support services.

Caregiver services will include education, respite, counseling, support groups, and information services to address varying caregiver needs.

Caregivers will be connected to services through centralized intake and coordinated referral processes.

Caregiver assessments and service utilization data will be used to identify unmet needs and inform service planning.

SETAAAD will plan for increasing caregiver demand by strengthening caregiver supports and expanding prevention and early-intervention strategies.

e. Multi-Purpose Senior Centers

SETAAAD will partner with local governments, community organizations, and service providers to support senior centers as community hubs.

Senior centers will be encouraged to offer a variety of programs, including nutrition, social engagement, health promotion, and educational activities, responsive to local needs. SETAAAD will support this programming as appropriate.

Senior centers will serve as access points for information and assistance, referrals, and coordinated services.

Participation data and community feedback will be used to identify service gaps and guide program development.

SETAAAD will support planning for future community needs by encouraging flexible programming and expanded outreach, particularly in rural and mountainous areas.

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

Direct services funds under the Older Americans Act will be distributed to prioritize populations identified as experiencing greatest economic and social need, with emphasis on:

- Low-income and rural residents
- Individuals with disabilities and chronic conditions
- Socially isolated older adults
- Caregivers with limited supports

Funding decisions will consider service demand, geographic equity, provider capacity, and demonstrated outcomes. Flexible funding approaches will be used to address emerging needs and underserved areas.

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

SETAAAD incorporates services that address key risk factors impacting older adults and adults with disabilities:

#### Hunger, Food Insecurity, and Malnutrition

- Home-delivered and congregate meal programs
- Nutrition education and screening
- Partnerships with food banks, farmers, and local food initiatives

#### Social Isolation

- Senior center programming and outreach
- Volunteer and peer engagement initiatives
- Virtual programming and wellness checks

Physical and Mental Health Conditions

- Evidence-based health promotion programs such as Chronic disease self-management and fall prevention
- Care coordination and referrals to behavioral health services
- Partnership with Mobile Medical Outreach Clinic (MobileMOC)

## Plan for Program Development and Coordination

The AAAD is proposing to use \$89,439 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2027. DDA allows up to 10% of these funds to be used for this purpose. The proposed amount represents 10% of the AAADs new Title III-B direct service allotment.

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

**Goal:** Strengthen community coordination, outreach, and program development to enhance access to services and promote healthy aging for older adults in the PSA.

**Objective:** Support program development and coordination activities that increase awareness of aging services, strengthen partnerships, support senior centers and nutrition programs, expand volunteer transportation, and improve coordination of community-based services.

**Strategies:**

- Plan and support community programs focused on healthy aging, disease prevention, caregiver support, and aging in place.
- Strengthen SETAAAD's presence in the community through outreach, health fairs, educational events, and public awareness activities.
- Support senior centers, health councils, coalitions, and committees, including leading regular senior center and nutrition coordination meetings.
- Participate in social media and community awareness campaigns that promote healthy aging and inform the public about aging and disability services.
- Seek and develop outreach opportunities and partnerships that enhance service delivery, including collaboration with the University of Tennessee at Chattanooga to support student internships.
- Coordinate and support volunteer-assisted transportation efforts to improve access to essential services.
- Engage community partners to support volunteer recruitment and transportation coordination.

- Participate in regional transportation planning efforts to ensure aging and disability needs are represented.

Impact on Services: Program Development and Coordination activities supported by Title III-B funds will enhance service coordination, increase community awareness, improve access to transportation and community programs, and strengthen partnerships across the PSA. These activities will directly support the effectiveness and sustainability of services for older adults, particularly those experiencing greatest social and economic need, and costs will remain proportional to the benefits described.

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

(Please limit your response to 3 pages)

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

### **Older Americans Act Funding**

#### ❖ Title III-B Supportive Services:

- Since July 1, 2022, Title III-B funds were used to provide in-home assistance with essential daily tasks including housekeeping, laundry, meal preparation and errands to 92 older adults and adults with disabilities that were at risk for losing their independence.
- Transportation support remained a critical component of service delivery. Through coordination with local providers, Title III-B funding helped ensure reliable access to congregate meal sites and other essential destinations for 115 individuals, resulting in 28,233 trips that supported daily living and community engagement.
- Volunteer involvement remains central to service delivery, with over 138 volunteers contributing at least 12,673 hours providing rides and visiting older adults, making a meaningful difference in their quality of life.
- To enhance the nutritional quality of congregate meals, Title III-B funding was used to purchase and deliver 9,715 fresh, locally sourced produce boxes through a partnership with Hughes Farms, increasing access to healthy food options at congregate meal sites.
- Additional Title III-B resources were allocated to 12 Senior Centers to help maintain operations, sustain programming, and support continued access to social, recreational, and supportive services for older adults throughout the region.
- SETAAAD supported the District Long-Term Care Ombudsman Program with Title III-B funds, achieving the maintenance of effort as required.
- SETAAAD supported the legal assistance services provider to assist older adults who are in need of noncriminal legal assistance.

#### ❖ Title III-C Nutrition Services:

- SETAAAD expanded the Nutrition Program by strengthening community partnerships and securing support beyond core funding, ensuring reliable and accessible services across the region. The program served 3,275 clients and delivered 1,547,841 nutritious meals, supporting food security and independence for older adults and adults with disabilities.

- Volunteers continued to play a critical role in the success of the Nutrition Program. Since July 2022, 569 individuals contributed a total of 78,493 hours, assisting with meal distribution, congregate site support, and other key activities that allowed participants to receive services efficiently and safely.
- ❖ Title III-D Disease Prevention & Health Promotion:
  - SETAAAD partnered with the University of Tennessee Chattanooga to support the launch of MobileMOC programs and expand services in rural communities across 10 Southeast Tennessee counties. Funded through a \$2.6 million grant from the Tennessee Department of Health, the mobile clinic provides free preventive screenings, chronic disease management, wellness exams, and health education for older adults and caregivers, regardless of insurance status. Launched in 2025, MobileMOC promotes healthy aging while serving as an interprofessional training site for future healthcare professionals.
  - Over 27 facilitators have been trained to lead Bingocize® classes. 96 clients have participated in an evidence-based health promotion program since July 1, 2022.
- ❖ Title III-E National Family Caregiver Support Program:
  - SETAAAD's National Family Caregiver Support Program provided respite for 229 caregivers and in-home services for care recipients, giving caregivers time to rest, reduce stress, and maintain their own health and well-being, which in turn improves the care they can provide.
  - Caregiver support included regular group sessions designed to provide guidance on managing stress, navigating community resources, and addressing challenges associated with caregiving. Virtual participation options were offered to increase accessibility for those unable to attend in person.
  - The program provided targeted tutoring assistance to 55 grandparents and other relative caregivers age 55 and older who are caring for children under 18, helping support educational needs and reduce caregiver strain.
- ❖ Title VII Elder Rights:
  - SETAAAD supported staff attendance at Annual Elder Justice Conferences.
  - SETAAAD supported the Long-Term Care Ombudsman provider, ensuring continued advocacy for residents in licensed Nursing Facilities, Assisted Care Living Facilities, Adult Care Homes, and Residential Homes for the Aged throughout Southeast Tennessee.

### **State Funds**

- ❖ OPTIONS Home and Community Based Services:
  - SETAAAD utilized state-funded OPTIONS services to support at-risk individuals whose needs exceed available funding but who do not yet qualify for TennCare

nursing facility coverage. Services were customized to each client's needs, providing cost-effective, person-centered care that helps them remain safely in their homes and communities. From July 1, 2022 through December 31, 2025, 379 clients have been served through Options 1 funding and 420 clients have been served through Options 2.0 funding.

- o Options Counselors work closely with clients to adjust services as their needs change, helping them stay independent, safe, and improve their quality of life. These services fill gaps in care, allowing clients to remain in their homes and communities instead of moving to institutional settings.

❖ **Guardianship:**

- o Since July 2022, funding for the Public Guardian Program (PG) has supported two full-time Public Guardians, a Program Assistant and an attorney.
- o The PG program carried a monthly average caseload of 84 clients. Public Guardians conduct regular client visits, coordinate medical and community-based services, advocate for appropriate care, and monitor living situations to promote safety, dignity, and the least restrictive setting possible.
- o Both Public Guardians are National Certified Guardians. One Public Guardian and the Program Assistant are Certified Level 3 SHIP Counselors.
- o Public Guardians and Program Assistant attended annual trainings and conferences.

❖ **Alzheimer's Disease Respite Program:**

SETAAAD continues to provide respite support for remaining participants in the Alzheimer's Disease Respite Program as grant funding comes to a close. Services are being maintained as long as possible, and SETAAAD is exploring additional funding and service opportunities to ensure caregivers continue to receive the support they need to maintain care at home and reduce caregiver stress. Since July 2022, SETAAAD has served 76 clients through this program.

**Other**

❖ **SHIP:**

- o SE TN SHIP partnered with local hospitals, health departments, DHS, senior living facilities, senior centers, Chattanooga Kidney Foundation, Chattanooga Tumor Clinic and CEMPA.
- o SHIP held bi-monthly online presentation to outreach and educate Medicare beneficiaries on various topics.

### **Goals, Objectives, Strategies, and Performance Measures**

Goal 1: Enhance access to nutrition, social connection, transportation, and supportive services for older adults and adults with disabilities across the PSA, with priority given to rural, underserved, and high-poverty communities, in order to support independence and delay unnecessary institutionalization.

**Objective 1-1.** As the Aging and Disability Resource Center (ADRC) for Southeast Tennessee, provide easily accessible, unbiased, reliable information, assistance and counseling to people with all levels of income through telephone, email, and the internet.

- Strategy 1-1.1.** Provide free and confidential information and assistance to individuals calling 1-866-836-6678/423-424-4256 in Southeast Tennessee.
- Strategy 1-1.2.** Serve as the Single Point of Entry (SPOE) for Long Term Services and Supports (LTSS).
- Strategy 1-1.3.** Identify additional community resources throughout the PSA.
- Strategy 1-1.4.** Maintain and update SETAAAD Resource list as new information becomes available.
- Strategy 1-1.5.** Provide information and updates on SETAAAD services for partner resource databases.
- Strategy 1-1.6.** Ensure that all I&A staff maintain Inform USA certification.
- Strategy 1-1.7.** Ensure all I&A staff attend required trainings and attain certifications as assigned by DDA.
- Strategy 1-1.8.** Advertise the I&A phone number throughout the region.
- Strategy 1-1.9.** Maintain Mobile Resource Centers (MRC) throughout the region.
- Strategy 1-1.10.** I&A staff will be prepared to serve individuals with dementia and their families with dementia-capable assistance.

#### **Measures/outcomes**

- a.** Assist at least 20,000 callers through the I&A line by June 30, 2028.
- b.** SETAAAD staff will continuously research resources throughout the PSA and update resource list as needed.
- c.** All eligible I&A staff will have current Inform USA and DDA certification at each annual review.
- d.** I&A staff will attend required trainings as scheduled by DDA in FY27 and FY28.

- e. Resource data will be updated as new information becomes available and reviewed once a year.
- f. SETAAAD staff will participate in or conduct at least one outreach event per county in the PSA by June 30, 2028.
- g. At least annually, I&A staff will participate in training specific to dementia and/or Alzheimer's disease.

**Objective 1-2.** Leverage Older Americans Act transportation funding to expand community transportation resources and support MyRide TN – Volunteer Assisted Transportation in the Southeast region.

**Strategy 1-2.1.** Support a sustainable volunteer assisted transportation program.

**Strategy 1-2.2.** Serve as an advocate for senior transportation needs by maintaining presence on community boards to ensure senior transportation priorities are integrated into programs and plans across the Southeast Tennessee Region.

**Strategy 1-2.3.** Provide information to DDA about transportation programs and mobility options in Southeast Tennessee.

**Strategy 1-2.4.** Support community partners that provide senior transportation.

**Strategy 1-2.5.** Actively engage with community partners to identify volunteers.

**Strategy 1-2.6.** Participate in the Human Services Committee of the Transportation Planning Organization.

**Strategy 1-2.7.** Maintain one full-time Transportation Coordinator and provide additional support from Volunteer Services Coordinator to assist with volunteer recruitment.

**Measures/Outcomes**

- a. Volunteer Assisted Transportation will continue to operate in Bradley and Hamilton counties through June 30, 2028.
- b. Staff will attend meetings of the Chattanooga Transportation Planning Organization's Human Resources Committee as scheduled in FY27 and FY28.
- c. Transportation data will be submitted to DDA as requested.
- d. Staff will continue to identify partnership opportunities to support senior transportation.

**Objective 1-3.** Support senior center efforts to build partnerships, recruit volunteers and develop programming to increase activities that improve and maintain quality of life through social, physical, mental and financial health.

**Strategy 1-3.1.** Support senior centers to be established and recognized as senior-friendly technology hubs.

- Strategy 1-3.2.** Encourage senior centers to utilize technology and innovative outreach methods to increase the center's reach to serve more individuals.
- Strategy 1-3.3.** Encourage senior centers to increase virtual programming.
- Strategy 1-3.4.** Ensure senior centers are made aware of available funding opportunities.
- Strategy 1-3.5.** Provide senior centers across the PSA with program ideas, community resources, and speaker or presentation materials to support engaging and effective services for older adults.
- Strategy 1-3.6.** Encourage senior center directors to ensure programming is dementia-capable by sharing or offering relevant training resources.
- Strategy 1-3.7.** Encourage senior centers to increase programming designed to improve social connections for individuals who choose to self-isolate.
- Strategy 1-3.8.** Support senior centers to provide technology training for older adults.
- Strategy 1-3.9.** Ensure senior center directors are well-informed about elder abuse and justice services and maintain this information as a resource to be shared.

