

# **AREA PLAN on AGING and DISABILITY**

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

Northwest Tennessee

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Designated Area Agency on Aging and Disability

for the

Northwest District (07) - TN

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Planning and Service Area

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

**SUBMITTAL PAGE**

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

( ) Amendment (Date): \_\_\_\_\_

This Area Plan for Programs on Aging and Disability is hereby submitted for the Northwest Tennessee Area Agency on Aging and Disability planning and service area. The Northwest 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: \_\_\_\_\_  
Julie Jones, Area Agency Director

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Jerry Edmundson, Chair, Area Agency Advisory Council

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Lori Kelley-Burdine, Director, Grantee Agency

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Joseph Butler, Chair, Grantee Agency Board

### Designated Planning and Service Area

|                                 |   |
|---------------------------------|---|
| AAAD Name:                      | Northwest Tennessee Area Agency on Aging and Disability   |
| Physical Address:               | 124 Weldon Drive, Martin, TN 38237  |
| Mailing Address (if different): | P.O. Box 963 Martin, TN 38237   |
| AAAD Phone and Fax Number:      | Phone: 731-587-4213 Toll Free Number: 800-836-6678 Fax Number: 731-588-5833   |
| AAAD Email Address:             | <a href="mailto:Julie.Jones@nwtd.org">Julie.Jones@nwtd.org</a>  |
| Website:                        | <a href="http://www.nwtdhira.org">www.nwtdhira.org</a>  |
| AAAD Director:                  | Lori Kelley Burdine   |
| In Operation Since:             | July 1971   |
| Mission:                        | The Northwest Tennessee Development District Area Agency on Aging and Disability’s purpose is to plan for the provision of the Older American Act and state funded services to provide services to the elderly and other adults with disabilities by bringing together as many resources as possible in an effort to keep these individuals active, healthy, and independent for as long as possible. |

**AAAD County Data**

| Geography              | Population     |                           | Language  | Poverty  |   |   | Rural                     |
|------------------------|----------------|---------------------------|---|--|---|---|---------------------------|
|                        | 60+ Population | % of 65+ who are minority | % of individuals ages 65+ who speak language other than English At Home | % of individuals ages 65+ who are below 100% FPL | % of total 65+ population who are below poverty | % of total 65+ population who are Low Income Minority | % of all 65 who are Rural |
| <b>Benton County</b>   | 5,011          | 2.3%                      | 2.3%  | 11.5%  | 11.5%   | 0.3%  | 78.5%                     |
| <b>Carroll County</b>  | 7,646          | 8.7%                      | 1.2%  | 8.1%   | 8.1%  | 0.7%  | 83.1%                     |
| <b>Crockett County</b> | 3,668          | 14.0%                     | 1.6%  | 8.0%   | 8.0%  | 1.1%  | 67.4%                     |
| <b>Dyer County</b>     | 9,014          | 10.5%                     | 0.9%  | 12.1%  | 12.1%   | 1.3%  | 42.9%                     |
| <b>Gibson County</b>   | 12,443         | 12.8%                     | 0.7%  | 11.7%  | 11.7%   | 1.5%  | 47.7%                     |
| <b>Henry County</b>    | 10,225         | 7.7%                      | 1.6%  | 10.1%  | 10.1%   | 0.8%  | 66.8%                     |
| <b>Lake County</b>     | 1,571          | 10.6%                     | 3.2%  | 15.9%  | 15.9%   | 1.7%  | 100.0%                    |
| <b>Obion County</b>    | 8,352          | 5.7%                      | 1.2%  | 13.7%  | 13.7%   | 0.8%  | 61.1%                     |
| <b>Weakley Couty</b>   | 8,078          | 4.2%                      | 2.2%  | 13.6%  | 13.6%   | 0.6%  | 67.0%                     |

## **Greatest Need and Assessment of Unmet Need**

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

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

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

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

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

Using the federally defined criteria for individuals living at or below the Federal Poverty Level, the Northwest PSA has identified older adults experiencing the greatest economic need within the district. Special consideration is given to Lake County, where 96 percent of the population aged 65 and older lives below the federal poverty level. Lake County is ranked as the poorest county in Tennessee, underscoring the critical need for targeted outreach, coordinated services and enhanced resource allocation within this area. In addition to economic hardships, Northwest AAAD has identified individuals residing in rural areas as experiencing

the greatest social need. Rural communities throughout the PSA face significant barriers that limit access to essential services such as limited availability of door-to-door transportation, insufficient access to local mental health providers and behavioral health resources, a shortage of social service agencies within certain counties, and geographic isolation with long travel distances to service providers.

2. Please describe the method of your assessment and evaluation of unmet need and complete by service listed below.
  - a. **Supportive Services:** According to 2025 data, there are 66,008 individuals age 65 and older residing in the Northwest PSA. Projections indicate that this number will increase as time passes, further escalating the demand for services that are already in limited supply. In fiscal year 2025, Northwest AAAD provided 23,549 service hours to 391 clients through Home and Community Based Services programs. As the sole provider of supportive services in the region, Northwest AAAD offers these services at little to no cost, based on eligibility and income guidelines. Currently, there are 1,115 individuals on the waitlist for Home and Community Based Services, highlighting the growing need for additional resources to support the aging population.
  - b. **Nutrition Services:** In fiscal year 2025, Northwest AAAD provided 144,908.75 home-delivered meals. The current waitlist for agency's nutrition services stands at 1,016 individuals. Additionally, 24,835 congregate meals were served to senior centers across the Northwest area. The region has limited options for nutrition services, with only a few providers, such as Second Harvest Food Bank and church-based food banks, offering support. Northwest AAAD is the sole entity in the area that provides comprehensive nutrition services, including nutrition education, counseling, congregate meals and home-delivered meals. The Northwest area faces significant challenges due to the high number of individuals over the age of 65 who live in rural areas and are below the federal poverty line, further highlighting the need for these essential nutrition services.
  - c. **Evidence-based Disease Prevention and Health Promotion Services:** Evidence-based programs are proven strategies designed to promote health and prevent disease among older adults and adults with disabilities. Tennessee ranks in the top ten for risks related to suicide and social isolation in individuals over 65. Additionally, the state ranks 12<sup>th</sup> nationwide for the prevalence of multiple chronic conditions. To address these challenges, Northwest AAAD has partnered with senior centers in the region to implement mental health and wellness programs that are backed by research. Programs focusing on living well with chronic conditions through exercise and healthy eating are offered. Through these partnerships, Northwest TN AAAD has served 248 participants, delivering 1,781 units of evidence-based programs.
  - d. **Family Caregiver Support Services:** These services offer alternatives to institutional care, enabling caregivers to receive essential support in the home. Northwest AAAD is the sole provider of Caregiver Support Services in its rural nine-county area. In fiscal year 2025, Northwest AAAD supported 51 caregivers through services including in-home respite, support groups, information and assistance, and supplemental services. A total of 5,797.75 service units were

delivered. Currently, there are 54 individuals on the Family Caregiver waiting list. Additionally, 33 AD Respite clients were served in Fiscal year 2025, with 3,777 units of service delivered.

