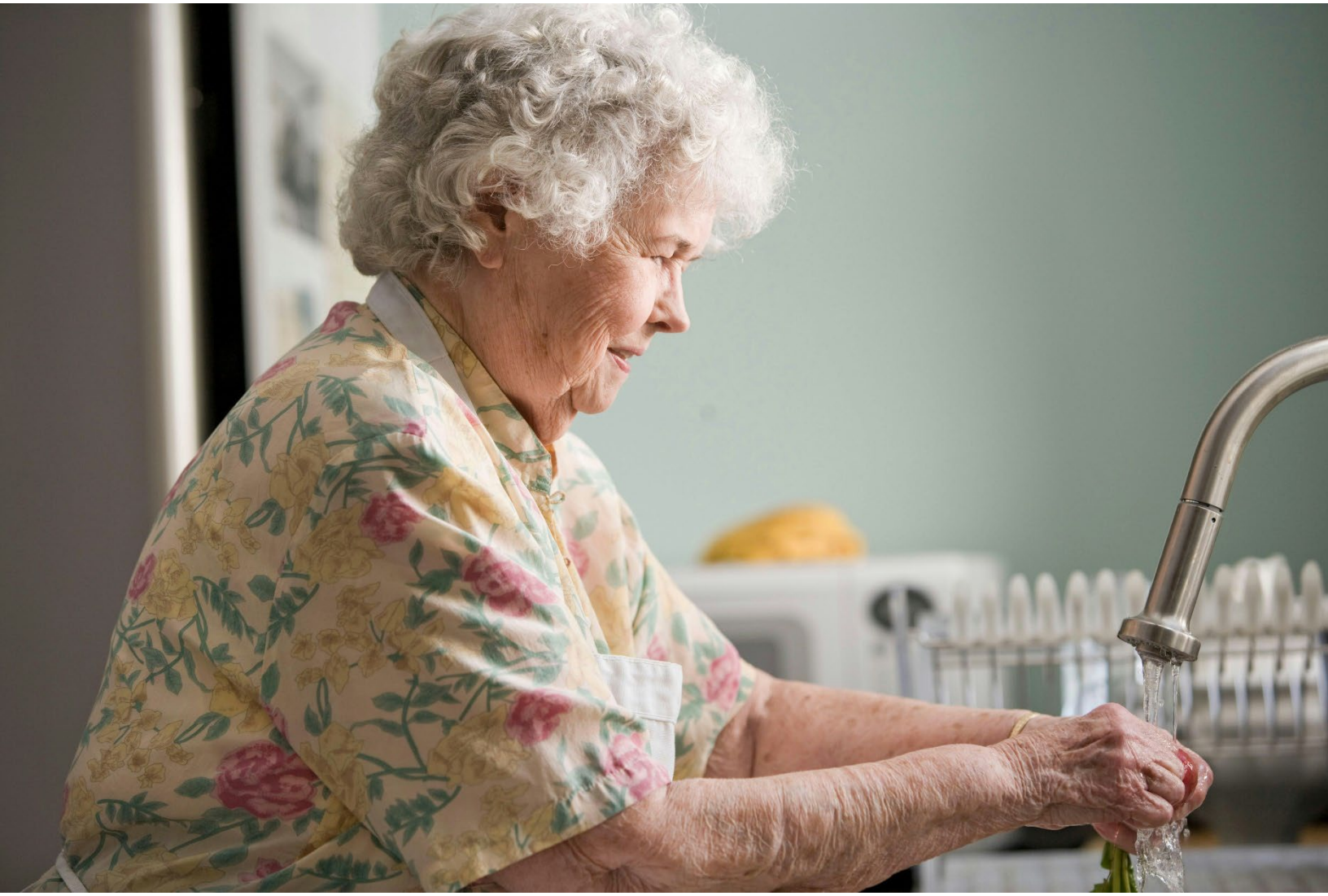

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Chapter 1: Introduction

Purpose

The purpose of this manual is to provide program policies and procedures to Area Agencies on Aging and Disability and their providers. This manual includes information on programs and services funded by the Older American Act and by the Tennessee General Assembly. The manual will be reviewed and updated as necessary. Notifications regarding updates will be managed by the Department of Disability and Aging (DDA).

Nothing in this manual is intended to replace or supersede any federal or state laws applicable to each agency or the terms of agreements (e.g., the contract) agencies have entered with the State of Tennessee. This manual is intended only to provide guidance on the implementation of all such laws and agreements.

Definitions

(Ombudsman Definitions are found in Chapter 8)

Access Services (in regard to I & A) — means services which may facilitate connection to or receipt of other direct services, outreach, information and assistance, options counseling, and case management services

Act— the Older Americans Act of 1965, as amended

Adult Day Care/Health—Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs.

Area Agency on Aging and Disability (AAAD)— a single agency designated by the SUA to perform the functions specified in the Older Americans Act for a planning and service area, as defined in CFR Title 45 Part 1321.

Area Plan Administration— funds used to carry out activities as set forth in Section 306 of the Act and other activities to fulfill the mission of the AAAD, including development of private pay programs or other contracts and commercial relationships

Assessment (in regard to Legal Services)— the periodic process by which all available information is gathered and analyzed through the use of a structured tool, during on-site visits, in order to identify the strengths and weaknesses and determine the efficiency and effectiveness of activities carried out under the contract. An assessment visit is followed up with a formal report.

Assisted Transportation—services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort to other appropriate

assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity.

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.

Attorney ad litem— means an attorney appointed by the court to act as counsel for the Respondent

Attorney in fact— means a person designated in a written document by another (the principal) to act on the Principal's behalf in the specific areas set out in the written document (the power of attorney) at the times specified by the power of attorney

Beneficiary— means a recipient of government benefits

Case—A legal assistance matter provided to an eligible client by a legal assistance provider. A case encompasses one legal matter. Accordingly, a client may have more than one case simultaneously and/or during a calendar year. When matters in litigation move from one forum to another, such as upon filing of an appeal by the client or by an adversary or another litigant, a new case is to be opened.

Cases Closed-Abuse/Neglect—the abuse/neglect legal case is determined and reported for closed cases and includes orders of protection and associate matters, recovery of assets lost due to financial exploitation or abuse, actions to assert rights and remedies of elders against abuse, financial exploitation or neglect, abuse/neglect-other.

Cases Closed-Age Discrimination—The age discrimination legal case type is determined and reported for closed cases and includes employment or other age-related discrimination, housing discrimination claims, other claims of discrimination based upon inclusion in a protected class. No Legal Services Corporation legal problem categories and codes align to this case type.

Cases Closed-Defense of Guardianship or Protective Services—The defense of guardianship or protective services legal case type is determined and reported for closed cases and includes: representation to oppose imposition of guardianship; removal of guardian or limiting the terms of guardianship; restoration of rights; assisting with alternatives to guardianship; preparation of legal documents that preserve self-determination and mitigate risk of guardianship, and /or to enable a supported decision-making arrangement such as powers of attorney, living wills, health care proxies; defense of guardianship and protective services-other.

Cases Closed-Health Care— the health care legal case type is determined and reported for closed cases and includes Medicaid, Medicare-eligibility, termination, reduction; Medicare Savings Programs (Qualified Medicare Beneficiary, Specified Medicare Beneficiary, Qualified Individual) eligibility, reduction, termination; Veterans Administration benefits disputes; private insurance disputes; health-other.

Cases Closed-Housing—The housing legal case type is determined and reported for closed cases and includes landlord tenant-eviction, warranty of habitability, mobile home tenant issues; real property-

foreclosure, real property-related predatory lending claims, mortgage issues; housing-other. Legal Services Corporation legal problem categories and codes that best align are “Housing” codes 61 through 69.

Cases Closed-Nutrition—The nutrition legal case type is determined and reported for closed cases and includes SNAP eligibility, benefits, reduction, or termination; nutrition-other. Legal Services Corporation legal problem categories and codes that best align are “Income Maintenance” code 73, Food Stamps.

Cases Closed-Other Miscellaneous—The other/miscellaneous legal case type is determined and reported for closed cases that do not fall into any other type and includes but is not limited to: medical and other debt collection, including repossession, bank account or wage garnishment, etc.; Fair Debt Collection Act claims; predatory lending (housing and non-housing-related); unfair and deceptive sales or marketing claims; disputes over loans; asserting the rights and supporting the legal authority of grandparents raising grandchildren; disability rights (ex:504 or ADA claims); other.

Cases Closed-Utilities— The utilities legal case type is determined and reported for closed cases and includes utilities shutoffs; utilities billing disputes; utilities deposit disputes; utility diversion disputes; utilities reasonable accommodation matters; utilities other. Legal Services Corporation legal problem categories and codes that best align are “Consumer/Financed” code 07, Public Utilities.

Case Management Service— means a service provided to an older individual at the direction of the older individual or family member of the individual

(1) By an individual who is trained or experienced in case management skills that are required to deliver the services and coordination described below;
(2) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and
(3) includes services and coordination such as:

a. comprehensive assessment of the older individual (including physical, psychological, and social needs of the individual);
b. 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 resource and services:
    i. with any other plans that exist for various formal services, such as hospital discharge plans; and
    ii. with the Information and Assistance services provided under the OAA;
c. coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
d. periodic reassessment and revision of the status of the older individual with:
    i. with the older individual; or
    ii. if necessary, a primary caregiver or family member of the older individual and
e. in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

Case Type— The type of legal case handled by a legal assistance provider is determined and reported for closed cases. Case types reflect the eight types of legal matters that are to be given priority by Title III-B

legal assistance providers pursuant to the Older Americans Ac t. These are: income, health care, long term care, nutrition, housing, utilities, abuse/neglect, defense of guardianship or protective services, age discrimination, and other/ miscellaneous.

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.

Client (in regard to Public Guardianship)— means an individual receiving services from the Public Guardianship for the Elderly Program

Closed Case—A legal assistance case is closed when the legal assistance provider has completed work within the scope of representation, has otherwise reached a resolution of the client's legal issue and has, consistent with state/territory rules, and program requirements, informed the client that the case is closed. Cases may also be closed after a reasonable period of time during which the client has not been in touch with the Title III-B legal provider, notwithstanding appropriate efforts to reach the client.

Commissioner— means the Commissioner of Disability and Aging

Congregate Nutrition— a meal provided by a 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.

Conservator or Co-Conservator— means a person or persons, including an agency or a corporate entity, appointed by the court to exercise the decision-making rights and duties of the person with a disability in one of more areas in which the person lacks capacity as determined and required by the orders of the court. District Conservator is utilized in these policies to refer to the person employed to serve as conservator under the Public Guardianship for the Elderly Program and would include a designee such as persons acting as assistants or back-ups.

Conservatorship— means a proceeding in which a court removes the decision-making powers and duties, in whole or in part, in a least restrictive manner, from a person with a disability who lacks capacity to make decisions in one or more important areas and places responsibility for one or more of those decisions in a conservator or con-conservators.

(1) Types of Conservatorships

a. **Person Only** means a conservator appointed by the court to make decisions related to healthcare, residence, etc. as set forth in the Order of Appointment for the client.
b. **Property Only means** a conservator appointed by the court to make decisions related to financial matters as set forth in the Order of Appointment for the client.
c. **Person and Property** means a conservator appointed by the court to make all decisions for the client as set forth in the Order of Appointment.

Counseling (Caregiver)—A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state/territory policy, trained to work with older adults and families and specifically to

understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling individuals or group sessions. Counseling is a separate function apart from support group activities or training.

Defense of Guardianship— advice to and representation of older individuals at risk of guardianship and older individuals subject to guardianship to divert them from guardianship to less restrictive, more person-centered forms of decisional support whenever possible, to oppose appointment of a guardian in favor of such less restrictive decisional supports, to seek limitation of guardianship and to seek revocation of guardianship

Dementia— a term used to describe the loss of cognitive abilities in an individual who was previously intellectually intact; It is a disturbance of memory and other cognitive functions severe enough to interfere with work or other social activities, and as diagnosed by a licensed physician.

Direct Representation— services offered by employee(s) of the Older Americans Act legal assistance provider such as judicial and administrative representation as well as legal advice and counseling.

Direct Services— any activity performed to provide services directly to an older person or family caregiver, groups of older persons or family caregivers, or to the general public by the staff or volunteers of a service of a service provider, an AAAD, or the SUA whether provided in person or virtually; direct services exclude State or area plan administration

Dietary Guidelines for Americans (DGA)— the cornerstone for federal nutrition programs that provides food-based recommendations to promote health, help prevent diet-related chronic diseases, and meet nutrient needs

Dietary Reference Intakes (DRIs)— a set of scientifically developed reference values for nutrients; DRI refers to the average daily nutrient intake for the general population over time

Disability— refers to conditions attributable to mental or physical impairment, or to a combination of mental and physical impairment which results in substantial functional limitations in one or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment

Durable Power of Attorney (DPOA)— means a power of attorney by which a Principal designates another person or agency as his attorney-in-fact in writing, and the writing contains the words "This power of attorney shall not be affected by subsequent disability or incapacity of the Principal," or "This power of attorney shall become effective upon the disability or incapacity of the principal," or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or incapacity. The statutory provisions that govern the power of attorney for financial matters are set out in the Uniform Durable Power of Attorney Act, Tenn. Code Ann. § 34-6-101, et seq.

Durable Power of Attorney for Health Care— means a durable power of attorney to the extent that it authorizes an attorney-in-fact to make health care decisions for the Principal. This power of attorney should be utilized to appoint an agent to make health care decisions and the form of such power of attorney must comply with the provisions of Tenn. Code Ann. § 34-6-203 to be valid.

Economic Need (in regard to Legal Assistance)— means the need for legal assistance resulting from income at or below the Federal poverty level that is insufficient to meet the legal needs of an Older Individual or that causes barriers to attaining Legal Assistance to assert the rights of Older Individuals as articulated in the OAA and in law, regulations, and Constitution.

Education—activities designed to assist individuals to acquire knowledge, experience, or skills; provided to a group of older persons regarding issues related to their health, welfare, or well-being. Includes sessions to increase awareness in such areas as nutrition, financial management/consumerism, crime or accident prevention, promoting personal enrichment, increasing or gaining skills of a craft or trade.

Effective Administrative and Judicial Representation— means the expertise and ability to provide the range of services necessary to adequately address the needs of Older Individuals through Legal Assistance in administrative and judicial forums, as required under the OAA. This includes providing the full range of legal services, from brief service and advice through representation in administrative and judicial proceedings.

Fee Generating Case (in regard to Legal Assistance)— any case or matter which, if undertaken on behalf of an eligible client by an attorney in private practice, reasonably may be expected to result in a fee for legal services from an award to a client, from public funds, or from the opposing party.

Finding— a deficiency in program performance based on material noncompliance with a statutory, regulatory, or program requirement for which sanctions or corrective actions can be posed.

Generally Accepted Accounting Principles (GAAP)— the meaning specified in accounting standards issued by the Government Accounting Standards Board (GASB) and the Financial Accounting Standards Board (FASB).

Grab and Go (Grab-N-Go) Meals— If included as part of an approved State Plan or State Plan amendment and area plan or area plan amendment, and to complement the congregate meals program, shelf-stable, pick-up, carry-out, drive-through, or similar meals may be provided under Title III, part C-1. AAADs may provide Grab-N-Go meals under Title III, part C-2, without inclusion in the State Plan or area plan.

Grantee— means a direct recipient of grant funds from the Tennessee Department of Disability and Aging to carry out a specific public purpose and not to acquire property or services for the Department of Disability and Aging's benefit or use.

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:

a. Physical and mental disabilities
b. Language barriers
c. Cultural, social, or geographical isolation, including due to:

i. Racial or ethical status
ii. Native American identity
iii. Religious affiliation
iv. Sexual orientation, gender identity, or sex characteristics
v. HIV status
vi. Chronic conditions
vii. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs
viii. Rural location
ix. any other status that:

1. Restricts the ability of an individual to perform normal or routine daily tasks; or
2. Threatens the capacity of the individual to live independently.

d. Other needs as further defined by State and area plans based on local and individual factors

Guardian ad litem— means a person or persons who is appointed by the court to investigate the allegations in a petition, to perform the duties set forth in Tenn. Code Ann. § 34-1-107(d) and report to the court with recommendations as to the best interests of the respondent. The guardian ad litem serves as an agent of the court and is not an advocate for the respondent or any other party. The court must appoint a lawyer licensed to practice in the state of Tennessee or, if there are insufficient lawyers within the court's jurisdiction for the appointment of a lawyer as guardian ad litem, the court may appoint a non-lawyer.

HCBS Programs— meals home and community-based services provided under the Older Americans Act (OAA) and/or OPTIONS funding sources.

Health Education—individual and/or group sessions that assist participants to understand how their lifestyle impacts their physical and mental health and to develop practices that enhance their total well-being. Includes programs relating to prevention and reduction of chronic disabling conditions (including osteoporosis and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight control and stress management.

Health Promotion: 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.

High Risk (in regard to monitoring)— Findings are significantly impactful to maintain a good internal control framework and governance, mitigation of material financial statement and regulatory compliance risk, reputational damage, and fraud risk.

Home and Community-Based Services (HCBS)— means services that enable individuals to live in community settings rather than institutional environments. For the purpose of this policy, HCBS refers to the OPTIONS and Title III-B of the 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 AAADs 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.

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.

Homebound— an individual who, due to a mental, emotional, and/or physical condition, is confined to his/her home, unable to leave it without extraordinary effort and/or assistance.

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.

Information and Assistance— means a service which provides individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links individuals to opportunities and services that are available; to the maximum extent practicable, ensures that the individuals receive the needed services, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and serves the entire community of older individuals, particularly those in greatest social need, greatest economic need, and those at risk of institutional placement

Initial Petition— means a petition for the appointment of a Conservator that may be filed by any person having knowledge of the circumstances necessitating the appointment of a Conservator. Tenn. Code Ann. § 34-3-102

Institutionalized— includes persons under formally authorized, supervised care or custody in institutions at the time of enumeration. Such persons are classified as "patients or inmates" of an institution regardless of the availability of nursing or medical cared, the length of stay, or the number of persons in the institution; Generally institutionalized persons are restricted to the institutional buildings and grounds (or must have passes or escorts to leave) and thus have limited interaction with the surrounding community. Also, they are generally under the care of trained staff who have responsibility for their safekeeping and supervision

Isolated— an individual or a group of individuals set apart from other individuals, by choice or not by choice, due to social, cultural or geographic reasons

Legal Assistance— direct provision of legal advice and representation by an attorney to older individuals with economic or social needs, other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and counseling representation by a non-lawyer where permitted by law

Legal Assistance Coordinator— State Agency staff person responsible for the development and oversight of legal assistance programs

Legal Assistance Developer— DDA staff person responsible for the development and oversight of Legal Assistance Programs.

Legal Assistance Monitoring— the ongoing process by which the area agency systematically gathers and assembles data about legal assistance activities and programs carried out under the area plan to assure that they operate within the constraints of legislative and administrative regulations, policies, guidelines, rules, and contractual agreements

Legal Assistance Provider— the institution, agency, or other entity receiving a contract to provide Older Americans Act legal assistance within the planning and service area

Legal Casework— Activity performed by an attorney, paralegal, or law student supervised by an attorney; activities may include intake, advice and counseling, direct representation, legal research, preparation of legal documents, negotiation, and support of the long-term care ombudsman

Legal Education— Preparation and presentation of programs to inform older persons of their rights, the legal system, and alternative courses of legal action. This service comprises all speaking engagements, material development, media opportunities, and dissemination of literature

Legal Referral— Referral made to a private attorney, pro bono panel, lawyers referral, or the local legal aid organization, when the legal problem of the individual does not fall within the pre-determined case-handling priority guidelines, does not meet the special eligibility standards listed in DDA's service description for legal assistance, or is otherwise appropriate for referral because other legal services are available.

Low Risk (in regard to monitoring)— Findings are weaknesses that do not seriously detract from the internal control framework and governance but still have an impact.

Moderate Risk (in regard to monitoring)— Findings are moderately impactful to maintaining a good internal control framework and governance, mitigation of financial statement deficiencies, reputational damage, regulatory compliance, and fraud risk.

Monitoring — Monitoring involves ongoing data collection against key performance indicators or milestones to gauge the direct and near-term effects of program activities and whether desired results are occurring as expected during program implementation. Monitoring data describe what is happening and inform whether implementation is on track or if any timely corrections or adjustments may be needed to improve efficiency or effectiveness.

Multipurpose Senior Center— a non-residential community facility for the organization and provision of a broad spectrum of services which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals, including as provided via virtual facilities.

Native American— a person who is a member of any Indian Tribe, band, nation or other organized group of community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act who:

(1) Is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or
(2) Is located on, or in proximity to, a Federal or State reservation or rancheria; or is a person who is a Native Hawaiian, who is any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778.

Non-Federal Entity— means a state, local government, Indian tribe, institution of higher education, or non-profit organization that carries out a Federal award as a recipient or subrecipient.

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 dietician and addresses the options and methods for improving nutrition status with a measurable goal.

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 dietician or an individual or comparable expertise as defined in the OAA.

Nutrition Project— the nutrition programs operating within the nine AAADs, five days per week (unless a waiver is granted), in areas where older individuals are in the greatest economic and social need (with particular attention to low-income individuals, minority individuals, those in rural communities, those with limited English proficiency, and those at risk of institutional care

Nutrition Services Incentive Program (NSIP)— grant funding to State agencies, eligible Tribal organizations, and Native Hawaiian grantees to support congregate and home-delivered nutrition programs by providing an incentive to serve more meals

Nutrition Service Provider —a company or organization who is responsible for providing meals on behalf of the AAAD. This could also include administrative services (intake, assessment, etc.), oversight and trainings. Nutrition service providers may also be in charge of coordinating meal delivery to nutrition sites and/or consumers.

Nutrition Services— community-based interventions that include congregate meals, home-delivered meals, nutrition education, nutrition counseling, and other nutrition services.

Nutrition Site— the physical location where meal services are being served. This could be a senior center, community center, church, or other organization. A nutrition site (also referred to as a meal site) may also be the location where home-delivered meals are distributed to volunteers and then to the community.

Older Individual— means an individual 60 years of age or older

Ongoing Legal Service Development— training for private attorneys in cooperation with the local bar association, American Bar Association, or the National Bar Association in areas of law relevant to older persons; assistance in the development and recruitment of pro bono panels, lawyer referral panels, and private attorney involvement panels which specialize in legal problems of older persons

Other services—a service provided using OAA funds under Title III-B or C in whole or in part, that do not fall into previously defined categories.

Periodic— the frequency of client assessment and data collection, means, at a minimum, once each fiscal year, and to refer to the frequency of evaluations of, and public hearings on, activities and projects carried out under State and area plans, means at a minimum once each State or area plan cycle

Person-centered, trauma informed— means services provided through an aging program, that use a holistic approach to providing services or care; promote the dignity, strength, and empowerment of victims of trauma; and incorporate evidence-based practices based on knowledge about the role of trauma in trauma victims' lives

Person with a disability (in regard to Public Guardianship)— means any person eighteen (18) years of age or older determined by the court to be in need of partial or full supervision, protection, and assistance by reason of mental illness, physical illness or injury, advanced age, developmental disability, or physical incapacity

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).

Physical Fitness and Exercise— programs providing activities designed to improve strength, flexibility, endurance, muscle tone, reflexes, cardiovascular health and/or other aspects of physical functioning. Includes group exercise, and music therapy, art therapy, and dance-movement therapy including programs for multigenerational participation.

Planning and Service Area— an area designated by the SUA for the purposes of local planning and coordination and awarding of funds under Title III of the Act

Power of Attorney (POA)— means a legal document that allows another person to make decisions on their behalf. When serving as the attorney-in-fact under a POA, the district public guardian is permitted to make all decisions as designated by the client and set forth in the POA document. The district public guardian may accept appointments under such documents that comply with the statutory provisions of Tenn. Code Ann. § 34-6-101, et seq. and Tenn. Code Ann. § 34-6-201, et seq.

Recipient— means an entity that receives a Federal award directly from a Federal awarding agency. The term recipient does not include subrecipients or individuals that are beneficiaries of the award.

Recreation—providing activities (structured or unstructured) which foster the health and/or social well-being of individuals through social interaction and the satisfying use of leisure time.

Representative Payee— means an individual or organization named by a governmental agency to receive government benefits on behalf of, and for the benefit of, the beneficiary entitled to such benefits.

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.

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.

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.

Respondent— means a person who is alleged to be a person with a disability for who a fiduciary is being sought.

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 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 with respect to such services, and 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 other 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 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.

Service Provider— An entity that is awarded funds, including via a grant, subgrant, contract, or subcontract, to provide direct services under the State or area plan.

Severe Disability— A severe chronic disability attributable to mental and/or physical impairment or a combination of mental and physical impairments which:

a. is likely to continue indefinitely, and
b. results in substantial functional limitation in three or more of the major life activities; these activities include: self-care, receptive and expressive language, learning, mobility, self-direction,

capacity for independent living, economic self-sufficiency, cognitive functioning and emotional adjustment.

SHIP-approved database— means the database currently mandated by the Department of Health and Human Services (HHS) to track, record and report SHIP and MIPPA data.

State Agency — Tennessee Department of Disability and Aging

State-approved database— means the database authorized by DDA to track, record, and report aging services data.

Subaward— means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual who is a beneficiary of a federal program.

Subrecipient— means an entity that receives a subaward from a pass-through entity to carry out part of a Federal award. The term subrecipient does not include an individual that is a beneficiary of such award. A subrecipient of a subaward may also be a recipient of other Federal awards directly from a Federal awarding agency.

Supplemental Services (Caregiver)—goods and services provided on a limited basis to complement the care provided by caregivers.

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.

Targeted Populations— those older persons in greatest social and economic need with particular emphasis on low-income minority and those living in rural areas.

Telephone Reassurance—a telephone service to provide comfort or help to participants, usually staffed by volunteers.

Tennessee Department of Disability and Aging (DDA)— the department designated by the State of Tennessee as Tennessee's State Unit on Aging (SUA), pursuant to Section 305 of the Older Americans Act (OAA), to receive grants and participate in programs under the OAA.

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 online and be provided in individual or group settings.

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.

Uniform Guidance— means the OMB Guidance for Federal Financial Assistance

Virtual Senior Center— an online platform for the organization and provision of a broad spectrum of services, which shall include the provision of health (including mental and behavioral health), social, nutritional, educational services and recreational activities through a computer or other internet-enabled device.

Voluntary Contributions— means donations of money or other personal resources given freely, without pressure or coercion, by individuals receiving services under the OAA.

Chapter 2: Financial Management Standards for AAADs and their Subrecipients

2-1. Statutory Authority

The Older Americans Act of 1965, as amended

2-2. Governing Regulations and Guidelines

(1) All accounting for funds received by the Tennessee Department of Disability and Aging (DDA) from Federal sources and disbursed to Grantees are subject to the Older Americans Act (OAA), as amended, and the Uniform Guidance.

(2) Records shall be maintained in accordance with GAAP, as applicable, and any related American Institute of Certified Public Accountants (AICPA) Industry Audit and Accounting guides.

(3) Grant expenditures shall be made in accordance with local government purchasing policies and procedures for local governments authorized under state law.

(4) The Grantee and their subrecipients shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

(5) The Grantee and their subrecipients shall establish a system of internal controls that utilize the COSO Internal Control-Integrated Framework model (www.coso.org) and GAO Green Book (www.gao.gov/assets/670/665712.pdf) as the basic foundation for the internal control system. The Grantee and their subrecipients shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

(6) Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the Commissioner or the Commissioner's designee, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

3-3. Intrastate Funding Formula

(1) Federal funds received from ACL derived from OAA Title III are allocated to each of the AAADs pursuant to the funding formula approved by ACL.

(2) State appropriations for senior citizen centers are allocated to the AAADs in the following manner:

a. Thirty-eight percent (38%) of the total funds available to senior citizen centers will be distributed amount the AAADs using an identical sub-grant for each county in the state multiplied by the number of counties in each planning and service area; and

b. Fifty percent (50%) of the remaining funds will be allocated based on each planning and service area's proportion of the state's elderly population and fifty percent (50%) will be allocated based on the planning and service area's proportion of the state's elderly with incomes at or below one hundred percent (100%) of the federal poverty level

(3) Federal funds received from ACL derived from OAA NSIP are to be allocated on a formula based upon the number of NSIP eligible meals served in the most recently available fiscal year. This basis is the same method as the formula used by HHA for the allocations on a nationwide basis.

(4) State funds for State-Funded Home and Community-Based Services for the Elderly and Disabled Adults (State Options HCBS) are allocated to the AAADs as follows:

a. Each AAAD shall receive a base award of fifty thousand dollars ($50,000); and
b. Remaining funds will be equitably allocated between urban and rural areas based on each region's share of the state's population age 18 and over with self-care limitations.

(5) DDA will distribute the allocated State funds for the Public Guardianship Program as follows:

a. Each AAAD shall receive a base award of $120,000.
b. Remaining funds will be allocated in the following manner:
    1. Twenty percent (20%) of the remaining funds will be allocated based on each AAAD's proportion of the state's low-income 65 and over population.
    2. Eighty percent (80%) of the remaining funds will be allocated based on each AAAD's proportion of the average monthly number of clients served for the previous calendar year.

(6) Other grants and appropriations will be allocated according to grant and/or grant application requirements if stated.

2-4. Procedures for Funding Approved Area Plans

2-4-.01 Contracting Procedures for Grantees

(1) Contracting Procedures

a. All funds awarded by DDA to the Grantee Agency of the AAAD will be authorized by a contract between these agencies in a contract format approved by CPO and approved and signed by both parties.
b. All funds must be expended according to the terms of the contract and as defined in the approve area plan, and any amendments thereto, covering the same period as the initial allocation of such funds.
c. Any changes or amendments to the contract between DDA and the Grantee Agency of the AAAD will not become effective until approve and signed by both parties.

d. Procedures for approval of the area plan are outlined in Chapter 4 (Area Agency on Aging and Disability Operations) of the Program and Policy Manual.

(2) Contracting Responsibilities:

a. All funds awarded by DDA for the support of an area plan will be awarded only to the designated Grante Agency of the AAAD.
b. The Grantee Agency of the AAAD is authorized to enter into contracts for the conduct of activities and services under the area plan. The Grantee will, however, be held responsible by DDA for the conduct of these services and activities according to federal and state policies and regulations. No service or activity can be provided under an area plan by any subcontract agency without a signed and approved contract.
c. Unless otherwise specified by contract with DDA, the Grantee will monitor, on an ongoing basis, the performance of all contracting agencies under the area plan and will ensure that funds made available are expended accordingly with the purpose for which they were awarded under the area plan, that performance expectations are being achieved, and the contracting agency is in compliance with applicable Federal, State, and contractual requirements.
d. The Grantee Agency of the AAAD may enter into contracts only after the area plan has been approved by DDA.
e. Once contracts have been executed by the Grantee Agency of the AAAD to carry out a service or activity under an approved plan, the Grantee Agency will submit an attestation stating that all subcontracts include the required contractual provisions and that they comply with all federal and State laws and regulations. Upon request, a copy of the signed, written contractual agreements will be provided to DDA electronically in PDF format. These contractual agreements will be made part of the approved area plan.
f. Should it become necessary to issue changes and/or amendments to the contracts, noted in the paragraph above, the Grantee Agency of the AAAD shall forward the original contracts and amendments to DDA electronically upon request of DDA. This will not be required for amendments that are solely for the allocation of increased funding received from DDA during a fiscal year and the only change is to the contract's maximum liability.

2-4-.02 Funding Allocation and Matching Requirements

(1) Federal funds may be used to pay part of the costs of activities and services under an area plan in accordance with the following policies:

a. Federal funds awarded under Title III of the OAA may be used for the administration of DDA and the AAADs subject to a limitation on the amount so applied.

i. DDA may retain a maximum of 5 percent (<=5%) of the total Title III award for the administration of the programs under the OAA or associated therewith. These funds will be taken from Title III-C and/or III-E.
ii. DDA will take the balance of the Title III funds, after the amount retained for DDA administrative activities, and allocate it to the AAADs for operating the programs under the OAA. A maximum of 10 percent (<=10%) of this allocation will be allocated for the administration activities of the AAADs. These funds serve as the

maximum federal funds that may be used in the administration of the AAAD. All funds allocated for administrative activities of the AAAD not used by the end of the fiscal year must be added to services funding in the next fiscal year in the same Title III subpart from which it was taken.

iii. Federal funds may be used to pay a maximum of 75 percent (<=75%) of the costs of activities involved in the administration of DDA and/or the AAAD.

b. The balance of the federal award, after funds retained for administrative activities identified in paragraph "a" above, will be allocated for direct services.
c. The AAAD will identify operating costs incurred by the AAAD for program development and coordination separate from costs applied to the administration of the AAAD. Said operating costs will be applied in accordance with requirements of the OAA to cover district-wide program development and coordination as defined under Title III-B of the program and shall be paid from the direct services funds identified in paragraph "b" above. The AAAD may use up to 10% of the Title III-B Supportive Services grant allocation (prior to any transfers) for the coordination of Title III-B Supportive Services provided that the Title III-B Coordination plan has been approved in the current State Plan and Area Plan.
d. OAA Title III requires that the State must provide a minimum of 5 percent (=>5%) match for the total funds applied to non-administrative costs in operating the programs in Title III-B, III-C1 and III-C2. These funds are provided and allocated in accordance with the Intrastate Funding Formula noted in Section 2-3 above. These funds include State Homemaker, State Nutrition and Senior Center Operations.
e. OAA Title III requires that federal funds are a maximum of 85 percent (<=85%) of the total cost of operating the programs under Title III-B, III-C1 and III-C2. Therefore, the funds identified in paragraph "b" above that come from these three subparts require match in addition to the amounts provided by the State in paragraph "d" above. Therefore, the combined total of these three subparts requires a matching ratio of 85-/5+/10+ (Federal 85% maximum/State 5% minimum/Local 10% minimum).
f. OAA Title III-E requires that the federal funds cannot exceed a maximum of 75 percent (<=75%) of the total costs of providing the services. In addition to the funds noted in paragraph "d" above, the State provides funds for State Caregiver Match, also known as Title III-E match. The AAAD, State Caregiver Match and/or local service providers must provide a minimum of 25 percent (>=25%) match.
g. Federal funds are provided in Title III-D and Title VII for services to eligible individuals without any requirement of match.
h. State funds for multipurpose senior centers require a maximum of 50% local match.

(2) There is no required match for State appropriations for the Public Guardianship program.

(3) The AAAD is ultimately responsible for meeting the non-federal share of the costs of activities conducted under its area plan. No means-tested program shall be used for match. The AAAD and/or service providers may utilize cash and/or in-kind resources (including fundraising) to satisfy these matching requirements, in accordance with the following policies:

a. All nonfederal resources, both cash and in-kind, to be used to match the federal share of program costs must comply with the cost principles delineated in Section 2-10 of these policies.
b. No cash or in-kind resources, designated for services, regardless of source, may be used to match the AAAD administration budget. However, if funds are designated for administrative use, they may be used for match.
c. All match requirements can be applied across the entire area plan services for Title III-B, III-C1 and III-C2 funds. An overmatch in services within an area plan cannot offset an under match of AAAD administrative costs or Title III-E Caregiver Support Services.
d. State funds expended in the Options for Community Living (OPTIONS) program may be used to match Federal Title III funds so long as the expenditure is traceable to individuals who satisfy enrollment requirements of the service to which the match is applied, e.g. individuals receiving services paid from OPTIONS funds that qualify for Title III-E services, may be used to satisfy part or all of the match requirement of Title III-E.

(4) Federal resources authorized under one statutory grant program may not be used to match another except when there is explicit statutory authorization for the use of federal funds to satisfy matching requirements in whole or in part. Any request to apply federal funds from one source against another federally funded program must have prior approval from DDA before it will be allowed. Likewise, any match for one federally funded program cannot be used as match against another federally-funded program and must be accounted for separately.

(5) Goods, services, supplies, space and equipment needed for the operation of a program that are donated rather than purchased may be reported as in-kind contributions. The fair market value of these donated goods, services, supplies, space, and equipment may be used as in-kind match for the non-federal/state share of a federal or state grant unless prohibited in the contract between DDA and the Grantee.

(6) Summary of Minimum Matching Requirements

Program	Federal/State Maximum	Match Minimum
Title III-C and III-E AAAD Area Plan Administration	75% Federal	25%
Title III-B Supportive and Title III-C Nutrition Services	85% Federal 5% State	10%
Title III-D	100% Federal	None Required
Title III-E Services	75% Federal 15% State	10%
Title VII	100% Federal	None Required
NSIP	100% Federal	None Required

2-4-.03 Budget Year and Plan Period for an Award

(1) **Plan Period.** The "plan period" is the number of years designated by DDA during which the AAAD may be granted continuation awards and is a period of time used for budget planning.

(2) **Budget Year.** For budget purposes, the plan period will be divided into budget years. Federal funds and state appropriated funds may only be awarded for one budget year, not to exceed twelve months, at one time. An exception to this will only be allowed when a federal grant is received for a limited period in excess of or less than twelve months. The exception will not extend beyond the ending date of the grant.

(3) Beginning Dates

a. The beginning of a plan period is the date on which initiation of the area plan is authorized by DDA to begin.
b. The first budget year will begin on the first day of July following approval of the State Plan period.

2-4-.04 Obligation of Federal and State Funds to the AAAD

(1) DDA cannot initiate the process of obligating funds, via contract, until an area plan is submitted by the AAAD and approved by DDA.

(2) DDA may not officially obligate a fiscal year's funds prior to the beginning of that fiscal year nor after the close of that fiscal year.

(3) No more than one entire budget year for the area plan will be funded from a single year's fiscal allotment.

(4) Funds obligated to the Grantee Agency of the AAAD, via contract, are earned only upon the actual accrual of an allowable cost and the contribution of the non-federal share of that cost during the contract year (period of performance).

(5) The contract sets a ceiling for federal participation in the cost of operating the area plan. DDA has no responsibility for payment of funds to an AAAD in excess of those awarded through the official contract.

2-4-.05 Carry-over of Unearned Obligational Authority

(1) Up to 5% of federal funds unexpended and unrequested by the AAAD as approved and authorized by DDA may be re-contracted in the next fiscal year by amendment to the subsequent fiscal year recurring contract. Decisions related to carry-over of funds above 5% will be at the discretion of the Commissioner.

(2) Any such funds carried over, and re-contracted in the subsequent year, must be earned at the matching ratio applicable to the budget year in which the funds are earned by the AAAD.

2-4-.06 Duration of Federal and State Support to an AAAD and Renewal Requirements

(1) Awards to an AAAD to support area plans will be approved for a maximum of one (1) year.

(2) In order to apply to DDA for subsequent year funding, the AAAD will submit to DDA and area plan or update in accordance with the application procedures in Section 5 of these policies.

(3) DDA reserves the right to deny continuation funding, or parts thereof, if DDA determines that the AAAD is not fulfilling its obligations assumed under the area plan.

2-4-.07 Payment of Funds to an AAAD

(1) Payment of funds from DDA to the Grantee Agency of the AAAD for operation of the area plan will be in the form of reimbursements.
(2) Reimbursements to an AAAD will be made no more frequent than on a monthly basis, upon receipt of the Invoice for Reimbursement and required supporting documentation. Refer to Section 2-5-.02 for Invoice for Reimbursement (IFR) requirements.
(3) At the discretion of DDA, remaining funds over 5% of the end of the contract period may be reallocated. The Intrastate Funding Formula will be used to reallocate funds.

2-4-.08 Transfers

(1) Transfers are allowed as follows:
    a. Transfers between Title III-C1, III-C2, and III-B will be allowed during the area plan process.
    b. Transfers are requested by the AAD and submitted to the Fiscal Director using the Transfer Request Template along with the area plan budget.
    c. Transfers between Title III-B and III-C are limited to thirty percent (30%) and between Titles III-C1 and III-C2 are limited to forty percent (40%).
    d. Transfers from III-C1 congregate meals to III-C1 administration are not allowed. Transfers up to one hundred percent (100%) from III-C1 administration to III-C1 congregate meals are allowable.
    e. Transfers after area plan approval will be allowed before July 30th of the current year or when permitted by ACL.
    f. Transfers to and from Titles III-D, III-E, VII, and NSIP are not allowable.
    g. Advances are not allowed.

(2) DDA will not delegate authority to an AAAD or service provider to make a transfer.
(3) Transfers are limited and at the discretion of DDA.

2-4-.09 Priority Service Requirement

(1) Each AAAD must spend a minimum adequate proportion of its Title III-B Supportive Services funds for the following categories of service:

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

(2) DDA, in approving an area plan or a plan amendment, may waive the requirement for an category of service for which the AAAD demonstrates to DDA that the services provided from other sources meet the needs of older persons in the planning and service area for that category of service.

2-4-.10 Major Disaster Declarations

(1) Major Disaster Declaration (MDD) Flexibility:

a. Flexibilities under the Stafford Act (42 U.S.C. 5121-5207) are allowable when a major disaster declaration is authorized and where older adults and family caregivers are affected.

2-4-.11 Maintenance of Effort

(1) For Federal funds provided from OAA funds:

a. Each AAAD must assure that OAA funds are not used to replace funds from non-federal sources.

(2) Long-term Care Ombudsman Program (LTCOP) funding:

a. The AAAD will assure that each year the allocation of Title III-B funds applied to the LTCOP will equal or exceed the base year requirement as issued in the OAA .

(3) State funds appropriated to satisfy OAA Title III match requirements: AAADs will assure that funds allocated as part of the state's required match will be expended within the budget year in which they are allocated.

2-4-.12 Long-Term Care Ombudsman Program

(1) The OAA directs each state unit on aging operating the LTCO to maintain a "State Long-term Care Ombudsman" and one or more "Local Long-term Care Ombudsman (LLTCO)". The OAA permits DDA to contract the LLTCO either directly from the state office or through the AAADs. DDA is directed to determine the amount of funding that is adequate for the conduct of the LTCOP and may take Title III-B funds prior to allocating funds under the intrastate funding formula defined in Section 2-3 above.

2-5. Procedures for Funding Service Providers by AAADs

2-5-.01 Agencies Eligible to Conduct Activities and Services Under the Area Plan on Behalf of the AAAD

(1) To conduct activities or services on its behalf, the Grantee Agency of the AAAD must enter into contracts with agencies and/or organizations willing to provide the services within their respective area.