**Measures/outcomes**

- a.** Conduct eight senior center director trainings by June 30, 2028.
- b.** SETAAAD will share available information or trainings pertaining to use of technology (i.e. cyber security, social media, virtual or web-based platforms, etc.) with senior centers.
- c.** SETAAAD will forward available grant opportunities to senior center directors in FY27 and FY28.
- d.** SETAAAD will conduct Evidence-based Health Promotions programs, prioritizing senior centers as class locations in FY27 and FY28.
- e.** SETAAAD will share relevant training opportunities (including dementia information, elder scam/abuse prevention, health and wellness, etc.) with senior center directors in FY27 and FY28.
- f.** At least one quarterly Senior Center training will cover elder scams/abuse/justice services in FY27 or FY28.

- g.** SETAAAD Volunteer Services Coordinator and Outreach Team will promote senior center volunteer opportunities across the PSA.
- h.** SETAAAD staff will prioritize communication and collaboration with senior centers through emails, phone calls, office hours, and in-person visits.

**Objective 1-4.** Implement strategies to improve cost efficiency and program capacity for congregate and home delivered meals.

**Strategy 1-4.1.** SETAAAD will pursue innovative ways to provide cost effective meals in a manner that is flexible and responsive to consumer needs and preferences.

**Strategy 1-4.2.** Expand partnerships with local public and private sectors to ensure awareness of available volunteer opportunities.

**Strategy 1-4.3.** Explore funding opportunities available through private corporations and foundations, grants, and individual donors. Encourage communities to support programs within their local area.

**Strategy 1-4.4.** Maintain the Volunteer Services Coordinator position to promote Agency volunteer opportunities and to recruit, match, and retain volunteers through multiple avenues, including online databases, in-person outreach events, and presentations.

**Strategy 1-4.5.** Explore opportunities to use increased federal dollars to expand capacity of traditional congregate and home-delivered meals and utilize non-traditional meal providers as permitted.

**Measures/outcomes**

- a.** Quarterly meetings will be held with meal provider to discuss innovations in meal types, service delivery methods, and opportunities for consumer input in FY27 and FY28.
- b.** Volunteer recruitment materials will be readily available and updated throughout FY27 and FY28.
- c.** At least one quarterly Nutrition Site Coordinator training will cover successful strategies for recruiting, training, and utilizing volunteers by June 30, 2028.
- d.** Identified opportunities for expanded capacity will be implemented by June 30, 2028.

**Objective 1-5.** Increase the availability and sustainability of evidence-based programs that improve quality of life, health, level of independence, and overall well-being of older adults.

- Strategy 1-5.1.** Maintain a SETAAAD staff members as the Community Outreach Manager and Community Outreach Coordinator.
- Strategy 1-5.2.** Provide in-person and/or virtual evidence-based falls prevention programming.
- Strategy 1-5.3.** Support community partner efforts and partner with appropriate agencies to provide evidence-based falls prevention or wellness programming.
- Strategy 1-5.4.** Determine the need for contract staff to deliver evidence-based programs in the region.
- Strategy 1-5.5.** Provide in-person and virtual Powerful Tools for Caregivers in Southeast TN.
- Strategy 1-5.6.** Provide in-person evidence-based health promotions classes, including Bingocize<sup>®</sup> and Matter of Balance, to counties across PSA.
- Strategy 1-5.7.** Provide opportunities for seniors to learn about home safety resources, including the HomeFit program through AARP.

**Measures/outcomes**

- a.** At least two evidenced-based programs, per year, will be coordinated with partners or provided directly in FY27 and FY28.
- b.** The number of consumers participating in evidence-based training will be reported in the Mon Ami database at the conclusion of each program.
- c.** SETAAAD will provide reimbursement related to leader training costs for evidence-based programming.
- d.** Staff will support community partner efforts and partner with appropriate agencies to provide evidence-based falls prevention or wellness programming in FY27 and FY28.
- e.** SETAAAD staff will share information relating to home safety and fall prevention resources with community partners, including senior centers, in FY27 and FY28.

**Objective 1-6.** Collaborate with community partners to identify opportunities to reduce food insecurity among older adults.

- Strategy 1-6.1.** SETAAAD staff will work with community partners to provide information about SNAP and application assistance.
- Strategy 1-6.2.** Expand outreach efforts to ensure that older adults are aware of benefits programs and other nutrition resources (i.e. food banks, congregate meal site locations).

**Strategy 1-6.3.** Identify partners for additional congregate sites to expand nutrition program as funding allows.

**Strategy 1-6.4.** Ensure the nutrition program is accessible, cost effective and delivered efficiently to serve the greatest number of older adults possible.

**Measures/outcomes**

- a. Negotiate an affordable rate with contracted meal provider for FY27 and FY28.
- b. Increase the total number of unduplicated older adults served by 5% by June 30, 2028.
- c. Conduct regular outreach activities to increase referrals and participation in nutrition programs.

**Objective 1-7.** Work with community partners to address social isolation in older adults through improved understanding of and access to technology.

**Strategy 1-7.1.** Support senior centers to be established and recognized as senior-friendly technology hubs.

**Strategy 1-7.2.** Encourage senior centers to utilize technology and innovative outreach methods to address social isolation.

**Strategy 1-7.3.** Support senior centers and other community partners to provide technology training for older adults.

**Strategy 1-7.4.** Promote partner programs designed to address social isolation in older adults.

**Strategy 1-7.5.** Implement innovative methods to address social isolation as identified by DDA.

**Strategy 1-7.6.** Encourage senior centers to increase programming designed to improve social connections for individuals who choose to self-isolate.

**Measures/outcomes**

- a. SETAAAD will share available information pertaining to use of technology (i.e. cyber security, social media, virtual or web-based platforms, etc.) with senior centers.
- b. SETAAAD staff will share technology grant and programming resources, including Tech Goes Home, with Senior Centers for them to conduct technology instruction classes for seniors.

**Objective 1-8.** Assist older adults with accessing benefits and services for which they qualify.

- Strategy 1-8.1.** SETAAAD staff will work with community partners to provide information about SNAP and application assistance.
- Strategy 1-8.2.** Collaborate with TN State Health Insurance Assistance Program (SHIP) staff and community partners to provide opportunities for education and outreach to inform seniors of free counseling relating to Medicare and prescription drug plans.
- Strategy 1-8.3.** Provide information to assist Medicare beneficiaries in applying for Medicare Savings Programs (MSP) and refer to TN State Health Insurance Assistance Program (SHIP).
- Strategy 1-8.4.** Work with community partners to assist Medicare beneficiaries apply for Low Income Subsidy (LIS).
- Strategy 1-8.5.** Assist individuals in applying for CHOICES LTSS.
- Strategy 1-8.6.** Assist older adults and adults with disabilities to remain in their own homes by providing services through Options for Community Living.
- Strategy 1-8.7.** Assist homebound older adults by providing home delivered meals.
- Strategy 1-8.8.** Assist older adults to remain in their own homes by providing services through Title IIIB of the OAA.
- Strategy 1-8.9.** Assist caregivers of older adults, persons with dementia, or minor children by providing respite services through the National Family Caregiver Support Program.
- Strategy 1-8.10.** Ensure SETAAAD staff have information about Tennessee's Property Tax Relief Program to share with consumers.
- Strategy 1-8.11.** Partner with APS to build awareness of available services and understanding of when and how citizens should contact APS.

**Measures / outcomes**

- a. SETAAAD staff will make referrals to appropriate partners for benefits and application assistance.
- b. Designated SETAAAD staff will receive annual training as required for certification.
- c. SETAAAD will help older adults and adults with disabilities remain safely in their homes and communities by providing timely access to support services, home-delivered meals, Title IIIB programs, and caregiver respite and support through FY27 and FY28.

**Objective 1-9.** Promote community awareness of issues affecting older adults through coordinated advocacy efforts.

- Strategy 1-9.1.** Utilize data available through DDA to demonstrate issues affecting older adults.
- Strategy 1-9.2.** Participate in social media campaigns that focus on aging issues.
- Strategy 1-9.3.** Promote statewide webinars about aging issues.
- Strategy 1-9.4.** Update and make improvements to the SETAAAD webpage.
- Strategy 1-9.5.** Educate legislators, media and potential new partners about various aging topics.
- Strategy 1-9.6.** Represent the needs of seniors by serving on community partner councils, coalitions and committees.
- Strategy 1-9.7.** Partner with the University of Tennessee at Chattanooga to provide student internship opportunities within the AAAD.
- Strategy 1-9.8.** Support initiatives of *Engaging Communities Southeast Tennessee*, a collaborative effort of community organizations that serve older adults.

**Measures/outcomes**

- a.** Promote at least eight social media campaigns by June 30, 2028.
- b.** SETAAAD staff will attend county Health Council and other community meetings within the PSA in FY27 and FY28.
- c.** Staff will participate in initiatives of *Engaging Communities Southeast Tennessee*.

Goal 2: Strengthen family caregiver supports and in-home services to help older adults and adults with disabilities remain safely in their homes and communities while reducing caregiver stress and risk of burnout.

**Objective 2-1.** Ensure case management and home and community-based services are accessible and delivered efficiently.

- Strategy 2-1.1.** Explore opportunities to provide alternatives to traditional services.
- Strategy 2-1.2.** Explore opportunities to provide traditional services in non-traditional ways.
- Strategy 2-1.3.** Review and improvement of case management processes will be ongoing and include development and implementation of Care Plans designed to best meet needs that involve the individual and their family members when appropriate.
- Strategy 2-1.4.** Ensure providers are delivering, documenting and invoicing for services as authorized and in accordance with OAA and State requirements.
- Strategy 2-1.5.** Options counselors will be prepared to serve individuals with dementia and their families with case management that is dementia-capable.
- Strategy 2-1.6.** Coordinate efforts to organize Virtual Dementia Tours across the PSA.

**Measures/outcomes**

- a.** Care plans will be developed to include traditional and non-traditional services and methods (lift chairs, equipment, minor home modifications, technology, vouchers).
- b.** SETAAAD will conduct regular reviews of provider case notes and invoices.
- c.** SETAAAD QA staff will conduct provider monitoring as required in FY27 and FY28.
- d.** Increase organizational capacity for dementia-capable care by having no fewer than five staff obtain Dementia Capable Care Certification by FY28.
- e.** SETAAAD will support the coordination of at least one Virtual Dementia Tour in FY27 and FY28.

**Objective 2-2.** Increase caregiver access to services and supports designed to assist family caregivers.

- Strategy 2-2.1.** Provide in-person and virtual Powerful Tools for Caregivers in Southeast TN.

**Strategy 2-2.2.** Ensure NFCSP case management and respite services are accessible, delivered efficiently and as authorized and in accordance with OAA and State requirements.

**Strategy 2-2.3.** Provide family caregiver support groups.

**Strategy 2-2.4.** Partner with community organizations to provide caregiver support and education.

**Strategy 2-2.5.** Educate family caregivers about advanced directives.

**Strategy 2-2.6.** The FCSP Coordinator will be prepared to serve individuals with dementia and their families with case management that is dementia-capable.

**Measures/outcomes**

- a. SETAAAD will partner to provide at least four Powerful Tools for Caregivers workshop by June 30, 2028.
- b. SETAAAD will conduct regular reviews of provider case notes and invoices throughout FY27 and FY28.
- c. SETAAAD QA staff will conduct provider monitoring as required in FY27 and FY28.
- d. SETAAAD will conduct at least 12 caregiver support group meetings, per year, in FY27 and FY28.
- e. Provide the *Five Wishes* document to family caregivers as appropriate.
- f. Increase organizational capacity for dementia-capable care by having no fewer than five staff obtain Dementia Capable Care Certification by FY28.

**Objective 2-3.** Coordinate with healthcare providers, hospitals, discharge planners, and community partners to identify caregivers and individuals at risk of institutional placement.

**Strategy 2-3.1.** Educate hospital staff, providers, and community partners about AAAD services, the importance of early identification, and resources available to prevent institutionalization.

**Strategy 2-3.2.** Conduct community outreach to raise awareness among older adults and caregivers about available supports.

**Strategy 2-3.3.** Provide resources, training, and respite services to caregivers identified through hospitals and community partners.

**Measures/outcomes**

- a. SETAAAD staff will complete outreach to 24 partner organizations to disseminate information about available services by June 30, 2028.

- b.** SETAAD staff will participate in or conduct at least one outreach event per county in the PSA by June 30, 2028.
- c.** I&A staff will screen and counsel clients referred by community partners in FY27 and FY28.

Goal 3: Strengthen community engagement, public awareness, and cross-sector coordination to reduce barriers and improve equitable access to aging and disability services.

**Objective 3-1.** Leverage existing and new resources to increase awareness, outreach and education about elder abuse prevention and other elder justice issues.

- Strategy 3-1.1.** Support the efforts of CREVAA, Adult Protective Services (APS), law enforcement and District Attorneys within PSA.
- Strategy 3-1.2.** Participate in elder justice efforts conducted by community partners.
- Strategy 3-1.3.** Work in partnership with *Engaging Communities Southeast Tennessee* to increase education and training on elder justice topics.
- Strategy 3-1.4.** Partner with APS to build awareness of available services and understanding of when and how citizens should contact APS.
- Strategy 3-1.5.** SETAAAD will participate in public outreach, education and awareness campaigns to reduce and prevent elder abuse, neglect and exploitation as identified by DDA.
- Strategy 3-1.6.** Plan or support conferences and educational opportunities for older adults, caregivers and professionals to be informed about elder abuse prevention and other elder justice issues.
- Strategy 3-1.7.** Provide opportunities for seniors to learn about Fraud Prevention Resources such as the AARP - Fraud Watch Network.
- Strategy 3-1.8.** SETAAAD will report health care fraud, errors, and abuse to Senior Medicare Patrol (SMP).
- Strategy 3-1.9.** Support the annual Tennessee Elder Justice Conference.
- Strategy 3-1.10.** Ensure senior center directors are well-informed about elder abuse and justice services and maintain this information as a resource to be shared.