- e. **Multi-purpose Senior Centers:** Northwest AAAD supports 14 multi-purpose senior centers within the planning and service area. These local centers provide a range of activities, social engagement opportunities, and resources designed to reduce isolation and promote active lifestyles. Services offered include educational programs, evidence-based health programs, recreational activities, congregate meals and telephone reassurance. In fiscal year 2025, the Northwest AAAD Senior Centers provided 198,869 units to 2,295 clients across our 14 centers. Of these 2,295 served, 1,779 live in rural communities.
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:** Maintain and expand agreements with senior centers, medical facilities, housing authorities, behavioral health providers, faith-based organizations, school districts, and community agencies serving older adults and individuals with disabilities.
    - **Diverse - provide a greater variety of services and programs to meet the needs of all populations:** Increase access to Medicare counseling, benefits assistance, caregiver support services, transportation coordination, wellness education, and fraud prevention initiatives to address a broad spectrum of needs.
    - **Streamlined - create easier access to services and programs:** Strengthen interagency referral process to reduce duplication, minimize delays, and ensure hand offs between partner organizations.
    - **Data-driven - use data to inform decisions and track successes:** Allocate outreach efforts, staff time, and program funding proportionately to counties and populations identified as having the highest poverty rates, limited-service access, and social isolation. Use performance data to identify service gaps, adjust outreach strategies, and refine service delivery processes to improve outcomes.
    - **Anticipatory - address both immediate needs of older adults and the needs of future older adults:** Regularly review demographic trends, poverty data, health indicators, and aging projections to anticipate service demands and emerging gaps within the district. Leverage data to forecast funding needs, allocate resources strategically, and pursue additional funding opportunities when necessary.
  4. Please describe plans for how direct services funds under the Act will be distributed within the planning and service area in order to address populations identified as in Greatest Social Need and Greatest Economic Need. The Northwest TN AAAD will direct services funding will be proportionately allocated within the highest concentration of older adults living below the federal poverty level. Funds will prioritize services that

directly reduce economic hardship and social isolation, that include in-home services to maintain independence, nutrition services to reduce food insecurity, transportation services to address rural barriers, and caregiver support services. Recognizing that rural residents experience significant service gaps, funds will support outreach and service delivery models that reduce geographic isolation, including community-based service sites and coordinated transportation options.

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. To reduce hunger and food insecurity, the Northwest AAAD will continue to support congregate and home-delivered nutrition programs to ensure older adults have access to regular, nutritious meals. Conducts outreach to identify individuals at risk of malnutrition, especially those who are homebound or living in rural areas. The Northwest TN AAAD will continue to coordinate with community partners, senior centers, and local agencies to promote access to meal programs and related support services. The Northwest AAAD will continue to support congregate meal and senior centers that provide opportunities for social engagement. We will continue to utilize telephone and virtual platforms to maintain contact with individuals who cannot attend in-person events. Also, hosting community events and educational initiatives that foster connection and awareness. The Northwest TN AAAD will coordinate with medical providers, behavioral health agencies and community organizations to strengthen referral pathways. The Northwest TN AAAD will provide outreach and education regarding mental health resources, particularly in rural counties where services may be limited.

## Plan for Program Development and Coordination

The AAAD is proposing to use \$ 28,837 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 4.99% of the AAADs new Title III-B direct service allotment.

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

**Goal:** To promote and coordinate accurate, unbiased information and services that positively impact older adults and adults with disabilities throughout our Northwest district, enhancing access to resources, strengthening community partnerships, and improving overall quality of life.

**Objective 1:** Coordinate with agencies and community partners throughout the Northwest District to identify the needs of older adults and individuals with disabilities, and collaboratively develop and implement effective service delivery programs that address those needs.

**Strategies:**

1. Maintain and expand formal partnerships with senior centers, medical facilities, housing authorities, faith-based organizations, school districts, and agencies serving older adults and individuals with disabilities.
2. Implement recurring quarterly education and outreach sessions with partner organizations to ensure consistent engagement and increased beneficiary contact opportunities.
3. Continue to work with Alzheimer’s Tennessee to bring awareness to caregivers and people with dementia of services in our area.

**Objective 2:** Continue to disseminate materials to increase knowledge of services we provide to the Northwest District.

**Strategies:**

1. Attend health fairs, senior expos, community action boards, etc. to distribute brochures and information about services provided in our area.
2. Continue to attend and speak at engagements to bring a better understanding of services offered to the elderly and adults with disabilities.

## **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: At mid-year, December 2025, there were 2,935.75 units of homemaker and transportation given to consumers. Transportation is used to carry individuals to weekly dialysis trips. Northwest TN AAAD mailed Quality Assurance Satisfaction Surveys to 404 consumers with 34% being returned. These surveys are used to determine if there are any changes that need to be made within the program. If there are problems or issues with the provider, consumers are given the opportunity to change providers.
  
- ❖ Title III-C Nutrition Services: At mid -year, December 2025, there have been 136,631 congregate and home delivered meals served to 912 consumers. The Northwest TN AAAD mailed Quality Assurance Satisfaction Surveys to 321 of congregate meal consumers with 34% being returned. 409 surveys were sent out to home delivered meal participants with 28% being returned. These surveys are used to ensure the satisfaction with the Title III C Nutrition Services. Our provider is provided with a copy of the satisfaction surveys to aid in making improvements on the meals.
  
- ❖ Title III-D Disease Prevention & Health Promotion: At mid-year, December 2025, there have been 424 units of Title III D services provided to 105 consumers in the Disease and Prevention and Health Promotions area.
  
- ❖ Title III-E National Family Caregiver Support Program: At mid-year, December 2025, there have been 3,220.25 units of service provided to 41 consumers. Support items, such as, adult diapers, pads, and wipes have been delivered to 15 Title III E consumers. Quality Assurance Satisfaction Surveys were mailed to 82 consumers with 33% being returned. These annual quality assurance surveys are mailed out in hopes of improving current services.
  
- ❖ Title VII Elder Rights: The Northwest AAAD conducts on-going Elder Abuse awareness in staff meetings, Advisory Council meetings, health fairs and other events. In June, each Senior Center held an event and provides information to participants, staff and volunteers on elder abuse as part of National Elder Abuse Awareness Day. The Northwest AAAD CREVAA Advocate serves on a county wide Elder Abuse Advisory Board and hosted the 4<sup>th</sup> annual Elder Abuse Conference in October of 2025. The Northwest AAAD is actively working with other members in the community to develop and maintain an Elder Abuse

Coalition for the Northwest Region. The Northwest AAAD is working toward building awareness of APS services and how individuals should contact APS for needed services.