(2) Groups or organizations eligible for state and OAA funds must be chartered public or private agencies, organizations, or institutions. Non-governmental agencies must be chartered under the laws of the State of Tennessee. A Service Provider may be a part of a city or county government and, if part of city or county government must operate in accordance with the charter and policy and procedures of the city or county government. Governmental agencies must be created by statute, resolution, ordinance or rule.

(3) All subcontractors of the Grantee Agency of the AAAD who are private agencies must be incorporated in order to safeguard the interests of DDA, the Grantee Agency of the AAAD, the subrecipient of the contract award, and the individuals who are participants in the program, unless otherwise approved by DDA.

(4) Subrecipients of the Grantee Agency of the AAAD who are non-profit organizations must abide by all applicable federal, state, and local laws and regulations regarding their non-profit status to receive funding from an AAAD or DDA. At a minimum the non-profit organization must:

a. Be incorporated;
b. Have 501(c)(3) federal tax-exempt status;
c. Be registered with the Tennessee Division of Charitable Solicitations and Gamin or request an exemption request if the organization does not intend to solicit and does not actually raise or receive gross contributions from the public in excess of $50,000 during a fiscal year; and
d. Complete and submit annual filings/reports which include, but are not limited to, the following:

i. State-Annual Report with the Secretary of State's Division of Business Services (for non-profit corporation status)
ii. State-Renew Registration with the Division of Charitable Solicitations and Gaming or file Exemption Request
iii. Federal-File annual 990 Report to the IRS for tax-exempt status

(5) AAADs must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Refer to Uniform Guidance, section 200.321 (2 CFR § 200.321) for affirmative action steps.

2-5-.02 Procedures for Awarding Contracts for the Conduct of Activities and Services Under the Area Plan

(1) All contracts for the conduct of activities and services under the area plan must be developed and awarded in a manner which complies with all state and federal regulations and with all procurement standards delineated in Section 2-8.

(2) The content and format of all contracts awarded by the Grantee Agency of the AAAD for the conduct of activities and services under the area plan must conform to minimum standards contained in Section 2-8-.04.

(3) All contracts awarded by the Grantee Agency of the AAAD to service provider organizations to conduct activities and services under the area plan must not exceed the approved area plan period and must contain language limiting funding to available funds.

(4) The Grantee Agency shall use DDA approved contract components, when entering into any and all subcontracts with service providers/subcontractors. The AAAD must request prior approval from DDA prior to the use of multiyear contracts. IF multiyear contracts are approved, they must be amended yearly with new required language, as appropriate, and include the current year's maximum liability or estimated liability.

2-5-.03 Payment of Funds to Service Providers

(1) Payment of funds to service providers by the AAAD must be made on a periodic basis as determined my contracts.
(2) Each service provider will submit to the AAAD a signed written request for funds. The specific format and submission date of such requests may be determined by the AAAD.

2-6. Financial Management Standards and Procedures for Area Agencies and Subrecipients

2-6-.01 Accounting System Standards

(1) Records shall be maintained in accordance with GAAP, as applicable.

(2) AAADs and their subrecipients (other than Tennessee cities, counties, and state colleges, universities, and technology centers) should comply with the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*. Fee-for-service and performance-based contracts are exempt from this policy.

(3) The financial management system must provide for the following:

a. Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, name of the HHS awarding agency and name of the pass-through entity, if any.
b. Accurate, current, and complete disclosure of the financial results of each Federal award or program.
c. Records that identify adequately the source and application of funds for federally funded activities.
d. Effective control over, and accountability for, all funds, property, and other assets.
e. Comparison of expenditures with budget amounts for each Federal award.
f. Written fiscal policies and procedures that addresses the administrative and fiscal policies that govern their operation and management.

2-6-.02 Invoice and Fiscal Reporting Requirements

(1) The AAAD will submit via email to DDA fiscal staff a monthly Invoice for Reimbursement (IFR) by the 20th of the month, unless otherwise specified by DDA, in accordance with the workbook provided by the State. Supporting documentation for the IFR must include State-approved database statistical reports that reconcile to the Provider invoices and General Ledger trial balance that proves administrative reimbursement requested. State-approved database statistical reports and General Ledger trial balances must be submitted monthly with the IFR workbook. Copies of Provider invoices must be provided to DDA upon request.

(2) All invoices will be submitted to DDA utilizing electronic files in the format furnished by DDA. These files will be either a spreadsheet or database format. This invoice file will contain accurate information received from service provider agencies, subcontractors and the AAAD operations. As programs are added and/or changed, the files will be revised by DDA and given to the AAADs for use from that time forward.

(3) The final IFR should agree with the Schedule of Expenditures for Federal Awards (SEFA) and Schedule of Expenditures of State Awards (SESA of the federal single audit issued for the Grantee Agency. If the IFR does not agree with the SEFA and SESA, a reconciliation must be prepared and submitted to DDA showing the adjustments and listing the reason for the adjustments. Additional documentation may be required at the discretion of DDA.

2-6-.03 Annual Closeout of Contract

(1) The last invoice of the budget year shall be submitted by the 20th of the month following service. If the Grantee submits a closeout final invoice, an estimate final invoice shall be submitted by the 20th of the month following the service period and submit the final invoice within sixty (60) days after the end of the budget year (unless otherwise specified by contract) to DDA. The form and substance of the final invoice must be acceptable to DDA.

2-6-.04 Annual Report Requirements

(1) The Grantee shall submit an annual report within three (3) months of the conclusion of each year of the term of the contract. Refer to Grantee contract with DDA, section titled “Annual and Final Reports” for further details.

2-6-.05 Internal Controls

(1) The Grantee and its subrecipients must establish and maintain effective internal controls over the Federal and State award that provides reasonable assurance that the agency is managing the award in compliance with Federal and State statutes, regulations, and the terms and conditions of the Federal and State awards.

(2) The Grantee shall establish a system of internal controls that utilize the COSO Internal Control Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

2-6-.06 Indirect Cost

(1) The Grantee agency must develop a plan for allocation of costs to support the distribution of any joint costs related to the grant program and submit the indirect cost allocation plan (ICAP) to their cognizant agency for approval.

(2) AAADS whose cognizant agency is DDA shall submit their ICAP for approval according to the deadline and guidance provide by DDA.

(3) AAADs whose cognizant agency is not DDA shall submit to DDA, annually, a copy of their ICAP and approval from their cognizant agency.

2-6-.07 Insurance and Bonding

(1) Insurance. The Grantee shall assure that it and all agencies, organizations, and individuals providing services under the Area Plan either provide a statement of self-insured status or procure and maintain payment of premiums on policies of insurance coverage to:

a. Adequately protect personal and real property whose acquisitions cost was borne in whole or in part as a direct charge to Title III or state funds from loss or damage; and
b. Adequately cover all claims which may arise related to accidents involving personal injuries and/or use of products and services under the area plan.

(2) Bonding. The AAAD shall require agencies, organizations, and individuals providing services under the Area Plan to obtain sufficient bond coverage for protection of the AAAD and the State Agency from theft, forgery, embezzlement, and fraud losses by the service provider agency, any of its agents or employees, full or part-time.

2-6-.08 Maintenance of Financial Records

(1) All accounting records, supporting documents, statistical records, and all other records pertinent to the grant or contract are to be kept readily available for examination by personnel authorized to examine accounts of funds made available through DDA.

(2) In no case shall the records be maintained for a period of less than five (5) years plus the current year from the date of final payment.

2-6-.09 Availability and Access to Records

(1) All books and records relative to programs funded by DDA will remain accessible to DDA and any State or Federal agency, or their authorized representatives, with oversight of the programs provided pursuant to state or federal law.

(2) DDA places no restrictions on the non-Federal entity which will limit public access to the non-Federal entity's records, except for:

a. protected personally identifiable information (PII), or
b. when DDA can demonstrate that such records will be kept confidential and would have been exempted from disclosure pursuant to the Freedom of Information Act, or

c. controlled unclassified information pursuant to Executive Order 13556 or successors thereof, if the records had belonged to DDA.

2-6-.10 Confidentiality of Records

(1) Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee or its subrecipients by DDA or acquired on behalf of DDA that is regarded as confidential under state or federal law shall be regarded as "Confidential Information". Confidential information shall not be disclosed except as required or permitted under state or federal law.

(2) Confidentiality of requirements for participant information:

a. The confidentiality of all participant data gathered and maintained by DDA, AAADs, and any other agency, organization, or individual providing services under the State or Area Plan shall be safeguarded by specific policies.
b. Each participant from whom personal information is obtained shall be made aware of his or her rights to:

i. Have full access to any information about one's self which is being kept on file;
ii. Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and
iii. Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

c. All information gathered and maintained on participants under the area plan shall be accurate, complete, and timely and shall be necessary for determining an individual's need and/or eligibility for services and other benefits.
d. No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:

i. By court order; or
ii. When securing client-requested services, benefits, or rights.

e. The lists of older persons receiving services under any programs funded through DDA shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.

f. All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of:

   i. Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and
   ii. All policies and procedures adopted by DDA and AAADs to safeguard confidentiality of participant information, including those delineated in this policy.

g. Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or Area Plan.
h. Interviews with program participants shall not be filmed, taped, photographed, or observed without the prior knowledge and consent of that participant individual.
i. Any complaint filed by a participant, potential participant, or individual denied services shall be thoroughly investigated with a written response provided in a timely manner. The identity of the complainant shall not be released by the investigating agency without the express informed, written consent of the individual(s) involved.

2-7. Single Audit Requirements and Responsibilities

(1) Each non-federal entity that receives financial assistance through DDA that expends $750,000 or more during the non-federal entity's fiscal year in Federal awards must have a federal single audit conducted for that year in accordance with the Uniform Guidance. The Grantee and its subrecipients shall be audited in accordance with applicable Tennessee law.

(2) If an agency or contractor receives less than the amount of federal funds to be required to have an audit and the agency issuing the contract or grant deems it necessary for an audit to be conducted regardless of the total funds received, the cost of such audit will be paid by the agency requiring the audit.

(3) The audit, if required by the Uniform Guidance must be completed and data collection submitted within the earlier of thirty (30) calendar days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period.

(4) The Federal Audit Clearinghouse (FAC) is the repository of record for submission of the audit reporting package as required by the Tennessee Comptroller of the Treasury.

(5) A copy of the required audit report shall also be provided to the Tennessee Comptroller of the Treasury by the licensed, independent public accountant. Audit reports shall be made available to the public (unless restricted by Federal statutes or regulations). Refer to the contract for further details on audit report requirements.

(6) Audit Resolution

a. The auditee is responsible for follow-up and corrective action on all audit findings. As part of this responsibility, the auditee must prepare a summary schedule of prior audit findings. The auditee must also prepare a corrective action plan for current year audit findings.

(7) DDA/AAAD Follow-Up

a. The Pass-Thru Entity (DDA and/or the AAAD) must be responsible for issuing a management decision for audit findings that related to Federal awards it makes to subrecipients. Refer to section 200.521 of the Uniform Guidance.
b. The management decision letter must be issued within six (6) months of acceptance of the audit report by the FAC.

2-8. Procurement Standards

2-8-.01 General Procurement Standards

(1) This section provides standards for use by the Grantee Agency of the AAADs and their subrecipients and contractors in establishing procedures for the procurement of supplies, equipment, construction, and other services whose cost is borne in whole or in part as a direct charge to federal or state funds.

(2) Procurements shall be competitive where practicable. The Grantee Agency of the AAAD and its subrecipients shall comply with 2 CFR 200.317-200.326 when procuring property and services under a federal award.

(3) The non-Federal entity must use its own documented procurement procedures, consistent with State, local, and tribal laws and regulations, provided that the procurements conform to applicable Federal law and the standards identified in section 200.318 of the Uniform Guidance.

(4) The non-Federal entity must maintain oversight to ensure that contractors perform in accordance with terms, conditions and specifications of the contract or purchase orders.

(5) Code of Conduct

a. The non-Federal entity must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a federal or state award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when any of the following has a financial or other interest in or a tangible personal benefit from a firm considered for that contract:

i. The employee, officer or agent;
ii. Any member of his or her immediate family;
iii. His or her partner;
iv. An organization which employs or is about to employ any of the parties indicated herein.

b. The non-Federal entity's officers, employees, or agents will neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, the non-Federal entity may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.
c. To the extent permissible under state or local laws, rules or regulations, such standards shall provide for disciplinary actions to be applied for violations of such standards either by the officers, employees, or agents of the non-Federal entity.
d. If the non-Federal entity has a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe, the non-Federal entity must also maintain written standards of conduct covering organizational conflicts of interest.

(6) Proposed procurement procedures must avoid acquisition of unnecessary or duplicative items.

(7) Contracts will be made by the non-Federal entity only to responsible contractors who possess the ability to perform successfully under the terms and conditions of a proposed procurement. Consideration must be given to such matters as contractor integrity, compliance with public policy, record of past performances, and financial and technical resources.

(8) The procurement records or files of the non-Federal entity must be sufficient to detail the history of procurement. The records will include, but are not necessarily limited to the following:

e. Rationale for the method of procurement;
f. Selection of contract type;
g. Contractor selection or rejection;
h. The basis for the cost or price.

(9) The standards contained in this section do not relieve the Grantee or their subcontractors of their responsibilities arising under its contracts. The contracting agency is responsible, in accordance with good administrative practice and sound business judgement, for the settlement of all contractual and administrative issues arising out of procurements. This includes but is not limited to source evaluation, protests, disputes, and claims. Matters concerning violation of law are to be referred to such local, tribal, state, or federal authority having proper jurisdiction.

2-8-.02 Competition

(1) All procurement transactions will be conducted in a manner providing full and open competition consistent with the standards in section 200.319 and 200.320 of the Uniform Guidance.

(2) In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develops or drafts specifications, requirements, a statement of work, an invitation for bids or a request for proposals must be excluded from competing for such procurement.

(3) Procurements must be conducted in a manner that prohibits the use of statutorily or administratively imposed state, local, or tribal geographical preferences in the evaluation of bids or proposals, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preference.

(4) Written procedures for procurement transactions must ensure that all solicitations incorporate a clear and accurate description of the technical requirements for the material, product, or service to be procured and identify all requirements which offerors must fulfill and other factors to be used in evaluating bids or proposals.

(5) The non-Federal entity must ensure that all prequalified lists of persons, firms, or products which are used in acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition.

2-8-.03 Methods of Procurement

(1) Methods of procurement must follow applicable state and federal regulations. Non-Federal entities are encouraged to use competitive methods whenever practicable; however, the following minimum standards apply (accurate as of revision date of this Chapter).

Procurement Types	Minimum Requirements
Small Purchase (< $25,000)	Due diligence such as benchmarking of pricing
Informal Solicitation ($25,000-$100,000)	Solicit quotes or proposals from at least three (3) vendors
Competitive Proposals (> $100,000)	Requests for proposals must be publicized from an adequate number of qualified sources

(1) Procurement of goods and services must adhere to the State of Tennessee purchasing procedures.

2-8-.04 Contract Provisions

(1) This sub-section contains requirements relating to provisions that must be included in contracts that are subject to this section. The requirements must also apply to subcontracts, and the term “contracts” in this section will be construed as including subcontracts.

(2) The recipient of award shall include provisions to define a sound and complete agreement in all contracts which it awards when the contract costs are to be borne as a direct charge, in whole or in part, by federal and/or state aging funds.

(3) The Grantee will comply with minimum requirements for sub-contracts as detailed in section A of the current Federal and State contracts with DDA and with other provisions of the contract.

(4) Public Notic Clause: All notices, informational pamphlets, press releases, research reports, signs and similar public notices prepared and released by the subrecipient or contractor in relation to the Grant Contract must include the statement, "This project is funded under a grant contract with the State of Tennessee".

2-9. Property Management Requirements

(1) Section 200.311 through 200.314 of the Uniform Guidance set forth uniform standards governing management and disposition of property furnished by United States Department of Health and Human Services (HHS) (through DDA) or whose cost was charged directly to a project supported by an HHS Award.

(2) The non-Federal entity may use its own property management standards and procedures provided they meet the provisions of the sections noted in (1) above.

(3) The Grant Contract between DDA and the Grantee Agency of the AAAD does not involve the acquisition and disposition of equipment or motor vehicles acquired with federal and state funds provided. The term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds $10,000. The term "motor vehicle" shall include any article of tangible personal property that is required to be registered in the "Tennessee Motor Vehicle Title and Registration Law", Tenn. Code Ann. Title 55, Chapters 1-6.

2-10. Cost Principles Applicable to Grants and Contracts

2-10-.01 Purpose and Scope

(1) Objectives: This section sets forth principles for determining the allowable costs of the aging programs administered by agencies under grants from, and the contracts with, HHS, or DDA, or the Grantee. The principles are for the purpose of cost determination and are not intended to identify the circumstances or dictate the extent of federal and state or local participation in the financing of a particular grant. They are designed to provide that federally or state-funded programs bear their fair share of costs recognized under these principles, except where restricted or prohibited by law.

(2) Applicability: These principles will be applied in determining the allowable costs of work performed by the non-Federal entity. The principles do not apply to:

a. Arrangements under which Federal financing is in the form of loans, scholarships, fellowships, traineeships, or other fixed amounts based on such items as education allowance or published tuition rates and fees.

b. For institutions of higher education, capitation awards, which are awards based on case counts or number of beneficiaries according to the terms and conditions of the Federal award.

c. Fixed amount awards.

d. Federal awards to hospitals.

e. Other awards under which the non-Federal entity is not required to account to the Federal Government for actual costs incurred.

(3) Policy Guides: The application of these principles is based upon the fundamental premise that:

a. The non-Federal entity is responsible for the efficient and effective administration of federal and state aging funds through the application of sound management practices.
b. The non-Federal entity assumes the responsibility for administering federal and state aging funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions for the contract award.
c. The non-Federal entity, in recognition of its own unique combination of staff, facilities and experience, will have the primary responsibility for employing whatever form of organization and management techniques may be necessary to assure proper and efficient administration.
d. The application of these cost principles should require no significant changes in the internal accounting policies and practices; however, the accounting practices must be consistent with these cost principles.
e. In reviewing, negotiating, and approving cost allocation plans or indirect cost proposals, the cognizant agency for indirect costs should generally assure that the non-Federal entity is applying these cost accounting principles on a consistent basis during their review and negation of indirect cost proposals.
f. The non-Federal entity may not earn or keep any profit resulting from Federal or State financial assistance, unless explicitly authorized by the terms and conditions for the Federal award.

2-10-.02 Basic Guidelines

(1) Guidelines relative to the Cost Principles for federal awards are identified in Pary 200, Subpart E of the Uniform Guidance.

(2) Composition of Costs: The total cost of an award is the sum of the allowable direct and allocable indirect costs less any applicable credits.

(3) Factors affecting allowability of costs:

a. Be necessary and reasonable for the performance of the award and be allocable thereto.
b. Conform to any limitations or exclusions set forth in the Subpart E, Cost Principles, or in the Federal award as to types or amount of cost items.
c. Be consistent with policies and procedures that apply uniformly to both federally financed and other activities of the agency.
d. Be accorded consistent treatment. A cost may not be assigned to a federal award as direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.

e. Be determined in accordance with GAAP, except, for state and local governments and Indian tribes only.
f. Not be included as a cost or used to meet cost sharing or matching requirements of any other federally financed program in either the current of a prior period.
g. Be adequately documented.

(4) Tennessee Department of Finance and Administration, Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies* also establish uniform reporting requirements and development of efficient and effective cost allocation plans.

2-10-.03 Selected Items of Costs

(1) 2 CFR sections 200.420 through 200.475 (HHS Part 75.420-75.475) provide principles to be applied in establishing the allowability of certain items of cost for the conduct of programs for Tennesseans who are aging and/or disabled. These standards will apply whether or not a particular item of cost is treated as a direct or indirect cost. Failure to mention a particular item of cost is not intended to imply that is either allowable or unallowable; rather, determination of allowability in each case should be based on the treatment provided for similar or related items of cost, and based on the principles described in 2 CFR sections 200.402 through 200.411 (HHS Part 75, sections 75.402 through 75.411).

2-11. Standards Applicable to Voluntary Participant Contributions

(1) In General. Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under the OAA if the method of solicitation is noncoercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.

(2) Prohibited Acts. The AAAD and service providers shall not means test for any service for which contributions are accepted or deny services to any individuals who does not contribute to the cost of the service.

(3) Required Acts. The AAAD shall ensure that each service provider will:

a. provide each program recipient with an opportunity to contribute toward the cost of the service provided;
b. clearly inform each program recipient that there is no obligation to contribute and that the contribution is purely voluntary;
c. protect the privacy and confidentiality of each participant with respect to the recipient's contribution or lack of contribution;
d. establish appropriate procedures to safeguard and account for all contributions;
e. use all collected contributions to expand the service for which contributions were given and supplement (not supplant) funds received.

(4) Suggested Contribution Schedule

a. Each service provider may develop a suggested contribution schedule for services provided. In developing a contribution schedule, the provider shall consider the income ranges of older persons in the community and the provider's other sources of income.
b. The suggested contribution schedule will be posted conspicuously at all service sites and should include:

    i. The cost of a unit of service;
    ii. A statement that indicates that those individuals who are not eligible participants shall pay the full program cost.

(5) Procedures for Collecting Contributions

a. Each location will provide a locked and conspicuously marked container for the collection of participant contributions.
b. Each location will provide small envelopes for use by participants in transferring their individual contributions to the collection container.
c. Each collection container will be permanently marked identifying the location where it is used

(6) Policy on Internal Control of Contributions

a. A minimum of two persons must be present when contributions are counted.
b. Reasonable care should be used in safeguarding contributions collected, including locking cash in secure storage facilities and making timely deposits to an appropriate account to prevent on site storage of significant amounts of cash.
c. The total of each day's contributions must be deposited into a dedicated account at an FDIC insured institution.
d. Receipts will be included in the accounting records and be clearly identifiable as participant contributions for the particular program in which they were received.
e. Documentation of cash received at each site, provider or vehicle will be reconciled monthly with the accounting records.
f. All individuals handling contributions will be covered by a fidelity coverage.

(7) Accounting and Use of Participant Contributions

a. All contributions made by older persons who are recipients for services are considered program income and reported as "Participant Contributions".
b. All aging program contributions must be used to expand the services of the provider as outlined in the area plan. Nutrition service providers will use contributions to increase the number of meals served, to facilitate access to nutrition services, and to provide other supportive services directly related to nutrition services. Program income will be expended or disbursed prior to requesting additional Federal funds.

2-12. Procedures for the Maintenance of a Petty Cash Fund

(1) Petty cash funds should be managed through the Grantee's policy and include reasonable internal controls.

2-13. Fiscal Lost/Washed Checks

(1) All lost checks utilized for programs funded through DDA, including those found to be washed, should be reported to DDA within two (2) business days.

(2) The Grantee Agency should provide DDA with as much information as possible related to the lost or washed checks including, but not limited to:

a. the date the checks were discovered lost or washed
b. the date the funds were recovered, if applicable
c. the check numbers
d. the check amounts
e. the program the checks were associated with along with funding source
f. police reports, if applicable
g. communication with the bank related to the checks
h. evidence of a report made to the comptroller.

2-14. Procedures for Reimbursement of Travel Expenses

2-14-.01 In-State Travel

(1) In-state travel costs are allowable for expenses for transportation, lodging, subsistence, and related items incurred by employees, board members, and advisory committee members who are in travel status on official business incident to the program.

(2) Such costs may be reimbursed on a basis consistent with the State of Tennessee Comprehensive Travel Regulations (Finance & Administration Accounting Policies-Policy 08).

2-14-.02 Out of State Travel

(1) If out of state travel is expected and is detailed in the AAAD's area plan or area plan update, approval of the plan will constitute approval of such detailed travel. If there are any changes to the details noted in the area plan or area plan update, the request for approval will be required.

(2) Out-of-state travel requests by AAAD staff, not included in the area plan or area plan update, must be submitted in writing to DDA at least ten (10) working days prior to the travel. The Commissioner or Commissioner's designee will respond in writing, either approving or disapproving the out-of-state travel. For some conferences or workshops, DDA will issue a blanket travel approval which will eliminate the need for written requests.

2-14-.03 Foreign Travel

(1) Foreign travel is not allowable without the specific written approval of DDA. Travel outside the continental forty-eight (48) United States will be considered as foreign travel for the purposes of this policy.

Chapter 3: State Unit on Aging Operations

3-1. Legal Authority

In accordance with Section 305 of the Older Americans Act (OAA), the State of Tennessee has designated the Tennessee Department of Disability and Aging (DDA) as Tennessee's State Unit on Aging (SUA) to receive grants and participate in programs under the OAA. Accordingly, in accordance with the OAA requires DDA, as the designated SUA, to establish policies and procedures governing its programs and administration of OAA funds and Tennessee's sole State agency to:

(1) Develop a State plan to be submitted to the Administration for Community Living (ACL) for approval;

(2) Administer OAA Title III and Title VII funds in accordance with Tennessee's State plan and the OAA;

(3) Be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the OAA;

(4) Advocate for individuals aged 60 and over (Older Individuals) and family caregivers;

(5) Designate planning and service areas within Tennessee;

(6) Designate an area agency on aging to serve each planning and service area; and

(7) Provide assurances that the views of recipients of supportive services, nutrition service, or individuals using multipurpose senior centers will be taken into account;

(8) Provide funds set forth in the OAA to:

a. Area agencies on aging for their use in fulfilling OAA requirements under DDA-approved area plans and for distribution to service providers to provide direct services; and
b. The Long-Term Care Ombudsman Program.

3-2. State Unit on Aging Office Hours

DDA office hours are 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday. The offices are closed for State Holidays.

3-3. State Unit on Aging Procedures

DDA has, and follows, written procedures in carrying out all of its functions under the OAA, which are adopted in accordance with the following steps pursuant to the OAA.

(1) Develops proposed procedures in consultation with AAADs, program participants, and other appropriate parties in the State;

(2) Considers comments in establishing final procedures;

(3) Incorporate, directly or by reference, all current policies and procedures; and

(4) Update and revises procedures as necessary.

3-4. Funding of the State Unit on Aging

3-4-.01 Funding Authority

DDA is authorized to accept funds from the federal government, the Tennessee General Assembly, and public and private sources. The allocation of such funds is subject to the limits of the appropriation by the General Assembly and to the funds available or received from the federal government or other funding authority for such projects and services.

3-4-.02 Funding Strategy

Under the strategy outlined in the Older Americans Act (OAA), DDA will distribute funds to AAADs in accordance with its intrastate funding formula and other applicable methods of distribution. The AAAD will carry out a DDA-approved Area Plan within its planning and service area, directly or through contractual or other arrangements. Each AAAD is expected to garner resources in addition to the funding provided under the OAA and state appropriations.

3-5. State Unit on Aging Personnel

3-5-.01 Personnel Practices

(1) DDA is responsible for having an adequate number of qualified staff to fulfill the functions of the State Plan on Aging under the OAA and federal regulations.

(2) DDA may contract with other parties for the performance of certain functions and responsibilities.

(3) Hiring and all other personnel practices shall be conducted in conformity with the Tennessee Department of Human Resources policies, procedures, and standards and applicable state and federal law.

3-5-.02 Staffing

(1) Aging Division staffing patterns will meet the following standards:

a. Management

i. Commissioner of DDA
The SUA is headed by the Commissioner of DDA, who is appointed by the Governor to oversee the SUA's State Plan on Aging.

ii. Assistant Commissioner of Aging
The Assistant Commissioner of Aging is responsible for the direct management of the Aging Division of DDA and serves as the effective, visible advocate for older adults across Tennessee. The Assistant Commissioner develops coordinated

systems for the delivery of services, such as multipurpose senior centers and nutrition services, and oversees the execution of home- and community-based services throughout the nine (9) planning and service areas across the state.

iii. Deputy Director
The Deputy Director leads the day-to-day operations of the Aging Division and coordinates staff duties and responsibilities. He/she maintains business practices, including utilization of work plans and budget narratives, to facilitate better management and accountability of program performance. The Deputy Director coordinates with Aging Division program staff to ensure the delivery of services throughout the nine (9) planning and service areas in Tennessee.

(2) Program Implementation

a. SUA staff manage the ongoing implementation of state- and federally funded programs for older adults and adults with disabilities. Staff provide ongoing program management, consultation, guidance, training, and technical assistance and facilitation of volunteer involvement, as applicable, to ensure compliance with federal and state statutes, rules and regulations, and policies. Aging Division programs include:

i. Caregiver Services
ii. Elder Rights
iii. Emergency Preparedness
iv. Health Promotion and Disease Prevention
v. Home- and Community-Based Services
vi. Information and Assistance
vii. Legal Assistance Program
viii. Multipurpose Senior Centers
ix. Nutrition (Congregate and Home-Delivered Meals)
x. OPTIONS Program
xi. Public Guardianship for the Elderly Program
xii. Self-Direction
xiii. State Health Insurance and Assistance Program (SHIP)
xiv. State Legal Assistance Development Program
xv. Unlicensed Facility Registry

b. In accordance with the OAA, DDA must provide the services of a Legal Assistance Developer, and any other personnel, with the knowledge, resources, and capacity sufficient to ensure State leadership in securing and maintaining the legal rights of older individuals and State capacity to:

i. Coordinate the statewide Legal Assistance Program and the provision of legal assistance across Tennessee;
ii. Provide technical assistance, training, and other supportive functions to AAADs, legal assistance providers, Long-Term Care Ombudsman programs, and other persons as appropriate;
iii. Promote financial management services to Older Individuals at risk of conservatorship or other fiduciary proceedings, taking into consideration promotion of activities that:

1. Increase awareness of and access to self-directed financial management services and legal assistance; and
2. Proactively enable older adults and designated decisional supporters (e.g., persons with power of attorney) to be connected to resources and education to manage their finances and other decisions so as to limit their risk for more restrictive fiduciary proceedings, such as a conservatorship.

iv. Assist Older Individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of conservatorship or other fiduciary proceedings, while:

1. Taking into consideration engaging in activities aimed at preserving individual rights or autonomy, including, but not limited to, increasing awareness of and access to least-restrictive alternatives to conservatorship or more restrictive fiduciary proceedings, such as supported decision making and legal assistance;
2. Adhering to restrictions of Section 321 of the OAA regarding the involvement of legal assistance providers in conservatorship and other fiduciary proceedings; and
3. Taking into consideration coordination of efforts with subcontracted OAA-funded legal assistance providers, the Tennessee Bar Association Elder Law Section, and other elder rights or entities active in Tennessee;

v. Improve the quality and quantity of legal service provided to older adults.

(3) Planning

Aging Division staff also are responsible for the ongoing planning of the development and monitoring of the OAA-mandated State Plan. Staff develop the Area Plan format, review Area Plans submitted by AAADs, and coordinate planning activities with other agencies, including AAADs. Other planning functions include: developing, maintaining, and making available information about the current and future characteristics and needs of Older Individuals, family caregivers, and persons with disabilities in Tennessee, and the resources to meet those needs; reviewing and commenting on plans and proposals; coordinating the preparation of agency reports; conducting public hearings; investigating sources of funds and developing applications for funding special projects; maintaining the Program and Policy Manual; and overseeing special short-term and demonstration projects.

(4) Long-Term Care Ombudsman Program

The State Long-Term Care Ombudsman program (program) is the program through which the functions and duties of the Office of the State Long-Term Care Ombudsman (Office) are carried out. The program consists of the State Long-Term Care Ombudsman (Ombudsman), the Office headed by the Ombudsman, and the representatives of the Office. The Ombudsman shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy. The Ombudsman shall be responsible for the management, including the fiscal management, of the Office the and personally, or through representatives of the Office, fulfill the functions, responsibilities and duties set forth in 42 U.S.C.A. § 3058g and 45 C.F.R. §§ 1324.13-

1324.21 throughout the state. In no instance may the individual employed or appointed as the Ombudsman:

a. Have direct involvement in the licensing or certification of a long-term care facility;
b. Have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility;
c. Have been employed by or participated in the management of a long-term care facility within the previous twelve months;
d. Receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility;
e. Have management responsibility for, or operate under the supervision of, an individual with management responsibility for, adult protective services; and
f. Serve as a guardian or in another fiduciary capacity for residents of long-term care facilities in an official capacity.

3-6. State Plan on Aging

3-6-.01 Purpose and Development of the State Plan

(1) The State Plan on Aging is the document submitted by which contains provisions required by Section 307 of OAA and associated federal regulations and assurances regarding how DDA will administer or supervise the administration of activities funded under the OAA in accordance with federal requirements.

(2) The State Plan shall be developed in accordance with the OAA, federal regulations, and guidelines issued by ACL. Unless otherwise indicated, DDA may determine the format, how to collect information for the plan, and whether the plan will remain in effect for two, three, or four years.

(3) The State Plan shall be informed by and based on the area plans of the AAADs to:

a. Determine needs of older persons in the state;
b. Assist in establishing statewide priorities; and
c. Ensure that the objectives established in the State and Area Plans are consistent.

3-6-.02 Public Review

(1) DDA will conduct a public hearing in order to obtain the views of Older Individuals, family caregivers, service providers, and other members of the public as part of the development and administration of the State Plan, and all substantive amendments to the State Plan. The public hearing is to be held in an accessible manner which allows a reasonable opportunity for participation. All attendees at the public hearing must be provided access to the State Plan and be given opportunity to comment verbally and/or in writing for consideration by DDA. The State Plan and amendments to the State Plan will be made available for the public to review for at least thirty (30) days and, if requested, will also be made available in alternative formats and other languages.

(2) The State Plan must be reviewed with the Commission before submission to the Governor for review and signature. After signature by the Governor or individual to whom the Governor has granted signatory authority, the State Plan shall be submitted in a manner specified by ACL. The State Plan cannot go into effect until after it is approved by ACL.

(3) In accordance with 45 C.F.R. §§ 1321.29, 1321.31, and 1321.37, non-substantive changes may be made to the State Plan without a period of public comment and without prior approval from ACL, but for any of the six (6) reasons provide below. The amended State Plan shall be sent to ACL for review and confirmation that the change is one that does not require prior approval.

a. A significant change in a State law, organization, policy, or State agency operation;
b. A change in the name or organizational placement of the State agency;
c. Distribution of State plan administration funds for demonstration projects;
d. A change in planning and service area designation, as set forth in § 1321.13;
e. A change in area agency on aging designation, as set forth in § 1321.19; or
f. Exercising of major disaster declaration flexibilities, as set forth in § 1321.101.

3-7. Area Plans on Aging

3-7-.01 Preparation and Dissemination of Uniform Area Plan Format, Instructions, and Funding Levels

(1) The uniform Area Plan format, instructions, and schedule for submission, review, and approval will be made available to the AAADs at least ninety (90) days before the plans are due.

(2) Area Plans will be for the duration of four (4) years. Updates will be required at the end of the second year of the Area Plan, and as requested by DDA. AAADs will be required to submit a budget on an annual basis, in addition to any other documentation requested by DDA.

(3) The Area Plan shall include, at a minimum:

a. The identity of the populations within the planning and service area at greatest economic need and greatest social need;
b. Assessment and evaluation of unmet need, such that each AAAD shall submit objectively collected, 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 AAAD shall consider all services in these categories regardless of funding source.
c. Objectives that coordinate with and reflect the State plan goals for services under the OAA.
d. An explanation of how the AAAD obtains the periodic views of older individuals, family caregivers, service providers, and the public with a focus on those in greatest economic and greatest social need.

i. Area Plans and amendments must be publicly available for review and comment for a period of at least thirty (30) days; and
ii. Must be in an accessible location, as well as available by print by request;

e. 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;
f. A description of how direct services funds under the OAA will be distributed within the planning and service area, in order to address populations identified as in greatest social need and greatest economic need;
g. Request for waiver, in accordance with DDA Policy , to provide services directly where the provision of such services by the AAAD is necessary to assure an adequate supply of such services; such services are directly related to such AAAD's administrative functions; or such services may be provided more economically, and with comparable quality by such AAAD. DDA waives the conditions set forth in 1321.65 (b)(7) to allow AAADs to directly provide the supportive services of case management, information and assistance services, and outreach without additional restriction;
h. A description of how the AAAD will meet the minimum adequate proportion requirements, as identified in the approved State plan;
i. A plan for how the AAAD will utilize Title III-B funds for development and coordination activities if it chooses to do so; and
j. A plan, where feasible, to provide services through self-direction.

(4) The allocation will be based upon the best estimates of federal funding available. If allocations have not been received from ACL, the allocations will be calculated based on the assumption of level funding from the latest available final award.

(5) The annual allocation plan will be based upon the periodic development of an intrastate funding formula that takes into consideration the following factors in the formula: total persons 60+, persons 60+ with income below 125% of federal poverty guidelines; and 60+ living in rural areas.

3-7-.02 Review and Approval Process

(1) Area Plans, and Area Plan Updates, shall be received by the DDA Aging unit, who will coordinate the Area Plan review process. Area Plans and Area Plan Updates shall be approved by DDA. Any requestion conditions of the Area Plan or Area Plan Update must be met before final approval.

(2) Approved Area Plans and amendments to Area Plans will be accessible in a public location, as well as available in print upon request.

3-7-.03 Procedures for Disapproval of an Area Plan

(1) Any Area Plan or update which is not in substantial conformity with OAA, the federal regulations and DDA policy will not be approved.
(2) For non-approval of funding of an Area Plan, written notification shall be sent to the AAAD at least thirty (30) days prior to the beginning of the state fiscal year for which continuation funding is being requested.
(3) Any AAAD whose Area Plan or Update has not been approved in whole or in part shall be granted an opportunity for a hearing before DDA upon request

3-8. Approval of Contracts Under An Area Plan

(1) DDA will require assurance that all contracts contain the required components.

(2) Copies of all executed contracts must be forwarded to DDA, upon request, within the requested timeframe(s)

3-9. Reporting Procedures

(1) DDA will review reports submitted by AAADs to:

a. Determine that federal, state, and local funds have been expended according to approved budgets;
b. Determine that each contractor's request for funds is correct;
c. Determine whether projects are making progress toward achieving stated goals and objectives;
d. Identify any significant operational problems which should be corrected (e.g., ineligible activities, inferior services, inadequate fiscal knowledge, or excessive administrative costs);
e. Identify the need for technical assistance;
f. Provide information needed for DDA to prepare and submit reports to ACL or other funding agencies upon request; and,
g. Provide information which will enable DDA to allocate, or reallocate, funds for maximum impact.

(2) The reporting information from service providers must be maintained in the AAAD's official files to permit review by DDA staff or other authorized persons.

3-10. Program and Fiscal Review of Grantees/Contractors

(1) DDA will review the administration of Area Plans and the performance of its grantees and contractors to ensure that recipients of federal and/or state funds operate effectively in compliance with the conditions of their grants/contracts.

3-11. Technical Assistance

(1) DDA will provide technical assistance on program and fiscal activities to AAADs and other grantee agencies, and to other organizations engaged in activities relating to the State Plan or Area Plans.

(2) The technical assistance provided will be closely related to findings, needs identified by AAADs, and/or needs identified by DDA.

(3) The following procedure will be applied in responding to requests for technical assistance initiated by AAADs and service providers under Area Plans.

a. Technical assistance will be provided by program and fiscal staff on routine program implementation as the need arises.
b. Requests for technical assistance from AAADs, service providers, and other public or private agencies/organizations that are not related to routine program implementation will be handled as follows:

i. Service providers should submit a request for technical assistance to the AAAD for response. AAADs will determine if the AAAD or DDA is the appropriate agency to provide such assistance.
ii. Referral of requests for such technical assistance and training to agencies, organizations, associations, or individuals representing Older Individuals and family caregivers, should be made in writing addressed to the Assistant Commissioner of Aging.
iii. The Assistant Commissioner of Aging will review the technical assistance request, determine appropriate response, and make staff assignment for formulating response.
iv. AAADs will be notified in writing of the actions of DDA relative to any technical assistance requests submitted.

3-12. Policy Waivers

(1) Any policy contained herein which is not mandated by law or regulation may be waived by DDA when circumstances warrant such action.

(2) Contractors desiring a waiver should request a copy of DDA's policy waiver form and instructions.

(3) In no instance shall policy waivers be effective beyond the budget period for which they are granted.

3-13. Confidentiality and Disclosure of Public Information

3-13-.01 Confidentiality

(1) DDA requires that any personal information or data concerning individuals and/or family caregivers applying for services is solely for the purpose of providing services. The individual's and/or family caregiver's right to personal autonomy and to privacy will be respected in all cases. No information obtained from an older individual or family caregiver, or obtained from an Older Individual or family caregiver by a service provider or the SUA or AAAD, will be disclosed by the provider or agency in a form that identifies the individual without the informed consent of the individual or, if the individual is unable to provide or deny consent, the individual's personal representative, except to comply with a court order, to report elder abuse as required by the

Tennessee Adult Protection Act (T.C.A. § 71-6-101), or to use for program monitoring and evaluation by authorized Federal, State, or local monitoring agencies.

(2) DDA, AAADs, or other contracting, granting, or auditing agency will not require a provider of long-term care ombudsman services to reveal any information that is protected by confidentiality and disclosure of information provisions in Title VII of the OAA and 45 CFR Part 1324, Subpart A.

(3) DDA or the AAADs will not require a provider of legal assistance to reveal any information that is protected by attorney-client privilege.

(4) AAADs and service providers must promote the rights of Older Individuals who receive services. Such rights include the right to confidentiality of records relating to such individual.

(5) DDA will comply with all applicable Federal laws as well as guidance from the State for the collection, use, and exchange of both Personal Identifiable Information (PHI) and personal health information in the provision of Title III services under the OAA.

3-13-.02 Disclosure of Public Information

(1) Subject to confidentiality requirements and state and federal law, DDA will make available at reasonable times and places to all interested parties, the written procedures required under the OAA..

3-13-.03 Public Information Responsibilities

(1) DDA will utilize a system of dated and numbered memoranda to promulgate program and policy information to AAADs and project directors and to disseminate information from the national, regional, and state levels.

(2) Media Requests: All requests from the media must be directed to the Assistant Commissioner of Communications and External Affairs.

Chapter 4: Area Agency on Aging & Disability Operation and Provision of Supportive Services

4-1. Legal Authority

(1) Older Americans Act, as amended

OAA Section 305 (42 U.S.C. 3025) Organization

OAA, Section 305 (a)(1)(E) – Tennessee must divide the State into distinct planning and service areas in accordance with guidelines issued by the Assistant Secretary, after considering the geographical distribution of older individuals in the State, the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal assistance, the distribution 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 areas, the distribution 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 areas, the distribution of older individuals who are Indians residing in such areas, the distribution of resources available to provide such services or centers, the boundaries of existing areas within the State which were drawn for the planning or administration of supportive services programs, the location of units of general purpose local government within the State, and any other relevant factors.