**Measures/outcomes**

- a.** Provide notice of action letters to elder justice partners, such as APS, after following up on referrals received and will indicate APS referral on intake form in Mon Ami.
- b.** Participate in identified public outreach, education and awareness campaigns in FY27 and FY28.
- c.** Staff will attend the Tennessee Elder Justice Conference in FY27 and FY28.
- d.** Staff will participate in elder justice initiatives and events that occur across the PSA through June 30, 2028.

- e. At least one quarterly Senior Center training will cover elder abuse/justice services each year.

**Objective 3-2.** Work collaboratively with partners to advocate for affordable, accessible housing with supportive services.

- Strategy 3-2.1.** Provide appropriate referrals to housing programs through THDA and ECD including the Emergency Repair for the Elderly (ERP) and CDBG HOME programs.
- Strategy 3-2.2.** Provide data as requested by SETD Community Development staff seeking funding and applying for grants to develop senior affordable housing.
- Strategy 3-2.3.** Promote the need of alternative housing and service models.
- Strategy 3-2.4.** Promote age-friendly design principles.
- Strategy 3-2.5.** Encourage public and private development of suitable housing for older adults and adults with disabilities, designed and located consistent with their special needs and available at costs they can afford.
- Strategy 3-2.6.** Participate in community efforts that address housing issues, concerns, and solutions across the PSA.
- Strategy 3-2.7.** Ensure I&A staff remain up to date on housing and home modification resources available to assist seniors.

**Measures/outcomes**

- a. Staff will represent SETAAAD at community meetings convened to discuss affordable, accessible housing needs as scheduled in FY27 and FY28.
- b. Community resources for housing and home modification resources will be updated as new information becomes available and reviewed yearly.

**Objective 3-3.** Work collaboratively with partners to support efforts for age-friendly and livable communities.

- Strategy 3-3.1.** Support initiatives that promote age-friendly and livable communities.
- Strategy 3-3.2.** Support efforts of SETD planners to promote transportation mobility and accessible public spaces.
- Strategy 3-3.3.** Attend public meetings held by the Transportation Planning Organization.
- Strategy 3-3.4.** Work with senior centers and other groups to encourage events that promote intergenerational activities.

**Strategy 3-3.5.** Attend public meetings and participate in events hosted by the Chattanooga Mayor's Council on Livability and Aging.

**Strategy 3-3.6.** Attend Health Council Meetings across the PSA to be informed of and involved in efforts of the TN Department of Health's Age-Friendly Public Health Systems.

**Measures/outcomes**

- a. Assist AARP in providing local leaders with their community's Livability Index Scores including the evaluation criteria, for their communities as requested in FY27 and FY28.
- b. Staff will participate in meetings held by the Transportation Planning Organization as scheduled in FY27 and FY28.
- c. Staff will participate in any public meetings or outreach events hosted by the Chattanooga Mayor's Council on Livability and Aging as scheduled in FY27 and FY28.
- d. Staff will attend and participate in Health Council Meetings across the PSA as scheduled in FY27 and FY28.

**Objective 3-4.** Collaborate with community partners to promote economic security among older adults.

**Strategy 3-4.1.** SETAAAD staff will work with community partners to provide information about SNAP and application assistance.

**Strategy 3-4.2.** Collaborate with TN State Health Insurance Assistance Program (SHIP) staff and community partners to provide opportunities for education and outreach to inform seniors of free counseling relating to Medicare and prescription drug plans.

**Strategy 3-4.3.** Provide information to assist Medicare beneficiaries in applying for Medicare Savings Programs (MSP) and refer to TN State Health Insurance Assistance Program (SHIP).

**Strategy 3-4.4.** Work with community partners to assist Medicare beneficiaries apply for Low Income Subsidy (LIS).

**Strategy 3-4.5.** Provide opportunities for seniors to learn about financial resources including Financial Resilience through AARP.

**Strategy 3-4.6.** Ensure SETAAAD staff have information about Tennessee's Property Tax Relief Program to share with consumers.

**Strategy 3-4.7.** Ensure SETAAAD staff have information on community partners that provide emergency financial assistance resources that can assist with rent/utility payments or prescriptions across the PSA.

**Measures/outcomes**

- a. SETAAAD staff will make referrals to appropriate partners for benefits and application assistance.

- b. SETAAAD staff will participate in educational trainings or webinars relating to economic and financial security for older and disabled adults.
- c. Designated SETAAAD staff will receive annual training as required for certification.
- d. SETAAAD resource list will be maintained and updated as new community resources are discovered.

**Objective 3-5.** Cultivate partnerships with agencies that support underserved populations to promote services available through the AAAD.

**Strategy 3-5.1.** Work with LGBTQIA Community Partners for local resources.

**Strategy 3-5.2.** Increase outreach and communication efforts aimed at non-English speaking populations.

**Strategy 3-5.3.** Utilize translated outreach tools for circulation with Spanish speaking consumers.

**Strategy 3-5.4.** Ensure efforts are made to include minority populations in health promotion activities, outreach, and partnerships.

**Strategy 3-5.5.** Monitor reported data to ensure consumers represent the general population of the area.

**Strategy 3-5.6.** Seek opportunities to meet with diverse groups, listen and provide information about services that are available through SETAAAD.

**Measures/outcomes**

- a. SETAAAD staff will participate in training on LGBTQIA aging issues as scheduled in FY27 and FY28.
- b. SETAAAD staff will participate in community meetings and networking events that cover information on diverse populations as scheduled in FY27 and FY28.
- c. SETAAAD will support and staff will attend the Annual Minority Health Fair in FY27 and FY28.
- d. Reports will reflect diversity among the consumers served.

**Objective 3-6.** Collaborate with community partners to advocate for Tennessee's older Veterans.

**Strategy 3-6.1.** Participate in the Southeast Tennessee Veteran's Coalition.

**Strategy 3-6.2.** Refer veterans to Tennessee Department of Veterans Services regional offices to provide education for veterans about benefits for which they are eligible.

**Strategy 3-6.3.** Participate in outreach events held for veterans and their caregivers to share SETAAAD service information and resources.

**Measures/outcomes**

- a. I&A staff will review information on VA referral programs and resources as available in FY27 and FY28.
- b. Staff will attend SETN Veteran’s Coalition meetings as scheduled in FY27 and FY28.
- c. Staff will attend and participate in outreach events geared towards veterans and/or their caregivers to share SETAAAD service information and resources in FY27 and FY28.

**Objective 3-7.** Plan or support initiatives that focus on healthy aging, financial concerns, health care, long-term care and other aging issues.

**Strategy 3-7.1.** Maintain SETAAAD staff members as the Community Outreach Manager and Community Outreach Coordinator.

**Strategy 3-7.2.** Support initiatives of *Engaging Communities Southeast Tennessee*, a collaborative effort of community organizations that serve older adults. Current initiatives include:

- Educational workshops on older adult ministry, healthy aging, legal issues, Dementia-friendly worship, Brain health, Disasters, Fraud and Technology.
- Southeast Tennessee Dementia-Friendly Community Coalition
- Virtual Dementia Tour
- INDEED: Intrastate Network to Deliver Equity and Eliminate Disparities

**Strategy 3-7.3.** Lead or support efforts to improve falls prevention among older adults.

**Strategy 3-7.4.** Promote brain health activities among senior centers across PSA.

**Strategy 3-7.5.** Plan or support conferences, health fairs and other educational opportunities for older adults, caregivers and professionals to be informed about relevant aging issues.

**Strategy 3-7.6.** Attend Health Councils in each county of the PSA.

**Strategy 3-7.7.** Participate in social media campaigns that promote healthy living among older adults.

**Strategy 3-7.8.** Support CFD Connect, a service of the Chattanooga Fire Department.

**Strategy 3-7.9.** Support senior centers to be established and recognized as senior-friendly technology hubs.

**Strategy 3-7.10.** Attend Healthy Relationship meetings in McMinn County.

**Strategy 3-7.11.** Provide opportunities for seniors to learn about financial resources including Financial Resilience through AARP.

- Strategy 3-7.12.**Support initiatives that promote age-friendly and livable communities.
- Strategy 3-7.13.**Provide opportunities for seniors to learn about Fraud Prevention Resources such as the AARP - Fraud Watch Network.
- Strategy 3-7.14.**Provide opportunities for seniors to learn about home safety resources, including the HomeFit program through AARP.
- Strategy 3-7.15.**Assist in efforts to raise awareness about end-of-life care and advanced directives.
- Strategy 3-7.16.**Provide in-person evidence-based health promotions classes, including Bingocize<sup>®</sup>, Powerful Tools for Caregivers and Matter of Balance, in counties across PSA.
- Strategy 3-7.17.**Provide vaccine information, education, outreach and assistance to older adults and people with disabilities.
- Strategy 3-7.18.**Attend and participate in the Hamilton County Aging Subcommittee meeting.
- Strategy 3-7.19.**Attend and participate in the Southeast TN Interagency Council Meeting in Bradley County.
- Strategy 3-7.20.**Attend and participate in the CEAP (Coalition of Emergency Service Providers) meeting in Hamilton County.
- Strategy 3-7.21.**Attend and participate in the Rhea County Interagency Meeting.
- Strategy 3-7.22.**Attend and participate in the Polk County Interagency Meeting (HUB meeting).
- Strategy 3-7.23.**Attend and participate in the Hamilton County Community Advisory Board Meeting (CAB).
- Strategy 3-7.24.**Attend and participate in the Family Justice Center Institute meetings and trainings.
- Strategy 3-7.25.**Provide support to Senior Centers by sharing resources on programming ideas, funding opportunities, and potential speakers/presentations.

**Measures/outcomes**

- a.** SETAAAD will continue supporting and attending the Minority Health Fair in FY27 and FY28.
- b.** At least four evidenced-based programs will be coordinated with partners by June 30, 2028.
- c.** The number of consumers participating in SETAAAD programs will be reported in the state approved database at the conclusion of each program.
- d.** Promote at least eight social media campaigns by June 30, 2028.

- e.** SETAAAD staff will attend county Health Council meetings within the PSA in FY27 and FY28.
- f.** SETAAAD staff will attend other community meetings such as Healthy Relationships McMinn, Interagency meetings, Hamilton County Community Advisory Board Meeting, Coalition of Emergency Service Providers meeting, and Family Justice Center Institute in FY27 and FY28.
- g.** Staff will participate and promote initiatives of *Engaging Communities Southeast Tennessee*.
- h.** SETAAAD staff will provide support to Senior Centers across the PSA and provide resources including programming ideas, funding opportunities, and potential speakers/presentations to support healthy aging, wellness, and socialization for older adults through June 30, 2028.

Goal 4: Strengthen coordination, workforce capacity, and system readiness among community-based organizations, healthcare providers, and AAAD services to improve service delivery, sustainability, and responsiveness to community needs across the PSA.

**Objective 4-1.** Leverage existing and new resources to increase awareness, outreach and education about elder abuse prevention and other elder justice issues.

- Strategy 4-1.1.** Support the efforts of CREVAA, Adult Protective Services (APS), law enforcement and District Attorneys within PSA.
- Strategy 4-1.2.** Participate in elder justice efforts conducted by community partners.
- Strategy 4-1.3.** Work in partnership with *Engaging Communities Southeast Tennessee* to increase education and training on elder justice topics.
- Strategy 4-1.4.** Partner with APS to build awareness of available services and understanding of when and how citizens should contact APS.
- Strategy 4-1.5.** SETAAAD will participate in public outreach, education and awareness campaigns to reduce and prevent elder abuse, neglect and exploitation as identified by DDA.
- Strategy 4-1.6.** Plan or support conferences and educational opportunities for older adults, caregivers and professionals to be informed about elder abuse prevention and other elder justice issues.
- Strategy 4-1.7.** Provide opportunities for seniors to learn about Fraud Prevention Resources such as the AARP - Fraud Watch Network.
- Strategy 4-1.8.** SETAAAD will report health care fraud, errors, and abuse to Senior Medicare Patrol (SMP).
- Strategy 4-1.9.** Support the annual Tennessee Elder Justice Conference.
- Strategy 4-1.10.** Ensure senior center directors are well-informed about elder abuse and justice services and maintain this information as a resource to be shared.

**Measures/outcomes**

- a.** Provide notice of action letters to elder justice partners, such as APS, after following up on referrals received and will indicate APS referral on intake form in Mon Ami.
- b.** Participate in identified public outreach, education and awareness campaigns in FY27 and FY28.
- c.** Staff will attend the Tennessee Elder Justice Conference in FY27 and FY28.
- d.** Staff will participate in elder justice initiatives and events that occur across the PSA through June 30, 2028.

- e. At least one quarterly Senior Center training will cover elder abuse/justice services each year.

**Objective 4-2.** The Ombudsman provider will implement strategies to ensure the program is effective and efficient in advocating for all residents in licensed Nursing Facilities, Assisted Care Living Facilities, Adult Care Homes, and Residential Homes for the Aged throughout Southeast Tennessee.

- Strategy 4-2.1.** Ensure data entered into the state approved database is timely and accurately recorded.
- Strategy 4-2.2.** Conduct long-term care facility visits as required.
- Strategy 4-2.3.** Maintain a Volunteer Ombudsman Representative (VOR) program.
- Strategy 4-2.4.** Comply with updated VOR manual and training materials.
- Strategy 4-2.5.** Staff and volunteers participate in on-line and face-to-face training led by the State Long-term Care Ombudsman.
- Strategy 4-2.6.** Participate in Regional Survey Team meetings and Vulnerable Adult Protective Investigative Teams (VAPIT) as applicable.
- Strategy 4-2.7.** Participate in Department of Health annual re-certification and complaint surveys.
- Strategy 4-2.8.** Refer residents of Unlicensed Facilities to APS and the Tennessee Department of Health Unlicensed Facility Task Force.