- ❖ Long-Term Care Ombudsman: The Northwest TN AAAD was served by one Ombudsman during the 2024-2025 year. During this year, the Ombudsman conducted a total of 251 visits to the 43 facilities served in the area. During these visits, a total of 1,833 residents, 697 staff members, and 83 families were provided with Ombudsman services. From July 2024 through June 2025, the District Ombudsman investigated a total of 37 cases that included a combined number of 56 complaints. These complaints included two facility closures of home for aged in this district.

Staff of the Northwest TN AAAD Ombudsman continue to strengthen program knowledge by attending two state Ombudsman in person trainings and two state Ombudsman volunteer virtual trainings along with a training with the TBI.

### **State Funds**

- ❖ OPTIONS Home and Community Based Services: At mid-year, December 2025, 18,111.50 units of services were provided through the OPTIONS services to 638 consumers. The Northwest AAAD mailed out 404 Quality Assurance Satisfaction Surveys, with 34% returned. Quality Assurance calls are also made to consumers to ensure services are being provided according to the Plan of Care.
- ❖ Guardianship: At mid-year, the Public Guardianship Program served 56 clients, 31 are person and property, 21 durable power of attorney, 2 person only and 2 property only.
- ❖ Alzheimer's Disease Respite Program: The Northwest TN AAAD served 23 consumers and 5,193.560 units of Alzheimer's Disease Respite Program with in-home Respite for individuals suffering from dementia or Alzheimer's.

### **Other**

- ❖ SHIP: During the last year, the Northwest TN AAAD SHIP Program held Annual Enrollment Events at fifteen locations during annual enrollment period of October 15<sup>th</sup> through December 7<sup>th</sup>. Northwest TN AAAD SHIP Program has twenty-six active volunteers. The Northwest TN AAAD SHIP Program held two volunteer trainings and a volunteer appreciation event this past year. The Northwest TN AAAD SHIP Program currently has partnerships with Senior Centers, medical facilities, housing facilities, faith-based Communities/Churches and other agencies that support the aging population.
- ❖ SMP Regional Coordinator: As the Senior Medicare Patrol (SMP) Regional Coordinator, the primary focus is to drive public education by conducting group presentations and engaging in

community outreach events to help beneficiaries prevent, detect and report Medicare fraud. The Northwest TN AAAD SMP Regional Coordinator also recruits volunteers, who are often retired professionals, to act as community representatives who educate peers on identifying and reporting deceptive healthcare practices. The Northwest TN AAAD SMP Regional Coordinator reached 40,000 people via radio media, as well as 2,150 people via outreach educational events such as presentations and health fairs.

- ❖ **CREVAA Program:** Provided trauma-informed, person-centered emergency and long-term support services to elder and vulnerable adult crime victims. Processed 185 referrals/inquiries and served 146 clients through direct advocacy. Delivered 550 units of advocacy services. Allocated \$16,125.89 in client-specific emergency assistance. Enrolled 3 victims into the Northwest Public Guardianship Program. Program to enhance long term safety and reduce risk of revictimization. Coordinated the Northwest TN Elder Justice Conference, engaging 180+ professionals in elder abuse prevention and cross-agency collaboration.

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

Goal 1: Ensure older adults and adults with disabilities in the Northwest region has access to coordinated, person-centered services that promote quality of life and independence while maintaining safety and dignity.

- Objective: To improve access to coordinated, person-centered services and promote quality of life for older adults and adults with disabilities in Northwest Tennessee.
- Strategies:
  1. Utilize care coordination to assess individual needs and connect individuals to appropriate services.
  2. Conduct community resource fairs and enrollment events.
  3. Expand outreach efforts in rural and underserved communities.
  4. Strengthen referral pathways with healthcare providers, senior centers, and community organizations.
- Performance Measure: (identify performance measures for FY 2027 and FY 2028)
  - Increase the number of individuals from rural and underserved communities who access services by 20%, as measured by client intake and service utilization data.
  - Increase referral volume from healthcare providers, senior centers, and community organizations by 10%, as tracked through referral source reporting.
  - Ensure that at least 85% of individuals receiving care coordination are successfully connected to one or more appropriate services within 30 days of the referral.

Goal 2: Develop and formalize partnerships with the aging services network, community-based organizations, local governments, healthcare providers, and state departments to advocate for implement solutions that reduce identified service gaps affecting older adults and individuals with disabilities in Northwest Tennessee.

- Objective: The Northwest TN AAAD will strengthen and formalize partnerships with the aging services network, community-based organizations, local governments, healthcare providers, and state agencies to improve coordination, reduce duplication of services, and implement collaborative strategies that address

identified service gaps impacting older adults and individuals with disabilities in Northwest Tennessee.

- Identify and prioritize partners within the aging services network, community-based organizations, healthcare systems, local governments and state department.
- Strategies:
  1. Participate in existing coalitions, healthcare advisory boards and local government committees to elevate aging and disability priorities.
- Performance Measure: (identify performance measures for FY 2027 and FY 2028)
  - Hold cross-sector meetings annually to identify and prioritize service gaps.
  - Implement collaborative initiatives designed to reduce identified service gaps affecting older adults and adults with disabilities.
  - Increase the percentage of older adults and individuals with disabilities accessing previously unavailable services by 10%.

Goal 3: Support older adults and adults with disabilities in the Northwest Tennessee region in maintaining optimal health, independence and overall well-being by connecting them to comprehensive services and supports that emphasize prevention, improve access to care, and address physical, mental and emotional health needs.

- Objective: Increase participation in evidence-based health promotion and disease prevention programs by 20%.
- Strategies:
  1. Offer workshops focused on chronic disease self-management, fall prevention, nutrition, and mental wellness.
  2. Promote virtual and in-person program options to reduce transportation barriers.
  3. Promote programs through social media, local media outlets, and faith-based organizations.
  4. Coordinate regional in-person and/or virtual training workshops for senior center staff.
  5. Provide certification opportunities for evidence-based programs when applicable.
- Performance Measure: (identify performance measures for FY 2027 and FY 2028)
  - Quality Assurance staff will track the number of staff trained and certifications obtained.

- Quality Assurance staff will monitor the increase in the number and variety of classes offered annually.
- Staff will continue to measure participant attendance and satisfaction to assess program effectiveness.

Goal 4: Make it easier for caregivers in Northwest Tennessee to access services and feel supported by continuing to provide education, information and training, while working collaboratively with community partners to help caregivers netter care for their loved ones – especially those living in rural areas and those experiencing high levels of caregiving stress.