(3) State-Funded Home and Community Based Services

Tenn. Code Ann. § 71-5-1416 provides authority for the state-funded OPTIONS program “that can be used to increase access to home and community-based services for persons who do not qualify for Medicaid long-term care services”. Such funding “may be used to provide services such as home-delivered meals, homemaker services and personal care, and to reduce the waiting list for these services under the options program, or to offer transportation services or assistance to non-Medicaid-eligible individuals.”

(4) Public Guardianship for the Elderly Program

In accordance with Tenn. Code Ann.§ 34-7-103, DDA shall administers the Public Guardianship for the Elderly Program. As part of its administration, DDA contracts with the Area Agency on Aging and Disability in each of the nine planning and service areas (PSAs) to operate the program. The scope of the Public Guardianship for the Elderly Program shall extend to those persons 60 years or older who, due to physical or mental limitations, are unable to meet essential requirements of their physical health or to manage essential aspects of their financial resources, and have no family member, friend, bank or corporation willing and able to serve as conservator.

4-2. Area Agency Advocacy, Planning, and Systems Development Responsibilities

(1) The AAADs shall be the focal points in the planning and service area relative to all aging issues on behalf of all older persons in the planning and service area. In accordance with the OAA, the AAADs shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency collaboration, information sharing, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the planning and service area. These systems shall be designed to assist older persons and family caregivers in leading independent, meaningful and dignified lives in their own homes and communities. Each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus to target resources from all appropriate sources to meet the needs of older individuals with greatest economic need and older individuals with greatest social need.

(2) Since 2001, the AAADs have also administered Home and Community-Based Services for older persons and adults with physical disabilities through the state-funded OPTIONS for Community Living program. (See Tenn. Code Ann. § 71-2-104 (a))

4-2-.01 Older Americans Act Advocacy

Advocacy responsibilities of the AAAD:

(1) The AAAD shall serve as the public advocate for the development or enhancement of comprehensive and coordinated community-based systems of services in each community throughout the planning and service area.

(2) In carrying out this responsibility, the AAAD shall:

a. monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions, which affect older persons and family caregivers which the AAAD considers to be aligned with the interests identified in the OAA;
b. solicit comments from the public on the needs of older persons and family caregivers;
c. represent the interests of older persons and family caregivers to local level and executive branch officials, public and private agencies or organizations;
d. consult with and support Tennessee's Long-Term Care Ombudsman Program, and;
e. coordinate with public and private organizations, including units of general purpose local government to promote new or expanded benefits and opportunities for older individuals and family caregivers.

(3) Each AAAD shall undertake a leadership role in assisting communities throughout the planning and service area to target resources from all appropriate sources to meet the needs of older persons with greatest economic or greatest social need, with particular attention to low-income older individuals. Such activities may include location of services, and specialization in the types of services most needed by these groups to meet this requirement.

4-2-.02 Systems Development

(1) Pursuant to the OAA, the AAAD is mandated to implement a comprehensive and coordinated system for the purpose of facilitating accessibility to and utilization of, all supportive services and nutrition services provided within the planning and service areas. The system shall develop and make the most efficient use of supportive services and nutrition services and use available resources efficiently.

(2) The AAAD will provide a single point of entry system to access home and community-based services for older persons and other adults with disabilities. The goal is to provide a customer driven seamless system of service delivery allowing the AAAD to arrange services through a combination of funding sources. This system will provide an opportunity for matching consumers with the most efficient, economical service package for meeting the needs of those at risk of losing their independence, thus enabling the consumer to avoid premature long-term care institutionalization.

4-2-.03 Direct Provision of Services by the Area Agency on Aging and Disability

(1) Older Americans Act

a. The AAADs contracts with service providers to provide all OAA services under the area plan, except for information and assistance services and case management which, in the discretion of DDA, the AAADs may provide directly, or if the AAAD submits a waiver request and obtains approval from DDA to provide direct services funded by the OAA, in accordance with 45 CFR § 1321.65(b)(7).
b. The contracts shall follow the policies set forth in this manual at 2-8-.04

(2) OPTIONS for Community Living (OPTIONS)

a. The AAAD must contract with service providers to provide OPTIONS services under the area plan, except for information and assistance services and case management which the AAADs may provide directly. The services funded through the State for this program include homemaker services, personal care services, and home delivered meals. Other services provided by State of Tennessee funding may be authorized by the AAAD director on a case-by-case basis provided the annual amount of funding per individual does not exceed the state-approved annual care plan cap regardless of funding source

(3) Public Guardian

a. See Public Guardianship for the Elderly Chapter.

(4) State Health Insurance Assistance Program

a. Each Area Agency on Aging may operate a district-wide State Health Insurance Assistance Program (SHIP) to provide information, counseling and assistance on Medicare, Medicaid and all other related health insurance issues for persons with Medicare, persons nearing Medicare eligibility, their adult children and other caregivers, their health care providers and other advocates. The district SHIP shall be required to have a presence in each county within the district by a means

approved by the State SHIP Director (e.g., volunteer placement at senior centers or other similar facilities frequented by people with Medicare).

(5) Discretionary Grants

a. From time to time, DDA is awarded various discretionary grants and may, in its discretion, collaborate with an AAAD to be a grant partner/contractor.

4-2-.04 Service Provider Responsibilities and Requirements

(1) Older Americans Act Regulations

a. Service provider general requirements are found in the Older Americans Act Regulations at 45 C.F.R. §§ 1321.71 and 1321.95.
b. Contracts and Agreements—The initial year of the new area plan cycle shall require a well-publicized request for proposal for services included in the area plan. Contracts in subsequent years may be negotiated with existing providers or request for proposals may be issued each year. Each contract for OAA services or agreements between the AAAD and service provider will specify that:

i. services will be provided to older individuals who have the greatest social need with particular attention to low-income minority individuals; and
ii. service providers receiving state appropriations or OAA funds must comply with DDA contracting guidelines, program standards and service descriptions including the use of standardized contract terms and scopes of service distributed by DDA as minimum requirements for respective services.

c. Licensure Requirements. The AAAD shall assure that all agencies, organizations and individuals providing OAA services under the area plan are, where appropriate, properly licensed in accordance with the regulations of the State and/or local public jurisdiction requiring such licensing or meet the requirements for licensure.

d. Bonding. The AAAD shall require agencies, organizations and individuals providing services under the area plan to obtain sufficient bond coverage for protection of the AAAD and the State of Tennessee from theft, forgery, embezzlement and fraud losses by the service provider agency, any of its agents or employees, full or part-time.

e. Insurance Requirements. The AAAD shall assure that it and all agencies, organizations and individuals providing services under the area plan either provide a statement of self-insured status or procure and maintain payment of premiums on policies of insurance coverage to:

i. adequately protect personal and real property whose acquisition cost was borne in whole or in part as a direct charge to Title III or state funds from loss or damage; and
ii. adequately cover all claims which may arise related to accidents involving personal injuries and/or use of products and services under the area plan.

f. All service providers either private for-profit or not-for-profit organizations must be incorporated under the laws of the state in which their principal place of business is located.

g. The AAAD shall assure that all agencies and organizations providing services under the area plan shall provide the older persons receiving such services with the opportunity to contribute all or part of the costs of the services provided. Specific instructions are found in Chapter 2, Financial Management Standards and Procedures for Area Agencies on Aging and Disability and their Subrecipients, for the management of voluntary contributions.

h. Code of Conduct

i. No service provider staff person or agent shall solicit or accept gratuities, favors, or anything of monetary value from service provider contractors, potential contractors or participants.
ii. To the extent possible under local, state, and federal law, rules, and regulations, penalties or other disciplinary actions will be applied for violations of this code by employees of OAA service provider agencies.

4-3. Organization and Staffing of the Area Agency on Aging and Disability

4-3-.01 Eligible Organization Unit
According to OAA, an AAAD may be either:

(1) An agency whose single purpose is to administer programs for older individuals and family caregivers; or,

(2) A separate organizational unit within a multi-purpose agency that functions only for purposes of serving as the Area Agency on Aging. A multi-purpose agency must delegate all necessary authority and responsibility under the OAA and other state and federally funded programs to the separate organizational unit within the multi-purpose agency. The AAAD Director must be directly supervised by the multi-purpose agency's Executive Director. If the board of the organizational unit has members that include staff from DDA, TennCare, or service providers with a current contract with the AAAD, those members must sign a conflict of interest statement that precludes them from voting on or discussing issues related to the administration of the area plan.

4-3-.02 Authority of the Area Agency on Aging and Disability

The AAAD must have legal authority and organizational capacity to develop the area plan on aging, and to carry out effectively the functions and responsibilities prescribed for an AAAD under Section 306 of the OAA and other state and federally funded programs addressing the needs of older persons and other adults with disabilities.

4-3-.03 AAAD Staffing Requirements

(1) Once designated, the AAAD is responsible for providing for adequate and qualified staff to facilitate the performance of the functions of the AAAD.

4-3-.04 AAAD Advisory Council Functions and Composition

(1) General requirements for AAAD advisory councils, including the functions and composition of the councils, are found in the Older Americans Act Regulations at 45 C.F.R. § 1321.63.

(2) The opinions and recommendations of the advisory council are to be solicited by the AAAD director and governing body, and are to be given serious consideration, prior to determining particular actions and formulating policies.

(3) The area plan shall contain a written statement from the chairperson of the advisory council verifying the council's participation. The area plan does not require approval by the AAAD advisory council, but does require a review and an opportunity to comment prior to it being transmitted to DDA for approval.

(4) The AAAD advisory council shall function in an advisory rather than a policy making or decision-making capacity.

(5) The AAAD must provide staff and assistance to the advisory council.

4-4. Area Plan Purpose, Content, Submission, Review and Approval Process

4-4-.01 Purpose of the Area Plan

(1) The area plan for programs on aging is a detailed statement of the manner in which the AAAD is developing a comprehensive and coordinated community-based system throughout the planning and service area (PSA) for all services authorized under the OAA and state funded programs. The AAAD will receive funding under the OAA and state funded programs with an approved area plan. An AAAD can expend funds under the OAA and state funded programs for activities under its approved plan.

(2) An area plan covers a four--year period and shall be updated as specified by the State Agency.

(3) An AAAD must submit its area plan, or any amendment, to DDA in accordance with the OAA, 45 CFR Part 1321, Subpart C, and the uniform area plan instructions and on the uniform area plan format provided by DDA.

(4) DDA will allocate federal funds to PSAs in conformity with the intrastate funding formula as in the current State Plan.

4-4-.02 Content of Area Plan

(1) Requirements for content of an area plan on aging are found in Section 306(a) through 306(f) of the Older Americans Act and 45 CFR Part 1321, Subpart C.

(2) DDA will send out the area plan format to the AAAD Director's detailing the area plan schedule and instructions for completing and submitting the area plan or area plan update.

(3) At least thirty (30) days prior to submission of the completed four-year area plan, the AAAD shall conduct a public hearing(s) for the purpose of providing the opportunity for older persons, the general public, officials of general-purpose local government family caregivers, service providers and other interested parties to comment on the area plan, unless a waiver is obtained by DDA to extend this timeline due to an emergency or when a time sensitive action is otherwise necessary. All area plan and amendment documents shall be accessible in a public location, as well as available in print by request.

(4) The area plan must be approved by the governing board of the AAAD and signed by the AAAD Director, chair of the advisory council, director of the grantee agency, and chair of the grantee agency board

4-4-.03 Submission of the Area Plan

(1) An area plan must be submitted to DDA in accordance with the schedule and procedures established by DDA and included in the area plan format approved by DDA.

(2) One signed, emailed version of the area plan or area plan update must be submitted to DDA in accordance to the timetable established by DDA.

4-4-.04 Review of the Area Plan

The following schedule outlines the basic process for review of area plans:

(1) DDA will conduct a review of each area plan or update and will provide the AAAD written recommendations or conditions of the plan within fifteen (15) business days after is submitted.

(2) AAAD's that receive written recommendations or conditions must provide a written response and/or revised area plan within the specified time provided by DDA.

4-4-.05 Procedures for Approval of the Area Plan

(1) DDA will approve an area plan or update when the plan meets all of the requirements prescribed by DDA.

(2) DDA shall notify the AAAD of its approval of the area plan or update through the issuance of a written approval letter signed by the officer of DDA having authority to approve the plan.

4-4-.06 Approval of an Area Plan with Conditions

(1) DDA may approve an area plan or update with conditions when necessary.

(2) The conditions of approval will be in writing and will be clearly noted in the written letter of approval.

(3) All conditions placed on an approved area plan will be consistent with the authority delegated to DDA.

(4) When an area plan is approved with conditions, it shall be incumbent upon the grantee to meet these conditions within the specified time frame.

4-4-.07 Amendments to the Area Plan

(1) The AAAD must submit an Area Plan amendment to the State Agency if there are:

a. Significant changes in plan goals and/or objectives;
b. Significant changes in program content; or
c. New programs to be initiated with OAA funds or State funds.

(2) Area Plan amendments must be submitted to DDA along with a letter from the Executive Director of the Grantee Agency acknowledging their review and approval of the amendment. Once DDA has reviewed and approved the amendment, a letter of approval will be sent by DDA to the Executive Director of the Grantee Agency.

4-4-.08 AAAD Planning

(1) An AAAD must engage in a continuous process of planning for older persons within the planning and service area (PSA). The planning process must reflect the following activities:

a. preparation and development of an area plan for a planning and service area;
b. provision, through a comprehensive and coordinated system, for supportive services, nutrition services, and senior centers, within the PSA;
c. provision of 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;
d. access to services;
e. in-home services;
f. legal assistance;
g. senior centers;
h. coordination with agencies, that develop or provide services for individuals with disabilities, in planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and older individuals at risk for institutional placement;
i. consideration of the view of recipients of services;
j. serve as the advocate and focal point for older individuals;
k. provision of assistance to older individuals caring for relatives who are children, and respite for families;
l. establishment of an advisory council;
m. establishment of effective and efficient procedures for coordination of services with other agencies;
n. coordination with mental health service providers;
o. facilitation of the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community based settings;

p. provision of assurances that available case management services are provided to persons at risk of institutionalization;
q. provision of assurances that the agency on aging carries out the State Long-Term Care Ombudsman program;
r. provision of a grievance procedure for older individuals who are dissatisfied with or denied services;
s. establishment of procedures for coordination of services;
t. assessment and prioritization of the kinds and levels of services needed by older persons in the PSA;
u. provision of ongoing quality assurance/monitoring activities designed to obtain feedback useful for revision and refinement of goals and objectives;
v. assignment of adequate numbers of qualified staff and financial resources to carry out planning responsibilities;
w. establishment of procedures that provide for the involvement of participants and service provider agencies in the planning process
x. development of a documented method for distributing available resources throughout the PSA in an equitable manner according to need; and
y. adherence to record retention both electronic and hard copy of five (5) years plus the current year.

4-4-.09 Standards for Conducting Public Hearings for Review of Area Plans and Amendments of the Plan

(1) At least thirty (30) days prior to the submission of the completed four-year area plan, the AAAD shall conduct a public hearing(s) for the purpose of providing the opportunity for older persons, the general public, officials of general-purpose local government, family caregivers, service providers, and other interested parties to comment on the area plan, unless a waiver is obtained by DDA to extend this timeline due to an emergency or when a time sensitive action is otherwise necessary. Public hearings are also required when the AAAD is requesting any new waivers not included in the 4-year area plan. Public hearing(s) must be held within the geographical boundaries of the planning and service area (PSA) for which the area plan is developed.

(2) The AAAD must give adequate notice to older persons and adults with disabilities, public officials and other interested parties of the time(s), date(s), and location(s) of the public hearing(s).

(3) The AAAD must hold the public hearing(s) at a time and location that permits older persons and adults with disabilities, public officials and other interested persons reasonable opportunity to participate.

(4) The AAAD will develop procedures to assure effective participation of actual or potential consumers of services under the area plan at the local level through public hearings.

(5) As the AAAD must submit the area plan for review and comment, to the AAAD advisory council prior to submission to DDA. If comments made at the public hearing result in changes to the area plan, the advisory council shall make provisions for a final review of the area plan prior to the AAAD's submission of the area plan to DDA. Any amendments made to the area plan must be submitted to the AAAD advisory council for review and comment prior to submission to DDA.

(6) The AAAD must apply the following standards in the conduct of its public hearing(s):

a. The public hearing(s) must be scheduled to allow sufficient time for review of the area plan by the advisory council at least one week prior to the date of the public hearing(s).
b. Public hearings should be conducted at easily accessible public locations, such as community centers, public auditoriums, public schools or community colleges, senior centers, or county courthouses.
c. Notice of time and place of the public hearing(s) must be given at least two weeks in advance of the hearing(s), for example, by paid advertisement or news release in the local county/district newspaper, website, radio, or television station(s). Wherever possible, notice should be given to possible participants through senior centers, nutrition sites, county courthouses, and post offices.
d. The director, or program leader, should present each program objective and allow for discussion or questions on each. All questions or comments from participants should be recorded.
e. As a minimum, the hearing(s) must include the following:

i. an explanation of the OAA and a description of services funded under the Act;
ii. an explanation of the function and responsibilities of an AAAD, what an area plan represents, the period of time it covers, and why a public hearing is required;
iii. an explanation of the differences between national, state and locally developed objectives;
iv. an explanation of all terms and phrases used in presenting the objectives which may not be easily understood by participants; and

f. Documentation of the methods used to distribute aging and disability funds, within DDA guidelines, among service providers must be available at the public hearing(s).
g. The results of the public hearing must be reported in the area plan in the appropriate exhibit. Significant comments made during the hearing and the response by the AAAD toward incorporation of these comments into the area plan must be included.
h. Summaries of the comments made at the public hearing(s) must be available at the office of the AAAD after the public hearing(s).
i. Participation of the Advisory Council must be reported in the area plan in the appropriate exhibit.
j. All records of the public hearing(s) must be on file at the AAAD as a part of the official area plan file.

4-5. Program Reporting and Review Requirements for Area Agencies on Aging and Disability

(1) Reporting data submitted in these reports are based on the state fiscal year, which begins on July 1 and ends the following June 30, regardless of when funding started.

(2) Reports are due to DDA on the twentieth (20th) day of the month following the quarter being reported on. If the due date falls on a weekend or holiday, the reports will be due

on the following workday.

(3) Required reports must be submitted to DDA according to the instructions and schedule provided. Failure to comply with the report requirements may result in either withholding of funds or possible suspension/termination of operations. This procedure is necessary since late or improperly completed reports often prevent DDA from complying with Administration on Aging (AoA) report requirements or from properly carrying out its management function.

(4) DDA requires each AAAD to establish a program reporting system that will ensure the provision of accurate program reports from service providers covered by the area plan.

4-6. Confidentiality Requirements for Participant Information

The AAAD will follow all state and federal laws related to confidentiality of participant information.

4-7. Emergency Plans

The AAAD will establish emergency plans, per Sections 307(a)(28) and 306(a)(17) of the OAA. See Chapter 12 for criteria.

4-8. Enforcement of Federal and State Laws, Policies and Regulations

(1) The AAAD must have written procedures for complying with all of its functions as required by federal and state laws and regulations, and by these policies. All written policies and procedures must be available for inspection on request at the AAAD.

(2) The AAAD must ensure that officials and employees of all service provider agencies who may come in direct contact with older persons are aware of their responsibility under the Adult Protection Act of 1978, Tenn. Code Ann. § 71-6-103 and § 71-6- 110.

Chapter 5: Senior Centers

5-1. Statutory Authority

The Older American Act of 1965, as amended

5-2. Description of Program/Service

The Area Agency on Aging and Disability (AAAD) serves as the agency designated by the Tennessee Department of Disability and Aging to administer a comprehensive and coordinated system of services for adults aged 60 and over and adults with disabilities, including Senior Centers, as a part of the system within the boundaries of a defined planning service area (PSA). Each AAAD will carefully take into consideration when choosing a site giving preference to location in areas with the greatest incidence of older individuals with social or economic need, with particular attention to low-income older persons (including low-income minority, older individuals, older individuals with limited English proficiency, and older individuals living in rural areas). Special consideration will be given to transportation accessibility, neighborhood safety and security of participants and staff, convenience for collocation of services, and availability of supportive and nutritional services to be provided at the Senior Center.

5-3. General Requirements

The Senior Center shall target state and federal resources to meet the needs of adults aged 60 and over with the greatest economic and/or social need with particular attention to low-income minority persons.

5-4. Eligible Organizations

Organizations eligible for state and federal funds for the operation of a senior center must be chartered in the State of Tennessee as a non-profit corporation or be a division of a city or county government. Eligible organizations may host a virtual Senior Center. A Senior Center which is part of a city or county government must operate in accordance with policy and procedures of the city or county government. Governmental agencies must be created by statute, resolution, or ordinance.

If the Senior Center is a part of a city or county government, the city or county government must have policy and procedures that address the administrative and fiscal policies that govern the operation and management of the Senior Center.

5-4-.01 Non-Profit Status

If the Senior Center is chartered as a non-profit corporation, the Senior Center must have a governing entity that is responsible for the overall operation and fiscal integrity of the organization with a written set of bylaws that defines the governing entity and establishes its organizational structure. The governing entity is a group of individuals responsible for the administration and fiscal integrity of the Senior Center and the Senior Center's policy and procedures, programs, and services. The bylaws shall include the roles and responsibilities of the governing entity, Senior Center director, staff, participants, and fiscal integrity and responsibilities.

5-5. Requirements to Receive Funding for Programs and Services

This section identifies the requirements that must be met for any Senior Center to remain in good standing and be eligible to receive state or federal funding.

5-5-.01 Non-Discrimination

The Senior Center agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of programs or services or in the employment practices on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Senior Center shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

5-5-.02 Accessibility

The senior center's public area must be accessible for participants who have limited mobility including those participants using canes, walkers, or wheelchairs. Public areas include, but are not limited to, parking lot, entrance, restrooms and activity spaces.

5-5-.03 Posting Requirements

(1) At a minimum, the Senior Center shall physically post in a conspicuous place the following:

a. Participant Grievance Procedures
b. Title VI Civil Rights Notice
c. Equal Employment Opportunity Poster
d. Public Accountability Poster (800# TN Comptroller's Office)
e. Call 911 for Emergency
f. Location of First Aid Kits
g. Monthly Calendar of Events

(2) Items posted should be readily available to participants or their legal representatives upon request for any type of virtual event hosted by the Senior Center or virtual setting.

5-5-.04 Annual Report

The Senior Center must submit an annual report to the AAAD. Non-profit senior centers must also include a copy of the senior center's 990 Form for the most recent fiscal year (if applicable). (Note: these are also requirements of the TN Secretary of State for Non-Profit Corporations.)

5-5-.05 Annual Satisfaction Survey

A Participant Satisfaction Survey must be administered by the Senior Center and the results submitted to the AAAD annually. The results should be used to improve services.

5-6. Fiscal Integrity and Management

The Senior Center must ensure fiscal integrity and management following the financial standards outlined in Chapter 2 of the Program and Policy Manual. The Senior Center or governing entity must have policies and procedures to ensure the fiscal integrity of the organization receiving funding from DDA or from the grantee agency of the AAAD.

5-6-.01 Matching Funds Requirements

Federal funds may be used to pay part of the cost of services provided by a multipurpose Senior Center. The federal funds must be matched with at least a minimum of 10% local cash or in-kind. The state funds must be matched with at least a minimum of 50% local cash or in-kind.

5-6-.02 Membership Dues

If membership dues are required, no adult aged 60 and over may be denied a service provided by the federal Older Americans Act funds or state funds because of non--payment of dues and provision shall be made for those unable to pay dues.

5-6-.03 Program Income/Voluntary Participant Contributions

Voluntary contributions may be solicited for services which are provided with Older Americans Act funds or State funds if the method of solicitation is non-coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above the 185% of the poverty line. All contributions made by older persons who are recipients of services are considered program income and reported as "participant contributions." All contributions must be expended during the budget year in which it is received. (See: Chapter 2 of the Program Policies and Procedure Manual-Financial Management Standards and Procedures for Area Agencies on Aging and Disability and their Sub-recipients.)

5-6-.04 Relationship with Vendors and Protection of Participants

The Senior Center may invite vendors to the facilities to provide education on specific topics such as insurance, health care, etc.; however, vendors shall not sell any products and/or enroll adults aged 60 and over or adults with disabilities in any programs and/or services, as such actions may be interpreted as an endorsement of such products, programs, and/or services by the Senior Center. The vendor may provide on-site handouts such as, but not limited to, key chains, pencils, candy, and/or calendars, but not provide any gratuities that must be redeemed off Senior Center property such as, but not limited to, free dinners. The vendor shall not collect contact information from any of the participants on the Senior Center premises.

5-6-.05 Game of Chance Prohibited

Games are encouraged to be played at senior centers across Tennessee. All games played must allow for all interested members to participate without requiring a monetary fee or donation of a good to play. If a member is required to “pay to play” the game is then considered a “game of chance” and Tennessee Charitable Gaming Laws would be required to be followed.

5-7. Provision of Non-Registered Services

Under this chapter, contracts between the grantee agency of the AAAD and the Senior Center will be for the provision of non-registered services using Older Americans Act funds or State funds. These services are: health education, education/training, and health screening, physical fitness/exercise, recreation, and telephone reassurance. The Senior Center must provide one of more of these services depending upon the level of funding available.

5-7-.01 Examples of Eligible Non-registered Services

In accordance with the approved taxonomy, the definitions of the individual non-registered services are:

(1) Health Education IIIB/State Aging

Individual and/or group sessions that assist participants understand how their lifestyle impacts their physical and mental health and to develop practices that enhance their total well-being. Includes programs relating to prevention and reduction of chronic disabling conditions, (including osteoporosis and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight control and stress management.

(2) Education/Training IIIB/State Aging

Activities designed to assist individuals to acquire knowledge, experience or skills; provided to a group of older persons regarding issues related to their health, welfare, or well-being. Includes sessions to increase awareness in such areas as nutrition, financial management/consumerism, crime or accident prevention, promoting personal enrichment, increasing or gaining skills of a craft or trade.

(3) Health Screening IIIB/State Aging

Services which utilize diagnostic tools to test large groups of people for the presence of a particular disease or condition or for certain risk factors known to be associated with that disease or condition (such as hypertension, glaucoma, high cholesterol, vision and hearing problems, or diabetes).

(4) Physical Fitness/Exercise IIIB/State Aging

Programs providing activities designed to improve strength, flexibility, endurance, muscle tone, reflexes, cardiovascular health and/or other aspects of physical functioning (including group exercise, music therapy, art therapy, and dance movement therapy).

(5) Recreation IIIB/State Aging

Providing activities which foster the health and/or social well-being of individuals through social interaction and the satisfying use of leisure time.

(6) Telephone Reassurance IIIB/State Aging

A telephone service to provide comfort or help to participants, usually staffed by volunteers.

5-7-.02 Calendar of Activities

The Senior Center must develop and post a monthly calendar of activities including one or more of the non-registered services listed above. It is recommended that recreation activities are provided each day of operation. It is also recommended that opportunities for education, health education, health screening, and/or exercise are provided at least one to three times per week.

5-8. Required State-approved Database Documentation of Non-Registered Services

The following is the minimum requirements for recording participant data. Each AAAD may require additional data to be collected.

(1) Each Senior Center participant will complete the Participant Registration Form (PRF) and it must be entered into the state-approved database and updated as changes occur. Some AAADs may require Senior Centers to up-date annually to ensure that their membership contact information is kept up-to-date.

(2) Senior Center shall document individual participation.

a. Keep a daily sign in sheet or use a computer system of monitoring daily attendance by individual.

i. Tally total attendance for the month by each individual participant. Give each participant a unit of service for each day they attended that month. (For example, if the participant attended the senior center 5 days, they will receive 5 units of service that month).

b. Create a Smart List/Grid/Slate in the state-approved database titled Senior Center.
c. List each participant that attended the senior center that month on the Smart List/Slate/Grid. (Note: Once one monthly participant Smart List/Slate/Grid is created, that same participant Smart List/Slate/Grid can be utilized every month thereafter.
d. Place on that Smart List/Slate/Grid the total units of service (total days attended the senior center) next to each participant's name.

(3) By the 20th day of the following month, the participant attendance for the preceding month shall be entered into the state-approved database.

5-9. Background Check

The program must be in compliance with background check requirements in Tenn. Code Ann. § 52-2-1002.

Chapter 6: Nutrition

6-1. Statutory Authority

The Older Americans Act (OAA) of 1965, as amended, under Title III-C authorizes the Assistant Secretary to carry out a program for making grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects that:

Congregate Nutrition Service

(1) provide five (5) or more days a week (except in a rural area where such frequency is not feasible [as defined by the Assistant Secretary by regulation] and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant contract under this subpart may elect to provide

(2) shall be provided in congregate settings (including congregating virtually) including adult day centers and multigenerational meal sites

(3) provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants. [42 U.S.C. § 3030e]
(4) Grab and Go meals may be provided to complement the congregate meal program if a part of an approved State plan and area plan.

Home Delivered Nutrition Service

(1) provide on five (5) or more days a week (except in a rural area where such frequency is not feasible [as defined by the Assistant Secretary by rule] and a lesser frequency is approved by the State agency) at least one (1) home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart elects to provide; and

(2) nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal recipients. [42 U.S.C. § 3030f]

The Older Americans Act (OAA) as amended, provides the federal requirements for nutrition programs funded by the Department of Disability and Aging (DDA).

6-1-.01 Administrative Requirements

(1) DDA shall:

a. Utilize the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services.
b. The meals provided comply with the most recent Dietary Guidelines for Americans (DGAs), published by the Secretary of Health and Human Services and the Secretary of Agriculture.

c. The meals for each participating adult aged 60 and over have the following:

    i. a minimum of 33 1/3 percent of the Dietary Reference Intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day;
    ii. a minimum of 66 2/3 percent of the allowances if the project provides two meals per day; and
    iii. 100 percent of the allowances if the project provides three meals per day.

d. The meals, to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants, including meals adjusted for cultural considerations and preferences and medically tailored meals.
e. The nutrition project provides flexibility to local nutrition providers in designing meals that are appealing to program participants.
f. The nutrition project encourages providers to enter contracts that limit the amount of time meals must spend in transit before they are consumed.
g. The nutrition project, where feasible, encourages joint arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs.
h. The nutrition project states meals, other than in-home meals, are provided in settings in proximity to the residences to the majority of eligible adults aged 60 and over, as feasible.
i. The nutrition project complies with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an adult aged 60 and over.
j. Nutrition service providers solicit the advice and expertise of:

    i. a dietitian or other individual described in 6-1-.02(1)(a);
    ii. meal participants; and
    iii. other individuals knowledgeable about the needs of adults aged 60 and over.

k. Nutrition services will be available to adults aged 60 and over, and to their spouses, and may be made available to individuals with disabilities who are not adults age aged 60 and over but who reside in housing facilities occupied primarily by adults aged 60 and over at which congregate nutrition services are provided.
l. Each participating AAAD establishes procedures that allow nutrition service providers the option to offer a meal, on the same basis as meals provided to participating adults aged 60 and over, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with adults aged 60 and over eligible under this chapter.
m. The nutrition project provides nutrition screening, nutrition education, and nutrition assessment and counseling, if appropriate.
n. The nutrition project encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound adults aged 60 and over, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, shingles, or any others recommended in the individuals' communities.
o. The nutrition project, where feasible, encourages the use of locally grown foods in meal programs and identifies potential partnerships and contracts with local producers and providers of locally grown food. [42 U.S.C. § 3030g-21]

p. The nutrition project, where feasible, will encourage home-delivered meal recipients to attend congregate meal sites and other health and wellness activities based on a person-centered approach and local service availability.

(2) AAAD shall:

a. Solicit nutrition service bids structured according to the Request for Proposal (RFP) guiding document developed by DDA when practical, but at least every 4-year area plan cycle. In each instance where it is determined that the use of a competitive procurement method is not practical, the following must be completed prior to entering into a contract for nutrition services:

    i. Supporting documentation, including a written justification, must be submitted to the DDA Aging Nutrition Director for review.
    ii. The AAAD must obtain written approval by DDA for a final decision on the ability for a non-competitive procurement.

b. Comply with OAA Sections 306 and 307, regarding targeting populations with the greatest economic and social needs, those with low income and eligible minorities.
c. Notify DDA, in writing, regarding any changes to the current Area Plan as it relates to the operation of the nutrition service program. An amendment to the area plan must be submitted and approved for any permanent change in operation.
d. Assure that the nutrition service providers develop and implement a policy manual containing, at a minimum, the following information:

    i. Fiscal management
    ii. Food service management
    iii. Safety and sanitation
    iv. Staff responsibilities
    v. Organizational chart

e. Assure that nutrition service providers comply with all applicable federal, state, and local laws (including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act, and the Governor's Executive Order 16 (Prevention of Sexual Harassment) and 21 (Minority Business Enterprises), program instructions, regulations, and standards.
f. Assure that the nutrition service providers have sufficient insurance to indemnify the loss of federal, state and local resources due to casualty, fraud, physical injury, and food borne illness.
g. Assure that each nutrition service provider has a letter/memorandum of agreement in place with the owner of the congregate meal site facility.
h. Assure that each nutrition service provider in collaboration with the AAAD shall develop complaint and grievance procedures.
i. Assure that each nutrition service provider in collaboration with the AAAD shall develop denial or termination of service procedures.
j. Assure that staff performing nutrition screenings shall have training, as prescribed by DDA in the use of the approved instrument annually or as needed. Standardized screening forms and procedures provided by DDA shall be used for all nutrition screenings and are not to be altered or changed.

k. Assure that each nutrition service provider complies with all applicable state and federal laws and regulations in the performance of nutrition service provision including the Uniform Guidance.

(3) The AAAD may approve contracts and subcontracts for nutrition services that meet the following requirements.

a. The nutrition service provider shall furnish assurances to the AAAD that the nutrition service provider or its subcontractor:

i. Shall maintain a copy of all current Food Service Establishment Inspection Reports completed by state and local health department staff for each food preparation site and food service subcontractor/caterer/provider used in the nutrition program. Corrective actions recommended by state or local officials must be resolved in a timely manner.
ii. Shall maintain efforts to solicit voluntary contributions; and
iii. Shall not use OAA nutrition award funds to supplant funds earmarked for services for eligible persons from non-Federal sources.

(4) In order for the AAAD to provide nutrition direct services, the AAAD must apply for a waiver in the Area Plan.

(5) The AAADs shall give primary consideration to the provision of meals in a congregate setting except that each AAAD:

a. May award funds made available under the OAA to organizations for the provision of home-delivered meals to adults aged 60 and over based upon a determination of need made by the recipient of a grant or contract without requiring that such organizations also provide meals in a congregate setting.
b. Shall, in awarding funds, select such organizations in a manner that complies with the provisions of the OAA.
c. Shall not enter into contract for the provision of nutrition services unless such contract has been awarded through a competitive process, or the AAAD has submitted a request with supporting documentation and justification to the Nutrition Director and has obtained written approval from DDA prior to doing so.

6-2. General Requirements

6-2-.01 Administrative Requirements

(1) The nutrition service provider shall comply with all applicable federal, state, and local laws including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Americans with Disabilities Act [ADA], the Age Discrimination in Employment Act, Section 504 of The Rehabilitation Act, and the Governor's Executive Orders 16 [Prevention of Sexual Harassment] and 21 [Minority Business Enterprises], program instructions, regulations, and standards.

(2) The AAAD and nutrition service provider shall comply with OAA Sections 306 and 307, regarding targeting populations with the greatest economic and social needs, 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.

(3) The nutrition service provider shall utilize the advice and expertise of:

a. A dietitian or other individual described in (6-1-02(1)(a));
b. Aging nutrition program participants; and
c. Other individuals knowledgeable about the needs of adults aged 60 and over.

(4) The nutrition service provider shall have sufficient insurance to indemnify the loss of federal, state, and local resources due to casualty, fraud, physical injury, or food borne illness.

(5) The nutrition service provider shall develop and implement a policy manual containing, at a minimum, the following information pertaining to the operation of the nutrition service program:

a. Fiscal management;
b. Food service management;
c. Safety and sanitation;
d. Staff responsibilities; and
e. Organizational chart.

(6) The nutrition service provider, in collaboration with the AAAD, shall develop written complaint and grievance procedures to be included in the nutrition service provider policy manual.

(7) The nutrition service provider, in collaboration with the AAAD, shall develop written denial or termination of service procedures to be included in the nutrition service provider policy manual.

(8) The AAAD shall notify DDA, in writing, regarding any changes to the current area plan as it relates to the operation of the nutrition service program.

6-2-.02 Contracting Requirements

The AAAD shall:

(1) In awarding funds, select such organizations in a manner that complies with the provisions of the OAA.

(2) Not enter into a contract for the provision of nutrition services unless such contract has been awarded through a competitive process, unless authorized in writing by DDA. AAADs shall solicit nutrition service bids structured according to the Request for Proposal (RFP). The RFP shall be developed utilizing the guidance document provided by DDA.

(3) Approve all subcontracts for nutrition services.

(4) Apply for a waiver in the area plan in order to provide nutrition services directly.

6-2-.03 State-approved Database Reporting

AAADs shall:

(1) Maintain program data and participant information in the state-approved database.

(2) Ensure that all nutrition client data is accurately recorded in the state-approved database by the 20th day of the month for the preceding month.

(3) Ensure that meals are identified by type (e.g., III-C1, III-C2 – hot, III-C2 – frozen) as outlined in the contract between the Grantee and contractor.

(4) Ensure Grab and Go distributed by nutrition sites, are identified as IIIC-2 in the state-approved database, unless approved in the State plan and area plan to be funded by III-C1.

Database reports shall be used as supporting documentation for reimbursement between the State and the Grantee and the Grantee and its sub-contractors.

6-3. Program Income

(1) Program income includes but is not limited to voluntary contributions, non-eligible participant payments, and private pay meals.

(2) Program income shall be used to:

a. increase the number of meals served by the nutrition service provider;
b. facilitate access to such meals; and/or
c. provide other supportive services directly related to nutrition services.

6-3-.01 Voluntary Contributions

(1) Congregate and home-delivered meal participants shall be given an opportunity to contribute voluntarily to the cost of the service; however, no eligible person shall be denied a meal because he or she will not or cannot contribute to the cost of services.

(2) The AAAD shall consult with nutrition service providers and participants regarding the best method for accepting contributions.

(3) Any method of solicitation shall be non-coercive.

(4) Suggested contribution amounts shall take into consideration the income ranges of eligible individuals in communities served.

(5) Procedures shall be established by nutrition service providers to protect each participant's privacy and confidentiality with respect to his or her voluntary contributions or lack of contribution.

a. Contribution envelopes shall be provided for home-delivered and congregate meal participants to ensure privacy.
b. Locked contribution boxes shall be used at each congregate meal site.

(6) Procedures for handling, counting, safeguarding, and depositing contributions shall be in accordance with DDA fiscal policy and procedures.

a. Two people shall count and record contributions daily. When two people perform this task, one should be a nutrition service provider staff member, and the second should not be a nutrition service provider staff member.

(7) A display sign, clearly visible and easy-to-read, shall be posted near the entrance and/or the sign-in table of congregate meal sites stating the actual cost of the meal and the income-based schedule for suggested donation. The display sign should indicate that those individuals who are not eligible participants shall pay for the full program cost of the meal.

6-3-.02 Non-Eligible Participant Income

(1) Any meals provided for persons not eligible for nutrition program participation shall be paid for at the total program cost of the meal.

(2) An additional amount may be charged at the discretion of the nutrition service provider and approved by the AAAD. Funds generated over and above the actual program cost of the meal shall be considered program income.

(3) If a nutrition service provider decides to provide an additional meal program as a service to non-eligible persons, such as private pay or nursing home contract, and the meal service is not connected to the OAA, OAA funds shall not be included in the plan for these meals and meals shall not be counted as OAA meals.

6-3-.03 Private Pay Meals

(1) If meal services are denied due to limited program resources, meals meeting the current Dietary Guidelines for Americans (DGA) may be offered to eligible individuals at meal cost.

(2) Meals sponsored by community donation or other source that are not designated for service provision to a specific person, or persons shall not be considered private pay meals and may be counted for Nutrition Service Incentive Program (NSIP) provided those meals meet all other program requirements.

6-4. Congregate Meals

6-4-.01 Eligibility

(1) Congregate meals shall be made available to:

a. adults aged 60 and over; and
b. spouses of adults aged 60 and over.

(2) Congregate meals may be made available to:

a. individuals with disabilities who have not attained 60 years of age, but who reside in a housing facility occupied primarily by adults aged 60 and over at which congregate meals are served;
b. volunteers who work during meal hours;
c. individuals with disabilities who reside in the home with and accompany adults aged 60 and over and who are eligible under the OAA to congregate meal sites.

6-4-.02 Registration

(1) The Participant Registration Form (PRF) and the Nutrition Screening Initiative (NSI) Checklist shall be completed and on file for all eligible individuals receiving a congregate meal.

(2) Congregate meal participants shall be screened annually using the NSI Checklist. Some AAADs may require a participant signature on the NSI Checklist. Nutrition risk screening scores will be used to establish nutrition risk status for referral to appropriate resources for intervention.

(3) Participant Registration Forms (PRF) shall be updated as needed to ensure current contact information and eligibility requirements are being met for each meal participant. Some AAAD may require a participant signature.

6-4-.03 Prioritization

(1) Eligible participants, in order of priority, include the following:

a. those over age sixty (60) and their spouses regardless of age in order of economic or social need as determined by the prioritization score; and
b. those under sixty (60) who are eligible per (6-5-01).

(2) A waiting list is to be established only after all measures for improving the efficiency of the service delivery system have been examined and, when feasible, implemented. Waiting lists should be updated annually to ensure individuals waiting on meals are still interested and/or eligible for services.

6-4-.04 Minimum Congregate Attendance Requirements

(1) Each nutrition service site (congregate meal site) shall serve a combined annual per day average of ten (10) congregate and home-delivered Older Americans Act Title IIIC funded meals or meals funded through other sources but conforming to Title IIIC requirements. [T.C.A. § 71-2-110 (2015) Congregate meal sites]

(2) If a site drops below the ten (10) meal threshold, a plan of correction must be provided to the Nutrition Director and accepted within thirty (30) days of notification and implemented within sixty (60) days of notification.