**Measures/outcomes**

- a. Annually, a report will be submitted to the State LTC Ombudsman by December 15.
- b. Quarterly reports will be submitted to the State LTC Ombudsman 20 days after end of the quarter.
- c. Monthly reports will be submitted to the State LTC Ombudsman by the 20<sup>th</sup> of each month.
- d. A plan will be implemented to ensure quarterly visits are documented in the state approved database.
- e. Participation in Department of Health surveys will be documented in the state approved database.
- f. Ombudsman Continuing Education Units (CEUs) will be compiled and documented for staff and volunteers for review at annual monitoring.
- g. Volunteer Ombudsman Representative (VOR) activity and travel time will be documented in the state approved database.
- h. The LTC Ombudsman will document calls that are associated with unlicensed facilities in the State approved database.

**Objective 4-3.** The SETAAAD will contract to provide cost effective legal services for seniors age 60 and above, within the PSA.

**Strategy 4-3.1.** Provide comprehensive civil legal assistance free of charge to seniors age 60 and above.

**Strategy 4-3.2.** Leverage the private bar for referrals and pro bono opportunities to serve seniors.

**Strategy 4-3.3.** Means testing shall not be permitted in the provision of legal services.

**Measures/outcomes**

- a. Contracted legal services will provide a minimum of 360 hours of case work in both FY27 and FY28.
- b. The contracted legal service provider will assist at least 100 unduplicated individuals in FY27 and FY28.
- c. The contracted legal service provider will refer no less than 25 individuals to the Pro Bono Project in FY27 and FY28.

**Objective 4-4:** Utilize Public Guardianship for the Elderly state funds to serve individuals as appointed by the courts with the level of support and protection each requires.

**Strategy 4-4.1:** Maintain two Public Guardians and full-time support staff.

**Strategy 4-4.2:** Regularly educate petitioners, courts and community partners about the correct process for requesting Public Guardian Program services by providing instructions that outline conservatorship requirements and Program policy through distribution of a program fact sheet and presentations to community organizations.

**Strategy 4-4.3:** Recover program fees as permitted.

**Strategy 4-4.4:** Track activities and timelines as required by the Public Guardian Program and Policy Manual.

**Strategy 4-4.5:** Assign new clients to each Public Guardian in a manner that keeps caseloads balanced.

**Strategy 4-4.6:** Expand volunteer program.

**Measures/Outcomes**

- a. The Public Guardianship Program will maintain an average caseload of 92 through June 30, 2028.
- b. Public Guardian program information and procedures for requesting services will be provided to stakeholders by June 30, 2027.
- c. Spreadsheets and calendars will be monitored and updated monthly throughout FY27 and FY28.

- d. Clients will receive the level of support and protection required to meet their needs.
- e. The Volunteer Services Coordinator will promote Public Guardianship volunteer opportunities.
- f. Individuals interested in volunteering with the Public Guardian Program will be trained and assigned accordingly.
- g. Public Guardians will attend training as scheduled.

**Objective 4-5.** Maintain a quality monitoring program that ensures SETAAAD staff and contracted providers understand and comply with OAA and State requirements.

**Strategy 4-5.1.** Maintain a designated SETAAAD staff member as the Quality Assurance (QA) Coordinator.

**Strategy 4-5.2.** Create a schedule that tracks program and fiscal monitoring activities.

**Strategy 4-5.3.** Utilize DDA approved monitoring tools to conduct QA visits.

**Strategy 4-5.4.** Coordinate regular provider training with Nutrition and HCBS staff.

**Strategy 4-5.5.** Ensure providers are delivering, documenting and invoicing for services as authorized and in accordance with OAA and State requirements.

**Strategy 4-5.6.** Ensure data entered into the state approved database by SETAAAD staff is timely and accurately recorded.

**Measures/outcomes**

- a. SETAAAD will conduct regular reviews of provider care notes and invoices throughout FY27 and FY28.
- b. SETAAAD QA staff will conduct provider monitoring as required through June 30, 2028.
- c. Annual provider trainings will be conducted in FY27 and FY28.
- d. QA staff will conduct quarterly office hours for HCBS providers.
- e. QA staff will conduct internal monitoring quarterly on SETAAAD programs.

**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: 2

	<b># of individuals served in FY 2026</b>	<b># of projected individuals served in FY 2027</b>	<b># of projected individuals served in FY 2028</b>
	8,669	9,319	10,018
<b>Units of Service</b>	24,046	25,849	27,787

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.

SETAAAD will continue keeping the community informed about available services through a mix of local media channels. Staff will participate in interviews on morning and noon TV talk shows and regularly provide updates on local radio stations. In addition, information will be shared through listings in area telephone directories and print ads in newspapers that reach both rural and minority communities as well as populations with limited English proficiency. These coordinated efforts aim to ensure that residents across the region, regardless of location or language have easy access to information about the services SETAAAD provides.

SETAAAD will strengthen its presence in communities and represent the needs of older adults and adults with disabilities by:

- Participating in and providing support for health fairs and other events (in person or virtual) within the PSA, particularly the Chattanooga Minority Health Fair that has had attendance of over 3,000 individuals.
- Participating in senior expos.
- Making presentations to groups throughout the PSA.
- Providing representation at La Paz meetings.
- Serving on community partner councils, coalitions and committees.
- Planning or supporting conferences and other educational opportunities for older adults, caregivers and professionals to be informed about relevant aging issues.
- Providing referrals for SHIP counseling.
- Referring individuals to partners for SNAP application assistance
- Maintaining Mobile Resource Centers (MRC) in the region.

**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.): **Supplemental Services:** Goods and services provided on a limited basis to complement the care provided by caregivers. (Source: OAA); **PERS (Personal Emergency Response System):** These are considered electronic devices to help individuals in an emergency and are listed as a service in many local OAA-funded care plans (Source: ACL); **Pest Control:** This is included as a home maintenance or

environmental support service aimed at helping older adults remain in their homes, often listed alongside minor home modifications (Source: ACL).

1. Complete the following table:

	<b>FY 2026</b>	<b>FY 2027 – Projected (Served/Units)</b>	<b>FY 2028 – Projected (Served/Units)</b>
<b>State – Options Allocation Amount</b>	\$3,510,500	\$3,465,500	\$3,465,500
<b># Served</b>	425	419	419
<b>Units of Service</b>	95,000	90,000	90,000

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

	<b>FY 2026</b>	<b>FY 2027 – Projected (Served/Units)</b>	<b>FY 2028 – Projected (Served/Units)</b>
<b>Federal Title IIB/State Homemaker In-home services Allocation Amount</b>	\$90,440	\$80,000	\$80,000
<b># Served</b>	420	30	30
<b>Units of Service</b>	3,100	2,750	2,750

3. Describe the methodology for the projections listed above.  
These projections are based on average service utilization, taking into account anticipated increases and decreases in the number of clients.
4. Complete the following table:

<b>Number of Individuals on HCBS OPTIONS Waiting List (high-risk clients only)</b>	78
<b>Number of Individual on HCBS Title III-B Waiting List (high-risk clients only)</b>	0

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

SETAAAD follows DDA’s wait list policy and regularly reviews best practices to ensure waiting lists remain accurate, with updates occurring at least once a year. Individuals whose service needs exceed what Title IIB or the Options Program can provide are referred to the CHOICES Program. While referrals to other community programs and resources are made whenever possible, some needs remain unmet, and those individuals are placed on the wait list.

**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.): **Food Boxes:** Under the Older Americans Act (OAA) Nutrition Program, a food box is defined as a supplemental service providing ingredients to seniors aged 60 and older for meal preparation rather than a fully prepared meal. As an authorized "other nutrition service" under Title III-C2, these boxes contain frozen, shelf-stable, or fresh items to address food insecurity. (ACL)

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.

SETAAAD is seeking a waiver to continue administering the nutrition program, unless an RFP is approved for a provider to administer instead. If the waiver is approved the agency will contract directly with provider for prepared meals that are served to congregate and home delivered meal clients.

SETAAAD would continue operating the nutrition program in Hamilton County and contract with senior centers and other providers to deliver services in the other nine counties of the region.

2. Complete the following table:

<b>Provider</b>	<b>IHC Allocation</b>	<b>NSIP Allocation</b>	<b>Total Amount of Contract</b>	<b># Congregate Meal Sites</b>	<b># of Projected Congregate Meals Served in FY 2027</b>	<b># of projected Congregate Meals Served in FY 2028</b>	<b># of Projected HDMs Served in FY 2027</b>	<b># Projected HDMs Served in FY 2028</b>
SETAAAD	\$1,309,900	\$89,400	\$1,399,300	16	74,000	74,000	130,000	130,000

3. Complete the following table:

<b>Service</b>	<b>Amount III-C Allocated</b>
Nutrition Counseling	\$1,000.00
Nutrition Education	\$1,000.00
Other Services (Describe): Food Boxes	As funds are available

4. Describe your plan for delivering the highest possible quality of service at the most efficient cost. SETAAAD’s top priority is serving as many older adults as possible. Staff will work closely with our food vendor to make sure the program meets the needs of the community and makes the most of available resources.

Volunteers are essential to the program’s success. SETAAAD will continue recruiting from local businesses, community groups, and organizations, while also raising public awareness about the Nutrition Program through local media, social media, and outreach to churches and civic groups.

To keep the program strong, SETAAAD will explore opportunities to attract potential donors, reconnect with current supporters, and encourage regular contributions. Those who cannot contribute financially are still encouraged to support the program through volunteering their time, skills, and other resources.

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

Site coordinators document consumers’ preferences and feedback on delivery tickets to inform program adjustments. Home-delivered meal participants are surveyed during their annual assessments and semi-annual follow-up calls, while congregate meal participants are formally surveyed during site monitoring visits.

The Quality Assurance Coordinator compiles all feedback and shares it with the meal provider to guide service improvements. As part of quality assurance, the SETAAAD office receives a daily sample meal to review and monitor meal quality. SETAAAD staff participated in quarterly menu meetings with the vendor to review and approve menus based on participant likes, dislikes, and nutritional needs. Menu items were removed or added based on consumer comments.

Additionally, the meal provider conducts an annual satisfaction survey to ensure meals continue to meet participants' expectations. These processes support continuous quality improvement and responsiveness to consumer feedback.

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?

Each congregate meal site coordinator is required to complete monthly outreach to potential consumers. Four congregate meal sites are located in low-income, public housing in an attempt to reach the targeted population. Congregate meal sites are located in every county, with eleven sites located in rural counties. SETAAAD continues to explore new ways to reach those with the greatest social and economic need, especially in rural counties.

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.

Clients are provided with "emergency meals" to have on hand during weather-related or other situations when regular meal delivery may be disrupted. These meals are shelf-stable and designed to ensure participants have access to food during emergencies. During such events, case managers, site coordinators, and volunteers conduct well-check calls to confirm that clients are safe and that their needs are being met.

**D. Guardianship:**

1. Complete the following table:

	<b>2026 Calendar Year</b>	<b>2027 Calendar Year Projected</b>	<b>2028 Calendar Year Projected</b>
<b>Active Caseload</b>	86	90	90

\* Number of clients served during the Fiscal Year

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

The Public Guardianship (PG) Program will continue working closely with the Volunteer Services Coordinator and community partners to educate community members about the program and expand awareness of volunteer opportunities. PG staff provide presentations to social work groups and civic organizations to promote the program and encourage community involvement. Individuals interested in volunteering are referred to the Volunteer Services Coordinator, who ensures appropriate role matching based on program needs and individual skills, and PG staff assist prospective volunteers in completing all required training. The 2027 goal is to retain all current volunteers and recruit at least two additional volunteers to further strengthen program capacity and community engagement.

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

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.): **PERS (Personal Emergency Response System):** These are considered electronic devices to help individuals in an emergency and are listed as a

service in many local OAA-funded care plans (Source: ACL); **Pest Control:** This is included as a home maintenance or environmental support service aimed at helping older adults remain in their homes, often listed alongside minor home modifications (Source: ACL).

1. Complete the following table:

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
<b># Served</b> ( <i>Excluding Case Management, Information Services, and Information &amp; Assistance</i> )	75	80	80
<b>Units of Service</b> ( <i>Excluding Case Management, Information Services, and Information &amp; Assistance</i> )	5,000	5,500	5,500

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

**Respite care**

The National Family Caregiver Support Program provides a variety of respite services for caregivers, including short-term in-home respite, overnight respite, institutional respite, adult day care, personal care, and homemaker services. Care plans are designed to coordinate these services in a way that gives caregivers meaningful opportunities for rest and relief. Additionally, equipment and devices that help the care recipient maintain independence and reduce the caregiver’s daily demands may be provided for the care recipient’s use.

**Caregiver education and training, individual counseling, support groups**

SETAAAD has trained staff and community partners to facilitate the *Powerful Tools for Caregivers* program and has expanded its reach to caregiver populations, including those caring for individuals with intellectual or developmental disabilities and grandparents or older adult relatives of minors. The agency continues to identify partners and venues to host caregiver educational workshops, ensuring caregivers are aware of and can access these opportunities. Caregiver Support Groups meet monthly, and all newly enrolled caregivers receive a resource packet containing information and tools to support their caregiving responsibilities.

**Supplemental services**

SETAAAAD will provide other services such as:

- Personal Emergency Response Systems

- Incontinent and personal care supplies
- Pest control services, including bed bug treatment
- home modifications
- nutritional supplements
- assistive devices
- specialized equipment

**Information about available supportive services and Assistance with access**

The FCSP Coordinator shares and assists caregivers with accessing resources. All newly enrolled caregivers receive a resource. Information regarding SNAP benefits, MyRide or other transportation providers, SHIP, Low Income Home Energy Assistance Program, USDA Single Family Housing Repair Loans & Grants, Medicare Cost Sharing Programs, etc. are also shared during the annual assessment and as needed during semi-annual phone calls. A Caregiver Connection newsletter is distributed quarterly. It includes additional resource information along with educational workshop opportunities and caregiver support group dates and times.