- Objective: Enhance support for caregivers in Northwest Tennessee by increasing awareness of available services through targeted outreach, providing education and training designed to reduce caregiver stress, and expanding access to caregiver support programs, with particular attention to rural and underserved communities.
- Strategies:
  1. Conduct targeted outreach events: Organize community resource fairs or enrollment events annually in rural and underserved counites to connect caregivers with services and programs.
  2. Strengthen collaborative partnerships with community organizations, healthcare providers, and senior centers to coordinate caregiver support services, expand educational opportunities, and improve access to training programs.
  3. Expand program accessibility by offering both in-person and virtual caregiver education and training sessions to reduce transportation barriers and reach caregivers in remote areas.
  4. Promote caregiver services using social media, local media outlets, and faith-based organizations to raise awareness of available caregiver programs.
- Performance Measure: (Identify performance measures for FY 2027 and FY 2028)
  - Track the number of caregivers reached through outreach events, resource fairs, and targeted campaigns annually.
  - Monitor increases in caregiver inquiries and referrals compared to FY 25/26, with a target of a 10% increase,
  - Track the number of caregiver education and training sessions offered and the number of caregivers attending.
  - Measure caregiver outcomes, including increased confidence in caregiving and reduced caregiver stress, using pre- and post- program surveys.
  - Document the number of rural and underserved counties where outreach, education, or training activities occur each year.

**Program Planning for FY 2027 and FY 2028**

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

**A. Information & Assistance**

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

**Information & Assistance:** A service that:

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

1. Complete the following:

Total Number of I & A Staff: 2 Full Time and 2 Part Time

|                         | <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> |
|-------------------------|---|---|---|
|                         | 2,922                                     | 3,099.66  | 3,192.65  |
| <b>Units of Service</b> | 442.52                                    | 455.80  | 469.47  |

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.

The Information and Assistance Specialist department responded to 2,883 calls, faxes and walk-ins, serving a total of 1,431 clients during the reporting period. I&A Quality Satisfaction Surveys were mailed out to 306 callers, with a 28% return rate.

Our monthly outreach efforts include distributing push cards and brochures at Senior Centers, health fairs, SHIP and SMP events. We also utilize our Facebook page as an additional outreach tool to expand community awareness of available services.

To better serve individuals with limited English proficiency, Northwest TN AAAD partners with a professional translator service to ensure language access and equitable service delivery.

We actively work to establish and maintain strong relationships with coordinators in low-income housing communities and professionals in the healthcare field, including home health and hospice providers. These partnerships help us reach more individuals in need of services and additional support throughout our area.

I&A staff work diligently to maintain and update both established and new community resources to ensure accurate, timely, and comprehensive assistance is available to those we serve.

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

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

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

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

Includes services and coordination such as-

- Comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);
- Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services-
  - With any other plans that exist for various formal services, such as hospital discharge plans; and
  - With the information and assistance services provided under the Older Americans Act;

- Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
  - Periodic reassessment and revision of the status of the older individual with-
  - The older individual; or
  - If necessary, a primary caregiver or family member of the older individual; and
  - In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources. (Source: OAA)

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

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

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

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

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

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

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

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

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

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

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

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

Area Plan, FY 2027-2030

1. Complete the following table:

|  | <b>FY 2026</b> | <b>FY 2027 - Projected<br/>(Served/Units)</b> | <b>FY 2028 - Projected<br/>(Served/Units)</b> |
|--|----------------|---|---|
| <b>State - Options Allocation Amount</b> | 1,422,600      | 1,370,800                                     | 1,400,000                                     |
| <b># Served</b>                          | 226            | 232.78  | 239.76  |
| <b>Units of Service</b>                  | 10,074.25      | 10,376.48                                     | 10,687.77                                     |

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

|  | <b>FY 2026</b> | <b>FY 2027 - Projected<br/>(Served/Units)</b> | <b>FY 2028 - Projected<br/>(Served/Units)</b> |
|--|----------------|---|---|
| <b>Federal Title IIIB/State Homemaker In-home services Allocation Amount</b> | 686,600        | 577,800                                       | 580,000                                       |
| <b># Served</b>  | 2              | 2.06  | 2.12  |
| <b>Units of Service</b>  | 38.00          | 39.14   | 40.31   |

3. Describe the methodology for the projections listed above.

4. Complete the following table:

|   |     |
|---|-----|
| <b>Number of Individuals on HCBS OPTIONS Waiting List (high-risk clients only)</b>    | 387 |
| <b>Number of Individual on HCBS Title III-B Waiting List (high-risk clients only)</b> | 382 |

5. Describe your plan for addressing the individuals on the waiting 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.):

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

The Northwest Tennessee Human Resource Agency (HRA) serves as the contracted provider of meals for the Northwest PSA. HRA subcontracts with Trio Community Meals, LLC. to prepare and distribute meals to service sites throughout the district.

Area Plan, FY 2027-2030

The Northwest TN AAAD fiscal staff develops the Nutrition budget for the FY 27 Area Plan fiscal period. Each year, projected units of service are calculated and included in the budgeting process.

Funding sources --- including Title IIIC1 Congregate Meals, Title IIIC2 Home Delivered Meals, State Nutrition Support and allocated NSIP funds – are reviewed and approved. Upon approval, these funds are contracted to the Northwest TN HRA for service delivery.

Under established Nutrition Guidelines, the Northwest TN AAAD coordinates with and monitors the Tennessee Human Resource Agency nutrition staff to ensure the continued operation of congregate meal sites.

The Northwest TN AAAD Options Counselors maintain and manage the budget for home delivered meal units to ensure services remain within allocated funding levels.

The provider submits a monthly request for reimbursement using an invoice format supplied by the Northwest TN AAAD Fiscal Department. Each invoice is reviewed for unit accuracy and client eligibility. Approved units are then entered into and reconciled within the State’s Database. Once reconciliation is complete and documentation is verified, payment is issued.

2. Complete the following table:

| <b>Provider</b> | <b>IIIC 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> |
|-----------------|------------------------|------------------------|---------------------------------|--------------------------------|--|--|--|---|
| HRA             | 461,100                | 40,700                 | 696,600                         | 7                              | 23,000   | 25,000   | 119,000                                      | 125,000                                   |
|                 |                        |                        |                                 |                                |  |  |  |   |
|                 |                        |                        |                                 |                                |  |  |  |   |
|                 |                        |                        |                                 |                                |  |  |  |   |
|                 |                        |                        |                                 |                                |  |  |  |   |
|                 |                        |                        |                                 |                                |  |  |  |   |
|                 |                        |                        |                                 |                                |  |  |  |   |
|                 |                        |                        |                                 |                                |  |  |  |   |

3. Complete the following table:

| Service                             | Amount III-C Allocated          |
|-------------------------------------|---------------------------------|
| Nutrition Counseling                | \$0.00 Vendor provides service. |
| Nutrition Education                 | \$0.00 Vendor provides service. |
| Other Services (Describe):<br>_____ | \$                              |

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

As meal delivery costs can be one of the more significant expenses, the HRA provider will continue to recruit volunteers to deliver home delivered meals. At present, St. John’s Community Center delivers some meals within our area. Individuals with low incomes would likely experience improved health outcomes if they were able to attend congregate meal sites, as many do not have sufficient funds to purchase nutritious foods. While at these sites, participants can also receive education on healthy eating habits and strategies to improve their overall health.