(3) The period thirty (30) days following the corrective action period will be used to assess if the site has met the threshold.

6-4-.05 Congregate Meal Sites

(1) Time of Congregate Meals

a. Meals shall be served at a pre-established time. Adequate serving time shall be allowed for all participants to eat a leisurely meal.
b. Mealtimes shall be posted and easily visible for anyone interested in receiving a congregate meal or participating in congregate meals.

(2) Location of Congregate Meal Sites

a. Each congregate meal site shall be located:

i. In areas accessible to adults aged 60 and over with the greatest social and economic needs with particular attention to low income and/or minority individuals.
ii. In as close proximity to the majority of eligible individuals' residence as feasible.
iii. At an approved facility, with particular attention to multipurpose senior centers, schools, or other community organizations, preferably within walking distance where possible.
iv. Where all eligible adults aged 60 and over shall feel free to visit and where their cultural and ethnic background will not be offended.
v. Where feasible, joint arrangements should be made with schools and other facilities serving meals to children in order to promote intergenerational meal programs.

(3) Meal Site Accessibility

a. Each congregate meal site shall:

i. Be in compliance with the Americans with Disabilities Act (ADA).
ii. Have space available for comprehensive supportive services and activities.
iii. Have an adequate number of sturdy tables and chairs appropriate for adult participants.
iv. Have at least one table surrounded by adequate aisle space to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease.
v. Have at least two exits which are unlocked during hours of operation.
vi. Have, when feasible, accessible transportation to congregate meal sites provided through coordination of existing transportation resources for participants who do not own or have access to a vehicle or possess a valid driver's license.
vii. Have adequate parking, safe and appropriate places for arrival, departure, boarding, and disembarking vans, or other transportation services.

(4) Site Agreement

a. Where appropriate, the nutrition service provider shall have a letter of agreement in place with the owner of each congregate meal site facility that includes, but is not limited to, the following:

i. The facility owner is responsible for Fire and Life Safety Code Compliance;
ii. The facility owner is responsible for liability insurance; and
iii. Thirty (30) day notice is needed prior to eviction.

(5) Change in Meal Site Operation

a. Nutrition service providers shall obtain written approval from the AAAD before opening a new meal site, changing location of a site, or closing a site.
b. When a meal site is opened, closed temporarily or its operations significantly changed, the AAAD shall notify the DDA Nutrition Director of the site's name, address, telephone number, contact person, county location, and days/times of operation for inclusion in or removal from the DDA Nutrition Resource Directory within three (3) business days of the change. This shall be reported using the Change in Meal Site Operations Form (Appendix 6-E).
c. When a meal site is closed long-term or permanently, the AAAD shall notify the DDA Nutrition Director of the site's name, address, telephone number, contact person, county location, and the reason for closing the site at least 10 days prior to closing, if possible. This shall be reported using the Change in Meal Site Operations Form (Appendix 6-E)

6-4-.06 Congregate Meal Service

(1) The nutrition service provider shall serve at least one nutritious meal per day in a congregate setting five (5) or more days a week except in rural areas where such frequency is not feasible, and a lesser frequency is approved by DDA.

(2) Congregate meal sites shall not be closed more than four (4) consecutive days without prior written approval from DDA.

(3) Prayer at Congregate Meal Sites

a. Each nutrition service provider shall adopt a policy that clearly states the participant has a free choice whether or not to pray, either silently or aloud, and that prayer or other religious activity is not officially sponsored, led or organized by persons administrating the congregate nutrition program.

(4) Picnic Meals

a. Picnic meals may be served for special group events scheduled at locations away from the nutrition meal site, if the nutrition service provider has the capability to package and deliver meals on the day the meals are consumed.

6-4-.07 Leftovers

(1) A second serving of leftover food shall be offered only when all participants have been served.

a. Leftover food served to the same individual at the same meal service shall not be counted as a second meal for reporting purposes.

(2) Participants may take home any portion of a meal served to them at a meal site after a call for second servings has been made or at the time that no more individuals would normally be served. Food items removed from the premises and the safety thereof shall become the responsibility of the participant.

(3) Nutrition service providers are encouraged to provide participants with take home packaging, such as boxes, plastic wrap, or foil, as long as it does not have a significant fiscal impact on the operation of the nutrition program.

(4) Nutrition service providers shall have a written policy posted regarding the removal of food items from the congregate meal site.

6-4-.08 Congregate Meal Outreach

(1) The nutrition service provider shall conduct outreach activities that assure that the maximum number of eligible individuals in the priority populations shall have the opportunity to participate in congregate meals.

a. Activities initiated by the nutrition service provider may include:

i. identification of the locations for adults aged 60 and over in the priority populations that are in need of services;
ii. outreach in identified areas particularly through community settings such as churches; and
iii. direct telephone or personal contacts.

(2) A record of all outreach activities shall be kept on file in the nutrition service provider's office. An outreach tracking form is available from the Nutrition Director upon request if needed.

6-5. Home-Delivered Meals

6-5-.01 Traditional Home-Delivered Meal Eligibility

(1) In order to receive home-delivered meals, a person shall be:

a. 60 years of age and older;
b. physically or mentally unable to obtain food, prepare meals, or lack support to have meals provided for them.

(2) Additionally, a home-delivered meal may be made available to:

a. the spouse of an older person eligible for home-delivered meals if the receipt of the meal is in the best interest of the home-bound participant; or
b. a non-elderly person with a disability who resides in a non-institutional household with a person eligible to receive home-delivered meals if the receipt of the meal is in the best interest of the home-bound participant.

6-5-02: Grab and Go Meal Eligibility

(1) Grab and Go meals shall be made available to:

a. adults aged 60 and over
b. spouses of adults aged 60 and over
c. individuals with disabilities who have not attained 60 years of age, but who reside in a housing facility occupied primarily by adults aged 60 and over at which congregate meals are served

(2) Grab and Go meals may only be provided using Title III-C2 funds unless part of an approved State plan and area plan. They are intended to complement the congregate meal program.

a. Not to exceed 25% of the funds expended by the AAAD if Title III-C1 funds are used.
b. This is to be calculated based on the amount of Title III-C1 funds available after all transfers are completed.

6-5-.03 Registration and Eligibility Determination

(1) The procedure for determining basic eligibility and a priority ranking for a home-delivered meal and applicant is through the completion and evaluation of the Assessment (Appendix 6-F). See Appendix 6-A for the specific criteria to use in determining eligibility.

a. Nutrition risk screening scores will be used to establish nutrition risk status for referral to appropriate resources for intervention.
b. For nutrition clients only, assessments may be administered over the phone and do not require an in-person assessment. A Signature Page must still be completed and kept on file.

(2) Home-delivered meal program participants shall be assessed annually using the Assessment.

a. Staff should be alert for changes in a participant's condition or circumstances that may warrant a reassessment at an earlier date.

(3) Completion and evaluation of the Assessment is not necessary for participants enrolled in the congregate meal program and receiving temporary or emergency meals for a period not to exceed thirty (30) days.

6-5-.04 Prioritization

(1) Eligible participants, in order of priority, include the following:

a. those over age sixty (60) in order of economic or social need as determined by the Assessment; and
b. those under sixty (60) who are eligible per 6-5-.02(a)(b)).

(2) A waiting list is to be established only after all measures for improving the efficiency of the service delivery system have been examined and, when feasible, implemented. Waiting lists should be updated annually to ensure individuals waiting on meals are still interested and/or eligible for services.

6-5-.05 Temporary Home-Delivered Meals

(1) The AAAD may authorize meals for participants who have just been discharged from a hospital or nursing facility for a period not to exceed thirty (30) days.

(2) If temporary home delivered meals need to extend beyond thirty (30) days, normal procedures for home-delivered meals must be followed and all rules apply as described in section (6-5-.01).

(3) If a waiting list is in place for traditional home delivered meals, participants who need meals past the thirty (30) day temporary period must be placed on the waiting list in order of priority.

(4) Each AAAD offering temporary home-delivered meals shall have written policies and procedures for the provision of such services.

6-5-.05 Home-Delivered Meal Service

(1) Home-delivered nutrition services shall provide one nutritious meal five (5) or more days a week, except in the case of the participant having a source for obtaining a meal and requesting less frequent delivery.

(2) Meals shall be delivered only to eligible participants in their homes and shall not be left at the door or anywhere unattended. Meals may be left with the participant's designee if prior arrangements have been made.

(3) The nutrition service provider shall advise participants that food shall be consumed immediately after delivery and/or shall ensure that instructions for proper heating, storage, and handling of home-delivered meals are provided. The nutrition service provider shall also advise participants that once the meal has been delivered, the meal becomes the responsibility of the participant.

(4) Home-delivered meals may include the delivery of more than one meal for each day's consumption provided that proper storage and heating facilities are available in the participant's home.

(5) Each delivery route shall be clearly established.

(6) Nutrition service providers should seek to minimize the time meals spend in transit to ensure meals are within safe temperature ranges and of optimal quality.

6-5-.06 Missed Home-Delivered Meals

(1) The AAAD shall develop a policy for missed meals that shall be carried out through established guidelines by nutrition service providers. The policy should address the number of times a participant is allowed to miss a meal before being terminated from the program.

(2) The nutrition service provider may serve missed meals to eligible individuals registered as home-delivered meal participants when an individual on the route is absent, and no one has been designated to receive the meal for the eligible participant.

(3) This meal shall be reported as a second meal for the participant.

(4) The nutrition service provider shall meet all standards for maintaining appropriate food temperatures, potential food hazards, and proper handling and storage of the second meal.

(5) No meals shall be delivered to someone who is not a registered home-delivered meal participant.

6-6. Holiday and Emergency Meal Service

6-6-.01 Holiday Meal Service

(1) The nutrition service provider shall:

a. develop procedures for the use, distribution, and accountability of pre-packaged meals used for holiday meal service.
b. specify the holiday closing schedule and procedures for providing holiday meals in the nutrition service provider policy manual.

(2) Holidays officially recognized for the employees of the State of Tennessee, constitute the maximum number of holidays any nutrition program or congregate meal site shall be closed without prior written authorization from both the AAAD and DDA. Current State of Tennessee holidays are listed here: State Holidays - About Tennessee - TN.gov

6-6-.02 Emergency Meal Service

(1) A minimum of three (3) emergency meals shall be provided to home-delivered participants and may be provided to congregate participants for use during emergencies, weather-related emergencies, or nutrition staff training events when the nutrition program cannot provide meals. Meals shall be replenished as they are used and replaced annually.

(2) For reporting purposes, meals shall be counted in the month in which they were distributed.

(3) Procedures for the use, distribution, and accountability of prepackaged meals must be developed and detailed in the nutrition service provider policy manual.

(4) Shelf stable emergency meals must follow meal and menu planning policies outlined in Section (6-7) below. Sodium requirements may be waived for these meals.

6-7. Meal and Menu Planning

6-7-.01 Nutritional Requirements

(1) Meals shall comply with the most recent Dietary Guidelines for Americans (DGAs; Appendix 6-N), published by the Secretary of Health and Human Services and the Secretary of Agriculture, including the following guidance:

a. For all food items served, nutrient-dense, lean, and/or low-fat forms are preferred.
b. Locally grown and seasonal items should be incorporated whenever possible.
c. A variety of fruits and vegetables shall be served. This shall include at least one serving (two if two meals are served per day and three if three meals are served per day) of each of the following on a weekly basis: dark green vegetables, red/orange vegetables, legumes (beans and peas), and starchy vegetables.
d. Added sugars, refined starches, saturated fats and salt shall be used sparingly. The 2020-2025 DGAs specify that an individual should get less than 10% of calories from added sugars, get less than 10% of calories from saturated fats, and not consume more than 2,300mg of sodium per day.
e. Use of whole fresh or frozen fruits is preferred over canned fruits to avoid added sugars. When using canned fruit, it should be packed in its own juice, with light syrup, or without sugar.
f. Fruit is the preferred desert option.
g. Whole grain items are preferred and should constitute at least half of all grain items served.
h. Use of plant-based oils that are high in unsaturated fats is preferred when adding fats and oils to meals.
i. Use a variety of herbs and spices to replace added salt.
j. Use of fresh or frozen vegetables is preferred over canned vegetables to avoid added sodium. Utilize low-sodium canned products or rinse before using. If using processed foods, balance the meal with fresh or frozen items to keep total sodium below 1,000 mg.
k. To balance the effect of sodium on blood pressure, offer potassium-rich foods. Many fruits and vegetables are rich in potassium including bananas, sweet potatoes, orange juice, white beans, and tomatoes.
l. All juices whether unsweetened fruit juice or vegetable juice shall be full-strength (i.e., 100% juice). Vitamin-fortified juices, low-sodium vegetable juice, or sodium-reduced tomato juice are preferred over other juices.
m. Calcium and vitamin D fortified full-strength juice may be used as a milk alternate for participants. It may not be considered as both a serving of fruit and a serving of milk in the same meal.
n. A variety of protein sources shall be served including meats, poultry, seafood, eggs, nuts, seeds, and other vegetarian proteins.

(2) Meals shall contain:

a. a minimum of 33 1/3 percent of the dietary reference intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, for the provision of one meal daily (Table 1);
b. a minimum of 66 2/3 percent of DRIs for the provision of two meals daily; and
c. 100 percent of DRIs for the provision of three meals daily.

Table 1: DRI Requirements for One Meal Daily[1]

Nutrient	Amount Required	Notes
Calories	Average for week between 675-735 calories per meal	No one meal may be less than 625 calories
Fat	Within a one-week period the daily average should be ≤30% calories	No one meal may be more than 35% fat. Lard may not be used. Limit trans fats.
Protein	15-25% of calories	
Fiber	Within a one-week period the daily average should be 8g/meal	
Sodium	1000mg per meal averaged over one week when one meal is served per day	No more than 1200 mg per meal
Calcium	400 mg per meal averaged over one week	No one meal may be less than 360mg
Vitamin A	300 mcg (RE) averaged over one week	
Vitamin B12	0.8 mcg per meal averaged over one week	No one meal may be less than 0.72
Vitamin C	30 mg per meal averaged over one week	No one meal may be less than 27 mg
Vitamin B6	0.6 mg per meal averaged over one week	No one meal may be less than 0.54 mg

[1] Double these values for two meals served daily. Triple these values for three meals served daily.

6-7-.02 Nutritional Requirements Compliance

(1) Assurance of compliance with DGA and DRI requirements may be achieved by one of the following methods:

a. Conduct a computer nutrient analysis based on DRI requirements in Table 1 noting that requirements may be averaged over a week of meals. The meal pattern in Table 2 (below) or an alternative meal pattern outlined in the most recent Dietary Guidelines for Americans (DGA) may be used as a guide in developing meals that meet nutrient requirements but is not required to be followed if meals meet nutrient requirements.

b. Compliance shall be verified by completing and submitting the Nutrition Analysis Worksheet (Appendix 6-G) for each unique week of meals and for any special meals such as emergency meals, menus, and nutritional analysis to the AAAD for review at least three (3) weeks prior to the initial use of the menu; or

(2) Plan and prepare meals that conform to the meal pattern in Table 2 (below), or an alternative meal pattern outlined in the most recent Dietary Guidelines for Americans (DGA) noting:

a. that each serving may only be classified in one category (For example, a serving of legumes [beans or peas] may only be classified as a vegetable or a meat alternate, but not both; a serving of cheese may be classified as either a serving of meat alternate or a serving of milk alternate.); and
b. that the same food item served in sufficient quantity may satisfy more than one serving requirement (For example, two slices of bread would satisfy the requirement for two grain servings).

(3) Compliance shall be verified by completing and submitting the Meal Pattern Worksheet (Appendix 6-H) for review at least three (3) weeks prior to the initial use of the menu.

Table 2: Meal Pattern

Food Group	**Serving per meal**1	**Current Dietary Guidelines Servings per day for 2000 Calories per day**2
Vegetable	2-3 servings*: 1 serving = ½ cup raw or cooked vegetable, ½ c vegetable juice, 1 cup leafy salad greens, ¼ c. dried vegetable	2 ½ C. equivalents or 5 servings daily. Includes dark green, red or orange vegetables, cooked beans and peas, starchy vegetables and others such as green beans.
Fruit	1-2 servings*: 1 serving = ½ cup raw or cooked fruit, ½ c. fruit juice, ¼ c. dried fruit, one medium size whole fresh fruit	4 servings daily. Includes all fresh, frozen dried fruit and fruit juices.
Grains/Starches Bread or bread alternate	2 servings (one should be whole grain): 1 serving = ½ cup cooked rice, pasta, oats or cereal; 1 medium slice bread; 1 oz. ready-to - eat cereal	6 one-ounce equivalent servings daily. One half should be whole grain. Refined grains should be enriched.
Dairy Milk or milk alternate	1 serving: 1 serving = 1 cup milk, yogurt or fortified soymilk; 1 ½ ounces	3 servings daily. Choices should be fat free or low fat. Includes all milk (including

	natural cheese such as cheddar cheese or 2 oz. of processed cheese.	soymilk), yogurt, frozen yogurt, dairy desserts and cheeses.
Protein foods Meat or Meat Alternate	1 serving: 1 serving = 3 oz. or equivalent – 1 oz. equivalent is: 1 oz. lean meat, poultry or seafood; 1 egg; ¼ cup cooked beans or tofu; 1 Tbsp. peanut butter; ½ oz. nuts or seeds	5 ½ oz. equivalents daily. Includes meat, poultry, seafood, eggs, nuts and seeds.
Oils/fats	1 serving: 1 serving = 1 teaspoon of fortified, soft margarine; mayonnaise; or vegetable oil; or one tablespoon of salad dressing	27 grams. Avoid trans fats and limit saturated fat, cholesterol.
Other Items, including Dessert, Beverages, and Accompaniments	Optional	

[1] The number of servings per meal estimates for 1/3 of the DRIs

[2] Caloric value (2,000 kcal/per day) based on a 61+ year old male, "sedentary" physical activity level [Source: Dietary Guidelines for Americans 2025, Appendix 6-N]

* Must have minimum 3 servings total of fruits and vegetables

6-7-.03 Meal Planning

(1) A variety of food and preparation methods, including color, combinations, texture, size, shape, taste, and appearance shall be included in meal planning.

(2) Meals should be designed to be suitable for persons with diabetes, heart disease and hypertension.

(3) Religious, ethnic, cultural, regional, or medical (i.e., diabetic, salt-restricted) dietary requirements or preferences of a major portion of the participants at a congregate meal site shall be reflected in the meals served. Where feasible, efforts should be made to meet individual dietary requirements or preferences.

6-7-.04 Menu Planning

(1) Menus shall be:

a. planned in advance for a minimum of four weeks. Approved menus may be repeated in a three-month cycle.
b. reviewed and determined acceptable in writing by a Registered Dietitian (RD) or individual of comparable expertise (ICE) per the standards outlined in (6-7-01)
c. posted in an obvious/visible location in each congregate meal site.

(2) Menu items shall be purchased per product specifications as determined by the Registered Dietitian or an ICE in consultation with the nutrition provider to ensure menu standards are met.

(3) Menu substitutions shall be approved by the director of the provider agency's nutrition service program and the Registered Dietitian or an ICE in planning of nutritional services, who is a staff member of, or regular consultant to, the nutrition service provider.

(4) Menu Planning Tips

a. The nutrition project through the OAA is an offer versus serve program. This means that a program is required to offer a food or beverage, such as milk, but participants can refuse them. A refusal does not determine whether a program can receive funding for the meal.
b. Try to incorporate milk alternatives for participants who do not prefer milk, are lactose intolerant, or are vegan.
c. Try to incorporate milk several times a week and a milk alternative, such as cheese or yogurt, about once a week.
d. Select dairy products are good sources of calcium. Some dairy products are not good sources of calcium. These include butter, cream, cream cheese, sour cream, ice cream, and frozen desserts.
e. Fortified orange juice may have added sugar (20+ grams) or be too high in natural sugars for some populations.
f. Flavored milks can be incorporated into menus without exceeding the Dietary Guidelines' added sugar limits (17 grams per meal).
g. Milk substitutes, like "milks" made from nuts or grains, may have little or no calcium or protein, another key nutrient found in milk.
h. Policies requiring nutrient analysis rather than meal patterns can be considered and may allow for maximum flexibility since this approach may not require specific meal components, e.g., milk, etc.
i. Consider participant population and ethnicity when choosing dairy and non-dairy products. Lactose intolerance is most common in people of African, Asian, Hispanic, and American Indian descent.

(5) See Appendix 6-I for a table of milk alternatives.

6-7-.05 Oral Nutrition Supplements

(1) Older Americans Act funds may be used for the provision of oral nutrition supplements (ONS) provided that the delivery of such service complies with all relevant policies with the exception that such supplements may not be reported as NSIP eligible.

(2) Incorporating oral nutrition supplements (ONS)

a. Offer oral nutrition supplements separately or in addition to congregate and home-delivered meals. ONS can be consumed with the meal or at another time. When served in addition to meals or offered to eligible persons who do not actively participate in the meal program, these supplements can be helpful for people who:

i. Are at high nutritional risk
ii. Have increased protein and calorie needs
iii. Have unmet nutritional needs because of a health condition, food insecurity, or limited ability to grocery shop or cook meals.

b. Incorporate as part of a congregate or home-delivered meal.
c. OAA meals must meet the current DGAs (Appendix 6-N) and provide one-third of the DRIs. A provider could offer an OAA meal and include an ONS as an optional choice. For example, ONS can be provided as an option instead of milk.

(3) Funding for oral nutrition supplements

a. There are two different funding streams to consider when purchasing ONS. If you plan to use OAA funds, it is essential to understand the proper way to purchase ONS for your program.

i. OAA Title III-C Nutrition Services – ONS may be funded by OAA Title III-C funds whether they are provided as part of a program meal or provided separately.
ii. OAA Nutrition Services Incentive Program (NSIP) - NSIP Funds cannot be used to purchase ONS. NSIP funds may only be used to purchase domestically produced foods. As these supplements are considered processed pharmaceutical products, they do not meet the definition of domestically produced food.

b. Other ways to fund:

i. Title III-B: ONS can be covered if their use complies with state and local policies and funds are available, as ONS are considered “other services as necessary for the general welfare", as indicated in Sec 321(26) of the OAA.
ii. Title III-E: These funds can be used for supplemental services on a limited basis to complement the care provided by caregivers under OAA Section 373(b)(5). The care recipient must have impairments in two or three actives of daily living (ADL) to be considered eligible for supplemental services.

(4) Reporting

a. Ensuring correct documentation of ONS in the program’s reporting is very important. ONS alone may not be counted as a meal.
b. Units of ONS or Liquid Nutrition should be counted in the state-approved database under the appropriate funding source.

Appendix 6-B outlines policies and procedures regarding the provision of ONS meals.

6-8. Food Service Sanitation and Safety

6-8-.01 Compliance

(1) The nutrition service provider shall comply with the following where applicable to each food preparation site and food service subcontractor/caterer used in the nutrition program:

a. the Tennessee Department of Health Rules and Regulations Pertaining to Food Service Establishments (Division of General Environmental Health Chapter 1200 – 23 – 1 [See Appendix 6-O]); and
b. all other federal, state and local health, sanitation, fire, safety, and building codes, regulations, and licensure requirements.

(2) The nutrition service provider shall be inspected by and keep copies of all current inspection reports, registered sanitation inspector, and fire officials on file and current inspection report shall be posted at the meal site in a prominent location for participants to view.

6-8-.02 Food Safety Control

(1) The nutrition service provider may opt to follow temperature or time as control in order to maintain food safety.

a. If utilizing temperature as control, the following shall be adhered to:

i. Cold foods shall be maintained at 41 degrees Fahrenheit or below at all times.
ii. Hot foods shall be maintained at 135 degrees Fahrenheit or above at all times.

b. If utilizing time in lieu of temperature as control, the following shall be adhered to:

i. The food shall have an initial temperature of 41 degrees Fahrenheit or less when removed from cold holding temperature control or 135 degrees Fahrenheit or greater when removed from hot holding temperature control.
ii. The food shall be labeled to indicate the time four (4) hours past the point when the food is removed from temperature control with instructions to discard the food if that time is passed.
iii. Efforts shall be made to keep foods within temperature control per (6-8-.02(1)(a)(ii) during the four (4) hour period.
iv. The food shall be delivered to the participant at least one (1) hour prior to the four (4) hour limit outlined in (6-8-02(1)(a)(ii). The participant shall be informed that the food should be consumed before the time on the label or discarded.
v. Procedures for adherence to this policy shall be included in the nutrition service provider policy manual.

(2) Food Safety Control Monitoring

a. Temperature checks shall be conducted daily with a food thermometer in proper working order and recorded at the time all food leaves the preparation area and if temperature is used as control, again immediately before the food is served to participants.

i. For home-delivered meals, each delivery route temperature shall be checked at least once per quarter. The last meal delivered on the route shall be checked.

b. If time is used as control, the time food is taken out of temperature control, and the time food is served or delivered shall be recorded.
c. All food items shall be tested and recorded per each food item. Bread products and fresh, whole fruits are exempted from testing.
d. When food is found at improper temperatures, a plan for immediate correction shall be developed, implemented, and documented in a narrative report.

(3) Time/ temperature control reports shall be kept on file for five (5) years plus the current year.

6-8-.03 Donated Foods

(1) All foods donated to a nutrition service provider shall meet standards of quality, sanitation, and safety that apply to foods that are purchased commercially by the nutrition service provider.

(2) Foods prepared or canned in the home shall not be used in meals funded by the OAA program. Only commercially prepared or hermetically sealed canned foods shall be used.

(3) When a potluck meal is served at a congregate meal site, Title III-C meals shall not be co- mingled with home prepared or potluck meals. Potluck meals may not be counted as a meal in the NSIP report or the State Performance Report (SPR) report.

a. Home-delivered meals shall be provided on the same basis as if the potluck meal had not been scheduled.

6-8-.04 Food Recalls

(1) The nutrition service provider is responsible for ensuring that the food supply is safe and fit for consumption. In the event of a food recall:

a. The AAAD is responsible for notifying DDA in writing of any food recalls involving their nutrition service providers.
b. Potentially hazardous food should be suspended immediately until confirmation from food distributors is made stating that the food supply is safe.
c. Upon receipt of confirmation statement, the AAAD shall notify DDA that service of suspended food may be resumed.

(2) DDA advises all AAADs and nutrition service providers to sign up and check the USDA Food Safety and Inspection Service website as part of the U.S. Department of Agriculture for the latest notices of food recall: http://www.fda.gov/Safety/Recalls/

6-8-.05 Food Borne Illness

(1) The nutrition service provider shall save a sample test meal including all food items served to participants that is dated, labeled, and frozen at each food preparation site and retained for seventy-two (72) hours for checking purposes should food borne illness occur.

(2) In the event of an emergency occurrence (fire, flood, power shortage, or similar event) that might result in contamination of food or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the appropriate authority, upon receiving notice of this occurrence.

(3) Prompt handling and referral of food related complaints are the foundation for the successful investigation of possible food borne illness. When an illness related to food is suspected, the following procedures shall be implemented:

a. Assist individual(s) in obtaining medical treatment.
b. If available, label and refrigerate suspected food item until appropriate health authorities are contacted.
c. Notify the nutrition service provider, state and/or local health department officials, and AAAD of the suspected contaminated food.

(4) The AAAD shall provide a report to DDA which includes:

a. location where suspect food was served;
b. date and time suspect food was consumed;
c. number of persons affected;
d. name of the alleged food item;
e. symptoms of illness, health care provider contacted, and clinical diagnosis;
f. name of nutrition provider; and
g. reported ill workers involved, if applicable.

6-9 Other Programs and Services

6-9-.01 Nutrition Education

(1) For congregate meal service, nutrition education:

a. shall be provided to congregate participants at minimum on a quarterly basis at each congregate meal site.
b. activities shall be posted at the beginning of each quarter at each meal site.
c. plans shall be overseen by an RD or ICE.
d. shall include a wide range of teaching techniques (lecture, presentations, videos, pamphlets, or other printed materials) and a variety of topics should be developed in the plan to include, but not limited to:

i. adequate daily nutritional intake including balanced meal planning and preparation, Dietary Guidelines for Americans (DGAs)
ii. the wise use of limited food dollars including shopping assistance, use of SNAP, and product information
iii. health promotion, and disease prevention, maintenance of an active physical lifestyle

(2) For home-delivered meal service, nutrition education:

a. shall be provided to home-delivered participants in the form of pamphlets or other printed materials that shall be delivered to the participant on a not less than quarterly basis relating to the same topics outlined for congregate nutrition education. (6-9-.01(1)(d)(i-iii)).

(3) Congregate sites shall post information regarding SNAP and accessing the benefit at all times. Home-delivered meal participants shall receive information regarding SNAP and accessing the benefit at least once per year which may count as the nutrition education for the month.

(4) Nutrition service providers are encouraged to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, shingles, or any other recommended vaccines, in the individuals' communities. [42 U.S.C. § 3030g-21]

6-9-.02 Nutrition Counseling

(1) Nutrition counseling service includes:

a. Assessing present good habits, eating practices, and related factors;
b. Developing a written plan for appropriate nutritional counseling;
c. Translating the written plan with the participant; and
d. Planning follow-up care and evaluating achievement of objectives.

(2) Counseling conducted by an RD or ICE including, but not limited to, college students who are pursuing a degree in nutrition or dietetics and are overseen by an RD.

6-9-.03 Transportation to Congregate Meal Sites

(1) Title III-C1 or Title III-B funds may be expended for transporting eligible participants to and from congregate meal sites.

(2) Participants shall not be charged for transportation services supported by OAA funds.

(3) Participants shall be given the opportunity to make a voluntary contribution toward the cost of transportation services per (6-3-01).

6-9-.04 Referral to Other Services

(1) Nutrition service providers shall refer participants to the AAADs Information and Assistance program regarding other aging and disability services.

(2) AAAD and nutrition service provider staff or volunteers shall assist eligible persons in accessing benefits available to them under other programs, especially the Supplemental Nutrition Assistance Program (SNAP).

(3) The nutrition service provider shall ensure that all personnel, paid or volunteer, who come in contact with adults aged 60 and over and adults with disabilities are aware of their responsibilities under the Tennessee Adult Protection Act that requires "any person having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation shall report such information to the nearest county office of the Tennessee Department of Human Services brought to the attention of the appropriate officials for follow-up." (T.C.A. § 71-6-103)

6-9-.05 Other Nutrition Services

(1) With prior approval from DDA, the AAAD or nutrition service provider, with additional approval from its AAAD, may offer additional services that further the purposes of the nutrition program as defined by the OAA using Title III-C funds. Other nutrition services include additional services provided under Title III-C1 or III-C2 that may be provided to meet nutritional needs or preferences of eligible participants, such as weighted utensils, supplemental foods, ONS, or groceries.

6-10. Personnel and Training

6-10-.01 Staffing

(1) The AAAD shall assure that the nutrition service providers have sufficient staffing to operate the services being provided and shall assure that nutrition service provider programs are established and administered by the following:

a. Nutrition Director

i. The nutrition service program shall have a full-time project director responsible for implementing the nutrition service program and for the development and implementation of day-to-day management and administration functions of food management, staff supervision and staff training.
ii. Shall maintain current food safety certification.
iii. The job duties and responsibilities of the Nutrition Director are as follows:

1. Program and fiscal planning, management and evaluation;
2. Recruit and hire staff, supervise, direct, and evaluate the performance of staff working in nutrition services;
3. Attend required nutrition-sponsored meetings and assure appropriate staff attend meetings and trainings as required;
4. Assure that all nutrition, food safety, production, procurement, and food service is in compliance with this Chapter and other applicable regulations;
5. Provide training for staff and volunteers to enhance their understanding of the program and their skills; and
6. Perform job-related duties as directed.

b. The OAA requires congregate and home-delivered nutrition services be carried out with the advice of a dietitian or individual with comparable expertise. [42 U.S.C. § 3030g-21(1)]

i. For the purpose of these policies:

1. A dietitian shall be defined as a dietitian registered by the Commission on Dietetic Registration (Registered Dietitian or RD); and
2. An Individual with Comparable Expertise (ICE) shall be defined as a nutritionist with a master's or doctorate degree in one of the following areas: Human Nutrition, Nutrition Education, Foods and Nutrition, Public Health Nutrition, or Nutrition Sciences.

ii. It is recommended that the RD or nutritionist be licensed in the State of Tennessee.

iii. A Registered Dietitian or ICE shall be available to the service provider for the planning and provision of nutrition services, either on staff, under contract, full or part-time, or in a volunteer capacity

iv. Duties and responsibilities of RD or ICE are as follows:

1. Develop, plan, and certify that menus meet nutrition standards;
2. Provide technical assistance on food quality, safety, and service;
3. Implement management and administration functions of food service;
4. Develop/disseminate approved nutrition education materials;
5. Provide in-service training to staff;
6. Provide program monitoring, planning, and evaluation;
7. Provide nutrition counseling and referral for participants identified at high nutrition risk as a result of NSI checklist screening and malnutrition screening;
8. Evaluate and assess the use and need for medical nutritional foods used as ONS or other supplements and reassess feasibility and appropriateness based on medical need; and
9. Additional responsibilities which may include attending and participating in required training sessions with DDA.

6-10-.02 Background Checks

The program must be in compliance with background check requirements in Tenn. Code Ann. § 52-2-1002.

6-10-.03 Staff Development and Training

(1) The nutrition service provider shall establish a formalized nutrition training plan for all nutrition service staff and volunteers.

a. The nutrition service provider shall have a written training plan describing the content of training and the subject matter expected to be covered during in-service training.
b. The nutrition program training plan should include training in the following topics (including, but not limited to):

i. specific health, social, economic, and nutritional needs of adults aged 60 and over;
ii. supportive services available to participants through other community resources;
iii. the specific job skills, knowledge, and area of responsibility;
iv. food service and management;
v. nutrition education;
vi. dietary guidelines;
vii. menu requirements;
viii. safety and sanitation;
ix. monitoring and quality assurance;
x. food handling, preparation, and storage;
xi. meal delivery;
xii. records and reporting requirements;
xiii. temperature control and food safety;
xiv. Title VI, Civil Rights Act; and
xv. complaint and incident handling and reporting.

(2) The dates and content of training provided shall be documented.

(3) The nutrition service provider's nutrition director shall attend training programs provided by DDA as feasible.

(4) All staff performing participant eligibility assessments shall be trained in the use of approved standardized tools.

6-11. Records Retention

(1) The AAAD shall require nutrition service providers to retain all program and financial records for no less than five (5) years plus the current year.

(2) Documentation requirements include, but are not limited to:

a. Participant records: Participant Registration Form, Nutrition Screening Initiative Checklist, the Screening Form, the Assessment;
b. Meal records: Client Meal Reports/Client Rosters, Missed Visit/Meal Reports, Total Meal Counts (NSIP Eligible/Ineligible), Temperature Check Records, Menus, Menu Nutrition Analysis;
c. Financial Records: Budgets, Food Cost Records, Labor Cost Records, Supply Cost Records, Inventories, Financial Reports, Contribution Records;
d. Inspection/Code Compliance Records: Health Department Inspections and Any Related Documents, Fire Code Inspections, Pest Control Records;
e. Quality Assurance Records: Site Monitoring Reports, Plans of Correction, Participant Surveys;

f. Education/Outreach Reports: Nutrition Education Calendar, Nutrition Education Records, Staff Training Records; and
g. Nutrition Site Forms: AAAD Central Kitchen Monitoring, AAAD Nutrition Site Monitoring, and AAAD Nutrition Program Provider Compliance Review.

6-12. General Requirements for Participation in the Nutrition Services Incentive Program

(1) Description of the Program

a. Nutrition Services Incentive Program (NSIP) provides incentives to encourage and reward effective performance by states in the efficient delivery of nutritious meals to adults aged 60 and over**.**

(2) Authority

a. The Nutrition Services Incentive Program (NSIP) is authorized by Section 311 of the OAA, as amended.

(3) Disbursement

a. DDA shall disburse NSIP funds to AAADs based upon each AAAD's proportion of the total number of eligible meals served in the state in the previous Federal Fiscal Year. The AAAD shall assure that NSIP funds are disbursed to nutrition service providers based upon each provider's proportion of the total number of eligible meals served in the AAAD's service area in the previous Federal Fiscal Year.
b. If there is a change of service provider in a specific region, NSIP funds will be dispersed based on the number of meals in that specific region from the previous fiscal year.

(4) Expenditure of NSIP Awards

a. The nutrition service provider shall expend NSIP funds within the year in which the payment is received.
b. The nutrition service provider's records shall show the amount of NSIP cash received and how it was expended.

c. Allowable NSIP expenditures are:

i. foods approved by the United States Department of Health and Human Services and other foods produced in the United States of America; or
ii. meals furnished to nutrition service providers under contractual arrangement with food service management companies, caterers, restaurants, or institutions, provided that food/beverages are produced in the United States; and
iii. NSIP eligible meals. (6-12(5)(a_(i-vi))

d. Non-allowable NSIP expenditures are:

i. meals served to persons who are paying a fee for the meal;
ii. any meal that is served to a participant who is required to meet income eligibility or other means-tested criteria including CHOICES clients;
iii. meals used as a non-federal match for other federal program funds;
iv. alcoholic beverages and vitamin supplements that are not allowed under the nutrition program guidelines;
v. meals served to adult day center/health participants for whom the cost of the meal is provided for in the adult day center/health care rate, paid by any source; and
vi. meals served to individuals in nursing homes, adult care homes, or assisted living facilities where the meal is a part of the per diem.

(5) NSIP Eligible Meals

a. A meal shall be reported as NSIP eligible if:

i. the meal is served by an agency which has a grant or contract from the AAAD for the provision of IIIC nutrition services and is under the jurisdiction, control, management, and audit authority of the network of State and Area Agencies;
ii. the meal meets the nutrition requirements in Sections 331 and 336 of the OAA, as amended and complies with 1/3 dietary reference intakes and the Dietary Guidelines for Americans;
iii. the meal is served to an eligible individual as defined in Sections 339 (h) and (i) of the OAA, as amended (aged 60 and over; spouses; volunteers; and, at the discretion of the AAAD, adults with disabilities residing in congregate housing where a nutrition site is located, those who accompany an adult aged 60 and over to a site, or those who reside with a recipient of a home-delivered meal);
iv. the participant is provided the opportunity to make voluntary contributions to the cost of a meal;
v. the participant is assessed using required uniform registration and screening forms, including the Nutrition Screening Initiative (NSI) form; and
vi. the AAAD and nutrition service provider maintain records documenting eligible meals.

Chapter 7: Legal Assistance

7-1. Statutory Authority

The Older Americans Act (OAA), as amended, designates Legal Assistance as a priority service. As such, Legal Assistance is mandatory and shall be accessible and provided throughout each of the planning and service areas in Tennessee. Legal Assistance in Tennessee shall be provided in accordance with the OAA, accompanying federal regulations, and policies implemented by the Tennessee Department of Disability and Aging (DDA).

Authority: 42 U.S.C. § 3027 and 3058j; and 45 CFR § 1321.93, 1324.301, et seq.

7-2. Administrative Requirements

7-2-.01 State Agency

1) DDA will provide for the coordination of the furnishing of Legal Assistance to Older individuals within Tennessee as provided in 45 C.F.R § 1321.93 and in the assurances in its State Plan related to Legal assistance.

2) DDA shall assign an individual to serve as the Legal Assistance Developer (LAD) to enact the responsibilities as provided in 45 C.F.R. § 1324.303 for the LAD position.

7-2-.02 Area Agency on Aging

All administrative requirements must be met by each AAAD unless a written waiver is granted by DDA.

(1) Each area agency shall award, at a minimum, the required adequate proportion of Title III, part B funds designated by DDA to procure Legal Assistance for Older individuals residing in the applicable PSA.

(2) Each AAAD must select and procure through contract the Legal Assistance Provider(s) best able to provide Legal Assistance. Legal Assistance Providers who are best able to provide Legal Assistance are the ones who are able to satisfy the Legal Assistance Provider standards outlined in the contract requirements that are further detailed in this section as well as who can meet the requirements as outlined in the OAA and federal regulations.

(3) Each AAAD must select the Legal Assistance Provider(s) that best demonstrate the capacity to conduct Legal Assistance, which means having the requisite expertise and staff to fulfill OAA and other applicable Federal requirements for the provision of Legal Assistance.

(4) Standards for Contracting Between AAADs and Legal Assistance Providers:

Each AAAD shall enter into a contract(s) with the selected Legal Service Provider(s) that demonstrate(s) the capacity to deliver Legal Assistance.

a. The contract(s) shall specify that the Legal Assistance Provider(s) shall demonstrate the capacity to:

   i. Retain staff with expertise in specific areas of law affecting Older Individuals with Economic or Social Need;
   ii. Demonstrate expertise in specific areas of law that are given priority in the OAA, including:

      1. Income and public entitlement benefits;
      2. Health care;
      3. Long-term care;
      4. Nutrition;
      5. Consumer law;
      6. Housing;
      7. Utilities;
      8. Protective services;
      9. Abuse;
      10. Neglect;
      11. Age discrimination; and
      12. Defense of Guardianship.

   iii. Prioritize representation and advice that focus on the specific areas of law that give rise to problems that are disparately experienced by Older Individuals with Economic or Social Need.
   iv. Maintain staff with the expertise, knowledge, and skills to deliver Legal Assistance.
   v. Engage in reasonable efforts to involve the private bar in legal Assistance activities authorized under the OAA, including groups within the private bar furnishing services to Older Individuals on a pro bono and reduce fee basis; and
   vi. Ensure that attorneys and personnel under the supervision of attorneys providing Legal Assistance will adhere to the applicable rules of Professional Conduct including, but not limited to, the obligation to preserve the attorney-client privilege.

b. Contracts with Legal Assistance Providers shall include the following provisions:

   i. Describing the duty of the AAAD to refer Older Individuals to Legal Assistance Provider(s) with whom the AAAD contracts.