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.

Outreach activities include staff attending Health Council and Interagency meetings throughout the region, sharing program information with hospital social workers, rehabilitation facilities, home health care agencies, after school care providers, educators, courts, Department of Children’s Services, Department of Human Services and United Ways.

**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)

	<b>FY 2026</b>	<b>FY 2027 – Projected (Served/Units)</b>	<b>FY 2028 – Projected (Served/Units)</b>
<b># Served</b>	35	120	120
<b>Units of Service</b>	440	1,340	1,340

### **G. Legal Assistance**

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

The legal priority case that is most served in this area is that of Healthcare/Long term care with Powers of Attorney being the most requested service in this area. The other priority area with a significant number of cases is protection of income and assets.

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

The legal priority areas addressed in question one represents the greatest need due to the limited income and assets of many senior citizens.

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?

Of the four populations identified in this question, the following represent less than 50 percent of those served through legal assistance: Clients in Poverty, Minority in Poverty, Rural, and Frail/Disabled.

The numbers served in those four populations may be increased by targeted outreach in those communities. The legal provider will target Minorities in Poverty by hosting clinics and appearing at speaking engagements in housing projects and at events attended by those for whom English is a second language. The legal provider will target individuals who live in rural areas by having an attorney or legal assistant be available one day every month at the courthouse in rural counties who can meet with those for whom travel to Chattanooga is difficult. The legal provider will also target the rural population by offering to speak at events in rural counties. The legal provider will target the Frail/Disabled population by speaking at nursing homes and assisted living facilities.

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 legal provider may increase service to those identified populations by reaching out to individuals and groups in those communities. The legal provider will direct its resources as necessary to ensure that the identified legal priority needs in the public service area are being met. SETAAAD will invite the legal provider to participate in identified outreach activities.

**H. Senior Centers**

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

<b>Senior Center</b>	<b>#Participants</b>	<b>#Low-Income</b>	<b>#Minority</b>	<b>#Rural</b>	<b># English Limitation</b>
Bledsoe County Senior Citizens Center	145	55	10	130	1
Bradley Cleveland Senior Activity Center	250	75	25	20	2
Copper Basin Senior Center	30	5	1	20	1
Glenwood Community Center	400	100	250	50	3
Gruetli-Laager Senior Center	55	30	4	30	1
Jewish Federation of Greater Chattanooga	175	20	45	10	2
McMinn Senior Activity Center	150	45	15	120	1
Meigs County Senior Center	100	50	5	75	1
Rhea Richland Senior Neighbors	90	80	10	80	1
Sequatchie County Senior Citizens Center	55	25	1	50	0
Whitwell Senior Citizens Center	40	10	0	35	0

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

Senior centers submit monthly activity calendars and participant attendance reports to SETAAAD, with attendance data entered into the state approved database for tracking and analysis. During quarterly Senior Center Trainings, staff discuss practical strategies to strengthen outreach to target populations and develop innovative programming designed to attract and engage those audiences. Technical assistance is provided to Senior Center Directors and their Advisory Councils or Boards of Directors. In addition, Directors are encouraged to promote activities through local radio and television outlets, social media platforms, and print publications most commonly used by the populations they seek to reach.

**I. Emergency Preparedness**

1. Name of Staff Person on the local emergency management team: Kelsie Hodges
2. How is the agency's emergency plan communicated to staff?  
The plan is available on the agency shared drive, as well as in print in the Director's office. SETAAD management sends out notifications via telephone, text, and email as needed.

## 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
The Aging and Disability Resource Center (ADRC)/Single Point of Entry (SPOE) will provide outreach, screening and intake as well as referral services to low-income, minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.	SETAAAD has marketed the ADRC/SPOE through a variety of outlets including urban, rural and ethnic/minority newspapers, radio stations, in-person presentations, health fairs and television stations which reach the entire PSA. We have two bi-lingual staff members. I&A specialists have provided intake, screening, and referral services to individuals with low-income, minority older adults, LEP individuals, and older adults spanning all counties of the PSA.
Assist low-income older adults, minority older adults, and older individuals residing in rural areas to maintain independence through home and community-based services.	SETAAAD participated in 316 outreach events including health fairs, presentations, radio and TV interviews, and community meetings to provide information on SETAAAD services (including HCBS and CHOICES) to social service agencies and other community partners with the goal of increasing referrals for target populations.
Target low-income persons with limited English proficiency who need Single Point of Entry services.	SETAAAD utilizes translation services via telephone. Two staff members are also bilingual. SETAAAD has service description sheets and CHOICES brochures available in Spanish.
Reach out to low-income older adults, minority older adults, and older individuals residing in rural counties to	SETAAAD participated in 316 outreach events including health fairs, presentations, radio and TV interviews, and community meetings to provide

<p>provide them with information on AAAD services.</p>	<p>information on SETAAAD services directly to target population. These events included the Annual Minority Health Fair, The Herald-News 55+ Senior Expo, Expo4Seniors: Chattanooga Senior Health &amp; Wellness Expo, and multiple resource fairs in rural counties.</p>
<p>Offer caregiver workshops to target low-income minority persons and residents of rural areas.</p>	<p>Support Groups and training were offered throughout our region for grandparents and other relatives raising children. Rural, minority and low-income populations are being reached. In Hamilton County, the majority of clients belong to minority groups.</p>
<p>Make a concerted effort to encourage an active lifestyle among low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.</p>	<p>AAAD staff conducted outreach through Facebook covering a multitude of topics ranging from resources available through the AAAD to falls prevention. 8 evidenced-based programs to promote and encourage a healthy lifestyle were also conducted.</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.

Organization: The Title VI unit is comprised of the EEO/Title VI Coordinator with oversight by Executive Director of agency.

Duties of the Title VI Coordinator:

- o Ensure that all new hire employees receive Title VI training, including a copy of the employee handbook during orientation.
- o Ensures that all required postings are displayed in prominent locations.
- o Ensures all employees receive training at least annually.
- o Ensures procedures are in place to inform clients about their rights under Title VI.
- o Coordinates investigations when necessary.
- o Prepares and submits any reports as required.
- o Ensures certain non-discriminatory status is included as appropriate in advertisements, publications, and job postings.
- o Counsels employees regarding complaints of discrimination under Title VI, Title VII, the Americans with Disabilities Act, the Age Discrimination in Employment Act and other such Acts or rules as appropriate.

2. Complete the following table:

	FY 2026	FY 2027 Projected	FY 2028 Projected
Total Individuals Served	21,236	22,298	23,413
Total Minority Individuals Served	3,822	4,014	4,214

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

Services for individuals with limited proficiency or who are non-English speaking will be provided by bi-lingual employees, partner agency staff, or Avaza Language Services Corp.

4. Complaint Procedures

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

The complainant is given the option to file their complaint with the Southeast Tennessee Development District's Title VI Coordinator or the Tennessee Human Rights Commission. He/she must file in writing with the complainant's name, address, identity of witness if applicable, allegations described in detail and signature of complainant. The complaint form is provided on the Southeast Tennessee Development District website. It must be filed within 180 days of the date of the alleged discriminatory act. Upon receipt of a Title VI complaint, the Southeast Tennessee Development District's Title VI Coordinator will notify the Title VI Coordinator of the appropriate funding agency.

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

SETDD grievance procedure may be used by anyone who wishes to file a Title VI complaint alleging that he or she or any other program beneficiaries have been subjected to discrimination in his or her receipt of benefits and/or services from SETDD, or by a contractor or sub recipient on the grounds of race, color or national origin. These procedures do not deny the right of the complainant after completion of the Title VI complaint process to file a complaint with the state or federal agencies, or to seek private counsel for complaints alleging discrimination, intimidation or retaliation of any kind that is prohibited by law. This procedure applies to the CARCOG/Southeast Tennessee Development District (SETDD) applicants, participants, and service/training providers, and applies to all complaints where discrimination based on race, color, or national origin is alleged. The CARCOG/SETDD Title VI Coordinator will be available to assist in filing any complaint. Employee complaints will be addressed through procedures described in the CARCOG/SETDD Handbook. A Title VI Complaint Form may be found on SETDDs website or by contacting the Title VI Coordinator.

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

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

N/A

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.

SETAAAD currently has 36 contractors, of which, 3 are minority owned which is 8% of the total. The total dollar amount expended with contractors in FY25 was \$4,945,478.62. The total dollar amount expended with minority contractors was \$144,305.28 or 3.0% of the total.

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.

Prior to entering into a contract and during monitoring visits thereafter, SETAAAD requires providers and grantees to demonstrate they have an effective Title VI compliance program by providing copies of non-discrimination policies and complaint procedures.

Contractors and Grantees of the AAAD must comply with Title VI of the Civil Rights Act of 1964. Standard provisions on equal employment opportunity are a part of each contract and agreement with the AAAD. The SETAAAD ensures all contractors have Title VI information presented to them regularly in the form of required postings and policy manuals. Non-discriminatory policies and complaint procedures are standard inclusions in all contractor policy and procedure manuals that are checked on a yearly basis to ensure adherence.

Each contractor and grantee is monitored on an annual basis to ensure compliance with all aspects of Title VI of the Civil Rights Act of 1964.

7. There is a need for a clear understanding of the demographic diversity of a region and methods to provide information and education to the underserved populations even when there are waiting lists, there are other opportunities/resources unknown to these groups. List the strategies to achieve this outreach within those identified communities.
  - a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?
    - The AAAD collaborates with community service programs and Health Councils in every county to disseminate information more effectively to minority populations about available programs.
    - Minority owned service provider agencies with which the AAAD contracts to provide services are active participants in receiving and sharing information with the communities in which we serve.

- Annually, outreach efforts are targeted in rural, ethnic, and minority communities that provide specific information about access and information to residents in particular, the Chattanooga Minority Health Fair.
  - The AAAD publicizes its services, events and educational programs through radio stations and publications that serve a primarily minority audience. Rural newspapers and radio stations have also been used to reach this population.
- b. How is diversity reflected in all aspects of area planning—programming, participants, personnel, service providers, governing/advisory entities?
- During FY25 5 the AAAD contracted or executed an MOU with 3 minority owned businesses to provide an array of services for seniors and adults with disabilities.
  - Minority persons make up 13% of the membership of the AAAD Advisory Council.
  - Minority individuals compose 7% of the AAAD staff. 67% percent of minority staff members are female.
  - As indicated in the county data (Exhibit A-2), minority persons in the Southeast Tennessee region that are 65+ range from .9%-16.3% the various counties.
  - GIS Mapping - The SETAAAD has access to ArcMap geographic information systems (GIS) software through the company, Esri. GIS is a mapping software that enables the agency to create maps that include census and other data sources. Census data can be presented spatially, that is, by census tract, block group, or block. That allows us to identify areas that have a high concentration of minorities, senior citizens, and low-income residents. The practical utility of these maps is enormous, allows the SETAAAD to identify areas for marketing and outreach efforts, or to identify areas most in need of senior transportation or affordable housing. Through the Community & Economic Development department at SETDD the SETAAAD develops maps and performs special studies.
  - CEDS – THE SETAAAD has access to a regional plan called the Comprehensive Economic Development Strategy (CEDS). Some of the key CEDS components include a demographic profile—which includes a detailed analysis of aging populations in our region—along with documentation of current economic conditions, a SWOT analysis, and emphasis on the importance of health care and aging since these have enormous economic implications and must be addressed for the long-term wellbeing of our region.

- c. What documentation or process is used by the Area Agency to document activities focused on increasing the representation and/or participation of minority populations in programs and services?
- The annual Quality Assurance assessment of senior centers is used to monitor progress toward reaching goals in serving minority populations.
  - The Annual State Performance Report (SPR) report to DDA includes information about minority populations being served. This report is used to monitor outreach efforts to these populations and serves as the basis for planning for future success.

### 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
Increase access to OAA-funded supportive, nutrition, caregiver, and benefits counseling services for low-income older adults, prioritizing those at or below 200% of the federal poverty level.	Utilize data from the American Community Survey, state demographic data, and internal client tracking systems to identify high-poverty census tracts within the PSA.	Manager of Information Systems
	Prioritize outreach and service expansion in economically distressed counties and Qualified Census Tracts.	Community Services Manager
	Coordinate with SNAP, LIHEAP, SSI, and Medicaid offices to cross-refer eligible individuals.	Community Services Manager
	Monitor service utilization monthly to ensure proportional representation of low-income older adults.	Manager of Information Systems
Increase participation of low-income minority older adults in OAA Title III programs.	Partner with trusted community organizations, faith-based groups, and minority-led nonprofits to conduct targeted outreach.	Community Services Manager

	Provide culturally appropriate outreach materials in plain language and relevant languages.	Community Services Manager
	Conduct presentations at community centers and housing complexes serving minority populations.	Community Services Manager
	Track participation rates by race and ethnicity and adjust outreach strategies annually.	Manager of Information Systems
Reduce social isolation among older adults living alone, caregivers, and those with disabilities.	Expand evidence-based health promotion and chronic disease self-management workshops.	Community Services Manager
	Coordinate with senior centers and transportation providers to provide transportation assistance where needed.	Community Services Manager
	Increase volunteer opportunities.	Community Services Manager
	Partner with healthcare providers to identify socially isolated individuals during discharge planning.	Community Services Manager/CHOICES Manager
Increase access to services for older individuals with Limited English Proficiency (LEP).	Provide interpretation services through language line contracts and bilingual staff where feasible.	Community Services Manager
	Translate core program materials into predominant local languages.	Community Services Manager

	Train staff annually on culturally and linguistically appropriate service delivery.	Manager of Information Systems
	Establish referral relationships with cultural community organizations.	Community Services Manager
Prevent or delay nursing home placement through enhanced in-home and community-based services.	Strengthen coordination with the state’s CHOICES program and Medicaid waiver services.	CHOICES Manager
	Prioritize personal care, homemaker, home-delivered meals, and caregiver respite services for high-risk individuals.	Manager of Information Systems/HCBS Manager
	Provide caregiver education to reduce caregiver burnout.	HCBS Manager/Family Caregiver Coordinator
Enhance transition support for individuals returning to the community from hospitals or nursing facilities.	Coordinate with hospital discharge planners to ensure timely referrals to the Single Point of Entry (SPOE).	Community Services Manager/CHOICES Manager
	Provide discharge planners resources for benefits counseling, SHIP assistance, and home modification.	Community Services Manager /CHOICES Manager
Improve service access in rural and geographically isolated counties.	Expand mobile outreach and rotating intake sites in rural communities.	Community Services Manager
	Partner with local libraries, community centers, and health departments for satellite service days.	Community Services Manager
	Increase transportation coordination through volunteer driver programs and local transit providers.	HCBS Manager/Transportation Coordinator

	Utilize telephonic and virtual service options where broadband access allows.	Community Services Manager
	Analyze service utilization data to ensure equitable rural participation rates.	Manager of Information Systems
Increase awareness of aging and disability services through coordinated marketing.	Conduct annual marketing campaigns utilizing radio, social media, and print media targeting rural and minority communities.	Community Services Manager
	Distribute informational materials to physician offices, pharmacies, senior housing, and community partners.	Community Services Manager
	Track call volume and referral source data to evaluate outreach effectiveness.	Community Services Manager

## AAAD STAFFING

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

See Exhibit D-1.1 for organizational chart. Refer to Exhibit H-2 for 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)

Emily Syler, Options Counselor  
Full Time

Mary Beth Lester, District Long Term Care Ombudsman  
Full Time

Le'Darius Tate, Associate Long Term Care Ombudsman  
Full Time

Rachel VanDenbergh, Information & Assistance Specialist  
Full Time

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

Donald Kellerman, Chief of Staff, Southeast Tennessee Development District

4. The total number of staff at the AAAD is: 42. Of the total number of AAAD staff the following are:

- Age 60+: 5/12%
- Female: 38/90%
- Minority: 2/5%
- Disabled: 0/0%

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.