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

The Northwest TN AAAD distributes anonymous Quality Assurance Satisfaction Surveys based on reports generated from the State Wide Database of individuals who currently receive or have received services within the past year. These Quality Assurance Satisfaction Surveys included questions tailored to the specific services each individual has received.

A self-addressed, stamped envelope is included with each survey to encourage responses. Completed surveys are returned to Northwest TN AAAD, where the results are compiled into a comprehensive report summarizing responses and feedback. Individuals who note concerns or request additional assistance on their surveys are contacted to determine what other services may be available to support them. If responses include comments related to nutrition services, copies are provided to the HRA Nutrition Program for review and follow-up as appropriate.

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 of our nutrition sites conducts outreach to three to five individuals per month and reports their names to the Northwest TN AAAD. Our goal is to reach hard-to-serve individuals, with special emphasis on those who are low-income, rural, minorities, or who face language barriers.

Outreach efforts include phone call from each nutrition site, distribution of brochures describing the nutrition program in each county, and written invitations encouraging individuals to attend congregate sites.

Operating in a small rural area provides our local staff with the advantage of personally connecting with community partners such as churches, city halls, home health agencies, hospitals, physicians' offices, and housing complexes to help identify and reach low-income individuals, minorities, and those experiencing language barriers. Word of mouth remains one of our most effective outreach strategies.

We also encourage participating seniors to inform staff of any low-income, minority or rural individuals who may benefit from congregate meal services. At this time, there are no plans to change the locations of any congregate meal sites.

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

The Nutrition provider will deliver three weather-related emergency meals to each consumer, with additional meals ordered and delivered if necessary. A written notice accompanies each delivery explaining that the meals are to be used only during inclement weather and/or emergency situations.

Consumers are provided with instructions emphasizing the importance of food safety during emergencies, including situations such as floods, fires, or other natural disasters. In the event of any emergency, Options Counselors, I&A staff, the AAAD Director, and/or the provider will make every effort to contact consumers and/or their designated emergency contacts. If consumers cannot be reached, contact will be made with local law enforcement, the Sheriff's Department, or Emergency Management to ensure their safety and well-being.

#### **D. Guardianship:**

1. Complete the following table:

|                            | <b>2026<br/>Calendar<br/>Year</b> | <b>2027 Calendar Year<br/>Projected</b> | <b>2028 Calendar Year<br/>Projected</b> |
|----------------------------|-----------------------------------|---|---|
| <b>Active<br/>Caseload</b> | 55                                | 60                                      | 65                                      |

\* Number of clients served during the Fiscal Year

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

The Northwest TN AAAD Guardianship Program will continue its partnership with the University of Tennessee at Martin Social Work Program to recruit volunteers and interns to the program.

The Guardianship Program also participates in health fairs, career fairs and senior center events to increase community awareness and recruit additional volunteers.

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

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

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

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

Includes services and coordination such as-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Complete the following table:

|  | <b>FY 2026</b> | <b>FY 2027 - Projected<br/>(Served/Units)</b> | <b>FY 2028 - Projected<br/>(Served/Units)</b> |
|--|----------------|---|---|
| <b># Served</b> <i>(Excluding Case Management, Information Services, and Information &amp; Assistance)</i>         | 27             | 27.81   | 28.64   |
| <b>Units of Service</b> <i>(Excluding Case Management, Information Services, and Information &amp; Assistance)</i> | 2,923.75       | 3,011.46                                      | 3,101.81                                      |

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

The Northwest TN AAAD assigns a Family Caregiver Counselor to coordinate home and community-based services throughout the nine county Northwest PSA. The Northwest TN AAAD Family Caregiver Counselor will implement homemaker and personal care services as part of the in-home services array to ensure individuals receive the highest level of care appropriate to their needs. Northwest TN AAAD staff develops and monitors the budget for the Family Caregiver Program. Fiscal staff reviews the budget on a monthly basis and makes adjustments as necessary to ensure full expenditure of the Title III E Family Caregiver in-home services allocation by the end of FY 27.

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.

The Northwest TN AAAD will continue to distribute information about the Family Caregiver Program at health fairs, senior expos and senior centers events throughout our district. Information will also be shared through the agency’s Facebook page and website to ensure access for individuals who are unable to attend community events. In addition, the Options Counselor will be available to provide presentations and participate in speaking engagements across the district to increase awareness of the Family Caregiver Program and the services available to eligible individuals.

**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<br/>(Served/Units)</b> | <b>FY 2028 -<br/>Projected<br/>(Served/Units)</b> |
|--------------------------|----------------|---|---|
| <b># Served</b>          | 105            | 108   | 111   |
| <b>Units of Service)</b> | 424            | 436.72  | 449.82  |

**G. Legal Assistance**

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

Protective Services

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?

Healthcare and long-term care remain critical issues for individuals in West Tennessee. An attorney with the West Tennessee Legal Services has represented clients in multiple QIT matters and CHOICES appeals within the Northwest service area and continues working to expand the organization’s presence in our region. Special emphasis is placed on assisting Public Guardian clients with healthcare and long-term care issues, as individuals served through the Public Guardian Program often had no family members or other support systems to advocate on their behalf. Ensuring access to legal assistance and appropriate services for those vulnerable individuals remains and priority.

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?

Minority in poverty represents less than 50%. Targeting and outreach efforts are being made at Senior Centers in our area.

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 Northwest TN AAAD will continue to explore additional funding opportunities to expand and enhance services for seniors throughout the service area. West Tennessee Legal Services offers an online application, allowing individuals in need of legal services to apply conveniently and securely. The West Tennessee Legal Services website is designed to be senior-friendly and includes sections tailored to older adults. These sections provide information and resources on topics such as senior housing, reserve mortgages, TennCare/Medicaid eligibility and paying for nursing home care, powers of attorney, advance directives, elder abuse and other issues affecting older individuals.

## **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> |
|----------------------|----------------------|--------------------|------------------|---------------|-----------------------------|
| Benton County OOA    | 168                  | 25                 | 6                | 167           | 0                           |
| Carroll County OOA   | 94                   | 17                 | 14               | 94            | 0                           |
| Crockett County OOA  | 203                  | 73                 | 60               | 12            | 2                           |
| Dyer County OOA      | 225                  | 36                 | 39               | 215           | 0                           |
| Gibson County OOA    | 110                  | 23                 | 5                | 96            | 0                           |
| Henry County OOA     | 134                  | 36                 | 36               | 130           | 0                           |
| Humboldt SC          | 85                   | 10                 | 74               | 10            | 0                           |
| Lake County OOA      | 38                   | 31                 | 16               | 38            | 0                           |
| Martin Gateway Ctr.  | 105                  | 13                 | 18               | 104           | 0                           |
| Milan SC             | 263                  | 42                 | 63               | 231           | 0                           |
| Obion County OOA     | 132                  | 13                 | 8                | 132           | 0                           |
| Ridgley SC           | 39                   | 8                  | 4                | 39            | 0                           |
| Sharon SC            | 99                   | 16                 | 1                | 98            | 0                           |
| Weakley County OOA   | 105                  | 16                 | 4                | 105           | 0                           |

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

The Northwest TN AAAD will continue collaborating with senior centers throughout the district to help them reach their target populations. The agency remains available at all times to provide technical assistance, support, and resources as requested by senior centers.