      1. The AAAD is precluded from requiring a pre-screening of Older Individuals seeking Legal Assistance or from acting as the sole and exclusive pathway to Legal Assistance.

   ii. Requiring the contracted Legal Assistance Provider(s) to reasonable steps to provide meaningful access to Legal Assistance for individuals with limited English proficiency (LEP), and to ensure effective communication for individuals with disabilities, including providing auxiliary aids and services where necessary.

iii. Providing that the AAAD will provide outreach activities that will include information about the availability of Legal Assistance to address problems experienced by Older Individuals that may have legal solutions. This includes outreach to:

1. Older adults with Greatest Economic Need due to low income and those with Greatest Social Need, and
2. Older adults of underserved communities, including:

    A. Older adults with disabilities;
    B. Older adults living in rural areas;
    C. Older adults at risk for Institutionalized placement; and
    D. Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and their caregivers.

3. Providing that Legal Assistance Provider attorney staff and non-attorney personnel under the supervision of licensed attorneys must adhere to the applicable Tennessee Rules of Professional Conduct.

4. Requiring that if the Legal Assistance Provider(s) contracted by the AAAD is located with a Legal Service Corporation grantee entity, that the Legal Assistance Provider(s) shall adhere to the specific restrictions on activities and client representation in the Legal Services Corporation Act (42 U.S.S. 2996 et seq.). Exempted from this requirement are:

    A. Restrictions governing eligibility for Legal Assistance under the Legal Services Corporation Act:
    B. Restriction for membership of governing boards; and
    C. Any additional provisions as determined appropriate by the Secretary for Aging.

(5) Each area agency shall conduct monitoring responsibilities in cooperation with the State Agency to insure complementary evaluation efforts.

7-3. Legal Assistance Provider Requirements

All program standards must be met by each legal assistance provider unless a waiver is granted to the area agency by DDA.

7-3-.01 General Standards for Legal Assistance

Each Legal Assistance Provider shall:

(1) Adhere to Legal Assistance Provider requirements under the Act, accompanying regulations, and to the Legal Assistance chapter in DDA's Policies and Procedures for Programs on Aging.

(2) Each Legal Assistance Provider under a contract with an AAAD to provide Legal Assistance must:

a. Provide Legal Assistance to meet complex and evolving legal needs that may arise involving a range of private, public, and governmental entities, programs, and activities that may impact an Older Individual's independence, choice, or financial security; and
b. Maintain the capacity for the provision of Effective Administrative and Judicial Representation.
c. Conduct administrative and judicial advocacy as is necessary to meet the legal needs of Older Individuals with Economic or Social Need, focusing on such individuals with the Greatest Economic Need or Greatest Social Need.
d. Maintain the expertise required to capably handle matters related to the priority case type areas specified under the OAA, including income and public entitlement benefits, health care, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination, and Defense of Guardianship.
e. Maintain the expertise required to deliver any matters in addition to those specified in this policy that are related to preserving, maintaining, and restoring an Older Individual's independence, choice or financial security.
f. Maintain the expertise and capacity to deliver a full range of Legal Assistance, from brief service and advice through representation in hearings, trials, and other administrative and judicial proceedings in the areas of law affecting such Older Individuals with Economic or Social Need.
g. Maintain the capacity to provide effective Legal Assistance and legal support to other advocacy efforts, including, but not limited to, the Long-Term Care Ombudsman Program serving the PSA, and maintain the capacity to form, develop, and maintain partnerships that support Older Individuals' independence, choice, and financial security.
h. Maintain the capacity to provide effective Legal Assistance to Older Individuals regardless of whether they reside in community or congregate settings, and to provide Legal Assistance to Older Individuals who are confined to their home, and Older Individuals whose access to legal assistance may be limited by geography or isolation.
i. Take reasonable steps to provide meaningful access to Legal Assistance for individuals with limited English proficiency (LEP).
j. Maintain staff with knowledge of the unique experiences of Older Individuals with Economic or Social need and expertise in areas of law affecting such Older Individuals.
k. Meet the following Legal Assistance Provider Requirements:

    i. A Legal Assistance Provider may not require an Older Individual to disclose information about income or resources as a condition for providing Legal Assistance.
    ii. A Legal Assistance Provider may ask about the person's financial circumstances as part of the process of providing legal advice, counseling, and representation, or for the purpose of identifying additional resources and benefits for which an Older Individual may be eligible.
    iii. A Legal Assistance Provider and its attorneys may engage in other legal activities to the extent that there is no conflict of interest not other interference with their professional responsibilities under OAA.
    iv. Legal Assistance Providers that are not housed within Legal Services Corporation grantee entities shall coordinate their services with existing Legal Service Corporation projects to concentrate funds under the OAA in providing Legal

Assistance to Older Individuals with the Greatest Economic Need or Greatest Social Need.

v. Nothing in this policy is intended to prohibit any attorney from providing any form of Legal Assistance to an eligible client, or to interfere with the fulfillment of any attorney's professional responsibilities to a client.

vi. Legal Assistance Provider attorney staff and non-attorney personnel under the supervision of licensed attorneys must adhere to the applicable Tennessee Rules of Professional Conduct.

(3) Restrictions on Legal Assistance

a. No Legal Assistance Provider(s) shall use funds received under the OAA to provide Legal Assistance in a fee generating case unless other adequate representation is unavailable or there is an emergency requiring immediate legal action. All providers shall establish procedures for the referral of Fee Generating Cases.

b. Other adequate representation is deemed to be unavailable when:

i. Recovery of damages is not the principal object of the client; or

ii. A court appoints a provider or an employee of a provider pursuant to a statute or a court rule or practice of equal applicability to all attorneys in the jurisdiction; or

iii. An eligible client is seeking benefits under Titel II of the Social Security Act, Federal Old Age, Survivors, and Disability Insurance Benefits, or Title XVI of the Social Security Act, Supplemental Security Income for Aged, Blind, and Disabled.

c. A provider may seek and accept a fee awarded or approved by a court or administrative body or included in a settlement.

d. When a case or matter accepted in accordance with this policy results in a recovery of damages, other than statutory benefits, a provider may accept reimbursement for out-of-pocket costs and expenses incurred in connection with the case or matter.

(4) Legal Assistance Provider Prohibited Activities

a. A provider, employee of the provider, or staff attorney shall not engage in the following prohibited political activities:

i. No provider or its employees shall contribute or make available funds, personnel, or equipment provided under the OAA to any political party or association or to the campaign of any candidate for public or party office; or for use in advocating or opposing any ballot measure, initiative, or referendum.

ii. No provider or its employees shall intentionally identify the Legal Assistance program or provider with any partisan or nonpartisan political activity, or with the campaign of any candidate for public or party office; or

iii. While engage in Legal Assistance activities supported under the OAA, no attorney shall engage in any political activity.

b. No funds made available under the OAA shall be used for lobbying activities including, but not limited to, any activities intended to influence any decision or activity by a nonjudicial Federal, State, or local individual or body.

    i. Nothing in this section is intended to prohibit an employee from:

        1. Communicating with a governmental agency for the purpose of obtaining information, clarification, or interpretation of the agency's rules, regulations, practices, or policies;
        2. Informing a client about a new or proposed statute, executive order, or administrative regulation relevant to the client's legal matter;
        3. Responding to an individual client's request for advice only with respect to the client's own communications to officials unless otherwise prohibited by the OAA, accompanying regulations, or other applicable law. This provision does not authorize publication or training of clients on lobbying techniques or the composition of a communication for the client's use;
        4. Making direct contact with the AAAD for any purpose; or
        5. Testifying before a government agency, legislative body, or committee at the request of the government agency, legislative body, or committee.

c. A provider may use funds provided by private sources to engage in lobbying activities if a government agency, elected official, legislative body, committee, or member thereof is considering a measure directly affecting activities of the provider under the OAA.
d. While carrying out Legal Assistance activities and while using resources provided under the OAA, by private entities or by a recipient, directly or through a subrecipient, no provider or its employees shall:

    i. Participate in any public demonstration, picketing, boycott, or strike, whether in person or online, except as permitted by law in connection with the employee's own employment situation;
    ii. Encourage, direct, or coerce others to engage in such activities; or
    iii. At any time engage in or encourage others to engage in:

        1. Rioting or civil disturbance;
        2. Activity determined by a court to be in violation of an outstanding injunction of any court of competent jurisdiction;
        3. Any illegal activity;
        4. Any intentional identification of programs funded under the OAA or recipient with any partisan or nonpartisan political activity, or with the campaign of any candidate for public or party office; or
        5. None of the funds made available under the OAA may be used to pay dues exceeding a reasonable amount per Legal Assistance Provider per annum to any organization (other than a bar association), a purpose or function of which is to engage in activities prohibited under this policy. Such dues may not be used to engage in activities for which OAA funds cannot be directly used.

(5) Each Legal Assistance Provider shall use OAA funds to supplement, and not supplant, funds from other federal or non-federal sources.

(6) Each Legal Assistance Provider shall have sufficient funds to pay litigation costs for those cases which require filing fees, consultation fees, and/or other costs related to representation of clients unable to pay these costs.

(7) Each Legal Assistance Provider shall include on all publications written and distributed with funds provided through the OAA an acknowledgement as follows: "This publication is supported, in part, by funds provided by the (AAAD Name), the Tennessee Department of Disability and Aging, and the U.S. Department of Health and Human Services. The content herein does not necessarily reflect the opinions or policy of the (AAAD Name) or any agency of Tennessee or the United States government.

(8) Each Legal Assistance Provider will, in a noncoercive manner, give clients an opportunity to voluntarily contribute to the cost of the Legal Assistance services.
(9) Each Legal Assistance Provider shall be familiar with, and maintain access to, a complete and updated copy of the policies and procedures for the AAAD and DDA.

7-4. Reporting Standards

(1) Each Legal Assistance Provider shall maintain program data and statistics, as required by DDA.

(2) Forms utilized by providers shall include all information required by DDA.

(3) Each Legal Assistance Provider shall submit quarterly reports and case closing statistical reports to the AAAD and DDA, using the statewide uniform reporting system. Quarterly reports are due in the state office no later than the twentieth (20^{th}) day following the end of the quarter.

(4) Each Legal Assistance Provider shall submit electronically to the AAAD and DDA an updated list of employees who are paid using funding from the OAA. This list shall be submitted each year and/or when changes occur in staffing.

(5) Each Legal Assistance Provider shall respond to special requests from the state Legal Assistance Developer for information, reports, and/or projects on local trends or legal issues affecting Older Individuals.

7-5. Monitoring/Assessment Standards

Each Legal Assistance Provider shall:

(1) Make available to the AAAD and DDA all pertinent documentation, reports, procedures, and program policies required for monitoring and assessment purposes; and

(2) Prepare for, and participate in, any program assessment conducted by DDA an/or the AAAD designed to measure compliance with federal and state laws, regulations, policies, procedures, contract standards for Legal Assistance, and quality.

Chapter 8: Ombudsman

Definitions

Area Agency on Aging and Disability (AAAD) – A single agency designated by the Tennessee Department of Disability and Aging to perform the functions specified in the Older Americans Act, as defined in CFR Title 45 Part 1321.

Case – A record of one or more complaints involving a resident, including verification, resolution, and any referrals.

Certification – The process by which an individual meets training and examination requirements to become a certified representative of the Office.

Certification Examination – A written test administered by the SLTCO or DLTCO to assess a candidate's knowledge of the LTCOP curriculum.

Complainant – An individual who submits a complaint for LTCOP to investigate services on behalf of a resident.

Complaint – An expression of dissatisfaction or concern requiring investigation and resolution by the LTCOP.

Complaint Visit – A facility visit conducted solely to investigate or follow up on a complaint.

Confidentiality – The obligation to protect identifying information about residents and complainants, as required by law.

Conflict of Interest – A competing interest or obligation that may compromise the impartiality of ombudsman duties.

Designation – The authority of the SLTCO to appoint or remove LOEs and representatives of the Office.

Discharge – The movement of a resident from one facility to another or to the community, with no expectation of return.

District Long-Term Care Ombudsman (DLTCO) – A certified representative who manages a DLTCOP and supervises staff and volunteers in a designated service area.

DLTCO-Approved Electronic Database – The official system used to document ombudsman activities, including complaints, visits, and training.

Emergency Preparedness – The planning, coordination, and response activities undertaken by the LTCOP to support residents during emergencies affecting long-term care facilities.

Facility – A licensed long-term care setting, including nursing homes, assisted care living facilities, homes for the aged, and adult care homes where residents receive care and services.

Family Council – A group of residents' family members who meet to discuss facility policies and support residents.

Grievance – A formal complaint about an ombudsman's actions or inactions, filed according to LTCOP procedures.

Local Ombudsman Entity (LOE) – A public or nonprofit organization designated by the SLTCO to operate a DLTCOP.

Monitoring – The process of reviewing and evaluating program activities, compliance, and service quality by the SLTCO or DDA.

Office of the State Long-Term Care Ombudsman (OSLTCO) – The organizational unit headed by the SLTCO responsible for statewide program oversight.

Official Duties - as defined in 45 CFR § 1321.1

Ombudsman Program (LTCOP) – The program established under the OAA to advocate for residents of long-term care facilities.

Program Services – Core functions of the LTCOP, including complaint resolution, facility visits, information and assistance, community education, and systems advocacy.

Representatives of the Office of the State Long-Term Care Ombudsman – as defined in 45 CFR § 1324.1.

Resident – An individual of any age residing in a long-term care facility.

Resident Council – A group of residents who meet to discuss facility issues and support one another.

Resident Representative – An individual authorized to act on behalf of a resident, including legal guardians and agents under power of attorney, as defined in 45 CRF § 1324.1.

Retaliation – Negative actions taken against a resident, staff member, or ombudsman for filing a complaint or cooperating with the LTCOP.

State Long-Term Care Ombudsman (SLTCO) – The individual appointed to lead the OSLTCO and fulfill the duties outlined in federal law.

Systems Advocacy – Efforts to influence policies, laws, or practices to improve conditions for long-term care residents.

Tennessee Department of Disability and Aging (DDA) – the department designated by the State of Tennessee as Tennessee's State Unit on Aging (SUA), pursuant to Section 305 of the Older Americans Act (OAA), to receive grants and participate in programs under the OAA.

Volunteer Ombudsman Representative (VOR) – A certified volunteer who performs limited ombudsman duties under supervision.

8-1. Establishment and Structure of the Office of the State Long-Term Care Ombudsman

8-1-.01 Legal Authority

(1) The Tennessee State Long-Term Care Ombudsman Program (LTCOP) is authorized by:

a. 42 USCA § 3058g

b. Sub-Part A of Part 1324 of Title 45 of the Code of Federal Regulations (45 CFR § 1324, et seq.)
c. Tennessee Code § 52-8-204

8-1-.02 State Agency Oversight

The Tennessee Department of Disability and Aging (DDA) serves as the State Agency, as defined under the Older Americans Act, responsible for establishing and thereby operating and carrying out the Office of the State Long-Term Care Ombudsman pursuant to TCA § 52-8-204 and 45 CRF § 1324.11. DDA ensures the Office carries out the functions delineated in the Older Americans Act.

8-1-.04 Structure of the Tennessee Office of the State Long-Term Care Ombudsman Program

The Office is a separately identifiable, distinct entity located within the Tennessee Department of Disability & Aging.

The Office must follow the requirements related to conflicts of interest in the Older Americans Act (OAA) and its regulations, including pursuant to 45 CFR § 1324.21.

The State agency shall ensure that the State Long-Term Care Ombudsman (SLTCO) meets the minimum qualifications as outlined in the OAA, including the demonstration of expertise in consumer-oriented public policy advocacy. To preserve the integrity of the program's resident-centered advocacy, the Office shall have sufficient authority to carry out its responsibility to analyze, comment on, and monitor the development and implementation of laws, regulations and other government policies and actions that pertain to long-term care facilities and services and to the health, safety, welfare, and rights of residents and to recommend any changes to laws, regulations, and policies as the Office determines to be appropriate.

The Office shall be headed by the SLTCO, who is responsible to personally, or through certified representatives of the Office, fulfill the functions, responsibilities, and duties set forth in the OAA and its regulations.

The Office shall ensure that residents of long-term care facilities have access to the services of the program by designating Local Ombudsman Entities (LOEs) responsible for providing District Long-Term Care Ombudsman Program (DLTCOP) services in all areas of the state.

LOEs host DLTCOPs through a contract with DDA or a subcontract through an AAAD and must follow all federal and state requirements as an Ombudsman host agency, as well as the provisions of this chapter.

District Long-Term Care Ombudsmen provide programmatic supervision and management of paid and volunteer ombudsmen designated by the SLTCO as certified representatives of the Office to carry out the duties identified in §1324.19.

8-2. Organizational Responsibilities and Requirements

8-2-.01 Area Agencies on Aging and Disability (AAAD) Responsibilities

AAADs shall:

(1) Fiscally administer grants or contracts under which LOEs operate DLTCOPs

(2) Be eligible for designation as an LOE or contract with a third party to house DLTCOPs

(3) Obtain SLTCO approval for any contract provisions that differ from these P & Ps

8-2-.02 AAAD Monitoring Responsibilities

(1) The AAAD shall regularly monitor the LOEs and the DLTCOPs by reviewing:

a. Budget, expenditure, and audit reports
b. Coordination with other agencies
c. Non-confidential reports reflecting program activities and aggregate data

8-2-.03 AAAD Use of Funds

AAADs shall:

(1) Ensure that Title VII Ombudsman Program funds are used exclusively for DLTCOP services.

(2) Submit required financial and programmatic reports to DDA and to the Office

8-2-.04 AAAD Conflict of Interest Protections

AAADs must be free from organizational conflicts of interest. An AAAD may not serve as or contract with an LOE if it:

(1) Provides long-term care services

(2) Licenses, certifies, or regulates long-term care facilities

(3) Has ownership, investment, or management interest in such facilities

(4) Has responsibilities that conflict with the advocacy role of the program

AAADs must ensure contracted LOEs meet these same requirements and notify the SLTCO of any actual or potential conflicts.

8-2-.05 AAAD Inclusion and Collaboration

AAADs shall:

(1) Include DLTCOP staff and volunteers in relevant discussions, meetings, and advisory councils

(2) Cooperate with the Office to implement a transition plan when a DLTCOP contract is terminated or not renewed

8-2-.06 Local Ombudsman Entity (LOE) Responsibilities

LOEs shall:

(1) Be designated by the SLTCO to house DLTCOPs

(2) Follow all requisite requirements as provided in federal and state law and regulations, along with all contractual requirements

(3) Be the sole provider of designated program services in their designated area by the SLTCO

(4) Manage personnel but not programmatic oversight of the DLTCOP

To be eligible, an LOE must:

(1) Be a public or nonprofit private organization

(2) Not license or certify long-term care services

(3) Not be affiliated with provider associations

(4) Have no financial interest in a long-term care facility

(5) Demonstrate capacity to fulfill responsibilities

(6) Employ at least one full-time DLTCO

(7) Involve the SLTCO in hiring decisions pertaining to the DLTCOP

(8) Be free of conflicts of interest as outlined in state or federal law

(9) Maintain access, confidentiality, and disclosure compliance as outlined in state and federal law

(10) Not close for more than 3 consecutive business days without an Office of the STLCO approved coverage plan

8-2-.07 District Long-Term Care Ombudsman Program (DLTCOP) Responsibilities

DLTCOPs shall:

(1) Be a distinct entity from the LOE

(2) Follow all federal and state LTCOP requirements

(3) Be managed by a certified DLTCO which is designated by the SLTCO

8-3. Types and Functions of Representatives of the Office

8-3-.01 Representatives of the Office

Representatives of the Office are certified individuals who carry out ombudsman duties at varying levels of responsibility. Only the State Long-Term Care Ombudsman (SLTCO) may designate or remove individuals as representatives of the Office. Delegation of duties must be consistent with the requirements of 45 CFR §1324.13 and §1324.19.

There are three categories of representatives:

(1) Volunteer Ombudsman Representative (VOR)

(2) Associate District Long-Term Care Ombudsman (ADLTCO)

(3) District Long-Term Care Ombudsman (DLTCO)

Paid staff of the Office are certified as either ADLTCOs or DLTCOs.

The SLTCO shall issue identification cards to all representatives of the Office. Each card shall include:

a. The name of the representative
b. The representative's picture
c. The category of the representative
d. The date of certification

8-3-.02 Non-Representatives

Non-representative staff within the Office are those who have not been certified to perform the duties of representatives. These may include support staff, organizational volunteers, and managers.

Non-representative staff:

(1) Are not qualified to perform any complaint-handling functions

(2) May not access the OSLTCO-approved electronic database

(3) May perform other duties in conjunction with the program for which they are trained

8-3-.03 Functions of Representatives of the Office

(1) Volunteer Ombudsman Representative (VOR)

A Volunteer Ombudsman Representative may:

a. Provide outreach to residents and sponsors
b. Observe in long-term care facilities
c. Perform intake of complaints
d. Provide information to the public about the program and resident rights
e. Make requests of long-term care facility staff on behalf of, and with the consent of, a resident
f. Assist with handling complaints under the supervision of a certified ADLTCO or DLTCO
g. Enter their own reports into the OSLTCO-approved electronic database, provided they have been granted access by the SLTCO and have received approval from the DLTCO

(2) Associate District Long-Term Care Ombudsman (ADLTCO)

An ADLTCO shall:

a. Perform all duties of a VOR
b. Handle complaints
c. Supervise VORs in complaint-handling activities
d. Review complaints to establish priorities
e. Assign complaints for follow-up at the request of the DLTCO
f. Manage volunteer resources, including recruiting, screening, training, supervising, evaluating, and recognizing volunteers
g. Record all reportable ombudsman activity in the OSLTCO-approved electronic database, including activities performed by other representatives on their behalf

(3) District Long-Term Care Ombudsman (DLTCO)

A DLTCO shall:

a. Perform all duties of an ADLTCO
b. Ensure residents in the service area have regular and timely access to representatives of the program and receive timely responses to complaints and requests for assistance
c. Carry out all program service components are provided within the service area
d. Oversee the administration and management of the program's ombudsman services, including the program's budget
e. Supervise staff and volunteers
f. Participate in the hiring of staff
g. Develop and maintain local policies and procedures that align with state and federal requirements and reflect the operational needs of the district program
h. Conduct quality assurance of ombudsman services within the service area
i. Update information about licensed long-term care facilities in the service area is updated in the OSLTCO-approved electronic database at least quarterly
j. Ensure that the activities of VORs and ADLTCOs are recorded in the OSLTCO-approved electronic database
k. Collect and maintain required annual forms for all certified ombudsman representatives, including the Code of Ethics, Confidentiality, Conflict of Interest, and other forms designated by the SLTCO
l. Track and report program activities, including complaints, visits, training, and community education, in accordance with OSLTCO guidance
m. Maintain accurate records of training, certification, and service delivery for monitoring and compliance purposes
n. Prohibit any ombudsman representative from serving without current certification and required documentation
o. Cooperate with OSLTCO monitoring and implement corrective actions as needed
p. Carry out other activities as determined appropriate by the SLTCO

8-4. Designation of Local Ombudsman Entities (LOEs)

8-4-.01. Authority to Designate

The State Long-Term Care Ombudsman (SLTCO) has sole authority to designate, refuse, suspend, or remove designation of Local Ombudsman Entities (LOEs), in accordance with 45 CFR §1324.13.

8-4-.02 Designation of Local Ombudsman Entities (LOE)

To qualify for designation, an LOE must:

(1) Be a public or nonprofit private organization

(2) Have the capacity to carry out program responsibilities under the Older Americans Act (OAA), federal LTCOP Rule, and Tennessee LTCOP Policies & Procedures (P & Ps)

(3) Operate a distinct District Long-Term Care Ombudsman Program (DLTCOP) unit led by a DLTCO

(4) Meet staffing requirements outlined in the DDA contract and LTCOP P & Ps

(5) Ensure ombudsmen are available to perform all duties outlined in state and federal law and in this chapter

(6) Remain open during business hours unless approved by the Office of the SLTCO

(7) Avoid financial conflicts of interest related to program advocacy as outlined in federal law and regulations

(8) Comply with all applicable laws, contracts, and LTCOP P & Ps

Not be an entity that:

(1) Licenses, surveys, or certifies long-term care facilities

(2) Is affiliated with long-term care or residential facility associations

(3) Has financial interests in long-term care facilities

(4) Has unresolvable conflicts of interest as defined in Section 4.1(c) of the LTCOP P & Ps, the LTCOP Rule, and the OAA

8-4-.03 Designation Process

(1) Each AAAD currently housing a DLTCOP has the right of first refusal to house the DLTCOP in its service area.

(2) If the AAAD declines to apply to house a DLTCOP, the AAAD publicly advertises the opportunity and notifies the Office the AAAD publicly advertises the opportunity and notifies the Office.

(3) Interested entities submit a letter of intent and complete a proposal packet provided by the SLTCO.

(4) If the AAAD is not directly submitting an application for designation, the AAAD will review and scores proposals and then recommends an LOE to the SLTCO based on its reviews and scores

(5) If the AAAD is applying, it shall not participate in the scoring or recommendation process for the LOE in that service area and the Office of the SLTCO shall

(6) The Office of SLTCO reviews all proposals and selects the most appropriate entity

(7) The SLTCO recommends the LOE to DDA for approval

(8) All applicants are notified and may request reconsideration if not selected

(9) If no entity applies, the AAAD may directly solicit potential LOEs

(10) If after direct solicitation for potential LOEs, no applications are received, the AAAD may be temporarily designated as the LOE until such time as a LOE is approved.

8-4-.04 Ongoing Compliance and Monitoring

Designated LOEs must:

(1) Maintain compliance with all applicable laws, rules, and LTCOP P & Ps

(2) Undergo an annual review by the Office of SLTCOP to assess continued compliance, performance, and adherence to conflict of interest requirements

(3) Retain all documentation related to the designation process for monitoring, audit, and compliance purposes

LOE contracts must include:

(1) Defined service area

(2) Adherence to all applicable laws and LTCOP P & Ps

(3) Terms for designation duration, removal, or voluntary termination with 90-day notice

8-4-.05 Refusal, Removal, or Suspension of LOE Designation

The SLTCO, in coordination with the DDA, may refuse, remove, or suspend an LOE's designation for failure to meet applicable state and federal law and/or LTCOP P&Ps, including:

(1) Not meeting designation criteria

(2) Unresolved conflicts of interest

(3) Breach of confidentiality

(4) Failure to perform required duties

(5) Delays in filling ombudsman vacancies

(6) Misuse of DLTCOP funds

(7) Contract violations

(8) Noncompliance with laws or policies

(9) LOE policies or practices that conflict with laws, regulations or procedures

8-4-.06 Notification and Reconsideration Process

Before removal or suspension, the SLTCO shall:

(1) Notify the DDA, LOE, and AAAD (if applicable), outlining:

a. The unmet requirements
b. Steps to correct deficiencies
c. A compliance timeline
d. Consequences of noncompliance

(2) Issue written notice of removal or suspension, including:
a. Reasons for the decision
b. Effective date
c. Reconsideration process and timeline

(3) Allow the LOE to submit a written request for reconsideration within 10 business days, including supporting information

(4) Consult with the DDA

(5) Make the final decision on designation status

8-4-.07 Transition and Return of Property

If designation is removed or relinquished:

(1) The SLTCO will ensure continuity of DLTCOP services during any transition

(2) The DDA will terminate its contract with the LOE

(3) The LOE must give 90 calendar days' notice to relinquish designation

(4) The LOE must return:

a. All program records and documentation
b. Ombudsman ID badges
c. Any equipment purchased with LTCOP funds

8-5. Certification, Training, and Continuing Education Requirements

8-5-.01 Certification Requirements

The State Long-Term Care Ombudsman (SLTCO) may certify individuals as representatives of the Office. To be recommended for certification, an individual must:

(1) Complete the minimum 36-hour initial certification training

(2) Be screened and approved by the District Long-Term Care Ombudsman (DLTCO) or LOE (if the DLTCO position is vacant)

(3) Meet all eligibility and background check requirements

(4) Pass the Ombudsman Certification Exam

8-5-.02 Pre-Certification Screening

Before beginning certification training, the following steps must be completed:

a. Notification to the candidate explaining the program and certification process
b. Completed application;
c. Interview;
d. Reference checks
e. Completed Conflict of Interest Screening Questionnaire
f. Cleared background check(s)

8-5-.03 Eligibility Criteria

To be eligible for certification, applicants must:

(1) Be at least 18 years of age

(2) Submit to a criminal background check and have no disqualifying convictions

(3) Be able to carry out ombudsman responsibilities

(4) Have no unremedied conflicts of interest

Paid ombudsmen must also:

(1) Hold a bachelor’s degree

(2) Have experience in advocacy, aging, social services, health care, or a related field

(3) May substitute equivalent experience or education with SLTCO approval

8-5-.04 Initial Certification Training Requirements

Training must include:

(1) At least 19 hours of live instruction (in-person or virtual)

(2) At least 10 hours in the field with an experienced representative

(3) 7 hours of independent study

Training must follow the State Office-provided curriculum, covering:

(1) Role and authority of the Ombudsman Program

(2) Resident experience and rights

(3) Long-term care facilities

(4) Access to residents and records

(5) Disclosure and confidentiality

(6) Complaint investigation

(7) Documentation and communication

(8) Common resources and agencies

Trainees must wear Office-issued trainee badges during facility visits.

8-5-.05 Ombudsman Certification Examination

(1) Candidates must take the exam within 60 days of completing training

(2) DLTCOs proctor and score exams for VOR and ADLTCO candidates

(3) The State Office proctors and scores exams for DLTCO candidates

(4) candidates have three attempts to pass

(5) A 30-day review period is provided for exam feedback

(6) The SLTCO shall validate the exam annually or when the curriculum changes

8-5-.06 Proctoring and Scoring

(1) The DLTCO shall proctor and score any exam given to VOR and ADLTCO candidates and, as soon as practicable, shall score the exams and provide results to candidates.

(2) The State Office shall proctor all exams given to DLTCO candidates and, as soon as practicable, the SLTCO shall score the DLTCO exam and provide results to candidates.

8-5-.07 Additional Guidance

(1) The SLTCO may provide a list of suggested continuing education topics to the candidate.

(2) Candidates shall have three (3) attempts to pass the exam.

(3) The SLTCO shall provide each candidate and the candidate's supervisor with an opportunity for a proctored review of the candidate's exam during a thirty (30) day review period after the SLTCO releases the candidate's results.

(4) Any time the curriculum is modified—and at least once per year to the extent practicable—the SLTCO shall validate the exam to ensure it is fair and tests candidates on material provided through the certification training.

8-5-.08 Required Forms for Certification and Annual Compliance

The following forms must be completed prior to certification and annually thereafter:

(1) Code of Ethics Acknowledgement
(2) Ombudsman Representative Commitment Form (VOR and ADLTCOs only)
(3) Statement of Confidentiality
(4) Conflict of Interest Screening
(5) Identification Requirements for Ombudsman Representatives
(6) Consent for the Use of Name, Image, and Likeness
(7) Media Use Agreement

These forms must be maintained by the DLTCOP and made available for monitoring.

8-5-.09 Notification of Certification Completion

The DLTCO must notify the SLTCO in writing upon a candidate’s successful completion of training and the exam. The notification must include:

(1) Full name of the candidate
(2) Date of training completion
(3) Date the exam was passed
(4) High-resolution photo for ID badge
(5) Current resume or summary of qualifications
(6) Completed Conflict of Interest Screening
(7) The SLTCO will not issue a badge until all documentation is verified.

8-5-.10 Supplemental Training for DLTCOs

DLTCOs must complete an additional 6 hours of training within 4 months of designation. Topics may include:

(1) Program administration and management
(2) Supervision and volunteer coordination
(3) Fiscal management

(4) Policy development
(5) Prioritization of services
(6) Data management
(7) Other topics as determine by the SLTCO

8-5-.11 Continuing Education Annual Requirement

(1) All certified representatives must complete at least 18 hours of continuing education annually.

    a. VORs may earn hours through DLTCO- or SLTCO-sponsored training.
    b. ADLTCOs and DLTCOs must complete at least 9 of the 18 hours through SLTCO-sponsored training.
    c. The SLTCO will provide continuing education opportunities for all representatives.
    d. Training must be delivered by qualified individuals on topics relevant to program services.

8-5-.12 Tracking and Compliance

(1) Each DLTCO is responsible for ensuring that all VORs, ADLTCOs, and DLTCOs meet the 18-hour requirement.

(2) If a representative cannot meet the requirement by the deadline, they must submit an explanation:

    a. VORs and ADLTCOs: to the DLTCO
    b. DLTCOs: to the SLTCO

(3) If the explanation is not accepted:

    a. The DLTCO will notify the SLTCO (for VORs), or the representative and LOE (for ADLTCOs).
    b. The SLTCO will notify the representative and LOE (for DLTCOs).

(4) The SLTCO may grant a 3-month extension based on performance and circumstances.
(5) The SLTCO may consider allowing a VOR candidate who is living in Tennessee seasonally, for no less than six (6) months of each calendar year, to pursue certification, assuming that the VOR candidate:

    a. Mades an assurance to meet minimum volunteer service requirements;
    b. Maintains continuing education requirements in this chapter; and
    c. Agrees to maintain contact with the DLTCO during the time they are not living in Tennessee.

8-5-.13 Noncompliance

(1) Representatives who do not complete the required hours—either by the deadline or within an approved extension—will be decertified in accordance with this chapter.

8-6. Certification Oversight and Compliance Monitoring

8-6-.01 Responsibilities of the District Long-Term Care Ombudsman (DLTCO)

The DLTCO shall:

(1) Maintain accurate records of training, certification, and service delivery for all representatives of the Office
(2) Ensure that no ombudsman representative serves without current certification and required documentation

(3) Collect and retain all required annual forms for certified representatives, including:
    a. Code of Ethics Acknowledgement
    b. Ombudsman Representative Commitment Form (for VORs and ADLTCOs)
    c. Statement of Confidentiality
    d. Conflict of Interest Screening
    e. Identification Use Guidelines for Ombudsman Representatives
    f. Consent for the Use of Name, Image, and Likeness
    g. Media Use Agreement
(4) Track and report program activities, including:
    a. Complaints
    b. Facility Visits
    c. Training
    d. Community education

(5) Ensure that all activities are documented in the OSLTCO-approved electronic database

(6) Cooperate with OSLTCO monitoring and implement corrective actions as needed

8-6-.02 Responsibilities of the State Long-Term Care Ombudsman (SLTCO)

The SLTCO shall:

(1) Monitor compliance with certification, training, and continuing education requirements

(2) Review documentation submitted by DLTCOs for certification and annual compliance

(3) Provide technical assistance and guidance to DLTCOs regarding certification oversight

(4) Conduct periodic audits or reviews of DLTCOP records and documentation

(5) Maintain a centralized record of all certified representatives and their status

(6) Ensure that representatives who fail to meet requirements are decertified in accordance with this chapter

8-6-.03 Monitoring and Quality Assurance

The Office of the SLTCO shall:

(1) Conduct regular monitoring of DLTCOPs to ensure compliance with federal and state requirements

(2) Review non-confidential aggregate data and reports submitted by DLTCOPs

(3) Assess the quality and consistency of ombudsman services across districts
(4) Identify areas for improvement and provide targeted support or training

(5) Document all monitoring activities and findings in accordance with Office procedures

8-6-.04 Corrective Action and Technical Assistance

If deficiencies are identified during monitoring:

(1) The SLTCO shall notify the DLTCO and LOE in writing
(2) A corrective action plan may be required, including timelines and benchmarks
(3) The Office of the SLTCO shall provide technical assistance to support compliance
(4) Follow-up monitoring shall be conducted to verify resolution

8-7. Program Service Components and Delivery Standards

8-7-.01 Guiding Tenets of Program Services

The Long-Term Care Ombudsman Program (LTCOP) provides the following core services:

(1) Facility visits

(2) Complaint resolution

(3) Information and assistance

(4) Support for resident and family councils

(5) Community education

(6) Participation in surveys

(7) Staff training

(8) Systems advocacy

District Long-Term Care Ombudsman Programs (DLTCOP)s must prioritize services based on resident needs, complaint volume, and available resources, in consultation with the State Long-Term Care Ombudsman (SLTCO). All activities must be documented in the OSLTCO-approved electronic database and provided in accordance with confidentiality and informed consent requirements.

8-7-.02 Visits

(1) Ombudsman representatives shall:

a. Comply with facility sign-in/out procedures
b. Not disclose the purpose of the visit or resident names
c. Wear program identification badges
d. Have unescorted access to all areas of the facility.
e. Knock, identify themselves, and await permission before entering.

(2) Ombudsmen representatives shall not:

a. Provide care, transportation, or make purchases for residents
b. Accept or give money, gifts, food, or gratuities
c. Engage in staff disputes or act as facility volunteers

(3) Visit Scheduling

Except for planned in-services or meetings, visits shall be unannounced and staggered

(4) Regular Presence Visits

Each facility must be visited at least quarterly unless a waiver is approved by the SLTCO. Increased presence is required for facilities with:

a. Serious or frequent complaints
b. Ownership or administrative changes
c. State or federal sanctions
d. Pending bankruptcy or imminent closure
e. At the request of the Office

(5) Complaint Visits

Visits shall be conducted to investigate or follow up on complaints.

8-7-.03 Complaint Resolution Responding to Complaints

(1) General Tenets

The LTCOP serves the resident, regardless of the complaint source. Resolution is focused on the resident's satisfaction and protection of their rights.

(2) Initiation

Complaints may be initiated by:

a. Residents, families, staff, or others
b. Anonymous sources
c. Representatives with personal knowledge of adverse actions

(3) Investigation Steps

a. Interview the resident (unless exceptions apply)
b. Contact the complainant (if different)
c. Obtain informed consent
d. Clarify the problem and goals
e. Identify involved parties
f. Gather information through interviews, records, and research

(4) If the resident is deceased:

Investigate if the issue is systemic. Refer to appropriate agencies if needed.

(5) Complaint Response Time

Complaint Type	**In-Person Visit Timeline**
Urgent (e.g., abuse, discharge)	Within 3 business days
Non-imminent abuse or discharge	Within 5 business days
All other complaints	Within 10 business days

If timelines cannot be met, the reason must be documented in case notes.

(6) Verification:

A complaint is verified when most or all facts are likely true. Regardless of verification, resolution is attempted in favor of the resident's perspective.

(7) Resolution Methods:

With resident input and agreement

a. Resident self-advocacy
b. Ombudsman advocacy
c. Negotiation or mediation
d. Fair hearing (for discharges)
e. Referral to another agency

Resolution is based on the satisfaction of the resident, their representative (if applicable), or the complainant (if no representative exists or the resident is deceased).

8-7-.04 Information and Assistance

The program provides information and assistance without opening a case. Topics include:

a. Resident Rights
b. Care and Services
c. Accessing Services
d. Facility policies and regulations

e. Referral to other resources

No personally identifiable information may be disclosed without consent.

8-7-.05 Resident and Family Council Support

The program shall:

(1) Respond to questions and provide literature

(2) Assist with resident and family council development

(3) Inform resident and family councils about the program's role and services

(4) Attend meetings when invited

8-7-.06. Community Education

Community education may include:

a. Health fairs and public events
b. Presentations (in-person or virtual with attendance tracking)

Newsletters, blogs, and media do not count as community education.

8-7-.07 Participation in Facility Surveys

(1) The Office of the SLTCO shall:

a. Submit complaint summaries to survey teams
b. Provide context or clarification
c. Support residents during surveys
d. Attend exit interviews when appropriate
e. Document all survey-related activities

All participation must comply with confidentiality requirements.

8-7-.08 Training for Facility Staff

Upon request or as needed, the Office of the SLTCO shall provide in-service training on:

(1) Resident rights

(2) Person-centered care

(3) Abuse prevention and reporting

(4) The role of the LTCOP

Training must be documented and protect resident confidentiality.

(1) Training must be documented and protect resident confidentiality.

8-7-.09 Systems Advocacy

At the direction of the SLTCO, representative shall:

(1) Review and comment on laws and policies that pertain to long-term care facilities and services and to the health, safety, welfare, and rights of residents

(2) Identify systemic issues

(3) Recommend improvements to laws, regulations and policies which pertain to long-term care facilities and services and to the health, safety, welfare, and rights of residents, as the Office of SLTCO determines to be appropriate

(4) Collaborate with stakeholders and educate policymakers

All systems advocacy must be documented and comply with confidentiality requirements.

8-8. Access to Legal Counsel

8-8-.01 Legal Support for the Ombudsman Program

The Tennessee Department of Disability and Aging (DDA) shall ensure that adequate legal counsel without conflict of interest (as defined by the Tennessee code of Professional Responsibility) is provided to the Long-Term Care Ombudsman Program (LTCOP) for consultation and representation in the following circumstances:

(1) In the performance of official functions, responsibilities, and duties, including complaint resolution and systems advocacy to protect the health, safety, welfare, and rights of residents.

(2) When assisting residents to protect the health, safety, welfare and rights of residents.

8-8-.02 Notification of Legal Action

When a local ombudsman receives any legal notice or action, they shall:

(1) Immediately notify the State Long-Term Care Ombudsman (SLTCO) upon receipt of any:

a. Complaint
b. Summons
c. Subpoena

d. Lawsuit
e. Injunction
f. Court order
g. Notice of legal action related to the performance of official duties

(2) Provide written notice within twenty-four (24) hours, including:

a. A copy of the legal documents
b. A brief summary of the case
c. Confirmation that related program activities and case notes are complete in the OSLTCO-approved electronic database

8-8-.03 Requesting Legal Advice or Consultation

(1) A local ombudsman may request legal advice or consultation by contacting the SLTCO verbally or in writing.

(2) The SLTCO shall respond within five (5) business days by:

a. Providing the requested legal advice after consulting with legal counsel; or
b. Requesting additional information from the district ombudsman

8-9. Access to Long-Term Care Facilities, Residents, and Records

8-9-.01 Facility and Resident Access

The State Long-Term Care Ombudsman (SLTCO) and representatives of the Office shall have the authority to:

(1) Enter any long-term care facility and access residents:

a. During the facility's regular business or visiting hours
b. At other times when access is required by the circumstances of a complaint, with prior approval from the SLTCO

(2) Communicate privately and without restriction with any resident who consents to the communication.

(3) Access the name and contact information of resident representatives, if needed to perform program duties.

(4) Access a list of resident names and room numbers in accordance with 42 CFR §1324.11(e)(1)(C)(vii).

8-9-.02 Access to Resident Records

The SLTCO and representatives of the Office shall have the authority to access and review all medical, social, and other records concerning a resident if it meets the requirements provided in 45 CRF § 1324.11(e)(2)(vii) regarding:

(1) The resident or their representative provides informed consent orally, in writing, or through auxiliary aids and services, and such consent is documented in a timely manner.