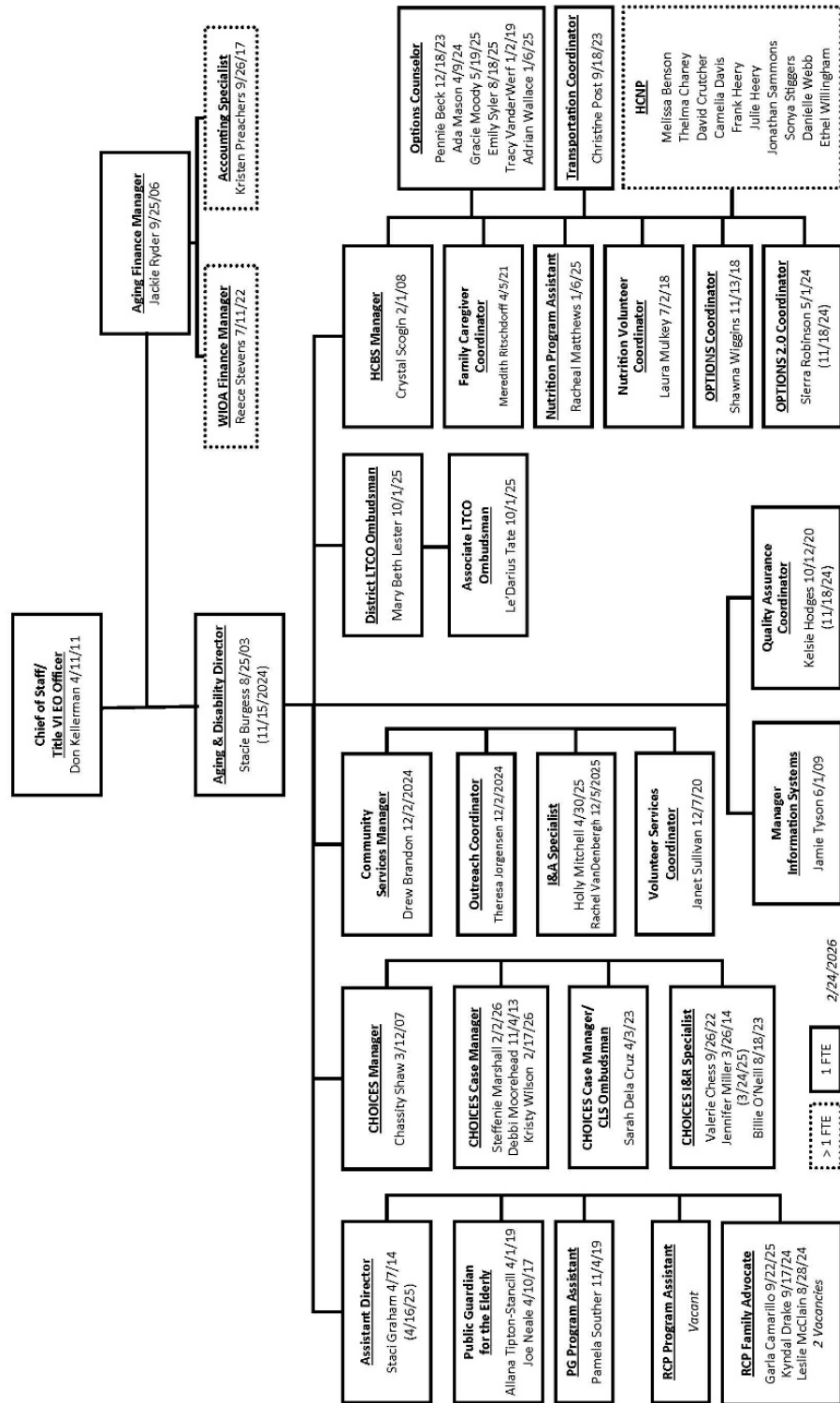
6.5

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

170

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

If funding for programs increase, SETAAAD will have to add positions to increase capacity and manage caseloads.



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

<b>Title &amp; Subject of Training</b>	<b>Number of Persons to be Trained</b>	<b>Estimated Date of Training</b>
National Guardianship Conference	1	October 2026
US Aging Annual Conference	2	July 2026
SE4A	4	September 2026
InformUSA	2	May 2027
Consumer Voice Annual Conference (Ombudsman)	1	Sept/Oct 2026

## Advisory Council

### A. MEMBERSHIP and REPRESENTATION

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

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

<b>Members</b>	<b>Represents</b>
Callaway, Jackie	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>b. Family Caregiver</li> <li>c. Representatives of Older Individuals</li> <li>d. Representatives of health care provider organizations, including providers of veteran’s health care</li> <li>e. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease promotion, caregiver, long-term care ombudsman, and other service providers</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
Dance, Sylvia	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>c. Representatives of Older Individuals</li> <li>e. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease promotion, caregiver, long-term care ombudsman, and other service providers</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
Davis, Greg	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>b. Family Caregiver</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
King, Angela	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>c. Representatives of Older Individuals</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
Kite, Sarah	<ul style="list-style-type: none"> <li>c. Representatives of Older Individuals</li> <li>e. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease promotion, caregiver, long-term care ombudsman, and other service providers</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>

<b>Members</b>	<b>Represents</b>
Kling, Marcia	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
Legg, Margie	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>c. Representatives of Older Individuals</li> <li>e. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease promotion, caregiver, long-term care ombudsman, and other service providers</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
McWhorter, Christin	<ul style="list-style-type: none"> <li>b. Family Caregiver</li> <li>c. Representatives of Older Individuals</li> <li>e. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease promotion, caregiver, long-term care ombudsman, and other service providers</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
Pond, Shirley	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>b. Family Caregiver</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
Sapp, Suzanne	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>b. Family Caregiver</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>
Scruggs, Shirley	<ul style="list-style-type: none"> <li>a. Age 60+</li> <li>c. Representatives of Older Individuals</li> <li>e. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease promotion, caregiver, long-term care ombudsman, and other service providers</li> <li>f. Persons with leadership experience in the private and voluntary sectors</li> </ul>

<b>Members</b>	<b>Represents</b>
Valade, Dennis	a. Age 60+ c. Representatives of Older Individuals 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
Wick, Kristi	b. Family Caregiver c. Representatives of Older Individuals d. Representatives of health care provider organizations, including providers of veteran’s health care 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

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

Give Dates and Times of Scheduled Meetings

- July 20, 2026 at 1:00 pm
- September 21, 2026 at 1:00 pm
- November 18, 2026 at 1:00 pm
- January 25, 2027 at 1:00 pm
- March 15, 2027 at 1:00 pm
- May 17, 2027 at 1:00 pm

**C. OFFICERS & OFFICE**

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Dennis Valade	Chair	

**D. ADVISORY COUNCIL BYLAWS**

Attach Bylaws that show date of last review.

See Exhibit E-1.1

**BY-LAWS  
SOUTHEAST TENNESSEE  
ADVISORY COUNCIL ON AGING AND DISABILITY**

**ARTICLE I  
OFFICE AND SERVICE AREA**

The name of this organization shall be the Southeast Tennessee Advisory Council on Aging and Disability, hereinafter referred to as the Council. Its central office shall be located at the Southeast Tennessee Development District, hereinafter referred to as Agency, at 1000 Riverfront Parkway, Chattanooga, TN, 37402, county of Hamilton.

The Council will advise the Southeast Tennessee Area Agency on Aging and Disability, hereinafter referred to as the SETAAAD, to serve the counties of Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, and Sequatchie in the State of Tennessee, hereinafter collectively referred to as the Service Area.

**ARTICLE II  
OBJECTIVES**

The objectives of the Council shall be to advise and assist the Agency relative to:

- A. developing and administering the Annual Area Plan, as specified in the Older Americans Act,
- B. reviewing and commenting on the Annual Area Plan and any or all amendments before it is transmitted to the State Agency for approval,
- C. ensuring the Annual Area Plan is available to older individuals, disabled adults, and family caregivers, hereinafter collectively referred to as the Service Population, and to the public,
- D. conducting public hearings, representing the interests of the Service Population,
- E. reviewing and commenting on community policies, programs and actions which affect the Service Population with the intent of assuring maximum coordination and responsiveness to the Service Population,
- F. approve the Annual Area Plan.

**ARTICLE III  
MEMBERSHIP**

Section 1. General Powers

The affairs and functions of the Council shall be managed by its members.

Section 2. Number, Qualifications and Tenure

The Council shall include individuals and representatives of Service Area community organizations to assist the SETAAAD in developing community-based systems of

services benefiting the Service Population and/or individuals with the greatest economic need and/or service need. At least 51 percent of the Council members shall be from the Service Population.

The number of Council members shall not exceed 37. Each Council member must reside within the Service Area and be either a public or private representative of a Federal, State, or Local Agency or a representative of the Service Population. Agencies receiving Administration on Aging funds and/or designated State of Tennessee funds will be allowed to recommend representatives as Ad-Hoc Council members (without voting privileges). Tenure on the Council shall be for four years. Members may succeed themselves upon the approval of the members of the Council and the SETAAAD administrative staff. Members will serve without compensation but may be reimbursed for mileage and/or parking as funds allow.

### Section 3. Appointment and Vacancies

Membership shall be limited to persons living within the Service Area defined in Article I. Members of the Council shall consist of the following: Two Representatives from Bledsoe, Grundy, Marion, Meigs, Polk, Rhea, and Sequatchie Counties appointed by the respective County Mayor. Bradley County will have four members appointed by the County Committee on Aging. McMinn County will have four members appointed by the respective County Mayors. Hamilton County shall have six members appointed by the respective County Mayors: If the required number of County representatives is not appointed as described above, the Council may, at its discretion, select representatives from the respective County(s) to fill the vacant Council member position(s).

The Commissioner representing the area on the Tennessee Commission on Aging and Disability and the AARP Representative shall also serve as Council members. A maximum of 7 members at large may be proposed by the SETAAAD with such recommendations being individuals who have demonstrated leadership and interest in the field of aging and disability and approved by the Council membership; other agencies providing or having the potential to provide services to the Service Population will be represented on the Council with prior approval of the Council membership; and minority and disability representation at least in the proportion to the percentage of minority older population and adults with disabilities and recommended based upon demonstrated leadership in the field of aging and disabilities and approved by Council membership. The 7 members at large shall not exceed 2 persons from the same organization, business, or county to ensure diversity to the entire Service Area.

Council responsibilities and operation will be reviewed with each new member of the Council, and a copy of the By-Laws and documented procedures relevant to Council operation will be provided.

All Council members shall notify the SETAAAD if he or she will be unable to attend a scheduled Council meeting. Any Council member shall be excluded from further

participation in Council functions if he or she is absent from 3 consecutive regular meetings without just cause as defined in the Council's procedures. A Council member who is to be excluded from further participation shall be notified in writing and may appeal the exclusion to the Council within 30 days of notification. The Council may overturn the exclusion based on the information provided.

The SETAAAD staff will be responsible for filling vacancies under Section 3. Only one person per household may be a member of the Council.

#### Section 4. Regular Meetings

The Council shall meet on a schedule determined by the Council with the place and time being determined by the Chairperson. Written notification of the meeting will be sent by the SETAAAD.

Notwithstanding anything to the contrary in these By-Laws, each meeting of the members may, in the discretion of the Council, be held by a teleconference or video conference communication system, or any other similar electronic communication facility, that permits all members participating in such meeting to communicate with each other during the meeting. An individual member, who, through such a communication system, attends a meeting, shall be deemed to be personally present at that meeting. Each member is responsible for his or her audio and internet connections; no action shall be invalidated because the loss of, or poor quality of, a member's connection prevented participation in the meeting.