In addition, the SHIP and SMP programs have been highly active in senior centers and will continue being active doing presentations, assisting with outreach and education efforts to help centers increase participation and meet program goals.

**I. Emergency Preparedness**

- Name of Staff Person on the local emergency management team: Elizabeth Whitmore
- How is the agency’s emergency plan communicated to staff?

The Northwest TN AAAD continuously updates the Staff Phone Tree that is then given out to all employees annually or as needed. The Northwest TN AAAD also has Emergency/Disaster Procedures in place that are also distributed annually to employees.

**J. SHIP**

- Complete the following table:

|   | <b>Grant Year 2024-2025 (April - March)</b> | <b>Grant Year 2025-2026 (April - March)</b> | <b>Grant Year 2026-2027 (April - March)</b> |
|---|---|---|---|
| <b># Client Contacts</b>                              | 3,779                                       | 3,602                                       | 3,700                                       |
| <b># of Consumers Reached Through Outreach Events</b> | 1,414                                       | 4,204                                       | 4,300                                       |
| <b># of Client Contacts Under Age 65</b>              | 744   | 738   | 800   |

|  |       |       |       |
|--|-------|-------|-------|
| <b># of Hard to Reach Client Contacts</b>                              | 47    | 50    | 150   |
| <b># Of Enrollment Contacts</b>  | 6,238 | 4,203 | 4,300 |
| <b># of Low Income/Medicare Savings Enrollment Assistance Contacts</b> | 1,152 | 1,274 | 1,400 |

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

- Client Contacts:** The Northwest TN AAAD SHIP/SMP Program will host SHIP and SMP presentations through non-traditional methods and in alternative community locations to expand outreach efforts. Staff will participate in health fairs and community events to promote program services and increase public awareness. The Northwest district includes nine counties, each of which host both health fairs and annual county fairs. TN SHIP will maintain a booth at each county fair to provide Medicare counseling information, educational materials and one-on-one assistance to beneficiaries and caregivers.
- Outreach:** The Northwest TN AAAD SHIP Program currently maintains partnership agreements with 15 senior centers, 10 medical facilities, 8 senior housing facilities, 5 faith-based organizations, and 12 agencies that support the aging population. Conducting recurring quarterly sessions with these partners increases contact opportunities and helps produce positive outcomes through consistent education and outreach efforts. In addition, the TN SHIP completed Medicare reviews during the Open Enrollment Period at fifteen locations throughout the nine-county service area.
- Client Contacts Under age 65:** The Northwest TN AAAD SHIP Program will continue to collaborate with housing facilities, the Department of Health and Human Services, and other community agencies to establish partnerships that assist clients under the age of 65. When housing facilities host their 2nd Harvest Food Bank distribution, TN SHIP representatives are present to provide outreach and assistance. In addition, TN SHIP also participates in food distribution hosted by RIFA to connect with potential clients under the age of 65 who may benefit from Medicare Saving Programs or other cost-sharing assistance. Conducting outreach to these events helps reach individuals experiencing food insecurity who may also qualify for additional healthcare-related benefits.
- Hard to Reach Client Contacts:** The Northwest TN AAAD SHIP Program is currently developing new partnerships with more than 30 faith-based organizations, churches and school districts across our nine-county region. These collaborations

are designed to support retirees who are transitioning from employee-sponsored health coverage to Medicare. Through these expanded partnerships, we are increasing our outreach targets to ensure more eligible beneficiaries receive accurate, unbiased Medicare information. This initiative strengthens our ability to provide timely education, enrollment assistance, and personalized guidance – helping individuals make informed decisions about their healthcare coverage.

- **Enrollment Contacts:** The Northwest TN SHIP Program prominently utilizes the statewide toll-free number on all printed and digital materials to promote TN SHIP services. This ensures beneficiaries have a consistent and direct point of contact for Medicare counseling and assistance. Program referrals and contacts are generated through strong community partnerships, including employer engagement initiatives, collaborations with city and local government agencies, and outreach within the faith-based community. In addition, DDA SHIP forwards beneficiary contacts to our program when individuals submit requests through FormStack or call the toll-free number seeking assistance. This coordinated referral process strengthens our ability to respond quickly and efficiently to beneficiary needs. To expand visibility and maintain a consistent digital presence, the Northwest TN AAAD SHIP program posts regularly on Facebook. These efforts help create a strong digital footprint, increase community awareness, and ensure eligible beneficiaries know how to access unbiased Medicare counseling services.
- **Low Income/Medicare Savings Enrollment Assistance Contacts:** The Northwest TN SHIP Program has established a partnership with Carey Counseling Center to expand outreach to low-income and Medicare-eligible beneficiaries under age 65 across the nine counties we serve. Through this collaboration, we have the potential to reach vulnerable populations who may qualify for Medicare due to disability and who often require additional guidance navigating coverage options. To date, we have conducted one educational session with approximately 30 Carey Counseling Center staff members in attendance. This training equipped staff with foundational Medicare knowledge and increased their awareness of SHIP services for client referrals. We plan to continue strengthening this partnership throughout the contract year by offering additional training sessions, referral support and beneficiary education opportunities to ensure individuals receive accurate, unbiased Medicare information and assistance.

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

The Northwest TN AAAD SHIP Program has established new partnerships with community agencies and continues to implement recurring quarterly efforts targeting hard-to-reach populations across our nine-county service area. These structured, ongoing engagements allow us to build trust, increase visibility, and create meaningful

contact opportunities that ultimately lead to positive beneficiary outcomes. By conducting recurring quarterly sessions with local partner organizations, we strengthen referral pathways, increase contact attempts and improve access to unbiased Medicare counseling services. In June, we will participate in the second annual SCAM JAM event focused on Medicare Fraud Prevention. This initiative reinforces our commitment to beneficiary protection and education. These outreach initiatives continue to elevate program visibility, strengthen community partnerships, and ensure eligible beneficiaries receive accurate and timely Medicare information.