(2) The resident is unable to communicate consent and has no legally authorized representative, and the SLTCO approves access.

(3) Access is necessary to investigate a complaint and:

a. The resident's representative refuses to give consent
b. The representative of the Office has reasonable cause to believe the representative is not acting in the best interest of the resident
c. The SLTCO approves access without the representative's consent

8-9-.03 Documentation and Compliance

(1) All access to records and facilities must be documented in the OSLTCO-approved electronic database, including:

a. The basis for access
b. The consent which was obtained

(2) All access to resident records and communications must comply with confidentiality and disclosure requirements outlined in Chapter 10.

(3) In accordance with 45 CFR § 1324.11(e)(2), the Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule does not preclude release of resident information to the program. This includes, but is not limited to:

a. Medical, social, or other records
b. Lists of resident names and room numbers
c. Information collected during government surveys or inspections

8-10. Confidentiality, Consent, and Disclosure Requirements

8-10-.01 Confidentiality

Information identifying a resident or complainant is confidential and includes, but is not limited to:

(1) The name of the resident or complainant

(2) Information about the resident's medical condition or history

(3) The resident's social history, including occupation, residence, and family or personal life

(4) The resident's source of payment

(5) Whether a person has filed a complaint with the program

(6) Whether program records exist about a particular person or situation

(7) Information from communications between a resident and a representative of the Office

8-10-.02 Consent

(1) The SLTCO or a representative of the Office shall attempt to obtain informed consent from the resident or their representative, if applicable.

(2) Consent may be given in writing, orally, visually, or through auxiliary aids and services.

(3) If a resident is unable to communicate informed consent and has no legal representative, the SLTCO may authorize disclosure only when it is determined to be in the best interest of the resident.

(4) All consent must be documented contemporaneously in the OSLTCO-approved electronic database.

8-10-.03 Disclosure

(1) Only the SLTCO may authorize the disclosure of program records or information. Disclosure without consent is prohibited, except in limited circumstances defined by law.

(2) No state agency, LOE, AAAD, resident representative, facility staff, or other party may require a representative or the SLTCO to disclose program records without the SLTCO's consent.

8-10-.04 Prohibition on Disclosure Without Consent

The SLTCO and representatives shall not disclose the identity of, or any information that would lead to the identification of, a complainant or resident unless:

(1) The individual (or their representative, if the resident is unable to communicate informed consent) has consented to the disclosure; or

(2) Disclosure is required by court order

If a subpoena, court order, FOIA request, or other request for program records is received:

(1) Volunteer Ombudsman Representatives (VORs) and Associate District Long-Term Care Ombudsmen (ADLTCOs) must immediately notify the District Long-Term Care Ombudsman (DLTCO) and not respond to the requester.

(2) DLTCOs must immediately notify the SLTCO and not respond to the requester.

8-10-.05 State Ombudsman Review of Disclosure Requests

When reviewing a request for disclosure, the SLTCO shall:

(1) Determine whether the release is consistent with the resident's wishes or interests

(2) Consider whether disclosure could lead to:

a. Retaliation or intimidation
b. Undermining of program relationships or duties
c. In consultation with legal counsel, the SLTCO may:

i. Redact identifying information
ii. Consider the source and type of request in determining whether to disclose
iii. Allow residents to receive copies of their own records, with other identifying information redacted

8-10-.06 Permitted Disclosure Without Consent

The SLTCO or representative may disclose resident-identifying information to appropriate agencies for oversight, protective services, or legal action if:

(1) The resident is unable to communicate informed consent and has no representative

(2) The representative is believed not to be acting the resident's best interest

(3) The SLTCO approves the disclosure

8-11. Interference, Retaliation, and Denial of Access

8-11-.01. Interference with Program Duties

The Tennessee Department of Disability and Aging (DDA) shall ensure that the Office of is able to perform their functions and responsibilities authorized by the Older Americans Act without interference, pursuant to 45 CRF § 1324.11. Interference includes, but is not limited to:

(1) Delaying or denying access to facilities or residents

(2) Refusing to provide requested records

(3) Attempting to influence the outcome of complaint investigations

(4) Obstructing ombudsman communications with residents

8-11-.02 Prohibition of Retaliation and Reprisals

DDA shall:

(1) Ensure mechanisms to prohibit and investigate allegations of interference, retaliation, and reprisals by long-term care facility, resident, employee, or other person for:

a. Filing a complaint with the Ombudsman Program
b. Providing information to the program
c. Cooperating with any representative of the Office

(2) Provide appropriate sanctions with respect to interference, retaliation, and reprisals.

8-11-.03 Denial of Access

If a representative of the Office is denied immediate access to a facility, resident, or resident records:

(1) The representative shall immediately report the incident to the District Long-Term Care Ombudsman (DLTCO)

(2) If the DLTCO is the one denied access, they shall report the incident directly to the SLTCO

(3) Upon notification, the SLTCO shall:

a. Investigate the interference, retaliation, or reprisal (or attempted interference)

b. If necessary, in consultation with DDA, recommend that sanctions be imposed in accordance with 45 CFR §1324.15(i)

8-12. Grievances

8-12-.01 General Requirements

(1) All grievances shall be documented.

(2) Grievances shall be promptly resolved at the lowest possible level.

(3) Information about the grievance process shall be made available upon request.

(4) This grievance process applies to concerns related to the conduct, performance, or actions of the SLTCO or representatives of the Office.

8-12-.02 Complaints About Volunteer Ombudsman Representatives (VORs) and Associate District Long-Term Care Ombudsmen (ADLTCOs)

(1) Complaints shall be submitted in writing and directed to the District Long-Term Care Ombudsman (DLTCO).

(2) The DLTCO shall:

a. Promptly document the nature of the complaint and the investigation
b. Inform the SLTCO and Local Ombudsman Entity (LOE) of any grievances filed
c. Initiate the investigation within seven (7) business days of receipt
d. Provide a written response to the complainant within thirty (30) calendar days

(3) The response shall include:

a. The phone number of the SLTCO
b. Instructions for escalating the matter if the complainant is not satisfied

(4) If dissatisfied, the complainant may file a written request for review with the SLTCO within thirty (30) calendar days of the decision.

(5) The SLTCO shall respond within forty-five calendar days

(6) The SLTCO's decision is final and cannot be appealed.

8-12-.03 Complaints About District Long-Term Care Ombudsmen (DLTCOs)

(1) Complaints shall be submitted in writing and directed to the SLTCO.

(2) Complaints received by the AAAD or provider agency shall be forwarded to the SLTCO.

(3) The Office shall:

a. Promptly document the nature of the complaint and the investigation
b. Initiate the investigation within seven (7) business days
c. Provide a written response to the complainant within thirty (30) calendar days

(4) The SLTCO's decision is final and cannot be appealed.

8-12-.04 Complaints About State Ombudsman Staff

(1) Complaints shall be submitted in writing and directed to the SLTCO.

(2) The SLTCO shall:

a. Promptly document the nature of the complaint and the investigation
b. Begin the investigation within seven (7) business days
c. Provide a written response within thirty (30) calendar days

(3) If dissatisfied, the complainant may file a written request for review with DDA Aging Division.

8-12-.05 Complaints About the State Long-Term Care Ombudsman (SLTCO)

(1) Complaints shall be submitted in writing and directed to the DDA Aging Division.

(2) The DDA Aging Division shall:

a. Promptly document the nature of the complaint and the investigation

(3) The DDA Aging Division's decision is final and cannot be appealed.

8-13. Emergency Preparedness

8-13-01. Purpose

This chapter outlines the responsibilities of the Office of the State Long-Term Care Ombudsman (OSLTCO), District Long-Term Care Ombudsman Programs (DLTCOPs), and certified representatives of the Office in preparing for, responding to, and recovering from emergencies that affect long-term care facilities and residents.

8-15.02 Emergency Communication and Coordination: Prior to an Emergency

(1) Responsibilities of the SLTCO and OSLTCO

a. Coordinate with state and federal agencies, provider associations, and non-governmental organizations (e.g., American Red Cross)
b. Ensure emergency plans include the LTCOP's role in complaint handling, resident/family support, and facility coordination
c. Participate in emergency planning teams, trainings, and policy discussions
d. Advocate for residents' rights in emergency-related legislation and planning
e. Annually assess communication tools (e.g., landlines, mobile phones, apps, social media)
f. Develop guidance for DLTCOPs to maintain communication before, during, and after emergencies
g. Share preparedness materials and support consistent messaging across the program

(2) Responsibilities of the DLTCOP

a. Coordinate with the Local Ombudsman Entity (LOE) and Area Agency on Aging and Disability (AAAD) to plan and prepare
b. Inform facilities and ombudsmen of the program's emergency responsibilities
c. Request and review facility emergency plans
d. Discuss and resolve concerns about program roles in facility plans with the OSLTCO
e. Train ombudsmen on emergency preparedness
f. Participate in local emergency planning teams and exercises

(3) Responsibilities of Volunteer and Staff Ombudsmen

a. Be familiar with program emergency policies and facility plans
b. Maintain paper copies of key contacts and have personal protective equipment (PPE) available

8-13-.03. Emergency Communication and Coordination: During and Emergency

(1) Responsibilities of the SLTCO and OSLTCO

a. Gather information on affected facilities and residents
b. Coordinate with emergency response agencies
c. Maintain communication with impacted DLTCOPs
d. Provide technical assistance, remote services, and cross-regional support

(2) Responsibilities of the DLTCOP

a. Notify the OSLTCO, LOE, and AAAD of emergencies and their impact
b. Coordinate the program's response and request additional support as needed
c. Communicate with other regions when residents are relocated
d. Obtain relocation lists and ensure follow-up with residents

(3) Responsibilities of Volunteer and Staff Ombudsmen

a. Report emergencies to the DLTCO or OSLTCO
b. Do not enter affected areas until cleared by authorities
c. Visit residents when safe, including in shelters or hospitals
d. Notify supervisors if unable to respond due to personal impact

8-13-.04 Program Services Related to Emergencies

(1) Adjustments to Policies and Procedures

a. Modify complaint response timelines, facility access, and service delivery as needed
b. Maintain confidentiality and informed consent per federal regulations

(2) Technical Assistance and Training

a. Provide support on emergency-related complaints (e.g., relocation, access to care, lost belongings, reunification)
b. Train ombudsmen on emergency-specific issues and complaint handling

(3) Resident and Family Support

a. Educate residents, representatives, and families during visits or council meetings
b. Support Resident and Family Councils in emergency preparedness planning and exercises

(4) Coordination and Communication

a. Coordinate with other ombudsman programs for cross-regional or out-of-state evacuations
b. Use alternative communication methods when in-person visits are not possible
c. Report emergency impacts and advocacy needs to the OSLTCO

8-13-05. Emergency Coordination: After an Emergency

(1) Responsibilities of the SLTCO and DLTCOPs

a. Evaluate response efforts to identify strengths, weaknesses, and areas for improvement
b. Conduct systems-level advocacy to address gaps in emergency preparedness
c. Continue resolving resident complaints related to the emergency

8-14. When a Resident Threatens Harm to Self or Others

8-14-.01 Complainants Who Are Not the Resident

When the Long-Term Care Ombudsman Program (LTCOP) receives information from someone other than the resident that a resident is threatening suicide or planning to harm another resident or facility staff member, the representative shall:

(1) Determine whether the complainant is a mandated reporter and advise them to follow applicable reporting requirements

(2) Ask whether the complainant has contacted the facility or another entity. If not, encourage the complainant to contact:

    a. The facility administrator or person in charge; or
    b. 9-1-1 if there is an immediate threat

(3) Immediately consult with the District Long-Term Care Ombudsman (DLTCO) or the State Long-Term Care Ombudsman (SLTCO) to determine whether a visit should be conducted and to seek technical assistance for next steps

8-14-.02 Resident Threatens to Harm Themselves

If a resident communicates an intention to harm themselves, the representative shall:

(1) Request the following information from the resident:

    a. Whether the resident consents to the representative taking action (e.g., reporting to the facility, calling 9-1-1, or the 988 Suicide and Crisis Lifeline)
    b. Why the resident is threatening harm
    c. When and how the resident intends to carry out the threat
    d. Whether the resident has the means and ability to carry out the threat

(2) Request the resident not to act on the threat and:

    a. Discuss the need for additional assistance
    b. Ask if the resident is currently working with a doctor or counselor
    c. Encourage the resident to speak with facility staff (e.g., doctor, nurse), and if agreeable, assist in arranging the conversation and offer to stay for support
    d. If the resident is unwilling to speak with anyone, seek permission to speak with a staff member, doctor, nurse, family member, or friend
    e. Advise the resident of the importance of sharing their concern with someone who can help

(3) If the resident consents to action:

    a. Provide names and contact information for resources such as a mental health crisis center or the 988 Suicide and Crisis Lifeline, and assist with the call if permitted
    b. Provide the resident with DLTCOP contact information
    c. Contact the DLTCO or SLTCO for technical assistance

(4) If the resident refuses to consent to disclosure:

    a. Contact the DLTCO or SLTCO before leaving the facility

b. Provide the resident with contact information for the 988 Suicide and Crisis Lifeline, the DLTCOP, and any other applicable resources

(5) If the representative believes death or serious physical harm is imminent:

a. Dial 9-1-1, regardless of whether the resident consents
b. Immediately contact the DLTCO and SLTCO

8-14-.03 Resident Threatens to Harm Others

If a resident communicates an intention to harm another resident or facility staff member, the representative shall:

(1) Encourage the resident to speak with a trusted staff member

(2) Determine whether the concern may be resolved through mediation or other program advocacy

(3) Assess whether the resident has the means and ability to carry out the threat

(4) Ask for permission to speak with facility staff. If the resident declines, inform them that the representative must contact their supervisor

(5) Contact the DLTCO or SLTCO before leaving the facility or as soon as practicable

(6) Document all actions taken

Chapter 9: Public Guardianship for the Elderly

9-1. Authority

Tenn. Code Ann. §§ 34-1-101et seq., 34-3-101 et seq., and 34-7-101 et seq.

9-2. Purpose

The purpose of this policy is to implement a statewide public guardianship program that is primarily available to disable adults age sixty (60) and over who:

(1) Are unable to make personal decisions regarding their health and safety, manage their resources;

(2) Have no family member, friend, bank, corporation, or other entity willing and able to act on their behalf; and

(3) Does not have adequate resources for the compensation of a private conservator to pay legal and court costs.

9-3. Application

This policy applies to the Tennessee Department of Disability and grantee agencies in each of the nine (9) development districts.

9-4. Administrative Requirements

DDA shall:

(1) Employ a staff person, who serves as the State Public Guardianship Program Coordinator (hereinafter the "state coordinator") to oversee program development, program operations, and program implementation.

(2) Contract with the grantee agency of the Area Agency on Aging and Disability (AAAD) in each of the nine (9) planning and service areas (PSAs) for implementation of the program to provide service in all the counties included in their respective PSAs.

(3) Purchase a statewide bond to cover the district public guardians and other identified staff. Tenn. Code Ann. § 34-7-104(k)

(4) Annually establish and distribute a sliding fee scale to the AAADs' Public Guardianship Programs. The AAADS are responsible to distribute to the courts and other agencies for the program.

(5) Comply with all relevant federal and state laws, regulations, rules, policies and procedures regarding access to federal tax information.

(6) Develop, implement and periodically review a public guardian funding formula.

(7) Maintain standards and polices for the program.

(8) Provide initial orientation and ongoing training, technical assistance, and materials to district public guardians.

(9) Provide quality assurance oversight and monitoring to ensure compliance with DDA standards, polices, and procedures.

Each Grantee Agency shall:

(1) Comply with all statutory, administrative, and other requirements, standards, and rules established by DDA for the implementation of the statewide guardianship program.

(2) Employ, at a minimum, one-full time district public guardian to be responsible for the day-to-day operations of the program.

(3) Ensure all parties with responsibilities for the program are covered under the statewide bond. Any changes to positions covered by the statewide bond shall be reported to the state coordinator within two (2) business days.

(4) Require the designated district public guardian and, as appropriate, other program staff to attend all training specified by DDA.

(5) Provide adequate supervisory assistance, office space, supplies, and support for the program.

(6) Develop and maintain district written policies and procedures consistent with all statutory, administrative, and other requirements, standards, and rules established by DDA. Policies shall be submitted to DDA for an initial approval when written and when any substantive changes are made thereafter.

(7) Have a signed contractual agreement (that is updated annually) with an attorney(s) to represent the program as the attorney of record in guardianship issues and shall provide the state coordinator with a copy upon request.

(8) Comply with all federal and state laws, and DDA policy and procedural requirements requiring background checks on all employees and contractors with contact and access to client federal tax information.

(9) Notify the state coordinator within forty-eight (48) hours, if any person in the district public guardian program has been alleged to abuse, neglect, exploit any clients or is suspected of suspicion of fraud or waste of clients in the program.

(10) Notify the state coordinator within two (2) business days of the resignation of a district public guardian. If the district public guardian resigns without a named replacement, the grantee agency shall submit a written plan to the state coordinator for replacement of the district public guardian and identify an interim point of contact to serve guardianship clients within two business days of the resignation date of the district public guardian.

Each district public guardian shall:

(1) Primarily serve as conservator for disabled adults sixty (60) years of age and older that have no family members or other person, bank or corporation willing and able to serve as conservator.

(2) Maintain records and submit reports according to DDA requirements utilizing the DDA reporting forms listed below:

a. PG Intake Application

b. PG Client Monthly Visit Report

c. PG Volunteer Client Monthly Visit Report

d. PG Folder Order Report

e. PG Client Information Report

f. PG Tax Return Report

g. PG Monthly Report

h. Inventory Report

i. Cap Request Application

(3) Establish and maintain working relationships with local offices of ombudsman and legal services, division of adult protective services of the Tennessee Department of Human Services, Social Security Administration (SSA, and Veteran's Administration (VA) as well as the local bar associations, courts, and other agencies as indicated for the purpose of ensuring coordination with those offices and agencies.

(4) Ensure clients requiring placement in a long-term or residential facility are admitted to and housed in a licensed facility. If a licensed facility is not available within the district and one cannot be located, the district public guardian must immediately notify the state coordinator and continue to seek other means to ensure appropriate placement in a licensed facility.

a. The district public guardian shall notify the state coordinator within twenty-four (24) hours upon notification of closure of a licensed or care providing facility whereby the client has to be displaced or relocated.
b. The district public guardian shall notify the state coordinator if a facility in which a client resides in is under investigation by law enforcement or a state agency (APS, DDA, TDH, TMHSAS, HFC) within one business day of becoming aware of the investigation.

(5) Establish a network of professional and lay people who offer services necessary to develop a comprehensive program and professional expertise.

(6) Comply with confidentiality guidelines and agreement governing client files and release of information. Establish and maintain a confidentiality agreement governing the use and release of client information and files.

(7) Not serve as a personal representative to handle the disposition of the estate of the client.

(8) Complete the NGA Fundamentals Series distributed by the NGA withing forty-five (45) days of hire.

(9) Complete training in Tennessee conservator and guardianship law with the state coordinator and/or DDA legal counsel within one (1) month of assuming the role as district public guardian or assistant district public guardian and prior to officially exercising the duties of a district public guardian.

(10) Within two (2) years from the date of employment as a district public guardian, or assistant district public guardian, obtain DDA certification.

(11) Attend train sponsored or facilitated by DDA, as feasible.

(12) Attend, as feasible, the annual Conservatorship Association of Tennessee conference and the National Guardianship Association conference.

(13) Provide a list of all clients served during the previous calendar year by January 20th of each year to the DDA state coordinator.

(14) Continue to seek family, friend or other person, bank or corporation qualified and willing to serve as conservator. If a willing and able alternative conservator is found, submit a motion to the court for appointment of the qualified willing and able successor.

(15) All public guardians, assistant public guardians, and such members involved in the program shall adhere to the following Code of Ethics. This Code of Ethics is taken from the National Guardianship Association (NGA) Ethical Principles.

a. A guardian treats the person with dignity.
b. A guardian involves the person to the greatest extent possible in all decision-making.
c. A guardian selects the option that places the least restrictions on the person's freedom and rights.
d. A guardian identifies and advocates for the person's goals, needs, and preferences.
e. A guardian maximizes the self-reliance and independence of the person.
f. A guardian keeps confidential the affairs for the person.
g. A guardian avoids conflicts of interest and self-dealing.
h. A guardian complies will all laws and court orders.
i. A guardian manages all financial matters carefully.
j. A guardian respects that the money and property being managed belong to the person.

9-5. Procedures

9-5-.01 Intake Application

(1) Programs may request persons or entities seeking appointment of a public guardian to complete the PG Intake Application prior to appointment by the court.

a. Acceptance of an application is contingent upon the program's receipt of all documentation necessary to establish eligibility.
b. Upon receipt of a sufficient application, if the potential client is age sixty (60) or older, has no family members or other person, bank or corporation willing or able to serve as conservator, and the program does not have a temporary cap approved by DDA, the program shall accept cases referred to the program.

9-5-.02 Initial Petition

(1) The program may not file an initial petition requesting appointment as the conservator for a potential client.

(2) The priority of the individuals to be appointed as the conservator is established in Tenn. Code Ann. § 34-3-103: "the court shall consider the following persons in the order listed for appointment of the conservator:

a. "The person or persons designated in writing signed by the alleged person with a disability;
b. The spouse of the person with a disability;
c. Any child of the person with a disability;
d. Closest relative or relatives of the person with a disability;
e. A district public guardian as described by § 34-104; and
f. Other person or persons."

(3) In the initial petition and any subsequent court filings, the program that services the county in which the clint resides must be listed as the Guardian/Conservator. The individual district public guardian can be listed as the agent.

(4) When notified by the court, the district public guardian or his/her designee (not necessarily the retained attorney) shall make reasonable efforts to personally attend all hearings addressing the appointment of the program. When hearings are scheduled for the same date and time, the district public guardian shall notify the court of the conflict and attempt to make alternative arrangements.

9-5-.03 Effective Date of the Conservatorship

(1) The appointment becomes effective upon the entry of an order of a court appointing the district public guardian.

(2) Upon the administration of the statutory oath and the posting of any required bond, the clerk of court will issue letters of conservatorship.

(3) These letters of conservatorship MUST be obtained from the clerk's office as they are the only effective evidence of the appointment and a copy must be retained in the client's file. See Tenn. Code Ann. § 34-1-109.

9-5-.04 Property Management Plan

(1) Generally, an outline of the Property Management Plan ("Plan") is submitted to the court at hearing for the appointment of the conservator.

(2) If the Plan is not submitted to the court at the hearing for the appointment of the conservator, and has not been waived, the Plan must be submitted to the court before any property is invested. Tenn. Code Ann. § 34-1-115(b)

(3) The Plan must include all information required by the court, including but not limited to, the client's income, expenses, property, and assets owned.

9-5-.05 Inventory

(1) An Inventory of all the client's assets and personal property must be completed within sixty (60) days after the appointment as conservator and filed with the court, unless waived by the court. Tenn Code Ann. § 34-1-110(a)

(2) The PG Notes-Activity Report form must be used to record and make notes regarding the contents of the client's home.

(3) The PG Notes-Activity Report form must be retained in the client's file.

9-5-.06 Six Month/Interim Accounting

(1) This accounting must be filed with the court within thirty (30) days after the six-month anniversary of appointment as Conservator unless waived by the court. Tenn Code Ann. § 34-1-111(a)

(2) The Six Month/Interim Accounting must contain all the information required by statute including a statement concerning the physical or mental condition of the person with a disability, which statement shall demonstrate to the court the need, or lack of need for the continuation of the Conservator's services. Tenn Code Ann. § 34-1-111(d)(1)-(2)

a. Some courts may require that the Six Month/Interim Accounting follow a certain format and/or contain certain information. All programs should know the format required by the courts in their District and ensure that all Six Month/Interim Accountings comply with these requirements.

9-5-.07 Annual Accounting

(1) The Annual Accounting must be filed with the court within sixty (60) days after each anniversary of the date of appointment as conservator by month end. If an alternate accounting period is selected, the conservator shall file a statement with the clerk advising of the accounting period selected. The accounting period shall not exceed twelve (12) months. Tenn Code Ann. § 34-1-111(b)

(2) The Annual Accounting must contain ALL information required by statute. Some courts may require that the Annual Accounting follow a certain format and/or contain certain information. All programs should know the format.

9-5-.08 Annual Status Report

(1) An Annual Status Report must be submitted for all clients.

(2) The Annual Status Report can (and should) be included as a separate section of the Annual Accounting if an Annual Accounting is filed.

9-5-.09 Preliminary and Final Accounting for Conservatorships Over Property

(1) The Preliminary Final Accounting must be filed with the court within one hundred and twenty (120) days after the conservatorship ends or the death of the client. After the preliminary final accounting has been filed, the clerk and the court will review.

(2) In the Preliminary Final Accounting, the district public guardian shall "account for all assets, receipts and disbursements from the date of the last accounting until the date the guardianship terminates and shall detail the amount of the final distribution to close the guardianship".

(3) The district public guardian shall note the date that the order was issued and if "no objections have been filed to the clerk's report on the preliminary final accounting within thirty (30) days from the date the clerk's report is filed, the conservator shall distribute the remaining assets."

(4) The district public guardian shall not be compensated until the clerk has issued an order accepting the preliminary final accounting.

(5) After the distribution, the district public guardian shall take an additional step and all "receipts and final cancelled checks evidencing the final distributions shall be filed with the court by the conservator."

(6) The Preliminary Final Accounting should include any court fees (if appropriate) and a plan on how to handle any remaining client funds. Tenn Code Ann. § 34-3-108(e)

(7) Thereafter, when "the evidence of the final distribution is filed with the court and on order of the court, the guardianship proceeding shall be closed."

9-5-.10 Making Decisions for Clients

(1) In the performance of their guardianship responsibilities, public guardians must:

   a. Take actions as outlined in the court order appointing the public guardian; and
   b. Make decisions on behalf of the client that allow the maximum level of independent functioning by the client.

(2) Decisions made by public guardians are to be the least restrictive of the client's personal freedom consistent with the need for supervision and protection, and permit and encourage maximum self-reliance on the part of the client.

(3) The district public guardian should seek to purchase pre-needs funeral policies for clients with adequate resources while the clients are living.

(4) While acting as a conservator or attorney-in-fact, the district public guardian shall participate in the short and long-range plans of care formulated by the institution or facility on behalf of the client and shall make reasonable efforts to engage in ongoing activities and responsibilities to implement the plans.

(5) All clients (except for those who are property only) must receive an in-person, face to face visit from the district public guardian, or designated representative or volunteer (after receiving adequate training and with supervision) at least once per month. Property only clients shall receive a visit an in-person, face to face visit from the district public guardian at least quarterly.

a. Volunteers may visit clients; however, the district public guardian is required to ensure that the volunteers have adequate training and supervision to carry out these visits.
b. A district public guardian or assistant public guardian is required to visit all clients at least once a quarter.
c. The plan of care shall be updated at least once every ninety (90) days and documented in the file.

(6) Each individual client shall be given the time required to provide the necessary services to promote the best interest of the client. Depending on the scope and complexity, some cases will require more time and contact.

(7) Material Change in Circumstance should be filed with the court upon any significant change in the client's mental or physical status.

(8) The district public guardian shall maintain regular communication with the client to ascertain his/her satisfaction with the current living situation, the extent of current disability or impairment, and the current needs and desires of the client.

(9) If the client resides in a care-providing facility, the district public guardian shall maintain regular communication with the providers and caregivers of the client. Communication may include, but are not limited to, conversations with physicians, psychologists, social workers, nurses, district ombudsman, and residence operators.

(10) If case conferences are held at the living site for the client for whom the district public guardian has guardianship or Power of Attorney for Health Care, the district public guardian or designee shall attend or provide comment in person, in writing, or by telephone.

(11) The district public guardian shall examine, as necessary, any chart or notes maintained regarding the client.

(12) The district public guardian must assess at least annually, and document in the case notes, the appropriateness of maintaining the client in the current living situation considering social, psychological, educational, vocational, health, and personal needs of the client. This information must be included in the Annual Status Report that is submitted to the court. Tenn. Code Ann. § 64-1-111(d)(2)

(13) If residence is a care-providing facility, the district public guardian shall ensure that the facility is licensed, and that the living situation provides the most appropriate, least restrictive, living

arrangement available. If placement in a licensed facility is not available in the district or cannot be found after a thorough search, the district public guardian shall notify the state coordinator. It is the responsibility of the district public guardian to find appropriate placement for the client in a licensed facility. As part of this responsibility, the district public guardian should determine whether there is an active habilitation and rehabilitation plan to maximize the client's potential for independent living and the quality of life offered by the facility. The district public guardian shall assess the client's satisfaction with the current living situation. The living situation shall meet the needs of the client in relation to the availability of support systems.

(14) The district public guardian shall assess the state of repair, cleanliness, and safety of a client's living situation. The district public guardian and volunteers shall keep written case notes to record all the personal contact in person, by phone or with other service providers on behalf of the client.

(15) Before moving the client to a more restrictive environment, the district public guardian shall provide written documentation in the client's file specifying the need for such move as well as specifying the following:

a. Determine if court authorization is required or if any emergency exists.
b. Consult with professionals actively involved with client.
c. Consult with and/or inform family members of the intent to move the client, if appropriate.

(16) If empowered by the letter of conservatorship, the district public guardian is authorized to grant or deny medical treatment after reasonable assessment of all factors involved and conferring with attending physicians.

9-5-.11 Filing Documents

(1) The district public guardian shall file:

a. Initial Inventory
b. Property Management Plan
c. Annual Status Report
d. Annual Accounting when no fee is requested
e. Preliminary Final Accounting

(2) The retainer attorney may file:

a. Annual Accounting when requesting any fee
b. Final Accounting

9-5-.12 Handling Funds

(1) No one in the program shall ever co-mingle personal or program funds with the funds of a client.

(2) No one in the program shall sell or transfer real or personal property or any interest therein to him/herself, a relative, his/her spouse, agency, attorney, or any corporation or trust in which the

conservator has a substantial beneficial interest unless the transaction is approved by the court after notice to interested persons and others as directed by the court.

(3) No one in the program shall accept, as a gift or purchase, any items of any type of value from a client or his/her estate during the provision or after the termination of services from the program.

(4) The program may accept financial contributions in the form of donations, including funds from relatives of a client. Donations shall be clearly shown to not pose a conflict of interest, nor shown to create the appearance of a conflict of interest by the public guardianship program staff.

   a. A receipt for the gift shall be given to the donor that complies with requirements of the Internal Revenue Service (IRS).
   b. Documentation shall be kept in the files for audit purposes.
   c. Donations generated by the program shall remain in the local district and shall be used in the program only and shall not replace previously committed resources or funding allocated by DDA or budgeted by the district.

(5) A district public guardian must not solicit any cases. However, annually providing information and education about the availability of the program to each court in the district is required and is not considered to be solicitation.

(6) The program may raise funds to supplement operating costs. Tenn Code Ann. § 34-7-104(d)(1)

(7) Public Guardianship Electronic Funds Transfer (EFT) Policy:
   a. EFT is defined as electronic transfer of money between people, banks and companies. EFT transactions include, but are not limited to ATM transactions, credit card transactions, peer-to-peer transactions (Example: Venmo or Zelle), electronic checks, and phone payments.
   b. New Electronic Funds Transferred and withdrawn from the client's public guardianship account must have two (2) approval signatures from the individuals who are bonded through the program or the grantee agency. Reoccurring EFTs, such as rent payments, utilities, subscriptions, etc., require authorization initially and in the event of a change.

9-5-.13 Sliding Scale Fee Schedule

(1) The district public guardian shall not charge for services provided by the program if the client is indigent or otherwise meets the cost exemption guidelines set out in the sliding scale fee schedule established by DDA.

(2) Conservatorship fees must be approved by the court. Fees for Power of Attorney clients must be agreed to by the client and included in the Power of Attorney agreement signed by the client.

(3) Fees generated by the program shall remain in the local district and shall be used in the program only and shall not replace previously committed resources or funding allocated by DDA or budgeted by the district.

(4) Unexpended program income from court approved client fees and Power of Attorney client fees collected during the current fiscal year can carry over to the next fiscal year as long as such income is fully utilized for the program by the end of the next fiscal year. The program shall utilize the most current fee schedule as recommended and provided by DDA.

9-5-.14 Representative Payee

(1) Representative payee assignments shall be accepted only in conjunction with a conservatorship or power of attorney referral.
(2) The representative payee has the duty to receive and manage benefit payments on behalf of the beneficiary.
(3) The district public guardian shall adhere to all guidelines set forth by the SSA or VA governing representative payee duties and responsibilities.

9-5-.15 Powers of Attorney

(1) All Power of Attorney documents must be prepared by a licensed attorney. The licensed attorney must either request a medical statement regarding the person's competency or must ensure that the client is competent to execute the document.
(2) The Power of Attorney document shall specify duties over person and/or property and the amount of fees the client will be charged in clearly stated terms based on the sliding fee schedule.
(3) The district public guardian shall not take any action not authorized by law or the Power of Attorney document.
(4) Power of Attorney's duties terminate at the death of the client except, "for the sole purpose of making reasonable and proper funeral arrangements for the disposition of the remains of the person with a disability, at death". Tenn Code Ann. §34-1- 113(e)

a. The district public guardian shall not serve as a personal representative to handle the disposition of the estate of the client.
b. Power of Attorney may be terminated in a variety of ways, depending on the type of document and the wording for the document. This includes, but is not limited to, written revocation by the Principal, or death of the Principal.
c. The following applies to the Power of Attorney for finances:

1. A competent individual may revoke such a Power of Attorney at any time.
2. This revocation should be in writing but is not required.
3. If a client verbally indicates a desire to revoke, the district public guardian shall make arrangements for revocation to be put in writing, if feasible.
4. The initial agreement with the client should specify the type of accounting desired by the client and if the client requests that any other individual or agency receives a copy of the accounting.
5. An accounting should be provided to the client at least annually.
6. The district public guardian should develop a reminder system that ensure the timely revision of the accounting.
7. A family member can request that the court set a bond when a non-family member serves as an Attorney-In-Fact.
8. A revocation shall be recorded in the County Register's office in the county where the client resides and/or has property.

9. If the Power of Attorney is "durable" and the client becomes disabled, he/she may not be competent to revoke the Power of Attorney.

    A. In such a situation, the district public guardian shall always obtain a medical statement, preferably an evaluation, to determine whether the person is competent to revoke the Power of Attorney.

10. The district public guardian shall always cease to serve in tis capacity if the client has revoked the Durable Power of Attorney for Health Care, either verbally or in writing.

9-5-.16 Temporary Program Cap

(1) Programs may request a temporary program cap when the program believes that it is at the maximum capacity and cannot accept any additional guardian clients. Tenn. Code Ann. § 34-7-104(m)

(2) The program must complete PG Form 10, Cap Request Application, and submit supporting documentation to DDA at least thirty (30) days before the requested start of the temporary cap. Maximum caseload will be determined by considering the following:

    a. The number and type of cases served
    b. The extent of care required
    c. The total hours spent on caseload
    d. The number of pending cases

(3) The state coordinator shall review the documentation and make recommendations to the DDA Assistant Commissioner.

(4) An approval or denial of the request for cap will be provided to the appropriate program within ten (10) business days of the receipt of the request.

(5) If the temporary cap is approved by DDA, the District Public Guardianship program must notify the court in the District of the start and end dates of the cap. The program must use Cap Request Application to document when its courts were notified of the start and end dates of the cap.

9-5-.17 Termination of Guardianship Cases

(1) The client, or any interested person acting on the client's behalf, may petition the court at any time for a termination or modification of a conservatorship order. Tenn Code Ann. § 34-3-108(a).

(2) The district public guardian shall notify the court if a client's condition changes such that the conservatorship should be modified or terminated. Tenn. Code Ann. § 34-3-108.

(3) If the conservatorship is terminated, the district public guardian shall complete all the steps required by law. Tenn. Code Ann. § 34-3-108(e).

(4) If a client dies, the conservatorship terminates immediately. Other than filing the appropriate accounting with the court and distributing any remaining assets, a conservator has no

authority to take ANY action following the death of a client other than making appropriate disposition of the remains (a funeral and burial and/or cremation). Tenn. Code Ann. §§ 34-1-113(e); 34-3-108 (e).

(5) If the district public guardian has responsibility for the property of the person with a disability, the district public guardian is required to file a preliminary final accounting with the court within one hundred twenty (120) days after termination of the conservatorship or the client's death. Tenn. Code Ann. § 34-3-108 (e).

(6) The district public guardian shall immediately notify the Social Security Administration (SSA) and any payer of benefits within twenty-four (24) hours so that any amounts not due after death can be reclaimed back, if necessary, from the account.

(7) The district public guardian shall not act as a personal representative (administrator or executor) for a client's estate.

(8) Beginning one hundred and twenty (120) days after the termination of a guardianship or death of a client, the case shall no longer be counted in the monthly number of clients served.

9-5-.18 Transfer of Conservatorship Cases

(1) If a client moves from one AAAD district to another, the district where the client moved from may seek to transfer the case to the new AAAD district program within a reasonable amount of time of the client moving from one district to another. The determination of whether the district public guardian should seek a transfer a conservatorship shall be based solely on what is in the best interest of the client.

(2) If the district public guardian determines a need to transfer a conservatorship, the district public guardian shall petition the court for an order to resign as conservator, or substitute another agency, or as conservator and transfer the fiduciary relationship. Tenn. Code Ann. § 34-1-117 (d)(e)

(3) If no licensed facility is available, the district public guardian can transfer the client to an AAAD district with appropriate placement and licensed facility.

(4) The district public guardian shall resign by submitting a written request to the court. If the court approves and the fiduciary submits a final accounting that is approved, the resignation shall be effective on the date set by the court. Tenn. Code Ann. § 34-1-117 (a)

9-5-.19 Resignation of Conservatorship by District Public Guardian

(1) The AAAD must not submit a resignation unless a substitute conservator has been identified.

(2) The AAAD shall consult with and receive prior written permission from DDA to resign a conservatorship prior to receiving a substitute conservator.

(3) The AAAD shall notify the client and close family members in writing of all actions taken under this section, including the reason and anticipated date of transfer.

(4) If the AAAD finds it necessary to discharge or transfer a client to an alternative conservator such as a family member, case manager, or significant other, the following procedures shall be implemented to ensure that the discharge or transfer is completed properly.

a. When a transfer is made there shall be an analysis of the client's needs as to the transfer and a plan to foster the client's connection with the new conservator.
b. A person-centered plan shall be developed with the client's comprehensive needs considered.
c. The person-centered plan shall contain activities such as introducing the client to the new conservator prior to the transfer and visiting with the client after the transfer.

9-5-.20 Volunteer Program

(1) In accordance with Tenn. Code Ann. § 34-7-104(d)(1), the program may utilize the services of volunteers. If a program implements a volunteer program, the volunteers shall provide the respective district public guardian additional support and assistance in the performance of responsibilities.

(2) Each program that implements a volunteer program shall:

a. Recruit volunteers with the goal of each program recruiting and training at least one (1) volunteer per client.
b. Provide at least four (4) hours of initial volunteer training to all new volunteers.
c. Conduct a background check on each volunteer to ensure no criminal record prior to volunteer placement in accordance with Tennessee state law and DDA policy.
d. Have a signed Volunteer Agreement and Conflict of Interest forms in place before volunteers are assigned to client(s) for all parties to understand the duties and responsibilities of a volunteer. These documents shall be reviewed with volunteers and resigned annually.
e. Provide annual training for volunteers. The training shall be conducted by the district public guardian or designated staff.

9-5-.21 Record Keeping, Documentation, and Reporting

(1) Each district public guardian is responsible for maintaining accurate, complete records pertaining to each client and shall submit designated reports to DDA, other appropriate agencies, and the court in a timely manner as required by applicable state law, rule, regulation, policy and/or agency procedures.

(2) Client Files

a. Each district public guardian shall establish and maintain a file for each assigned client.

i. All files are confidential.
ii. The district public guardian shall be the custodian of the records maintained in the district program office.

iii. The district public guardian shall maintain a retention record of all documentation for the current fiscal year, plus five (5) additional years.

b. At a minimum, each client file should contain:

i. all legal filings;
ii. a copy of the last annual accounting;
iii. plan of care;
iv. visit Log;
v. client face sheet;
vi. recent (taken within the past year) photo of the client;
vii. initial intake form; and
viii. financial records

c. Requests for disclosure of information contained in client files shall be reviewed by the district public guardian.

i. The district public guardian shall determine whether the request for release of information should be authorized.
ii. The district public guardian shall have the power to authorize the release of client information, subject to any such powers retained by the client

d. If the client retains the right to authorize the release of his/her own records, written approval shall be obtained from the client and placed in the client's file prior to the release of requested information.

i. If the information is confidential and/or privileged, specific client consent is required in writing.
ii. If a statutory exception exists, the information shall be released as determined appropriate by the district public guardian.
iii. If the client is under conservatorship over property only, written approval by the client is necessary for a release of healthcare information.