#### Section 5. Special Meetings

Upon the written request of ten (10) members of the Council, or when the Chairperson deems it necessary, the Chairperson shall call a special meeting of the Council to transact any business designated in the call. The call for such a special meeting shall be delivered to each member by mail at such address as he/she shall have previously designated not later than 10 days before the meeting. Telephone calls and/or electronic notifications may be used as reminders, but not in lieu of official written notification.

#### Section 6. Voting

Only official members shall have the right to vote. All votes shall be "viva voce" (the voice), except when a roll call vote has been requested by a voting member of the Council. Designated voting members are listed on the official Council membership list.

It is the responsibility of each Council member to notify the Council of any potential conflict of interest related to an issue under consideration as soon as such potential conflict becomes apparent to the member. Further participation in discussion or voting on the issue will then be in accordance with guidance from the Council.

#### Section 7. Action of Council

The rules contained in *Robert's Rules of Order, Revised* as published by the Scott-

Forman Publishing Company, shall govern the proceedings of all meetings of the Council to the extent that such rules are not in conflict with these By-Laws.

1. The basic objective of the Council in dealing with relevant issues is to ensure each member has the opportunity to verbally participate in the discussion to arrive at a sound consensus that leads to the development and oversight of comprehensive and coordinated systems for the delivery of services to the Service Population.
2. The objective of reaching a sound consensus will be pursued by use of the best techniques of group discussion.
3. It is the guiding principle of this Council to make every reasonable effort to attain a unanimous decision on actions taken.

#### Section 8. Quorum

A quorum is 50% plus one of the voting members on the "Official Roll Call" of the Council. A majority of members (present or attending via video conferencing) of the Council shall constitute a quorum to conduct business. When a quorum is present, a majority of those present will decide all issues presented.

The presence of a quorum shall be established by audible roll call at the beginning of the meeting. Thereafter, the continued presence of a quorum shall be determined by the online list of participating members, unless any member demands a quorum count by audible roll call. Such a demand may be made following any vote for which the announced totals add to less than a quorum.

#### Section 9. Conflicts of Interest

The Council shall not operate as the Agency's board of directors. Individuals may not simultaneously serve as members of the Council and the Agency's Board of Directors.

#### Section 10. Ad Hoc Committees

The Council Chairperson shall appoint ad hoc committees on an as-needed basis or as requested by the SETAAAD. These temporary committees shall convene for specific purposes only during a calendar year and shall cease to exist after completion of the task for which they were created.

## **ARTICLE IV OFFICERS**

#### Section 1. Number of Officers

Officers shall be appointed by the Executive Committee of the Agency's Board of Directors. The officers of the Council shall be a Chairperson and a Vice-Chairperson. Such other officers and assistant officers as may be deemed necessary may be elected or appointed by the Council. Officers shall be voting members of the Council.

Section 2. Term of Office

Each officer shall hold office until her/his successor shall have been duly appointed and shall have qualified or until her/his death or until he/she resigns or shall have been removed in the manner hereinafter provided.

Section 3. Removal

Any officer may be removed by the Council whenever, in its judgment, the best interests of the Council and the people of its Service Area will be served, or if a named representative moves out of the Service Area.

Officers can be removed from office for cause, such as failure to perform duties or missing three unexcused consecutive meetings by a two-thirds vote of those present at a general membership meeting where previous notice has been given. Unethical behavior or criminal misconduct is grounds for immediate dismissal from the office and reporting to administrators and legal authorities as necessary.

Section 4. Vacancies

A vacancy in any office because of death, resignation, removal, disqualification, or otherwise may be filled for the unexpired portion of the term by the Agency's Executive Committee at the first meeting after the vacancy has occurred.

Section 5. Chairperson

The Chairperson shall preside over all meetings of the Council; establish the agenda for meetings in cooperation with the Director and staff of the SETAAAD; coordinate all affairs, programs, projects, and public relations activities; and appoint standing and/or ad-hoc committees as needed.

Section 6. Vice-Chairperson

The Vice-Chairperson shall preside over meetings in the Chairperson's absence; be responsible for the functioning of all committees; investigate any project not under the jurisdiction of any committee; and perform other duties assigned by the Chairperson.

Section 7. Compensation

The officers shall serve without compensation.

**ARTICLE V  
FISCAL YEAR**

The fiscal year of the Council shall begin on the first day of July and end on the thirtieth day of June.

**ARTICLE VI  
AMENDMENTS**

A By-Laws Committee of the Council will be named biannually at a regular meeting of each even year to review the By-Laws for any proposed changes. Changes proposed by the By-Laws Committee will be mailed to each Council member two weeks prior to a regular meeting within an even calendar year for review and action at that meeting. The By-Laws may be amended by a two-thirds vote of a quorum of the Council members present at the meeting. For any year when the By-Laws are not amended for cause, the Chairperson may appoint a committee to review the existing By-Laws for continued accuracy and fit before the beginning of the new year.

By-Laws may be amended more often, if needed, provided that the notification and quorum requirements noted above are met.

#### **ARTICLE VII EFFECTIVE DATE**

These By-Laws shall be effective upon their adoption.

ADOPTED: July 26, 1973

AMENDED: January 31, 1974  
October 24, 1975  
November 2, 1977  
October 26, 1978  
August 8, 1979  
May 25, 1982  
January 28, 2002  
January 23, 2006  
July 19, 2010  
May 19, 2014  
September 19, 2016  
September 17, 2018  
May 18, 2020  
July 18, 2022  
September 15, 2025

REVIEWED: July 18, 2016  
September 17, 2018  
May 18, 2020  
July 18, 2022  
July 21, 2025  
September 15, 2025

## Public Hearings on Area Plan

### A. PUBLIC HEARING INFORMATION

<b>Date(s)</b> of Public Hearing	Thursday, February 26, 2026
<b>Time(s)</b> when hearing was held	11:00AM EST
<b>Place(s)</b> where hearing was held	<b>Rhea Welcome Center - Venue</b> 107 Main Street, Dayton, TN 37321
<b>Was Place Accessible?</b>	Yes
<b>Type of Notice(s) or Announcement(s)</b>	Emails, Flyers, Website Notice
<b>Date(s) of Notices or Announcements</b> (attach copy)	<ul style="list-style-type: none"> <li>• 2/3 Posted on setaad.org website</li> <li>• 2/3 Email announcement to Current and Interested Providers</li> <li>• 2/4 &amp; 2/24 Email to Advisory Council Members</li> <li>• 2/10 Posted on SETAAAD Facebook page</li> <li>• Announced at Health Councils (HC) 2/11 Bledsoe County, 2/17 Grundy County, 2/23 Sequatchie County, 2/26 Bradley County</li> <li>• 2/23 Announced at Southeast TN Interagency Meeting</li> </ul> <p style="text-align: right;"><i>(see Exhibit E-2.1 for copies)</i></p>

### B. ATTENDANCE\*

County	# of Advisory Council Members from County	Total from County**
Bledsoe	4	5
Bradley		
Grundy		
Hamilton	3	4
Marion		
McMinn	2	2
Meigs		
Polk		
Rhea	2	4
Sequatchie	1	3
<b>Total # Advisory Council Members in column 2</b>	12	
<b>Total Attendance*</b>		18

\* Do not include AAAD staff in Public Hearing attendance

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

**C. AGENDA & ANNOUNCEMENTS**

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

See Exhibit E-2.1

**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).

Added as a result of Public Comments:

**Strategy 4-2.8.** Refer residents of Unlicensed Facilities to APS and the Tennessee Department of Health Unlicensed Facility Task Force.

**Measures/outcomes**

**h.** The LTC Ombudsman will document calls that are associated with unlicensed facilities in the State approved database.



**PUBLIC HEARING AGENDA**

**February 26, 2026**

**Rhea Welcome Center - Venue**

107 Main Street  
Dayton, TN 37321

**And available by Zoom and Conference Call**

**AREA PLAN ON AGING AND DISABILITY**

July 1, 2026 through June 30, 2030

- I. Welcome and Introductions**
- II. Older Americans Act and Services Funded Under the Act**
- III. Functions and Responsibilities of the Area Agency on Aging and Disability**
- IV. The Area Plan**
  - A. Purpose and Time Period of the Area Plan
  - B. Why a Public Hearing is required
  - C. Review of Waivers
  - D. Review of Goals (National, State and Local) and Objectives
  - E. Group Feedback
- V. SETAAAD FY27 Budget**
- VI. Adjourn**

# NOTICE OF PUBLIC HEARING

## SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY

The purpose of the Public Hearing is to review the Southeast Tennessee four-year Area Plan for Aging & Disability including waivers being requested for Case Management, Nutrition, National Family Caregiver Support Program, Ombudsman and Transportation.

The Area Plan is a requirement for programs and services funded by the Older Americans Act of 1965, as amended, and the Tennessee Department on Disability & Aging. At this meeting, the public will have an opportunity to provide input that will be recorded in the Area Plan.

**Thursday, February 26, 2026**  
**11:00 AM EST**

Lunch will be provided at 11:45 am  
Please make your lunch reservation by  
emailing setaad@sedev.org or calling 423-424-4250

### IN-PERSON

#### **Rhea Welcome Center - Venue**

107 Main Street  
Dayton, TN 37321

### VIRTUALLY VIA ZOOM

<https://us02web.zoom.us/j/82395517638>  
Meeting ID: 823 9551 7638  
Passcode: 582321

Call in  
(929) 205-6099  
(312) 626-6799  
Meeting ID: 823 9551 7638  
Passcode: 582321

## THE PUBLIC IS ENCOURAGED TO ATTEND



«Name»,

You are receiving this email because you requested to be notified when the RFPA application window opened. Below, please find the official notice along with links to the application materials. If you have any questions, please contact us at [setaaad@sedev.org](mailto:setaaad@sedev.org).

Thank you in advance for your time and willingness to provide services to older adults and adults with disabilities living in Southeast Tennessee.

Sincerely,  
Jamie

Jamie Tyson  
Manager of Information Systems  
SETAAAD/SETDD

*CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this e-mail and are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.*

**PUBLIC NOTICE: FUNDS AVAILABLE FOR SERVICES TO THE ELDERLY**

Southeast Tennessee Development District (SETD)/Southeast Tennessee Area Agency on Aging and Disability (SETAAAD) announces funding availability related to programs for seniors age 60+ and adults with disabilities, age 18+ in Southeast Tennessee. Proposals will be accepted for Older Americans Act Title III Programs including Congregate Meal Site, Homemaker Services, Personal Care Services, In-Home Respite, Institutional Respite, Pest Control, Transportation, Adult Day Care, Assistive Medical Devices/Technology, Personal Emergency Response System Installation/Monthly Services, Legal Assistance Services, Legal Services and Counsel for Public Guardian Program, and Senior Center Services. Proposals are for serving residents of the Southeast Tennessee counties of **Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, and Sequatchie.**

Any proposal for new or expanded projects will be considered during this review. Funds are available for services from July 1, 2026, through June 30, 2030. Request for Proposal Application (RFPA) packets will be available from the Southeast Tennessee Agency on Aging and Disability as of February 2, 2026.

A Request for Provider Application (RFPA) must be completed for each program for which an applicant is seeking consideration. Applications must be submitted electronically via email to [SETAAAD@sedev.org](mailto:SETAAAD@sedev.org).

Completed applications must be submitted no later than 5:00 p.m. EST on Friday, March 13, 2026. Questions regarding this solicitation may be emailed to [SETAAAD@sedev.org](mailto:SETAAAD@sedev.org).

Pursuant to a declared policy of non-discrimination, Area Agencies on Aging and Disability do not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age disability or military service. Inquiries and applications from minority-owned, women-owned and faith-based organizations are encouraged. The Southeast Tennessee Development District reserves the right to reject any and all applications and to waive any informalities in the application process, as permitted by law.

**[Request for Proposal Applications](#)**

[SETAAAD HCBS Services](#)

[SETAAAD Nutrition Services Food Provider](#)

[SETAAAD Public Guardian Legal Representative](#)

[SETAAAD Legal Assistance Services](#)

[SETAAAD Senior Center Services](#)

[SETAAAD Transportation Services](#)

**PUBLIC HEARING**

A public hearing on the proposed 2027–2030 Area Plan of Action will be held on Thursday, February 26, 2026, at 11:00 a.m. EST at the Rhea County Welcome Center, located at 107 Main St, Dayton, TN 37321.

The purpose of the hearing is to review the planned goals and objectives designed to meet the needs of the elderly and disabled populations in the Southeast Tennessee District, which includes the following counties: Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, and Sequatchie. We will also discuss waivers that SETAAAD will be requesting as part of the Area Plan.

Questions regarding the hearing may be emailed to [SETAAAD@sedev.org](mailto:SETAAAD@sedev.org).

# Area Plan, FY 2027-2030

Name Email  
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 Alex Chumley achumley@medscope.org  
 Alicia Teague alicia.teague@allwayscaring.com  
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 Kelsie Hodges kderick@sedevo.org  
 Drew Brandon dbrandon@sedevo.org

## **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.  
Monday, January 26, 2026
2. Attach an agenda of the Area Plan review meeting or describe the review process.  
See exhibit E-3.1
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.  
Ann Abbott, Al Buxton, Sylvia Dance, Angela King, Marcia Kling, Margie Legg, Christin McWhorter, Shirley Pond, Dennis Valade, Dr. Kristi Wick
4. Provide a summary of comments made by advisory council members about the completed plan.
  - Greg Davis requested the Dementia Tour to visit Marion County.
  - Christin McWhorter liked the fact that the strategies included coordination with hospital discharge planners, etc. She suggested also connecting with employers as their employees may be caregivers.
  - A comment was made that we don't want to be a "best kept secret." AAAD services are very important and should be advertised to a broader community.
  - Educate the public about available services.
  - Dr. Kristi Wick suggested removing the statement after the comma.
  - Marcia Kling suggested getting community partners involved
  - Dennis Valade suggested distributing key services information to Senior Centers and Community Partners in the PSA.
  - Christin McWhorter liked how the SE goal was more concerted.
  - Dennis Valade wanted to make sure strategies were measurable, making sure achievement of goals can be tracked.
  - Al Buxton discussed the workforce and providers.
  - Dr. Kristi Wick suggested that there are a lot of opportunities in the workforce area.
  - Dennis Valade commented on evaluation of coordination.
  - Dr. Kristi Wick suggested a proactive approach within the goal.
  - Dennis Valade brought up measurable elements.