## 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*<br>OBJECTIVE   | ACTUAL<br>ACCOMPLISHMENT  |
|---|---|
| Increase mail outs, information on Facebook and website accounts  | The Northwest TN AAAD and Senior Centers in our area have maintained and distributed brochures, newsletters, monthly calendars, and have Facebook and web pages that provide information regarding our programs and services. |
| Increase the Northwest TN AAAD’s presence in churches and public housing events   | Brochures have been distributed to churches and public housing complexes throughout our district making them aware of the different programs and activities we have available through the AAAD.                               |
| Participate in health fairs and senior expos throughout the Northwest District  | The SHIP and SMP programs have participated in numerous health fairs and senior expos distributing information on all programs offered throughout the AAAD nine counties.   |
| Contact churches, public housing complexes and Senior Centers to host presentations from the Northwest TN AAAD.               | The SHIP and SMP program coordinators have worked together to make presentations to interested parties in our district.   |
| Reach out to doctor’s offices, pharmacies, and local food commodities programs to provide information regarding our services. | Visits, discussion and leaving brochures at local doctor’s offices, pharmacies and local food commodities programs to distribute information regarding our programs.  |

## 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.

The Northwest TN AAAD is part of the Northwest Tennessee Development District/Human Resource Agency’s Title VI district committee. The committee consists of a Title VI Coordinator for the district and eight members who meet twice a year. There is a member from each department represented on the committee, with Liz Whitmore, Program Specialist for the AAAD, serving on the committee. The AAAD Title VI Coordinator job duties include, but are not limited to, monitoring all service providers and senior centers to ensure that the appropriate trainings, policies, postings, and signage are in compliance with Title VI guidelines. The Northwest TN AAAD Title VI coordinator also ensures that all senior centers are holding activities that target the rural, poverty, and minority populations in our nine counties. The Title VI Coordinator also works with the Human Resource/Development District human resources’ manager to help schedule and assist in holding Title VI trainings for all AAAD employees. Any special meetings or complaints are attended to and handled by the Title VI coordinator when they pertain to an Area Agency on Aging and Disability issue.

2. Complete the following table:

|                                   | FY 2026 | FY 2027<br>Projected | FY 2028<br>Projected |
|-----------------------------------|---------|----------------------|----------------------|
| Total Individuals Served          | 3,028   | 3,118                | 3,212                |
| Total Minority Individuals Served | 553     | 569                  | 586                  |

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

The Northwest TN AAAD currently contracts with the Avaza Language Services Corporation for help with persons with limited English proficiency.

4. Complaint Procedures
  - a. Describe the Title VI Complaint procedures followed by your agency.
  - b. Describe agency policies related to investigations, report of findings, hearings and appeals, if applicable.
  - 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.

Any complaints against any program operating under the Northwest TN Development District/Human Resource Agency must be submitted to the Title VI Program Coordinator no later than thirty calendar days after the alleged incident. The Title VI Program Coordinator will immediately (no later than the next business day) forward a copy to the District Title VI Agency Coordinator, who will review and investigate the initial written complaint with the following team: Title VI Program Coordinator, Program Director, Human Resources, and the Executive Director. The Title VI Coordinator will also send a copy of the complaint/grievance to the DDA Title VI Coordinator within seven calendar days of receipt while conducting the investigation. All relevant aspects of the complaint will be investigated. The complainant will have an opportunity to give a rebuttal statement in the end of the investigatory process. Appropriate action will be taken in a timely manner. After the investigation is complete, a final report will be kept in the program files as well as in the Agency manual along with a log of all complaints and appeals for three years. The final summarized statement taken from the witness, findings of all the facts, the opinion (based on all evidence in the record) that the incident is substantiated or unsubstantiated, and remedial action(s) for substantiated cases. A future email with the outcome of the investigation shall be send to the DDA Title VI Coordinator and the Tennessee Human Rights Commission in a narrative of the resolution. If corrective action(s) has not taken place within the thirty days from the final report, a referral will be made to the Legal Office for enforcement action. The complainant has the right to appeal all written reports in writing to the agency Title VI committee within fifteen days of the receipt of the program's final report.

There have not been any Title VI complaints filed in the last year with the Northwest TN AAAD.

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

The Northwest TN AAAD will contract with 17 contractors of which 1 (6%) is a minority owned business. To this point in FY 2026, \$46,884 (2.5%) has been spent with our minority provider. We have hopes to spend more with them as the year progresses.

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.

During each Quality Assurance monitoring, the Quality Assurance Coordinator checks with each provider that the Northwest TN AAAD contracts with to provide services to ensure that

annual Title VI training has been completed by all current employees. It is also during this visit that the contractor is monitored to ensure that they have a non-discriminatory policy, program and services, complaint procedures, and minority participating on planning and advisory bodies are in place and are being followed. Postings for Title VI notices and contact information are also checked to ensure all Title VI requirements are being met.

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?

- Information on different programs and services provided through out I&A staff and Options Counselors.
- By participating in health fairs and presentations throughout the Northwest district distributing brochures and answering individual's questions.
- Distributing brochures and flyers detailing all the different programs offered by the AAAD to senior centers, home delivered meals participants, commodities locations, and different areas throughout the Northwest district.
- Senior Centers providing free health screenings such as blood pressure checks, glaucoma, blood sugar checks and foot clinics to help attract the minority populations to come into the senior centers.
- Mailing of Senior Center newsletters with activities and programs.

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

- The Northwest PSA is comprised of 66,008 60+ persons who are 60+ in age.
- The Northwest TN AAAD is composed of 4 minorities and a 21 non-minority staff. Two staff members are male.
- The Northwest TN AAAD Advisory Council consist of 34 members. Four members are minority, one female and three males.

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 Quality Assurance Coordinator reviews information and/or programs that were presented in our senior centers that focus on increasing the representation and/or participation of minority populations. Also, all data is recorded in the State Wide

Database in order for the AAAD to have a record of how many minority consumers are being reached in our area.

**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                             |
|--|---|---|
| Mail Outs, Newspapers, Websites and Facebook                     | Office on Aging//Senior Centers and the AAAD will distribute brochures, newsletters, and calendars with information on services and programs. | Program Specialist<br>SHIP Coordinator<br>SMP Coordinator |
| Participate in health fairs and senior expos                     | Booths will be set up with brochures and information about our various programs   | Program Specialist<br>SHP Coordinator<br>SMP Coordinator  |
| Churches, Public Housing   | Individuals will be contacted regarding activities at each senior center  | Program Specialist<br>SHIP Coordinator<br>SMP Coordinator |
| Churches, Public Housing and Senior Centers, Chamber of Commerce | Presentations on SHIP and SMP will be provided  | SHIP Coordinator<br>SMP Coordinator                       |
| Doctor's Offices and Pharmacies                                  | SHIP and HCBS brochures will be provided  | Program Specialist<br>SHIP Coordinator<br>SMP Coordinator |

## AAAD STAFFING

1. Include an Organizational Chart for the Area Agency with staff names, position/title, and funding source.
2. List all new hires not included in the FY 2026 Area Plan Update. Include the following information:

- No new hires

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

Lori Kelley Burdine

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

- Age 60+: 5
- Female: 23
- Minority: 4
- Disabled: 0

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

Three Full Time Options Counselors

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

The average caseload for our Option Consumers is 201 clients per counselor.

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

In the event of increased capacity in programs, the Northwest TN AAAD would look into the possibility of hiring an additional Options Counselor.