9-5-.22 Managing Client Resources

(1) Guidelines for Establishing Accounts and Payments to the Client

a. Checking Accounts

i. Each program may elect to use either an individual checking account for each client or one co-mingled trust account with individual accounts contained within it for conservatorship cases The program shall utilize the principal's individual account for a client under POA. The grantee agency should maintain a segregation of duties so that no one person is responsible for all aspects of a conservators account. Designated staff, whose responsibilities do not involve receiving or disbursing funds, should reconcile banking statements.

ii. Checking and other interest-bearing accounts are to be handled in the following manner:

1. The account shall be opened in the name of the grantee agency "for" the client. (e.g., Ocean City Development District for Jane Doe)
2. If a co-mingled checking account is maintained, it shall be opened in the name of the grantee agency, identified as the program account and have individual accounts per client.
3. Withdrawal from the client's public guardianship account shall require two (2) signatures and shall not include the district public guardian or the client. Only individuals who are signatories on the conservatorship account and bonded through the program or grantee agency shall provide signatures.
4. IF a financial or banking institution requires the signature of the district public guardian named in the Letter of Conservatorship on financial documents for guardianship clients, including checks, then the district public guardian shall request that the court names the grantee agency as the conservator in the Letter of Conservatorship so that the authorized signatories for the grantee agency may sign the financial documents. However, if the court is unable or unwilling to allow this, then the program must submit and have approved by DDA a waiver describing their process for ensuring appropriate documentation and records are maintained.
5. Fiscal documents, including but not limited to, copies of checks, related bills, and invoices must be organized and maintained in the file and provided to DDA upon request.
6. If parties covered under the statewide bond who are involved with check signing or who are on the signature card are no longer affiliated with the public guardianship program, the agency must request removal of those staff member(s) from the signature card of the financial or banking institution within two (2) business days. All financial or banking institution signature cards should be kept current and updated. A copy of the current signature card shall be provided to the state coordinator or state fiscal monitor upon request. DDA must be notified within ten (10) business days when the staff members have been removed from the signature cards.
7. Accumulation of funds in a non-interest-bearing checking account in excess of 30 to 60 days of anticipated monthly expenses shall be transferred to an interest-bearing account.
8. Interest bearing accounts shall be set up to assure accrued interest is credited to the individual client. An exception would be the QIT trust bank account which is usually a non-interest-bearing checking account.

b. Investments Accounts and Fiduciary Responsibility

   i. When a client has liquid financial assets in excess of $100,000 without prior court approval, the district public guardian shall use the services of an investment or financial expert with appropriate certification and licensure as a Certified Public Accountant or Certified Financial Planner. The investment fee should be based on earned income as opposed to a flat rate. Should the client come to the program with a financial advisor and fee agreement already in place, the program may honor this arrangement. The program shall notify DDA of clients with assets in Excess of $200,000, where the court requires the purchase of an additional bond by means of the monthly report submitted to the state. The district public guardian must comply

with all state and federal laws, regulations, and policies when investing client assets and funds.

1. The district public guardian is held to a "Prudent Investor Rule" in making investment decisions.

2. Additionally:

    A. All accounts or investments should be maintained in FDIC insured institutions in order to ensure safety of funds.
    B. Client funds should be place to obtain the highest rate of return possible.
    C. Client funds should be managed to maintain eligibility for Medicaid and/or Supplemental Security Income, where appropriate.
    D. Interest bearing accounts shall be set up to assure accrued interest is credited to the individual client.

(2) Specific Requirements for Use of Funds for Conservatorship Representative Payee, and Power of Attorney Clients

a) Conservatorships

i. The specific order and property management plan for each conservatorship shall provide the guidelines for how the property may be invested and income expended.
ii. If circumstances change, the property management plan shall be amended. Tenn. Code Ann. § 34-1-115 (b)
iii. The district public guardian is entitled to pay the costs of any required medical exam, the guardian ad litem fee, bond premium, court costs, attorney fees, fees for income tax preparation, court accounting, investment management fees, taxes or governmental charges for which the client is obligated, and such other expenses as the court determines are necessary for the fiduciary. Tenn. Code Ann § 34-1-113(a)
iv. Prior court approval is required before payment of attorney fees, guardian ad litem fee, fees for income tax preparation and court accounting, conservatorship fees, or investment fees which are paid out of the ward's estate.
v. Attorney retainer fees shall be paid out of the program funds for each AAAD program.

b) Representative Payees

i. The district public guardian shall adhere to the regulations set out by the Veterans Administration (VA) and the Social Security Administration (SSA) when making extraordinary purchases for the client.

c) Power of Attorney

i. When an agreement is made to provide services to a client through a Power of Attorney, the district public guardian shall non co-mingle funds, but rather, maintain the funds within the principal's name and the original account(s).

ii. If the client meets the guidelines that allow a fee for service charge, the fee shall be in accordance with the DDA-approved sliding fee schedule for the program and included in the plan.
iii. The plan shall be signed by both the district public guardian and the client and placed in the client's file.

d) Payments on Behalf of Clients

i. The district public guardian shall develop a monthly budget for each client using a computer accounting package approve by DDA.
ii. Monthly expenses shall be deducted from the individual account of each client as disbursements are made.
iii. A spending allowance for personal needs may be issued to the client on an individual basis. The personal needs allowance is subject to the maximum allowable amount referenced by the governmental authority, such as TennCare or Veterans Administration. All records concerning allowances made for the personal needs of clients shall be documented, reconciled, and maintained.

9-5-.23 Liquidation of Assets

(1) The district public guardian must comply with all state laws and regulations (in particular Tenn. Code Ann. § 34-1-116) regarding the liquidation of client assets.

(2) Client assets should only be liquidated in order to pay for client needs. Sale of property of the client may only be sold pursuant to relevant statutes, including Tenn. Code Ann. § 34-1-116.

(3) Property should only be sold or liquidated to support the client. If a court order is required to sell property pursuant to Tenn. Code Ann. § 34-1-116, the court order must be properly obtained by the district public guardian.

(4) Tenn. Code Ann. § 34-1-116 states:

a. Except as provided in subsections (b) and (d), no property of a minor or person with a disability may be sold without prior approval of the court that appointed the fiduciary.
b. Unless the fiduciary is holding tangible property for the benefit of a minor or person with a disability pursuant to the terms of a will, trust or other written document, the fiduciary has the authority to sell each item of tangible property with a fair market value of less than one thousand dollars ($1,000) or a motor vehicle without specific court approval.
c. No fiduciary, relative of a fiduciary, employee of a fiduciary, guardian ad litem or attorney for any party shall be a purchaser of property of the minor or person with a disability without court approval.
d. This section shall not apply to any fiduciary who is not required to file a property management plan or who has had its investment plans approved as part of its property management plan.
e. When the fiduciary seeks court approval for the sale of property, a copy of the pleading requesting approval of the sale shall be sent to the minor or person with a disability by certified mail with return receipt requested. Although not required, the court may appoint guardian ad litem.

9-5-.24 Court Cost Request

(1) The Guardianship statute specifies how court costs are charged.

a. Tenn Code Ann. § 34-1-114 provides: The costs of proceedings, which are the court costs, the guardian ad litem fee and expenses incurred by the guardian ad litem in conducting the required investigations, the required medical examination costs, and the attorney's fee for the petitioner, may, in the court's discretion, be charged against the property of the Respondent to the extent the Respondent's property exceeds the supplemental security income eligibility limit, or to the Petitioner or any other party, or partially to any one or more of them as determined in the court's discretion. In exercising its discretion to charge some or all the costs against the Respondent's Property, the fact a conservator is appointed or would have been appointed but for an event beyond the Petitioner's control is to given special consideration. The guardian ad litem fee and the attorney's fee for the Petitioner shall be established by the court. If a fiduciary is cited for failure to file an inventory or accounting, the costs incurred in citing the fiduciary, in the discretion of the court, may be charged to and collected from the cited fiduciary.
b. Tenn. Code Ann § 34-7-104 sets forth: If the disabled person qualifies for SSI benefits, no charge will be made against the disabled person's estate for court costs or fees of any kind. Under no circumstances may court costs be assessed to the public guardianship program.

9-5-.25 Request to Serve Adults Under Age Sixty (60)

(1) As an exception, the DDA may request the district public guardian to serve as conservator for disabled persons who are younger than sixty (60) years of age if the following conditions are met.

a. The request includes:

i. A completed Public Guardianship for the Elderly Program application;
ii. Supporting documentation;
iii. A statement of the program's capacity and willingness to serve; and
iv. A signed court order finding that:

1. There are no other less intrusive alternates available for the disabled person; and
2. The disabled person has no family members or other person, bank, or corporation willing and able to serve as conservator. Tenn Code Ann. § 34-7-104(n)(1)

(2) If DDA approves the request, the state coordinator will obtain the necessary approval/signature for the Underage Certification Letter from DDA within five (5) business days of receiving all of the required documentation.

(3) In the event that an attorney, court or state agency seeks to appoint the district public guardian to serve as a conservator for disabled persons who are younger than sixty (60) years of age, the requestor shall submit a Tennessee Public Guardianship of the Elderly Application and support documentation by mail or email to the appropriate program.

(4) Support documentation may include, but not limited to, medical records, affidavits, petitions, reports, or orders.

(5) The program shall notify DDA within five (5) business days of receipt of the initial underage request along with the program's capacity and willingness or unwillingness to serve.

(6) The requestor shall file the appropriate documentation or pleading in the appropriate judicial venue to establish the request and allow the court to determine the necessary statutory requirements on record.

(7) DDA will issue a certification letter of approval or denial to the program and relevant parties after receipt of the request.

Chapter 10: National Family Caregiver Support Program

10-1. Authority

Older Americans Act (OAA), Title III, Part E; 42 CFR § 1321.91

10-2. Purpose

This Policy implements the National Family Caregiver Support Program (NFCSP) to create a responsive service delivery system for caregivers who are the clients of the program.

10-3. Application

This policy applies to the Tennessee Department on Disability and Aging (DDA), the Area Agencies on Aging and Disability (AAADs), and their service providers responsible for implementing the NFCSP program.

10-4. Service Components

(1) AAADs, or entities contracting with the AAADs, shall provide five (5) categories of services for caregivers. The number of activities/contacts/hours/sessions required for each of the 5 categories is indicated in parentheses. The categories are as follows:

a. Information Services (1 activity)

This service for caregivers provides the public and individuals with information, resources, and services available to individuals within their community. Information services are activities, such as but not limited to, disseminating publications and conducting media campaigns, directed to a large audience of current and potential caregivers.

b. Access Assistance

i. Information and Assistance (1 contact)

This service assists caregivers in obtaining access to the services and resources that are available within the community. To the maximum extent practicable, this service ensures that the individual receives the services needed by establishing adequate follow-up procedures.

ii. Case Management or Care Coordination (1 hour)

This service aids either in the form of access or care coordination in circumstances where the care recipient is experiencing diminished functioning capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or Family Caregivers. Activities of case management include assessing needs, developing plans of care, authorizing and

coordinating services among providers, and providing follow-up and reassessment, as required.

c. Individual Counseling, Organization of Support Groups, and Caregiver Training (1 session)

This service is provided to assist the caregivers in those areas where they provide support, including health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles. The services include:

i. Individual Counseling

Counseling provided by a licensed professional counselor to an individual; however, if a licensed professional counselor is not available, a staff person qualified by training or experience can deliver the service if he/she is supervised by a counselor licensed by the State of Tennessee. The AAADs must utilize a Licensed Counselor or a counseling agency to make a referral if a caregiver is in need of individual counseling. Licensure can be verified through the Tennessee Department of Health at http://health.state.tn.us/Licensure/index.htm. Licensure includes Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Clinical Psychologist, or PhD in a related field.

ii. Support Groups

This service offers sessions that allow caregivers the opportunity to discuss their attitudes, feelings, and problems with input from other members of the group; attempt to achieve greater understanding and adjustment; and explore solutions to their problems.

iii. Caregiver Training

This service offers training/education that is designed to assist caregivers with acquiring knowledge and skills that will help them in providing care.

d. Respite Care

This service offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite care may include:

i. In-home respite such as personal care, homemaker services, and sitter service;
ii. Respite in a non-residential program, such as adult day services;
iii. Institutional respite provided by placing the care recipient in an institutional setting, such as a nursing home, for a short period of time as a respite service to the caregiver; or
iv. Summer camps, before/after school camps, and tutoring for children.
v. Transportation of the care recipient to an adult day center or similar program, such as transporting children to summer camp, may be part of the respite expense.

e. Supplemental Services

This service is provided on a Limited Basis to complement the care provided by Family Caregivers. Examples of supplemental service include, but not limited to, home modification, home-delivered meals, medical equipment and supplies, personal emergency response system (PERS), incontinence supplies, and assistive technology.

Supplemental services also include:

i. Legal assistance that includes counseling as well as training sessions on legal issues should be reported as a supplemental service.
ii. Transportation to medical appointments would be a supplemental service.

10-5. Policy

10-5-.01 Priority

(1) In providing services, priority shall be given to:

a. Caregivers who are Older Individuals and over with the:

i. greatest social need caused by non-economic factors which include physical and mental disabilities; language barriers; and cultural, social and geographic isolation (including racial or ethnic status) that restricts an individual's ability to perform normal daily tasks and threatens his/her capacity to live independently; and
ii. greatest economic need resulting from an income level at or below one hundred percent (100%) of the poverty line, as defined by the Office of Management and Budget and adjusted by the Secretary of Health and Human Services with particular attention to low-income Older Individuals who are providing care to Older Individuals.

b. Older Individuals and providing care to individuals with severe disabilities, including children with severe disabilities.
c. Family Caregivers who provide care for Older Individuals of any age with Alzheimer's disease or related disorders with neurological and organic brain dysfunction; and
d. Grandparents or relative caregivers who provide care for children with severe disabilities.

10-5-.02 Eligibility

(1) Information services, access assistance, individual counseling, organization of support groups, and caregiver training can be provided to any caregiver, but Respite and Supplemental Services funded under the NFCSP can be provided only if the care recipient is determined to be functionally impaired according to the following guidelines:

a. The care recipient is unable to perform at least two (2) Activities of Daily Living (ADLs) without substantial assistance, including verbal reminding, physical cueing, or supervision; and/or
b. The care recipient has a cognitive or other mental impairment that requires substantial

supervision because the individual poses a serious health or safety hazard to themselves or others.

Any five (5) NFCSP service categories may be provided to grandparents, step-grandparents, and other Older Relative Caregivers caring for a child. The child is not required to be functionally impaired to receive services.

(2) In accordance with 8 USC Chapter 14, Subchapter II and the Tennessee "Eligibility Verification for Entitlements Act" (TCA § 4-58-101, et seq.), each applicant for services shall be verified as either United States citizens or lawfully present in the United States pursuant to federal Immigration and Nationality Act (8 USC § 1101, et seq.). See "Guidelines for TN Eligibility Verification for Entitlements Act" in the Appendix.

10-5-.03 Funding Limitations

(1) Caregiver services under the NFCSP shall not exceed the annual care plan cap per caregiver, including when individuals receive services from multiple funding sources.

(2) Reimbursement for in-home services such as personal care, homemaker, home-delivered meals, and respite shall not exceed the OAA rate of reimbursement.

(3) AAADs shall not use more than twenty percent (20%) of its award to provide supplemental services. Supplemental services are flexible enhancements to caregiver support programs designed for the benefit of caregivers. They are to be provided on a Limited Basis. Each AAAD can elect supplemental services based on local needs.

10-5-.04 Consumer's Right to Self-Determination

(1) All adult individuals have a right to choose how they will live, as well as where they will live, unless they have been determined by a court having jurisdiction to hear such matters to lack capacity to make decisions in one or more areas of decision-making.

(2) All adult individuals are presumed legally competent unless they have been deemed incompetent by a court.

(3) Reports to Adult Protective Services (APS) are mandated by state law when "any person" has reasonable cause to suspect abuse, neglect (including self-neglect), or financial exploitation. This includes neighbors, friends, relatives, doctors, dentists, caregiver, agency personnel etc. [Adult Protect Act Tenn. Code Ann. 71-6-103 (b)(1)]

10-5-.05 Long Distance Caregivers

(1) If funds are available, caregiver services may be provided to caregivers who reside in a State other than the State of Tennessee if the care recipient resides in the State of Tennessee ("Long Distance Caregiver").

(2) The decision to provide Respite and Supplemental Services to Long Distance Caregivers will be done on a case-by-case basis and must be pre-approved by DDA. Title III-B or Title III-C in-home services or state funded home and community-based services should be considered first if the

care recipient is eligible to receive services under those programs.

(3) If the caregiver resides in Tennessee and the care recipient resides within another state, the Tennessee AAAD should make a referral to the AAAD in the state where the care recipient lives.

10-6. Procedures

10-6-.01 Administrative Standards

(1) Administrative Standards

a. DDA shall:

i. oversee program development of the NFCSP statewide.
ii. DDA will develop assessment tools, that include the program standards, to be used by the AAADs.
iii. collect, maintain, and report information in the State Performance Report (SPR).
iv. provide training to the Family Caregiver program staff, as needed.
v. provide technical assistance, as needed.
vi. assume quality assurance responsibilities for all caregiver programs to ensure compliance with standards, policies, and procedures of DDA and the OAA.

b. AAADs shall:

i. publicize NFCSP services to ensure that individuals throughout the area know about the availability of services.
ii. provide caregiver information and referral and screen individuals for caregiver support services.
iii. complete an initial in-home assessment on individuals whose screening indicates need for respite or supplemental services.
iv. arrange for the provision of individually needed Family Caregiver services directly and/or through local service providers.
v. organize new and/or coordinate with existing caregiver support groups and caregiver training events.
vi. have a licensed professional counselor referral source to which caregivers can be referred for individual counseling, if needed.
vii. coordinate NFCSP with other programs and service systems serving individuals with disabilities.
viii. use trained volunteers to expand the provision of the five (5) service components.
ix. attend training(s) planned or approved by DDA.
x. ensure appropriate program/financial reporting, billing, and budget reconciliation.
xi. negotiate contracts, provide quality assurance, and program implementation.
xii. maintain report waiting lists of persons requesting caregiver services for which service is not available.

c. Service Providers shall:

i. be licensed in accordance with the applicable laws and regulations of the State. Service provider agencies providing in-home services (homemaker and personal care) must have a Personal Support Service Agency (PSSA) license through the Tennessee Department of Mental Health and Substance Abuse Services or be licensed as a home health care agency by the Tennessee Department of Health.
ii. ensure services and units of service to be provided to individuals are consistent with the Provider Authorization, where applicable.
iii. keep documentation of all contact with or on behalf of the caregiver and/or care recipient and ensure that the assigned task identified in the Provider Checklist is carried out.
iv. keep documentation of each service provided with each visit, which includes a service rendered checklist that is signed by the individual and the worker.
v. have methods and procedures in place for the collection and reporting of individual specific data, including but not limited to client lists, invoices, and daily logs and provide to the AAAD by the 10th day for the month following the month being reported.

10-6-.02 Service Coordination

(1) The Case Manger will provide service coordination whether it is in the form of access to service or care coordination to the caregiver. Activities of service coordination include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services, follow-up and reassessment

(2) The Case Manager shall ensure non-duplication of services by identifying the services and/or service providers, the informal supports, and resources that are currently being utilized and/or provided to the individual.

10-6-.03 Assessment and Reassessment

(1) If the Screening indicates a caregiver's need for respite or supplemental services, the Caregiver Assessment shall be completed.

(2) An Assessment shall be completed on the care recipient that should include the following minimum sections:

a. Section A: Intake/Assessment
b. Section B: Individual Identification
c. Section C: Demographics
d. Section D: Caregiver Identification
e. Section I: ADL/IADL and Other Limitations
f. Section J: Nutrition Screening (if receiving a meal)

(1) The initial assessment shall be completed in a face-to-face interview in the home with the caregiver.

(2) Both the caregiver and the care recipient must sign the Signature Page.

(3) The care recipient must, at a minimum, sign the following;

a. Privacy Practices and Individual Rights and Responsibilities
b. Release of Information for Statistical Reporting
c. Title VI
d. Authorization for Referral for Services
e. Client Agreement

(4) If the care recipient is unable to sign or if the care recipient is a Child, then the Signature Page can be signed by the recipient's Authorized Representative.

(5) A reassessment is required at least annually; however, staff should be alerted for changes in a caregiver's condition or circumstances that may warrant a reassessment at an earlier date.

(6) The reassessment may be completed in the home, virtually, or by telephone.

(7) It is the responsibility of the AAAD to ensure all forms are signed (as outlined above) no matter the method of reassessment.

(8) Respite and Supplemental services provided through Title III-E must comply with policies and procedures of the service being provided. For example, a caregiver and/or care recipient that receives home-delivered meals through the NFCSP must comply with Nutrition guidelines.

(9) If the caregiver is an Older Relative Caregiver of a Child, then the caregiver needs to be assessed using the Caregiver Assessment form, and the Child will be assessed using the Assessment form, completing the following sections:

a. Section A: Intake/Assessment
b. Section B: Individual Identification
c. Section C: Demographics
d. Section D-Caregiver Identification

10-6-.04 Care Plans

(1) The Case Manager shall work with the caregiver to develop the Care Plan, specifying the type, frequency, and number of in-home services provided to an individual.

(2) The Care Plan shall be based on a comprehensive assessment of the caregiver's needs.

(3) Service decisions must always be made in the best interest of the caregiver.

(4) The Care Plan must be discussed and developed utilizing a person-centered, trauma informed approach and with the participation of the caregiver ensuring the plan meets their needs.

(5) The Care Plan must be entered into the state-approved database.

(6) Care Plan Components:

a. The Care Plan entered into the state-approved database must document, at a minimum, the following:
b. The specific support services needed including the frequency and duration of each service.

c. Start and end date of services
d. Primary Case Manager
e. Allocated units of service
f. The name of the provider that will be providing services; and,
g. Cost of services

10-6-.05 Changes to the Care Plan

(1) Care Plan must be updated when a service is decreased, increased, discontinued, or a new service is added.

(2) Any changes to the Care Plan must be approved by the caregiver during an in-home visit, virtually, or by phone.

(3) Any changes must be documented in a case note within the state-approved database, indicating that the change was discussed with and approved by the caregiver.

(4) A caregiver is considered on hold if the care recipient does not receive services for sixty (60) calendar days due to hospitalization or other causes. The Case Manager should maintain regular contact with the caregiver during this time.

(5) The AAAD may terminate a caregiver from the program after the care recipient has been on hold for sixty (60) calendar days.

10-6-.06 Care Plan Not Developed

(1) If any of the following conditions apply, a Care Plan shall not be developed:

a. If the caregiver notifies the Case Manager that he/she does not want to proceed with the development of the care plan.
b. If the caregiver/care recipient refuses to release or provide information that is necessary to complete the assessment or develop the Care Plan; or
c. If the services need to support the caregiver are not available or the cost is above the annual care plan cap to develop and carry out the care plan.

10-6-.07 Volunteers

(1) Each AAAD shall make use of trained volunteers to expand the provision of the five (5) service components.

(2) The AAAD should 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. Such programs include Senior Corps and AmeriCorps (VISTA).

10-6-.08 Voluntary Contributions

(1) Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under the Older Americans Act if the method of solicitation is noncoercive.

(2) Contributions shall be encouraged for individuals whose self-declared income is at or above one hundred eighty-five percent (185%) of the poverty line, at contribution levels based on the actual cost of services.

10-6-.09 Self-Direction

(1) AAADs may utilize Title III-E funds to provide services through self-direction for Title III-E Elder clients.

(2) Spouses and/or other individuals residing in the care recipient's home may be hired provider under self-direction. For consumers who choose not to self-direct, a spouse and/or other individual residing in the client's home may be hired by a contracted provider agency to provide services.

Chapter 11: Access to Services

11-1. Authority

The Older Americans Act (OAA) as amended

11-2. Purpose

This Policy describes how adults aged 60 and over, adults with disabilities, and family caregivers can access the programs and services that meet their needs. Access can range from any of the following:

(1) A referral contact number for programs or services;

(2) An individual screening conducted by telephone;

(3) A referral for an assessment; or

(4) Enrollment in a program or services.

11-3. Application

This policy applies to the Tennessee Department on Disability and Aging (DDA), the Area Agencies on Aging and Disability (AAADs), and their service providers responsible for providing Access Services.

11-4. Comprehensive and Coordinated System

As part of their mission, Area Agencies on Aging and Disability (AAADs) shall lead the development or enhancement of a comprehensive and coordinated community-based system.

11-5. Aging and Disability Resource Centers (ADRCs)

The AAADs serve as the Aging and Disability Resource Centers (ADRC) in Tennessee for adults aged 60 and over and adults with Disabilities to access services and programs to meet their needs. The ADRCs utilize a "no wrong door" approach and are designed to serve as highly visible and trusted places where people of all ages, incomes, and disabilities get information and person-centered counseling on the full range of long-term services and supports.

Statewide, the nine (9) AAADs serve as the primary entry point for the services provided through the Older Americans Act, state funded OPTIONS for Community Living Service (OPTIONS), federally funded State Health Insurance Assistance Program (SHIP) and TennCare CHOICES.

11-6. Information and Assistance Service

The primary focus of I & A services is on adults aged 60 and over, particularly those individuals with the greatest social and economic need, adults with disabilities, and those at risk of institutional placement.

I & A services include:

(1) providing individuals with current information on opportunities and services available within their communities, including information relating to assistive/enabling technology;

(2) providing person-centered, trauma-informed information that is responsive to the individuals interests, physical and mental health, social and cultural needs, available supports, and desire to live where and with whom they choose. This may include approaches consistent with the traditions, practices, beliefs, and cultural norms and expectations of older adults and family caregivers;

(3) assessing the problems and capacities of the individuals;

(4) linking the individuals to available opportunities and services; and

(5) ensuring that individuals receive the services needed through follow-up procedures.

In addition, Tenn. Code Ann. § 71-5-1418(a)addresses the need for I&A services to provide long-term care information and assistance. This statute establishes a service that is intended to provide:

(1) information, referral and assistance on a wide variety of quality, cost-effective and affordable long-term care choices; and
(2) data collection, assessment, referral to community-based services, and appropriate placement in long-term care facilities.

The long-term client information, referral and assistance service is administered by the Department and implemented by the AAADs. (Tenn. Code Ann. §71-5-1418)

11-7. Services and Individual Eligibility

The services provided through I & A include:

(1) Information

I & A provides facts and knowledge about specific topics or services available statewide or locally to the individual. Topics and services may range from providing specific resource telephone numbers, addresses, or website, eligibility requirements or procedures for service applications, or service application status.

The I & A Specialist (defined in 11-9-.01) will provide services in a manner that is person-centered and trauma informed.

If the I & A Specialist is unable to assist the caller, then, while the caller is on the line, the counselor Specialist can directly transfer the caller to another agency or organization that will better meet his/her needs. This process is defined as a “warm transfer”. By utilizing this process, the I & A Specialist can explain to the agency/organization the caller’s issue or problem. Prior to the transfer, the I & A Specialist will provide the caller with the contact information in case no one is available to answer the telephone at the other site or the caller is unintentionally cut off during the transfer.

(2) Assessment

During the assessment process, the I & A Specialist assists the individual in identifying his/her needs, evaluation his/her abilities and skills, determining and locating appropriate resources available and providing enough information about each resource to help the individual make an informed choice, and discuss the options currently available to assist the individual. The I & A Specialist will also help the individual, whenever preferred services and/or programs are

unavailable, by identifying alternative resources. An initial Screening can determine whether or not the individual should be placed on a program waiting list and/or referred for an in-home assessment.

(3) Referral

The I & A Specialist will link the individual to the appropriate services as determined by the individual and the I & A Specialist. The referral could be to services and programs provided by the AAAD as well as community-based agencies and organizations.

(4) Follow-up

Through follow-up, the I & A Specialist learns if the inquirer's needs were met and, if not, determine why. Follow-up helps to ensure the inquiry received the necessary support and resources. Follow-up data can be used to improve service delivery and to update community resources. (Please note, follow-up is different from client satisfaction surveys.) Follow-up shall be conducted within three (3) business days of the original inquiry with callers who are at risk and/or vulnerable and in situations where the Specialist believes that the caller does not have the necessary capacity to follow through and resolve their problems. Follow-up calls may also be made if additional assistance is needed.

11-8. Administrative Standards

DDA shall:

(1) coordinate statewide Information and Assistance (I & A) Services.

(2) implement uniform standards for the I & A Services.

(3) compile and analyze the service statistics.

(4) comply with applicable federal and state laws, regulations, and policies.

(5) monitor the quality-of-service delivery and provide the AAAD with a written quality assurance report annually.

(6) provide technical assistance to the AAAD upon request or as determined necessary by DDA.

(7) sponsor statewide training annually relevant to the provision of information and assistance.

(8) monitor the I & A function of the AAAD to ensure that all criteria for operation of the I & A Program to ensure that all criteria for operation of the Program are being met. This includes:

a. The AAAD shall employ sufficient staff for handling the I & A service.
b. I & A shall collect and report individual demographic data in the state-approved database.
c. Satisfaction surveys and follow-up contacts will be reviewed to determine if the individual made contact with the referral(s), if services were provided, and if the services met the needs of the individual.

The AAAD shall:

(1) adhere to the mandated statewide I & A Services that comply with the administrative

requirements established by DDA.

(2) employ sufficient, qualified staff to be responsible for handling I & A services and sufficient staffing to return calls within three (3) business days with the goal and best practice of answering calls live.

(3) provide adequate supervision, office space, equipment and supplies, and administrative support to the I & A Program.

(4) provide a telephone system that has the following capabilities:

a. Making a "warm transfer"
b. Adjusting the number of rings to a maximum of three (3) rings before the call goes rolls over to another trained staff person or, if all staff are occupied, to voice mail during business hours
c. Rolling the call over to voice mail after business hours; and
d. The message on the voice mail shall clearly explain the following:

i. What to do if this is an emergency situation; and
ii. What information is needed for a call back within three (3) business days.

(5) have designated I & A staff attend all State sanctioned I & A training as feasible

(6) monitor the following at least annually:

a. the quality-of-service delivery to assess the effectiveness of the program.
b. the individual's satisfaction with the I & A Program.
c. feedback from client satisfaction surveys to make improvements and program modifications.
d. the effectiveness of linking people to home and community-based services (HCBS);

i. The availability of needed services in the community; and
ii. The progress made in accomplishing the plan of action.

(7) collect and report individual data in the state-approved database. This includes the call topic and units of service. Units of service shall be entered according to the unit criteria for each of the eligible service units. A service unit is not required to complete a call.

(8) conduct individual satisfaction surveys using a standardized tool in a pre-determined process.

(9) conduct a follow-up call in situations where the Specialist believes the inquirer does not have the necessary capacity to follow through and resolve their concerns. Follow-up shall be conducted within three (3) business days of the original inquiry. The I & A Specialist shall indicate in the state-approved database when a call needs follow-up and document the follow-up in the notes section.

(10) build cooperative partnerships.

a. Each AAAD shall identify and form partnerships with regional information and referral service providers, and other agencies/organizations that might refer people to the AAAD. The AAAD shall document evidence of the development of these partnerships.
b. Examples of potential information and referral and information and assistance partners may include, but shall not be limited to: Tennessee Disability Pathfinder, 2-1-1, Ask-A-Nurse, Crisis Hotlines, Senior Centers, Department of Human Services, Adult Protective Services, Crisis Intervention Agencies, Hospitals, Alzheimer's Association, Centers for Independent Living, Tennessee Department of Health, Family Support Program, Employee

Assistance Programs, AARP, ARC of Tennessee, Tennessee Disability Coalition, service providers, etc.

11-9. I & A Service Standards

This section describes the Tennessee standards for all aging and disability network I & A staff, services to be provided, and the protocols for delivering the support services that must be implemented by the provider of I & A Service.

11-9.01 Staffing

All I & A Specialists shall take ten (10) hours of continuing education annually to enhance competencies and to include topics which enhance knowledge of information needed to provide appropriate I & A services. Topics may include, but are not limited to, those which increase communication techniques, serving diverse communities, person-centered and trauma-informed service provision, serving people with substance use disorders, suicide ideation, mental health disorders and in crisis.

All I & A Specialists shall have (at a minimum) the following competencies:

(1) Understand consumer control, consumer choice, and consumer direction in providing community based long-term living supports and services;

(2) Ability to explain the individual's right of choice and the benefits and risks of self-direction;

(3) Ability to identify when legal and ethical issues arise through the process of working with an individual and his/her family and where to refer those legal and ethical issues for further handling;

(4) Ability to recognize one's own personal bias and judgements when counseling with an individual;

(5) Ability to recognize the needs, values, and preferences of the individual as a consumer;

(6) Have interpersonal communication skills to support the consumer in the decision-making process, including decision-making support, effective ways to ask questions while providing resources, active listening, and paraphrasing;

(7) Seek creative ways to find services and support;

(8) Determine the level of support from family members and their interest in participating and assisting with the problem solving and resources.

(9) Ability to provide services to older individuals and family caregivers in a manner that is person-centered and trauma informed. Services should be responsive to their interests, physical and mental health, social and cultural needs, available supports, and desire to live where and with who they choose;

(10) Ability to provide person-centered services which may include community-centered and family-centered approaches consistent with the traditions, practices, beliefs, and cultural norms and expectations of older adults and family caregivers;

(11) Ability to give opportunity to develop a person-centered plan that is led by the individual, if applicable, by the individual and the individual's authorized representative. Services should be incorporated into existing person-centered plans, as appropriate;

(12) Offer unbiased information about public and private services in the region, including private pay options;

(13) Provide accurate and up-to-date information and resources in a manner consistent with the individual's level of understanding; and

(14) Provide information and assistance service in a manner that respects the values, origin, age, and background of the individual.

Staff shall be cross-trained in SHIP to provide for backup for vacation and sick days, lunch hours, etc.

Staff development and training shall include required maintenance of State certification and other training as mandated by the State agency.

11-9-.02 Support Services Protocol

Support services are essential for providing information and referral and assuring access for adults aged 60 and over and adults with disabilities, including a brief assessment of need; a blend of information, referral and advocacy in order to link the client to the appropriate service; crisis intervention, when warranted; and follow-up, as required. The following sections describe the required support system that must be in place for the delivery of I & A services.

(1) Returning Calls

Calls that are captured on voice mail, text/texting system or by an answering service shall be returned within three (3) business days or less, with the best practice of answering the call live.

(2) Internet Contact

Individuals using the internet to access I & A shall receive an email response or follow-up call within three (3) business days or less.

(3) For individuals who are unable to be contacted, the I & A Specialist shall make at least one (1) additional attempt to contact the individual via phone, text, or email over five (5) business days and document the attempt(s) in the state-approved database.

(4) Office Visits

Office visits may, or may not, be scheduled ahead of time, but individuals seeking I & A should be treated the same. The I & A Specialist shall not receive calls while the individual is being served during an office visit.

(5) Confidentiality

Confidentiality respects the individual's privacy by limiting access to and/or placing restrictions on an individual's personal information. The following ensures individual confidentiality:

a. Sharing individual information shall always be with the permission of the individual or the individual's legal representative (if applicable), and on a "need to know" basis. Identifying information shall not be disclosed to other AAAD staff unless there is sufficient reason to do so.
b. Computers shall face away from doorways or have filters that block visibility to anyone other than the staff member using the computer.
c. Computers shall not be left unattended whin individual information is displayed on the computer monitor.
d. Each AAAD shall designate staff that shall have access to the individual information and make such access as limited as necessary.
e. AAAD staff and volunteers working with individual information shall sign statements of confidentiality annually thereafter.

(6) Electronic Files

a. Electronic individual files shall be backed up and archived for five (5) years plus the current year following termination of the service(s) and, if still inactive at the end of the time period, shall be deleted.
b. An individual file may be held as an electronic file or hard copy, but need not be both.
c. If the AAAD maintains hard copies of the individual files, the following rules apply:

    i. Hard copy of individual files shall not be left unattended at any time.
    ii. Hard copy of individual files shall be stored in locked file cabinets or locked rooms when not in use.
    iii. Hard copy files of an individual who is no longer enrolled in a service(s) shall be kept for five (5) years plus the current year following termination of the service(s) and, if still inactive, shall be shredded.

(7) Call Log

All telephone calls must be recorded in the state-approved database.

(8) Crisis Intervention

Crisis intervention is not the primary focus of the I & A service through the ADRC, however, I & A Specialists shall be prepared to manage any call that comes in through the I & A service and have knowledge of how to direct or refer those calls, if necessary. This includes assistance for the individual threatening suicide, homicide, or assault; suicide survivors; victims of domestic abuse or other forms of violence; child abuse/neglect or elder/dependent adult abuse/neglect; sexual assault survivors; runaway youth; psychiatric emergency, chemically dependent in crisis; survivors of a traumatic death; and others in distress.

(9) The I & A Specialist shall have the intervention skills to:

a. De-escalate and stabilize the individual prior to making a referral or transferring the conversation to a crisis intervention agency.
b. Help the individual talk about and work through his/her feelings as part of the assessment and problem-solving stages of the interview; and
c. Endeavor to keep the individual on the telephone pending referral or rescue.

(10) Waiting Lists

a. I & A staff will complete the Screening form on individuals needing services provided by the AAAD. This form shall be used to prioritize the individuals on the waiting list with the individuals with he highest risk score at the top of the list. If more than one individual has the same score, he/she will be ranked by date with the individual with the earliest day going first.
b. For referrals from the Tennessee Department of Human Services Adult Protective Service (APS), the Screening form will be competed by the I & A staff at the AAAD based on the information provide in the APS referral document. If the score and the level of need for the APS client is comparable to non-APS individuals on the waiting list, the APS client will be added to the existing program waiting list. A Notice of Action will be provided to the APS staff informing them of this decision. Individuals with the highest score and are on the waiting list the longest, will be pulled off first to be assessed when there is funding available.
c. All individuals who are screened and appear to be eligible for CHOICES will be referred directly to the CHOICES Counselor at the AAAD. Individuals who qualify for CHOICES and decline CHOICES services are not eligible to receive OPTIONS services; however, they may be placed on the Title III-B Supportive Services waiting list, on the Nutrition waiting list, or may choose the private pay option.
d. Individuals who are screened and appear to be eligible for Title III-B Supportive Services, Nutrition Services, or OPTIONS will be placed on the appropriate waiting list.

11-9-.03 Transportation

(1) Description of Transportation Services

Transportation resources are needed to meet activities of daily living, such as, but not limited to, shopping for groceries and other needs, medical and other health care related appointments, pharmacies, meal sites, and socialization. Adults aged 60 and over and adults with disabilities rely on both public and private transportation, such as buses, taxis, volunteer drivers, and senior center vans. In addition, transportation for many of the medical issues impacting these populations, such as dialysis, is not usually flexible enough to help individuals keep appointments.

While the AAADs contract with senior centers and/or human resource agencies in their regions to provide transportation services, their transportation services may be limited and additional resources will likely be needed/

(2) Administrative Requirements

a. The AAAD (ADRC) shall:

   i. Update, at least annually, the transportation services that are available, including information such as, but not limited to, contact information, hours of operation, and service area and report to DDA;
   ii. Assist organizations and/or agencies to actively recruit, when possible, volunteers who are willing to provide transportation; and
   iii. Partner with businesses and companies that have an interest in reaching adults aged 60 and over and adults with disabilities to develop and implement transportation services to their businesses

Chapter 12: Emergency Management

12-1. Legal Authority

The Emergency Management plan is established by DDA pursuant to 42 U.S.C. 3027(a)(28) and 45 C.F.R. § 1321.97 to § 1321.105.

12-2. Role of the Area Agencies on Aging and Disability (AAADs)

Each Area Agency on Aging and Disability (AAAD)-a single agency designated by DDA to perform the functions specified in the Older Americans Act for a planning and service area, as defined in CFR Title 45 Part 1321- must:

(1) Develop a Continuity of Operations Plan and All-Hazards Emergency Response Plan based on completed risk assessments for all hazards and updated annually.

(2) Plans shall include a description of coordination activities for both development and implementation of long-range emergency and disaster preparedness plans.

(3) Plans may also include other information as deemed necessary by the AAAD.

(4) Plans shall be provided upon request to DDA and will be reviewed by DDA during the annual monitoring period.

(5) Coordinate with Federal, local, and State emergency response agencies, service providers, relief organizations, local and State governments, and any other entities that have responsibility for disaster relief service delivery.

(6) Designate an Emergency Response Coordinator (ESC).

(7) Maintain an updated list of staff emergency contact numbers.

(8) Maintain an updated list of partners (DDA, local emergency management agencies, AAAD Lead Agencies, service providers, key suppliers) for emergency/disaster preparedness purposes.

(9) Coordinate appropriate emergency/disaster preparedness and response training for AAAD personnel.

(10) Promote disaster preparedness and education related to its Emergency Response Plan to older persons and adults with disabilities and the aging network with specific focus on Senior Centers.

12-3. Contents of Plans

The following elements must be considered in the development by the AAAD of its Continuity of Operations Plan and All-Hazards Emergency Response Plan:

(1) Types of Disasters - Consider the types of disasters/emergencies prevalent in the AAAD service area.

(2) Capabilities and Limitations - Consider the AAADs capabilities and limitations.

(3) Clients - Consider the possibility that, due to the nature and extent of the disaster/emergency, the AAAD might be called upon to provide services and assistance to elders who are not clients of the AAAD or lead agencies.

(4) Relief Agencies - Consider the roles of various relief agencies in the service area.

(5) Relief Authority - Consider the organizations primarily responsible for relief authority.

(6) Local, State, and Federal Disaster Response - Consider how the AAADs disaster response relates to, and works with, local, state, and federal disaster response teams.

(7) Backup Plans - Consider the possibility that, due to the nature and extent of the disaster/emergency, service and product suppliers (such as those providing homemaker and personal care services, transportation, food, water and ice) might be overwhelmed and unable to provide services and/or products and have backup plans to obtain needed services and/or products.

(8) Elder Evacuees - Include a plan for providing services for elder evacuees and relocations from other service areas or states.

(9) Communications - Provide guidelines to ensure that adequate staffing will be available to continue daily operations and ensure that communications are maintained with DDA.

12-4. Role of the Emergency Services Coordinator

The ESC of the AAAD is responsible for:

(1) Formulating the written Disaster/Emergency Response Plan, which includes a Comprehensive Emergency Management Plan (CEMP) and a Continuity of Operations Plan (COOP)
(2) Coordinating with local emergency management officials on the following emergency preparedness issues:

a. Establish working relationships prior to disaster/emergency events with local emergency officials (county emergency operations staff, county sheriff, county health department special needs shelter unit managers, local fire and police departments, and other key team members on the community response teams;
b. Educate local emergency officials regarding the unique needs of older individuals and people with disabilities, including special dietary requirements;
c. Participate in local emergency disaster planning as available;

d. Ensure local emergency officials understand the role of the AAAD and the AAAD Emergency Services Coordinator in emergency/disaster response;
e. Provide local emergency officials with an inventory of community resources for older individuals and people with disabilities.

(3) Following the requirements outlined in the Older Americans Act and 45 C.F.R. § 1321.97 to § 1321.105 related to Emergency and Disaster preparedness and management.

12-5. Communicating with DDA

(1) The AAAD Emergency Services Coordinator shall participate in regular planning and coordination conferences with DDA.

(2) During emergency events, in order to provide current information regarding the impact of the event on the AAAD, the AAAD Emergency Services Coordinator will provide reports to DDA regarding the status of the management of that emergency event.