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

- Changed

**Proposed PSA Goal 3:** Strengthen community engagement, public awareness, and cross-sector coordination to reduce barriers and improve equitable access to aging and disability services, with emphasis on individuals experiencing greatest economic and social need.

**Goal 3:** Strengthen community engagement, public awareness, and cross-sector coordination to reduce barriers and improve equitable access to aging and disability services.

- Added

**Strategy 2-1.6.** Coordinate efforts to organize Virtual Dementia Tours across the PSA.

**Measures/outcomes**

- f. SETAAAD will support the coordination of at least one Virtual Dementia Tour in FY27 and FY28.

**Request for Waiver for FY2027-2030**  
**Southeast Tennessee AAAD**  
**DIRECT PROVISION OF SERVICES PROVIDED BY OLDER AMERICANS ACT**  
**FUNDING**

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

**Nutrition Services Administration**

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

1. List all agencies in the PSA that provide this service to elderly persons.  
There are no other agencies in Southeast Tennessee providing the Title III Nutrition Program.
2. Explain how the current level of service in the PSA is inadequate to meet the need.  
SETAAAD currently serves as the Title III Nutrition Provider throughout the 10-county PSA, which is adequate to meet the need.
3. Explain how this service is directly related to the AAAD's administrative function.  
If during the RFPA process, no other agency applies to serve as the Nutrition Provider, SETAAAD will ensure Title III congregate and home delivered meals are available to older adults throughout the PSA. SETAAAD is prepared to meet this need by continuing to serve as the Nutrition Provider for Southeast Tennessee.
4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.  
SETAAAD has over 21 years of experience directly managing the daily operations of the Nutrition Program. This includes: oversight of the meal provider to ensure cost effective, high quality meals; selecting congregate and home delivered sites to ensure availability and accessibility; and data collection and reporting to ensure compliance with state and federal requirements.

**Ombudsman**

1. List all agencies in the PSA that provide this service to elderly persons.  
There are no other agencies in Southeast Tennessee providing the Long-Term Care Ombudsman (LTCO) Program.
2. Explain how the current level of service in the PSA is inadequate to meet the need.

SETAAAD currently serves as the Long-Term Care Ombudsman (LTCO) Program Provider throughout the 10-county PSA, which is adequate to meet the need.

3. Explain why it is a best practice for the AAAD to provide this service directly. The Southeast Tennessee Area Agency on Aging and Disabilities (AAAD) is well-positioned to house the Long-Term Care Ombudsman (LTCO) Program based on a comprehensive evaluation of current funding, discussions with the State LTCO, and an assessment of the existing provider's performance. The current provider has faced challenges in volunteer recruitment and staff support. In contrast, AAAD's mission aligns closely with the LTCO's advocacy work, and the agency has established infrastructure, partnerships, and administrative capacity to strengthen the program. Housing the LTCO program within the AAAD would provide improved oversight, additional staff support and engagement as well as access to existing volunteer recruitment activities, all of which would enhance service delivery. Additionally, AAAD has a proven ability to braid multiple funding streams and apply for grants, offering greater financial sustainability for the program. The State LTCO has acknowledged that regional AAADs are strategically positioned to ensure stronger local advocacy and standardization across regions, making the AAAD a logical and beneficial home for the LTCO program.

#### **National Family Caregiver Support Program**

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

1. List all agencies in the PSA that provide this service to elderly persons. No other agency provides these services in all ten counties of the SETAAAD PSA. Additionally, the AAAD is designated as the Aging and Disability Resource Center (ADRC) for this region of Tennessee. Inquiries for these services in our area are directed to SETAAAD.
2. Explain how the current level of service in the PSA is inadequate to meet the need. SETAAAD has served as the NFCSP provider throughout the 10-county PSA since the program's inception which is adequate to meet the need of those served. No other agency in Southeast Tennessee provides the level or combination of services for caregivers in all ten counties of our region.
3. Explain how this service is directly related to the AAAD's administrative function. As the ADRC/SPOE our toll-free I&A line is staffed by trained specialists who can provide everything from general information about community resources to

completing a comprehensive screening for determination of programs and services best able to meet identified needs, including NFCSP.

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

No other agency in Southeast Tennessee provides the level or combination of services for caregivers in all ten counties of our region. SETAAAD has an established provider network for Options and Title III HCBS. Options counselors from all programs work together to ensure client needs are met. If we contracted for these services then each caregiver would have to contact multiple sources for information and assistance. This creates an unnecessary burden for caregivers who are already taxed and stressed. By providing these services we are a one-stop shop that streamlines the entire process for all involved.

**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 Transportation – MyRide Volunteer Assisted Transportation**

1. List all agencies in the PSA that provide this service to elderly persons.  
While there are transportation providers in the PSA, none provide door through door volunteer assisted transportation.
2. Explain how the current level of service in the PSA is inadequate to meet the need.  
As reported in the statewide Older Adults Survey, there is a tremendous need for affordable transportation options. SETAAAD has replicated operations in Southwest and designated one full-time Transportation Coordinator.
3. Explain how this service is directly related to the AAAD’s administrative function.  
It is the responsibility of the SETAAAD to ensure needed services are available to older adults through innovative programs that support health and independence.
4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out.

The use of volunteers helps to ensure the program is cost effective.

SIGNATURES:

\_\_\_\_\_  
AAAD Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Administrative Officer of Grantee Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisory Council Chairperson

\_\_\_\_\_  
Date

**Request for Waiver for FY 2027-2030**  
**Southeast Tennessee 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



## **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—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) <sup>7</sup> 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**

Southeast Tennessee Area Agency on Aging and Disability hereby gives full assurance that every effort will be made to comply with the regulations of the Older Americans Act.

**SIGNATURES**

\_\_\_\_\_  
AAAD Director

Date \_\_\_\_\_

\_\_\_\_\_  
Grantee Agency Director

Date \_\_\_\_\_

## Availability of Documents

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

1. Current policy making board member roster, including officers
2. Applicable current licenses
3. AAAD Advisory Council By-Laws and membership list
4. AAAD staffing plan
  - a. position descriptions (signed by staff member)
  - b. staff performance evaluations
  - c. documentation that appropriate background checks have been completed
  - d. equal opportunity hiring policies and practices
  - e. organizational chart with employee names
5. Personnel Policy Manual of grantee agency
6. Financial procedures manual in accordance with DDA policies
7. Program procedures manual
8. Interagency agreements, if applicable
9. Insurance verification (general professional liability such as errors and omissions, officers and directors, etc.)
10. Bonding verification
11. Affirmative Action Plan
12. Civil Rights Compliance Plan, Title VI plan
13. Conflict of Interest policy
14. Grievance Procedure and designated staff member

15. Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers, and participation of target groups, low income, minority, rural.
16. Americans with Disabilities Act (ADA) policies, ADA Existing Facility Checklist and report on barrier removal
17. Documentation of match commitments for cash, voluntary contributions and building space, as applicable
18. Financial Reports, or if applicable, copy of audited copy of Financial Report of service providers
19. Emergency Preparedness/Disaster Plan
20. Drug-Free Workplace policies
21. Confidentiality and HIPAA policies
22. Individual background information for newly hired employees and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of older persons and adults with disabilities in their homes.

**Certification by Authorized Agency Official**

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

**SIGNATURES**

\_\_\_\_\_  
AAAD Director

Date \_\_\_\_\_

\_\_\_\_\_  
Grantee Agency Director

Date \_\_\_\_\_

## **Title VI of the Civil Rights Act of 1964 Compliance**

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

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

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

Prohibited practices include:

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

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

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

**SIGNATURES**

\_\_\_\_\_ Date \_\_\_\_\_  
AAAD Director

\_\_\_\_\_ Date \_\_\_\_\_  
Grantee Agency Director

**ADDITIONAL DOCUMENTS** (*Attached*)

<b><u>Exhibit Number</u></b>	<b><u>Title of Exhibit</u></b>
H-1	Budget Area Plan
H-2	Personnel Area Plan
H-3	List of Subcontracting Agencies
H-4	List of Nutrition Sites

FY2027 BUDGETED ADMINISTRATIVE DETAIL																					
NAME OF GRANTEE		Southeast TN Development District										FEDERAL EXPENSES								---STATE EXPENSES---	
BUDGET FY2027																					
	Planning & Admin	Compliance Monitoring	IIIB Coord	Info & Assist	Service Coord	Guardian	IID EB	VII OMB	VII EA	Total	AAAD Admin to B1	AAAD Admin to C1	AAAD Admin to C2	AAAD Admin to D	AAAD Admin to E	NSIP	AAAD Admin OMB	AAAD Admin EA	AAAD Admin OPTIONS	AAAD Admin Guardian	
<b>EXPENDITURES:</b>																					
1	Salaries and Wages	178,065	52,416	49,752	30,135	581,994	155,265	0	71,879	3,721	1,123,227	361,588	177,700	95,200	#DIV/0!	72,000	24,992	3,721	232,700	155,300	
2	Employee Benefits & Payroll Taxes	62,324	18,346	17,415	10,547	203,699	54,343	0	24,901	1,559	393,134	126,343	62,200	33,300	#DIV/0!	25,200	8,658	1,559	81,500	54,300	
3	Total Personnel Exp	240,389	70,762	67,167	40,682	785,693	209,608	0	96,780	5,280	1,516,361	487,900	239,900	128,500	#DIV/0!	97,200	33,649	5,280	314,200	209,600	
4	Professional Fees						14,100				14,100				#DIV/0!					14,100	
5	Supplies	2,500	750	250	750	6,000	2,800				13,050	3,200	2,400	1,000	#DIV/0!	1,000			2,900	2,800	
6	Telephone	1,800	1,000	400	1,200	12,000	3,500				19,900	6,100	2,500	2,000	#DIV/0!	1,600			4,300	3,500	
7	Postage and Shipping	250	150	650	900	1,500	1,000				4,450	1,700	300	200	#DIV/0!	400			800	1,000	
8	Occupancy	8,000	4,800	2,500	4,000	75,000	8,500				102,800	36,600	13,200	12,300	#DIV/0!	8,100			24,000	8,500	
9	Equipment Rental & Maint.	2,500	1,000	500	1,800	15,000	3,500				24,300	7,700	3,100	2,500	#DIV/0!	2,100			5,500	3,500	
10	Printing and Publications	2,000	750	630	500	6,000					9,880	3,400	2,100	1,000	#DIV/0!	900			2,600		
11	Travel	6,500	2,800	250	750	30,000	18,290		5,000		63,590	16,962	7,700	4,900	#DIV/0!	3,200	1,738		10,800	18,300	
12	Conferences and Meetings										0				#DIV/0!						
13	Interest										0				#DIV/0!						
14	Insurance										0				#DIV/0!						
15	Grants and Awards										0				#DIV/0!						
16	Specific Assist. to Individuals										0				#DIV/0!						
17	Depreciation										0				#DIV/0!						
18a	Other Non-Personnel Expenses	1,903	338	300	147	5,000	1,200				8,888	2,500	1,700	800	#DIV/0!	500			2,100	1,200	
18b	Software Maint.										0				#DIV/0!						
18c	Data Storage										0				#DIV/0!						
18d	Advertising										0				#DIV/0!						
19	Total Non-Personnel Expenses:	25,453	11,588	5,480	10,047	150,500	52,890	0	5,000	0	260,958	78,200	33,000	24,700	#DIV/0!	17,800	1,738	0	53,000	52,900	
20	Reimbursable Capital Purchases										0				#DIV/0!						
21	Total Direct Program Expenses	265,842	82,350	72,647	50,729	936,193	262,498	0	101,780	5,280	1,777,319	566,100	272,900	153,200	#DIV/0!	115,000	35,388	5,280	367,200	262,500	
22	Administrative Costs	60,097	17,691	16,792	10,171	196,423	52,402	0	24,195	1,320	379,090	121,983	59,900	32,100	#DIV/0!	24,400	8,412	1,320	78,600	52,400	
23	Total Direct and Administrative	325,939	100,041	89,439	60,900	1,132,616	314,900	0	125,975	6,600	2,156,409	688,100	332,800	185,300	#DIV/0!	139,400	43,800	6,600	445,800	314,900	
<b>REIMBURSABLE PROGRAM FUNDS:</b>																					
31	Title III B Funds			89,439	20,300	496,003			82,175		687,917	687,917									
31	Title III C1 Funds	185,700	61,900			85,251					332,851		332,851								
	Title III C2 Funds					185,251					185,251		185,251								
31	Title III D Funds										0										
31a	Title III E Funds	21,450	7,150		20,300	90,609					139,509				139,500						
31b	Title VII Funds								43,800	6,600	50,400						43,800	6,600			
32	State Options Funds	118,789	30,991		20,300	275,502					445,581								445,581		
32a	State Guardian Funds						314,900				314,900									314,900	
32b	Reimbursable SHIP/PPACA										0										
32c	State III-E Match Funds										0										
32d	State Aging Funds										0										
32e	Other funds										0										
33	Total Program Funds	325,939	100,041	89,439	60,900	1,132,616	314,900	0	125,975	6,600	2,156,409										
											<b>ADD pass thru to service providers</b>										
YTD Units of Service per SAMS												344,400	400,700	758,300	52,700	285,900	127,600	0	0	903,300	0
Cost per units of service												1,032,317	733,551	943,551	52,700	425,400	127,600	43,800	6,600	1,348,881	314,900
											Per Contract:										
											OAA 10% Admin										
											OAA state match & Sr center										
											OAA services										