**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> |
|--|--|-----------------------------------|
| *SE4A  | 4                                      | September 2026                    |
| DDA State Conference                         | 6                                      | September 2026                    |
| *Guardianship Annual Conference              | 2                                      | October 2026                      |
| I&A DDA Training                             | 4                                      | April 2026                        |
| Conservatorship Annual State Training        | 2                                      | April 2026                        |
| SHIP Northwest District Volunteer Conference | 2 staff and 30 volunteers              | March 2026 and September 2026     |
| SHIP Volunteer Appreciation                  | 2 staff and 30 volunteers              | April 2026                        |
| TFA  | 5                                      | October 2026                      |
| Northwest Elder Abuse Conference             | 25                                     | October 2026                      |
| Ombudsman State Training                     | 1                                      | May 2026 and September 2026       |
| Title VI Training                            | 27                                     | April 2026                        |
| *NGA Conference                              | 2                                      | October 2026                      |

Exhibit E-1

**Advisory Council**

**A. MEMBERSHIP and REPRESENTATION**

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

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

| <b>Members</b>   | <b>Represents</b> |
|------------------|-------------------|
| Nancy Melton     | A,D               |
| Dayna Ferguson   | A,D               |
| Barbi Wood       | A,D               |
| Kim cannon       | A,D               |
| Dottie Walker    | A,D,F             |
| June Jones       | A,D               |
| Maureen Meeks    | A,D               |
| Tommy Jones      | B,D,H,F           |
| Jerry Edmundson  | A,D,F,M           |
| Lela Greene      | B,D               |
| Climmie Jones    | B,D               |
| Dorcas Stuckey   | A,D               |
| Linda prince     | A,D               |
| Sherry Epperson  | A,D               |
| Phyllis Parks    | A,D,M             |
| Sherry Dotson    | A,D,M             |
| Wanda McCartney  | A,D               |
| Marilyn McCollum | A,D               |
| Marvin Mays      | A,D               |

Area Plan, FY 2027-2030

|                   |         |
|-------------------|---------|
| Barbara Schuff    | A,D     |
| Candy Williams    | A,D,E   |
| Oscar Reynolds    | A,D     |
| Melinda Cranford  | A,D,E   |
| Carolyn Moran     | A,D     |
| Chuck Askley      | A,D     |
| Deborah Lockwood  | A,D     |
| Ruthie Northam    | A,D     |
| Sherry Davis      | A,D     |
| Janice Stigall    | A,D,F,H |
| Jimmy Higgs       | A,D     |
| Nancy Williams    | A,D     |
| Eugene Glover     | A,D     |
| Keith Dunning     | D,F,H,L |
| Jennifer Branscum | M,H,D,F |

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

Give Dates and Times of Scheduled Meetings

All Meetings will take place at 9:30am in the Large Conference room at

124 Weldon Drive Martin

TN 38237

September 8,2026

December 8,2026

March 9,2027

June 8,2027

**C. OFFICERS & OFFICE**

| <u>Name of Officer</u>         | <u>Office</u>    | <u>Date Term Expires</u> |
|--------------------------------|------------------|--------------------------|
| Elizabeth Whitmore(AAAD Staff) | Secretary        | Ongoing                  |
|                                | Vice-Chairperson | Vacant                   |
| Jerry Edmundson                | Chairperson      | July 1,2027              |

**D. ADVISORY COUNCIL BYLAWS**

Attach Bylaws that show date of last review.

## Public Hearings on Area Plan

### A. PUBLIC HEARING INFORMATION

|  |   |
|--|---|
| <b>Date(s) of Public Hearing</b>                         | March 17,2026                             |
| <b>Time(s) when hearing was held</b>                     | 9:30am                                    |
| <b>Place(s) where hearing was held</b>                   | Large Conference Room At 124 Weldon Drive |
| <b>Was Place Accessible?</b>                             | Yes                                       |
| <b>Type of Notice(s) or Announcement(s)</b>              |   |
| <b>Date(s) of Notices or Announcements (attach copy)</b> |   |

### B. ATTENDANCE\*

| County  | # of Advisory Council Members from County | Total from County** |
|---|---|---------------------|
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
| <b>Total # Advisory Council Members in column 2</b> |   |                     |
| <b>Total Attendance*</b>                            |   |                     |

\* Do not include AAAD staff in Public Hearing attendance

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

### C. AGENDA & ANNOUNCEMENTS

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

**D. DESCRIPTION**

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

**E. SUMMARY of PUBLIC COMMENTS**

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

**F. SUMMARY of CHANGES**

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

## **Advisory Council Participation in the Area Plan Process**

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

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

**Request for Waiver for FY2027-2030**

**Northwest TN AAAD**

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

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

     **Nutrition Services Administration**

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

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

  X   **Ombudsman**

1. List all agencies in the PSA that provide this service to elderly persons.  
None
2. Explain how the current level of service in the PSA is inadequate to meet the need.  
There are no other agencies providing this service in this PSA.
3. Explain why it is a best practice for the AAAD to provide this service directly.

  X   **National Family Caregiver Support Program**

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

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

None

2. Explain how the current level of service in the PSA is inadequate to meet the need.  
N/A
3. Explain how this service is directly related to the AAAD's administrative function.  
The Northwest TN AAAD has completed a telephone screening and made a visit to the home.
4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.  
There are no other agencies providing this service in the PSA.

\_\_\_\_\_ **Legal Assistance**

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

\_\_\_\_\_ **Senior Center/Office on Aging**

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

\_\_\_\_\_ **Other** \_\_\_\_\_

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

**SIGNATURES:**

\_\_\_\_\_  
Julie Jones, AAAD Director \_\_\_\_\_ Date

\_\_\_\_\_  
Lori Kelley-Burdine, Chief Administrative Officer of Grantee Agency \_\_\_\_\_ Date

\_\_\_\_\_  
Jerry Edmundson, Advisory Council Chairperson \_\_\_\_\_ Date



## ASSURANCES Older Americans Act (2020) Assurances of Compliance

### AREA PLANS

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

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

(I) were officially designated as community action agencies or community action programs under section

210 of the Economic Opportunity Act of 1964 (42

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

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

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

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as

organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

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

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

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

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

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

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

(I) <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**

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

**SIGNATURES**

\_\_\_\_\_  
Julie Jones, AAAD Director

Date \_\_\_\_\_

\_\_\_\_\_  
Lori Kelley-Burdine, Grantee Agency Director

Date \_\_\_\_\_

## Availability of Documents

*Northwest Tennessee* 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**

\_\_\_\_\_  
Julie Jones, AAAD Director

Date \_\_\_\_\_

\_\_\_\_\_  
Lori Kelley-Burdine, Grantee Agency Director

Date \_\_\_\_\_

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

The Northwest 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 Northwest 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 Northwest 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

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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**

\_\_\_\_\_  
Julie Jones, AAAD Director

Date \_\_\_\_\_

\_\_\_\_\_  
Lori Kelley-Burdine, Grantee Agency Director

Date \_\_\_\_\_

**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         |