Chapter 13: State Health Insurance Assistance Program (SHIP)

13-1. Description of the State Health Insurance Assistance Program

The State Health Insurance Assistance Program (SHIP) is a national program that offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed health benefits decisions. The U.S. Department of Health and Human Services' Administration for Community Living (ACL) provides Federal grants to states to fund local SHIPs to establish a community-based network of counselors who can assist in-person, virtually through web meetings or email, by phone, through group presentations, and a variety of other media sources to educate people with Medicare about their coverage options. SHIP provides these support services to all people on Medicare including those with limited incomes, beneficiaries under the age of 65 who qualify for Medicare due to a disability, and to individuals who are dually eligible for Medicare and Medicaid. Tennessee SHIP operates statewide, primarily through the regional Area Agencies on Aging and Disability (AAADs). Local SHIP offices provide educational information and counseling on Medicare and related health insurance topics through multiple means including but not limited to, telephone, face-to-face or virtual appointments, email, and at public education and outreach event.

13-1-.01 Authorizing Act

The State Health Insurance Assistance Program (SHIP) was created in 1990 under Section 4360 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (42 U.S.C. § 1395b-4)(Pub. L. 101-508) and is administered by the Administration for Community Living (ACL). This Act authorizes the Secretary of the U.S. Department of Health and Human Services to make grants to states to establish and maintain health advisory services' programs for Medicare beneficiaries. Effective January 1, 2008, the Tennessee program was identified as *TN SHIP – Medicare Information and Counseling*.

13-1-.02 Mission, Vision, and Values of SHIP

(1) Mission

To empower, educate and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.

(2) Vision Statement

To ensure that SHIP is the known and trusted community resource for Medicare information.

(3) Values

To consistently and confidentially provide accurate, objective, and comprehensive information and assistance to Medicare beneficiaries, their families, and caregivers while not endorsing any insurance company, agency, agent, or plan and are strictly prohibited from even appearing to make an endorsement.

13-1-.03 Goals and Objectives

(1) The goals of SHIP include:

a. assist consumers in navigating the complex Medicare and related health insurance systems;
b. advocate for those who are unable to advocate effectively for themselves in accessing benefits or resolving coverage and/or billing issues;
c. provide educational information to legislators, policymakers, and other interested groups on consumer issues and areas of consumer concern in the Medicare and Medicaid programs.

(2) Additional goals may be assigned each contract year based on HHS requirements.

(3) The objectives include:

a. providing personalized counseling and assistance with benefits/health plan options to all Medicare beneficiaries
b. engage in community outreach to beneficiaries in a variety of public forums;
c. provide beneficiaries access to enrollment assistance from a trained, fully equipped, and proficient counselor workforce;
d. participate in HHS/CMS education and communication activities, and
e. promote awareness of provisions of the Patient Protection and Affordable Care Act (Affordable Care Act) including Medicare prevention and wellness; fraud prevention and awareness initiatives; and durable medical equipment, prosthetics, orthotics and supplies (DMEPOS).

13-1-.04 Administrative Requirements

(1) DDA will:

a. Operate the statewide SHIP to provide information, counseling and assistance on Medicare, Medicaid and all other related health insurance issues for persons with Medicare, persons nearing Medicare eligibility, their adult children and other caregivers, their health care providers and other advocates. In doing so, DDA will conduct all activities required by the current Administration for Community Living (ACL) sponsored SHIP grant, as well as those activities required by other grants secured by DDA to enhance the program's capacity to serve consumers, including as related to training and reports.

(2) The AAADs shall:

a. provide a dedicated, full-time (having no other agency responsibilities) Regional SHIP Coordinator position that will be responsible for the overall program operation within the AAAD service area and use his/her SHIP and Medicare knowledge and expertise to identify and address program needs to provide Medicare education, outreach, and counseling.
b. designate at least one (1) other AAAD staff member, who is a Certified SHIP Counselor, to fulfill counseling responsibilities, and to stand in for the SHIP Regional Coordinator(s) at required meetings and trainings, including, but not limited to, the SHIP Monthly Teleconference, in the SHIP Regional Coordinator's absence.
c. ensure that the SHIP Coordinators, SHIP Volunteer Program Coordinators, (if applicable), and SHIP Back-Up Coordinator will become certified within ninety (90) days of hire.
d. advertise throughout the region the availability of SHIP counseling and assistance through the toll-free SHIP Medicare Information & Counseling Help Line (1-877-801-0044).
e. maintain an appropriate outgoing message on all SHIP staff members' telephones that includes SHIP staff's name, title, and direct phone number, and require that SHIP staff respond to requests for assistance within a maximum of five (5) business days, with a one (1) to three (3) business day timeframe preferred. During high call volume periods, e.g., open enrollment periods, extensions of call-back time frame may be granted by the SHIP Director or designee.
f. ensure that the SHIP Coordinators, SHIP Volunteer Program Coordinators, (if applicable), SHIP Back-Up Coordinators, and all other paid, in-kind and volunteer staff that provide information, counseling, and enrollment assistance and/or perform education outreach activities on behalf of SHIP have completed the twelve (12) hours SHIP initial certification and maintain eight (8) hours of update trainings conducted by the SHIP and Senior Medicare Patrol (SMP) and are certified competent by the SHIP/SMP Training Program to provide SHIP counseling to all target populations.
g. use the official Department of Disability and Aging logo, the national ACLSHIP logo, and the Senior Medicare Patrol (SMP) logo on all locally produced Medicare outreach or education publications include the current express acknowledgement as provided by ACL and DDA in the Grant Contract.
h. where feasible, train all AAAD staff to provide appropriate referrals to SHIP.
i. develop active partnerships and maintain current partnerships with each organizational type that serves specific Medicare populations, such as mental health support, advocacy organizations for hard to reach groups, media outlets, senior housing facilities, educational institutions, local or regional medical organizations, Social Security Administration and Department of Human Services in the region, faith-based organizations, organizations that serve Medicare beneficiaries who qualify for low income subsidy, organizations that promote advocacy for disabled consumers, pharmacies, and senior centers.
j. assure that the SHIP Coordinators maintain up-to-date knowledge on Medicare, Medicaid, and other related health insurances in order to provide accurate, thorough and timely education, outreach, and counseling to consumers.

k. work with DDA for direction and planning of the SHIP volunteer program to include a quality assurance plan for monitoring volunteer work; a plan for achieving identified goals; and implementing Volunteer Risk Management Policies and Procedures.
l. provide outreach and enrollment assistance by qualified/certified staff on Part D/Low Income Subsidy (LIS) and Medicare Savings Program to income consumers.
m. perform public and media education and outreach activities to disseminate information to all communities in the region.
n. assure that all reporting be submitted accurately, completely, and timely to ACL, DDA, or other agreed upon entity(s).
o. if feasible, have SHIP Coordinators or their designee(s) attend HHS, CMS, and DDA sponsored trainings and education and communication activities such as national conferences, regional conferences, statewide trainings or conferences.
p. participate in other activities intended to enhance the capacity of the SHIP to perform all required functions.
q. distribute relevant Medicare, Tennessee Medicaid/TennCare, DDA, and SHIP education materials at public and media activity events.
r. provide outreach and education to consumers not yet eligible for Medicare (consumers between 40 and 65 years of age) about the importance of planning for long-term care needs, provide one-on-one counseling to consumers making inquiries, and distribute informational materials on long-term care planning at outreach and education events.
s. provide a presence in each county in the AAAD region through a system approved by the State SHIP Director, such as volunteer placement at senior centers.
t. build the volunteer workforce to include counselors whose demographic characteristics are reflective of those in the region or county.
u. consult with the State SHIP Director for guidance on complex counseling issues and for coordination of outreach activities and keep the State SHIP Director informed of emergent consumer and program issues so that those issues may be addressed and/or referred to ACL for resolution
v. require SHIP Coordinators to obtain approval of the State SHIP and State SMP Directors or their designee, prior to providing volunteer counselor certification trainings.
w. increase awareness of provisions of Medicare Wellness/Prevention benefits, Fraud/Abuse Awareness and Prevention initiatives, Accountable Care Organizations (ACOs), Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) and changes to the Annual Enrollment Period (AEP).

13-1-.05 Senior Medicare Patrol (SMP)

The Senior Medicare Patrol was authorized under Titles II and IV of the Older Americans Act, (42 U.S.C. § 3032), the amendments of 2006 (P.L. 109-365) and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191). SMP was established to empower seniors through increased awareness and understanding of healthcare programs to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error, and abuse and to teach consumers how to identify

and report suspected waste, fraud and abuse in the Medicare and Medicaid programs. SMP projects work to resolve beneficiary complaints of potential fraud in partnership with state and national fraud control/consumer protection entities.

13-1-.06 SHIP/SMP Collaboration

In July 2003, SHIP and SMP initiated a collaborative partnership for the purpose of recruitment, training, support, and retention of volunteers, especially for volunteer program development and maintenance, in all of the AAADs. SMP volunteers needed to develop an understanding of Medicare in order to intelligently counsel and assist consumers who felt they had identified waste, fraud, and abuse that needed to be reported. The SHIP volunteers needed to become familiar with the guidelines for the SMP in order to appropriately assist consumers in responsibly handling their Medicare accounts.

13-1-.07 SHIP/SMP Training Program

(1) SHIP/SMP Initial New Counselor Training

A minimum of twelve (12) hours of initial training are required for new Certified SHIP Counselors on, at a minimum, the following topics: Medicare; Medicare Advantage; Medicare Supplement Insurance (Medigap); Medicare's Prescription Drug Benefit (Part D) and the accompanying Low-Income Subsidy (LIS); Long-Term Care Insurance and Long-Term Care Planning; Medicaid (including TennCare, Medicare Savings Programs, and CHOICES); Employer and Retiree Insurance; VA and Retired Military Insurance; Counseling Techniques; current federal and state laws governing health insurance (Consolidated Omnibus Budget Reconciliation Act—COBRA), Employment Retirement Income Security Act of 1974 (ERISA), Health Insurance Portability and Accountability Act of 1996 (HIPAA). Initial training will be provided by the SHIP/SMP Directors or their designee, with the exception of instances where the AAAD SHIP Coordinator requests and is granted permission by the State SHIP Director to conduct the training. Only SHIP Coordinators who are meeting overall program requirements will be granted permission to conduct trainings.

(2) SHIP/SMP Update Training

A minimum of eight (8) hours of update training on the above-listed topics and current issues are required annually of each Certified SHIP Counselor (includes AAAD SHIP Coordinators and paid/in-kind AAAD Volunteer Counselors). Update trainings may be provided in face-to-face, teleconference, and other settings (as approved by the State SHIP Director), in cooperation with the AAAD SHIP Coordinators.

13-1-.08 SHIP/SMP Monthly Teleconference

Monthly teleconference is conducted by the State SHIP Director, with the support of the AAAD SHIP Coordinators, to provide updates and an opportunity for discussion of current issues affecting Medicare consumers. Participation in the monthly teleconference is required for AAAD SHIP Coordinators and is encouraged for other AAAD SHIP staff and volunteers. Participation in each teleconference counts as 1.5 hours toward the minimum annual update training requirement of eight (8) hours. The AAAD SHIP

Coordinators are responsible for passing information provided at monthly teleconferences to other SHIP staff members and volunteers.

13-1-.09 SHIP Security Plan

A SHIP Security Plan is required for all SHIP program to address conflict of interest, confidentiality and other program security issues (see Appendix C: SHIP Security Plan).

13-1-.10 Reporting Requirements

The AAAD SHIP shall submit program data and program reports as required by HHS and DDA. The reporting requirements are as follows:

(1) HHS requires monthly submission of all Beneficiary Contacts, Group Outreach and Education, and Media Outreach and Education activity to the SHIP Tracking and Reporting System (STARS) tool.

(2) HHS requires a Mid-term and annual report within sixty (60) days following the end of each six-month period:
   a. November 30 for the six months ending September 30 and
   b. April 30 for the six months ending March 31.

(3) AAAD SHIPs are required to submit a monthly Volunteer Activity Report to DDA no later than the last day of the following month and a Quarterly Resource Report detailing all active an inactive volunteers, active partnerships and counseling sites, as well as success stories for that quarter.

(4) When the SHIP receives grants in addition to the SHIP Basic Grant Award, the AAAD SHIPs shall submit program data and reports as requested or required by DDA and the primary funding entity.

13-1-.11 Retention of Records

All SHIP staff (DDA and AAADs) shall observe the requirements for records retention as specified by HHS for SHIPs and contracts, along with any other applicable state and federal law.

13-1-.12 Confidentiality

All SHIP staff (DDA and AAAD) shall observe the requirements for confidentiality and HIPAA compliance as specified by ACL for SHIPs and AAAD contracts, along with any other applicable state and federal law.

13-1-.13 Monitoring

DDA SHIP Quality Assurance Coordinator shall work with the DDA Monitoring Team to conduct an annual Quality Assurance Monitoring of the program's progress based on the ACL grant performance measures.

A written evaluation report shall be submitted annually by DDA. The following elements of program operation shall be used, but are not limited to, in preparing the Monitoring Report:

(1) the extent to which the program is meeting ACL performance goals;

(2) the extent to which the program is reaching and assisting Medicare enrollees who are hard to reach by virtue of disabilities, cultural or language barriers, geographic location, social isolation, etc.;

(3) the extent to which the program is meeting staffing requirements set by DDA;

(4) the extent to which the program is meeting its partnership goals; and

(5) the extent to which contract compliance is met.

13-1-.14 Personnel Files

The AAAD shall maintain personnel files on all SHIP employees, whether hired or volunteer. Each personnel file shall contain an application, date of hire and two personal references. For newly hired SHIP employees or volunteers, the file shall also contain verification, by the employer, of a background check conducted in accordance with Tenn. Code Ann. § 52-2-1002. Background checks must be completed before the employee or volunteer may have any contact with, or direct responsibility for, participants. Personnel files should include a signed job-description that includes, but is not limited to the following information:

(1) purpose of the role

(2) required duties specific to the role

(3) designated supervisor

(4) work location(s)/travel requirements

(5) qualifications specific to the role

Personnel files are reviewed by DDA during Quality Assurance monitoring.

13-1-15 Performance Measure(s)

Required performance goals that include such items as an increase in numbers or percentages are identified annually by the ACL based on the federal time frame and utilize the Performance Measures Defined.

13-1-.16 Conflict of Interest and Endorsement Policy

(1) Conflict of Interest

Any employment or connection to the private health insurance industry on the part of a SHIP paid or volunteer staff member or any member oof the staff person's immediate family (parents, siblings, spouse and/or children) constitutes a conflict of interest that prohibits that individual

from working with or representing SHIP.

(2) Endorsement Policy

SHIPS may not endorse or appear to endorse any insurance company, product, or agent in the delivery of services. Code of conduct policy prohibits SHIP employees from soliciting or accepting gratuities, favors, or anything of monetary value from any insurance company or agent.

Tennessee SHIP Volunteer Standard Levels

Outreach and Events Volunteer:

In-kind staff and/or volunteers with limited time and limited knowledge on Medicare. May not have access to any documents that include Personal Health Information (PHI)

* Minimum of two (2) hour initial training required (program overview)

*Pass Volunteer or In-Kind Staff Certification exam Version A

*Attend at least two (2) hours of update training per year after initial training

*Disseminate SHIP flyers, SMP brochures, and general Medicare information at presentations

*Office assistance (Make copies, stuffing envelopes, filing documents, sort mail)

*Refer clients to SHIP/SMP for counseling

*Suggested contribution of eight hours of time monthly

*Recruit other volunteers

*Monthly reporting required

*If at an enrollment event, welcome people in

General Volunteer - Non-Counseling:

In-kind staff and/or volunteers with more time and a better understanding of Medicare

* Minimum of six (6) hours initial training required

*Pass the Volunteer or In-Kind Staff Certification Exam Version B

*Attend four (4) hours update training per year after initial training

*Reporting required per event

*Attend community events such as health fairs and presentations

*Disseminate SHIP flyers, SMP brochures, and general Medicare information

*Assist with Medicare.gov Plan Finder comparison using the TN SHIP PDP worksheet only (no counseling on results)

* Refer clients to SHIP/SMP for counseling if not trained in subject matter

*Suggested contribution of eight hours of time monthly

*Recruit other volunteers

*Monthly reporting required

In-kind Volunteer/ AAA Staff:

In-kind staff and/or volunteers with more time and a better understanding of Medicare whose service to SHIP/MIPPA is completed while conducting their normal work (I&A staff, Upper management, Service Coordinators, etc.)

*Minimum of six (6) hours initial training required

*Pass the Volunteer or In-Kind Staff Certification Exam Version B

*Attend four (4) hours update training per year after initial training

*Reporting required per event

*Attend community events such as health fairs and presentations

*Disseminate SHIP flyers, SMP brochures, and general Medicare information

*Assist with Medicare.gov Plan Finder comparison using the TN SHIP PDP worksheet only (no counseling on results)

* Refer clients to SHIP/SMP for counseling, if not trained in subject matter

*Suggested contribution of eight hours of time monthly

*Recruit other volunteers

Data Entry/Student Volunteer:

In-kind staff and/or volunteers with more time and a better understanding of Medicare

*Minimum of four (4) hours initial training required

*Pass the Volunteer or In-Kind Staff Certification Exam Version B

*Attend two (2) hours update training per year after initial training

*Reporting required per event

*Attend community events such as health fairs and presentations

*Disseminate SHIP flyers, SMP brochures, and general Medicare information

*Assist with Medicare.gov Plan Finder comparison using the TN SHIP PDP worksheet only (no counseling on results)

* Refer clients to SHIP/SMP for counseling if not trained in subject matter

*Suggested contribution of eight hours of time monthly

*Recruit other volunteers

*Monthly reporting required

Certified Medicare Counselor/Staff Volunteer:

Dedicated knowledgeable In-kind staff and/or volunteers who are trained to counsel on multiple Medicare subjects

*Minimum of twelve (12) hours initial training required

*Pass Volunteer or In-Kind Staff Certification Exam Version C

*Attend eight (8) hours update training per year after initial training

*Monthly reporting required

*Provides one-one-one counseling

*Attend community events such as health fairs and presentations

*Disseminate SHIP flyers, SMP brochures, and general Medicare information

*Assist with Medicare.gov Plan Finder comparison using the TN SHIP PDP worksheet and counsel on results

*Possible access to Unique ID

*Suggested contribution of eight hours monthly

*Recruit other volunteers

*Monthly reporting required

Required Training Topics

Outreach and Events Volunteer: Two (2) total training hours

- Virtual (1 hour)
    - Welcome to TN SHIP/SMP (history of the program, websites, resources, and)
        - Websites include: STARS
        - Resources: Manual, VRPM, Cost Tip
    - Medicare overview
    - Medicare Assistance Programs
    - SMP Overview

- In-person (1 hour)
    - Regional Orientation, role related training (STARS-How to enter outreach events)

General Volunteer (Non-Counseling): Six (6) total training hours

- Virtual (4 hours)
    - Welcome to TN SHIP/SMP (history of the program, websites, resources, and)
        - Websites include: Plan Finder, Medigap tool, STARS
        - Resources: Manual, VRPM, Cost Tip
    - Confidentiality
    - Part A & B
    - Part C
    - Part D
    - Medigap
    - LIS/MSP
    - SMP overview
    - STARS basics

- In-person (2 hours)
    - Regional Orientation
    - Role related training (Plan Finder, STARS, LIS/MSP)

- **In-kind/AAA Staff Volunteer: Six (6) total training hours**

- Virtual (4 hours)
    - Welcome to TN SHIP/SMP (history of the program, websites, resources, and)
        - Websites include: Plan Finder, Medigap tool, STARS
        - Resources: Manual, VRPM, Cost Tip
    - Confidentiality
    - Part A & B
    - Part C
    - Part D
    - Medigap
    - LIS/MSP
    - SMP overview

- STARS basics

- In-person (2 hours)
  - Regional Orientation
  - Role related training (Plan Finder, STARS, LIS/MSP)

Data Entry/Student Volunteer: Four (4) total training hours

- Virtual (2 hours)
  - Welcome to TN SHIP/SMP (history of the program, websites, resources, and)
    - Websites include: Plan Finder, Medigap tool, STARS
    - Resources: Manual, VRPM, Cost Tip
  - Confidentiality
  - Medicare overview
  - Medicare options
  - Medicare Assistance Programs
  - Part D (If helping with AEP)
  - SMP Overview

- In-person (2 hours)
  - Regional Orientation
  - Role related training (STARS and Plan Finder)

Certified Medicare Counselor/Staff Volunteer: Twelve (12) total training hours

- Virtual (9 hours)
  - Welcome to TN SHIP/SMP (history of the program, websites, resources, and)
    - Websites include: Plan Finder, Medigap tool, STARS
    - Resources: Manual, VRPM, Cost Tip
  - Confidentiality
  - Health Insurance Terms
  - Medicare overview
  - Medicare Options
  - Enrollment Periods
  - Part A & B
  - Part C
  - Part D
  - Medigaps
  - Medicare Advantage Plans
  - Appeals (Original, Medicare and Part D)
  - Late Enrollment Penalties and IRMAA
  - LIS/MSP
  - (SHIP & SMP Program overviews)
  - Medicare and Employer Insurance
  - Medicare and Other Insurance
  - Medicare and Medicaid
  - Performance Measures

- STARS basics
- Unique ID
- Plan Finder
- SMP

- In-person (3 hours)
  - Regional Orientation
  - Role related training (Plan Finder, STARS, LIS/MSP)

Performance Measure Definitions

SHIP Performance Measure Definitions as determined by the Administration on Community Living:

Performance Measure 1: Total Client Contacts	Percentage of total client contacts (in-person office, in-person home, telephone, and contacts by e-mail, postal or fax) per Medicare beneficiaries in the State
Performance Measure 2: Total Outreach Contacts	Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.
Performance Measure 3: Medicare Beneficiaries Under 65	Percentage of contacts with Medicare beneficiaries under the age of 65, and Receiving or applying for Medicare and Social Security benefits due to disability, per Medicare beneficiaries under 65 in the State.
Performance Measure 4: Hard-to-Reach Contacts	Percentage of low-income, rural, and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State
Performance Measure 5: Enrollment Contacts	Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per Medicare beneficiaries in the State

MIPPA Performance Measure Definitions as determined by the Administration on Community Living:

Performance Measure 1:		Percentage of total client contacts (in-person office, in-person home, telephone, and contacts by e-mail, postal or fax) per Medicare beneficiaries in the State
Performance Measure 2:		Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.
Performance Measure 3.1:		Percentage of MIPPA contacts under the age of 65, and Receiving or applying for Medicare and Social Security benefits due to disability, per Medicare beneficiaries under 65 in the State.
Performance Measure 3.2:		Percentage of low-income, rural, and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State
Performance Measure 3.3		Percentage of low-income, rural, and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State
Performance Measure 3.4		Percentage of low-income, rural, and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State
Performance Measure 4:		Contacts with Applications Submitted

Chapter 14 Home and Community Based Services

14.1. Legal Authority

42 USC § 3030d, 45 CFR § 1321.85, and Tenn Code Ann. § 71-5-1416

14.2 Description of Home and Community-Based Services

The goal of Home and Community-Based Services (HCBS) is to provide eligible Older Individuals and adults with physical disabilities who are at risk of entering long-term care facilities the option of receiving services in their homes or in a community setting. HCBS, as outlined in this chapter, includes the state-funded OPTIONS for Community Living program (OPTIONS) and federally funded Older Americans Act (OAA) Title III-B (III-B) services.

14-2-.01 HCBS

(1) OPTIONS

OPTIONS is a state-funded program created pursuant to T.C.A. § 71-5-1416 to provide HCBS to Older Individuals and adults (18 years of age or older) with physical disabilities who do not qualify for Medicaid long-term care services. OPTIONS is available through the Area Agencies on Aging and Disability (AAAD) for the area where the person resides. Services may include homemaker, personal care, home-delivered meals, and transportation services or assistance to non-Medicaid eligible individuals.

(2) III-B

The OAA authorizes grants to the States under State approved plans for supportive services. One directive under this act includes providing "services designed to assist Older Individuals in avoiding institutionalization and to assist individuals in long-term care institutions who are able to return to their communities." The services are designed to enhance the capacity of Older Individuals to remain self-sufficient in their homes and to maximize the informal support provided by caregivers. The services may include homemaker services, personal care services, transportation, adult day services, chore services, and other services deemed necessary to remain independent within the home and community.

Additionally, services must be provided in a manner that is person-centered, trauma-informed, and culturally sensitive. Services should be responsive to their interests, physical and mental health, social and cultural needs, available supports, and desire to live where and with whom they choose. Person-centered services may include community-centered and family –centered approaches consistent with the traditions,

practices, beliefs, and cultural norms and expectations of older adults and family caregivers.

Services should, as appropriate, provide Older Individuals and family caregivers with the opportunity to develop a person-centered plan that is led by the individual and the individual's authorized representative. Services should be incorporated into existing person-centered plans, as appropriate.

The AAADs receive the OAA federal funding from the Department of Disability and Aging (DDA) to provide the identified services. All Older Individuals are eligible for services; however, priority is given to those with greatest economic and social need, with particular attention to low-income individuals and Older Individuals residing in rural areas.

14-2-.02 Program Eligibility

(1) To be eligible for OPTIONS, the individual must:

a. be a resident of Tennessee;
b. be an Older Individual and/or an adult age 18 and over with a physical disability;
c. verify his/her age by utilizing any of the following documents: birth certificate, State issued ID, or military/veteran's identification card. For Older Individuals who do not have access to necessary documents, they may complete an sign an Age Declaration statement;
d. be assessed with a pre-defined level of limitations as determined by the most updated Assessment;
e. not qualify for Medicaid long-term care services (ex: TennCare CHOICES;
f. have a residence that is a safe setting for the individual and any service provider(s); and
g. In accordance with 8 USC Chapter 14, Subchapter II and the Tennessee "Eligibility Verification for Entitlements Act" (TCA § 4-58-101, et seq.), each applicant for services shall be verified as either United States citizens or lawfully present in the United States pursuant to federal Immigration and Nationality Act (8 USC § 1101, et seq.). See "Guidelines for TN Eligibility Verification for Entitlements Act" in the Appendix.

(2) To be eligible of III-B, the individual must:

a. reside in Tennessee;
b. be an Older Individual;
c. verify his/her age by utilizing any of the following documents: birth certificate, State issued ID, or military/veteran's identification card. For Older Individuals who do not have access to necessary documents, they may complete and sign an Age Declaration statement;
d. be assessed with a pre-defined level of limitations as determined by the most updated Assessment;
e. have a residence that is a safe setting for the individual and any service provider(s); and
f. In accordance with 8 USC Chapter 14, Subchapter II and the Tennessee "Eligibility Verification for Entitlements Act" (TCA § 4-58-101, et seq.), each applicant for services shall be verified as either United States citizens or lawfully present in the United States pursuant to federal Immigration and Nationality Act (8 USC § 1101, et seq.). See "Guidelines for TN Eligibility Verification for Entitlements Act" in the Appendix.

14-2-.03 Steps to Obtaining HCBS

The following outlines the steps in the process for a person to receive HCBS services from an AAAD:

(1) The AAAD will provide initial screening to determine the most appropriate referrals.

a. When an individual appears to meet the functional and financial eligibility for TennCare CHOICES or any other Medicaid long-term care service, the individual should be referred to a TennCare CHOICES Counselor and/or a representative for Medicaid long-term care services. If an individual refuses the referral, the individual may be screened, and, if appropriate, served by III-B Supportive Services, III-C Nutrition Services, or place on the respective waiting list.
b. All other individuals will be referred to other community services, and, if necessary, prioritized and placed on the waitlist for OPTIONS, III-B Supportive Services, or III-C Nutrition Services.

(2) The AAAD will conduct an initial in-home assessment of those who appear to qualify to determine eligibility for in-home services.

(3) The AAAD, utilizing person-centered, trauma informed planning skills, and the

individual will develop a Care Plan to identify the service needed.

(4) The AAAD, with input from the individual, will arrange for the delivery of HCBS, either through an outside vendor or through the self-directed care component.

(5) The AAAD will send authorization for services to the provider(s) utilizing the state-approved database.

(6) Services identified in the Care Plan will begin within ten (10) working days of the receipt of the Provider Authorization by the service provider.

OPTIONS or III-B funding for in-home service is limited by individual care Plan budget limits. OPTIONS or III-B funding is not intended to pay for services to meet all the needs of the individual.

Self-direction may be utilized using Options or Title III-B funding.

Spouses and/or other individuals residing in the client's home may be the hired provider under self-direction. For consumers who choose not to self-direct, a spouse and/or other individual residing in the client's home may be hired by a contracted provider agency to provide services.

14-2-.04 Case Manager

Each individual shall have an AAAD-assigned Case Manager and shall be notified of the name, business address, and telephone number of the Case Manager. The Case Manager focuses on the personal goals of the individual for the long-term care supports needed to live as independently as possible in the setting of his/her choice. The Case Manager assists the individual to make informed choices about long-term care supports, understand the HCBS available; understand the resources available to help pay for the services, including private pay options; and encourages the effective and efficient use of HCBS.

(1) The Case Manger must have the appropriate skills and knowledge to work with Older Individuals, and adults with disabilities and to be able to utilize a person-centered and, trauma-informed approach to making decisions about long-term supports and services as the alternative to nursing facilities or institutional placement.

(2) The Case Manager should have the following skills and knowledge:

a. Understand the individual's right to control, choice, self-direction, dignity of risk, and self-determination in the provision of HCBS.
b. Understand how to adapt communication methods to the sensory, verbal, physical, and cognitive abilities of Older Individuals, and adults

with physical disabilities.

c. Utilize communication skills to support the individual in the decision-making process such as, but not limited to, active listening, paraphrasing, and effective ways to ask questions while providing resources, and decision support to engage the individual and/or family/caregiver during the process.
d. Utilize a person-centered and trauma-informed approach.
e. Understand the concepts of individual choice, self-determination, and participation in the selection of the long-term supports and services.
f. Able to identify and refer the individual to community programs, services, and/or resources, including, but not limited to, medical, nutritional, transportation, private pay options, and self-directed programs, that are available to meet the needs of the individual.
g. Assist the individual to understand the concept and implications of aging in place and identify available services and resources as well as barriers to aging in place.
h. Recognize the common mental health conditions that can affect Older Individuals, and adults with physical disabilities and know the referral resources and organizations available to address their needs.

14-2-.05 Service Coordination

The Case Manager will provide service coordination, whether it is in the form of access to services or care coordination, to the individual who is experiencing diminished functional capacity, personal conditions, and other characteristics that require service and meet the eligibility requirements.

Service coordination supports information sharing among agencies/organizations, service providers, types and levels of service, service sites, and timeframes to ensure that the individual's needs and preferences are achieved and that services are efficient and of high quality. Activities of service coordination include assessing needs, developing Care Plans, authorizing services, arranging services, coordinating the provision of services, follow-up and reassessment. Service coordination ensures non-duplication of services by identifying the services and/or service providers, the informal supports, and resources that are currently being utilized and/or provided to the individual.

14-2-.06 Care Plan

The Case Manager shall work with the individual to develop a Care Plan. The Care Plan specifies the types, frequency, and amount of in-home services provided to an individual based on a comprehensive assessment of the individual's needs. Services that do not require a Care Plan include the following OAA funded services; groceries, errands, flat rate food boxes, transportation, assisted transportation, and congregate meals. (Consumers receiving these

services will be required to complete a Participant Registration Form.)

The Care Plan must be discussed and developed with the participation of the individual or the individual's legal representative (if applicable), ensuring the plan meets their needs. The Care Plan must be documented in the state-approved database. Individuals or the individual's legal representative (if applicable), must sign the Signature Page, including marking the section "Care Plan" which indicates that the individual was involved in the development of their Care Plan. If an individual is unable to sign, it must be signed by their Authorized Representative.

(1) Care Plan Components

a. The care plan in the state-approved database must document the following:

i. The specific support services needed, including the frequency and duration of each service;

ii. Start and end date of services;

iii. Primary Case Manager

iv. Allocated units of service;

v. The name of the provider that will be providing the service; and

vi. Cost of services

(2) Changes to Care Plan

Care Plans must be updated when a service is decreased, increased, discontinued, or a new service is added. Any changes to the Care Plan must be approved by the individual during an in-home visit or by phone. Changes to the Care Plan must be documented in a case note in the state-approved database that the change was discussed and approved by the individual.

An individual may be placed on hold for sixty (60) calendar days due to hospitalization or other causes. The Case Manage should maintain regular contact with the individual during this time. The hold should be noted on the Care Plan in the state-approved database.

The AAAD may terminate an individual from the program after the care recipient has been on hold for more than sixty (60) calendar days. If an individual has been terminated from the program due to being on hold for more than sixty (60) calendar days, the AAAD may choose to reassess and reactivate services without placing the individual on the waiting list if there is a slot available, and the individual:

a. was in a hospital or nursing home facility; and

b. still needs services.

(3) Care Plan Not Developed

a. If any of the following conditions apply, a Care Plan shall not be developed:

i. if the individual (and/or his/her representative) notifies/tells the Case Manager that he/she does not want to proceed with the development of the Care Plan;
ii. if the individual (and/or his/her representative) refuses to release or provide information that is necessary to the development of the care plan; or
iii. if the community resources are not available or the cost is above the Care Plan cap limit to develop and carry out the Care Plan.

14-2-.07 Services

(1) Assessment and Reassessment

The most update Assessment developed by DDA shall be used by the AAAD to determine program eligibility by assessing the individual's risk of losing his/her independence and to assist in the development of a Care Plan, if appropriate. The Assessment gathers information about health and nutritional status, financial status, Activities of Daily Living (eating, bathing, dressing, toileting, transferring/walking, and continence), Instrumental Activities of Daily Living (ability to use telephone, shopping, food preparation, housekeeping, laundry, transportation, responsibility for own medications, and ability to handle finances), physical environment, and social support system. All initial assessments shall be completed in a face-to-face interview with the individual and family support unless:

a. the individual only receives nutrition services; or

b. the face-to-face interview requirement is temporarily waived by DDA, in writing.

A reassessment is required, at least annually, to be completed within thirty (30) days of the previous assessment end date for all in-home services. However, the Case Manager should be alert for changes in an individual's condition or circumstances that may warrant a reassessment at an earlier date. The reassessment may be competed face-to-face, by telephone, or virtually, at the AAAD's discretion. During the reassessment, if an OPTIONS recipient appears to functionally and financially qualify for CHOICES, then her or she must be referred to CHOICES.

The individual may be functionally impaired as determined by the following for each of the services:

a. homemaker: a total score (Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL)) of at least three (3) with (1) being an IADL;

b. personal care: a total score (ADL/IADL) of at least three (3) with one (1) being an ADL;

c. home-delivered meals: in order to receive meals, an individual shall be physically or mentally unable to obtain food, prepare meals, or lack support to have meals provided for them (meal preparation IADL).

(2) Funded Services

The services provided by OPTIONS or through III-B include the following:

a. Homemaker Services

The Homemaker Services provider completes household tasks that enable an individual to live in a clean, safe, and sanitary home environment, including those Instrumental Activities of Daily Living (IADL), such as:

i. shopping for groceries and personal items;
ii. meal preparation;
iii. managing money;
iv. using the telephone; and
v. light housework.

b. Personal Care

The Personal Care provider provides personal assistance, stand-by assistance, or supervision for the individual having difficulty with one or more of the Activities of Daily Living (ADL). These ADLs include:

i. eating;
ii. dressing;
iii. bathing;
iv. walking;
v. toileting; and/or
vi. transferring in and out of bed or chair.

Homemaker Services and Personal Care must be provided in accordance with DDA Rules 0465-02-17 and the Rules of the Department of Mental Health and Substance Abuse Services Licensure Chapter 0940-5-38.

c. Meals

Meals are nutritionally-balanced and meet at least one-third (1/3) of the current Dietary Reference Intakes (DRI).

d. Transportation services or assistance

Provision of transportation for a person who requires help in going from one location to another using a vehicle. This may include the use of an escort to a person who has difficulties (physical or cognitive) using regular vehicle transportation.

e. Other III-B Services

Other III-B services may be provided if the Case Manager sees there is a need to provide minimal services in order for the individual to stay within the home. These services may include Personal Emergency Response System (PERS), pest control, limited home modifications, and assistive or enabling technology.

(3) Home Environment and Safety

A Home Environment Checklist shall be completed by the Case Manager to assess the safety and accessibility of an individual's homes prior to an individual receiving services. This Checklist is a part of the Assessment. The Case Manager may use this Checklist to determine the safety of both the individual and service providers. The Checklist may also be used as an opportunity to talk with the individual about assistance that may be available to correct problems in and around the home and to offer the necessary referrals.

Each AAAD will be responsible for having a written policy to review the potential denial of services due to home environment and safety. An individual denied services due to home environment and safety has the right to make a grievance complaint, if desired. Grievance complaints will be reviewed by the grantee agency in accordance with the agency's grievance policy.

(4) Individual's Right to Self-Determination

All individuals have the right to choose how they will live as well as where they will live. All adult individuals are presumed to have the requisite mental capacity unless a court has determined otherwise.

Reports to Adult Protective Services (APS) are mandated by state law when "any person" has reasonable cause to suspect abuse, neglect (including self-neglect), or financial exploitation. (Adult Protection Act T.C.A § 71-6-103(b))

(5) Follow-Up

It is recommended that the Case Manager contact the individual semi-annually following the implementation of the care plan to ensure that the needs of the individual are being met. If follow-up calls are completed, they should be documented in a case note in the state-approved database.

14-2-.08 Priority for Provision of Services

In providing OPTIONS services, priority shall be given to Adult Protective Services (APS) clients and low-income individuals.

(1) Adult Protective Service

The following conditions apply:

a. Funding to provide services must be available.

b. The APS Referral for Priority HCBS services form must be approved and signed by the APS Unit Supervisor before the referral is submitted to the AAAD. If a referral is submitted to the AAAD prior to APS Unit Supervisor's approval, the AAAD must return the referral.

c. The APS case will be kept open for at least thirty (30) days following the date of the referral or from the date of the individual receiving OPTIONS services. This time period allows the Case Manager and the assigned APS staff to communicate to assure that services are appropriate. The assigned APS staff must communicate the intent to close the APS case before it is closed.

d. The individual's needs must be determined by APS to be severe and without intervention to stabilize the home environment there would be harm to the individual.

e. The Intake Screening will be completed by the Information and Assistance (I & A) staff at the AAAD based on the information provided in the APS referral document as well as a phone call with the individual if needed. If the score and the level of need for the APS clients are comparable to non-APS individuals on the AAAD waiting list, the APS client will be added to the existing program waiting list. A Notice of Action will be provided to the APS staff informing them of this decision. Individuals with the highest score and are on the waiting list the longest, will be pulled off first to be assessed when there is funding available.

(2) Low-income individuals

The following conditions apply:

a. Must meet the Federal Poverty Guidelines that change annually.

b. Funding to provide services must be available.

14-2-.09 Administrative Requirements

(1) At a minimum, each AAAD shall:

a. coordinate HCBS with other program and service systems serving Older Individuals and adults with physical disabilities.
b. conduct competitive bid process and choose service providers for authorization.
c. conduct contract compliance monitoring with service providers annually and renew contracts based upon performance and satisfactory compliance with contract specifications and quality assurance monitoring including service providers who provide service coordination.
d. compile and maintain a waiting list for HCBS and III-C Nutrition services.
e. ensure appropriate program/financial reporting, billing, and budget reconciliation.

(2) Service Providers shall:

a. specify how they will satisfy the service needs of those identified as in greatest social need, with a focus on low-income minority individuals in the service area. This includes attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority Older Individuals and family caregivers in the population serviced by the provider.
b. provide service recipients with an opportunity to contribute to the cost of their service.
c. where feasible and appropriate, make arrangements for the availability of services to Older Individuals and family caregivers in weather-related and other emergencies.
d. assist participants in taking advantage of benefits under other programs.
e. assure that all services are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provide by other sources.
f. be licensed in accordance with the regulations of the State prior to performing any services. Service providers providing in-home services (homemaker and personal care) must have a PSSA license or be licensed as a home health care agency.
g. provide services and units of service that is consistent with the Provider Authorization.
h. notify the Case Manager of any changes in an individual's condition/health/needs to the AAAD within five (5) business days by phone or

email and document in the individual's case note in the state-approved database.

i. ensure that the assigned tasks identified in the Provider Checklist (signed by the worker and service recipient) are carried out.
j. have methods and procedures in place for the collection and reporting of individual specific data, and invoices and provide to the AAAD by the tenth (10^{th}) day of the month following the month being reported.
k. comply with all state laws relating to mandated reporting of abuse, neglect, and/or exploitation and shall immediately make a report to appropriate officials for follow-up, conditions or circumstances which place the individual, or the household of the individual, in danger.
l. shall have policies and procedures in place that are in accordance with these policy requirements.

14-2-.10 Confidentiality

Individual information and records that identifies an individual shall not be disclosed without the individual's (or individual's legal representative's, if applicable) informed consent; unless disclosure is required by state or federal law and/or for program monitoring and evaluation by authorized Federal, State, or local monitoring agencies. The following protocols cover day-to-day situations involving individual records and office procedures and the protection of the individual's right to confidentiality:

(1) All individual files must be locked during non-working hours. During working hours, files may be unlocked if staff is present in the area.

a. The key to the file cabinet should be controlled in each office.
b. The original individual files must not leave the office.
c. If paper copies of Assessments are kept, they must be secured in a locked file.
d. Discretion is discussion individual information shall always be employed. Many staff share office space with program staff from other agencies. Files should not be left on desks in plain view. No lists of names are to be left in plain view. Discussion of individual information shall not be held in hallways or with staff not authorized to be involved with the individual.
e. Data that is transferred electronically must be adequately secured to avoid unauthorized access.
f. A confidentiality notice must accompany all facsimile (FAX) and email transmissions.

(2) All electronic client data shall be maintained on agency controlled or authorized computers.

a. All computers must be password protected.

b. All electronic client data must be encrypted while stored on mobile or remote computing platforms and protected from unauthorized access, modification, and/or destruction at all times.
c. AAADs shall have a written internal policy and procedure addressing the security of electronic client data that complies with HIPAA requirements.

(3) The AAAD shall use individual records for purpose of the coordination of other related services only. Any disclosure of information in an individual's file for purposes of coordinating related services shall be limited to the minimum amount of information that is directly relevant to and required by the other related services.

14-2-.11 Records

(1) Each AAAD shall maintain separate records for each individual who applies for or receives HCBS. Records for each individual must include, at a minimum, the following:

a. individual's name, address, and telephone number (cell number and email information, if available);
b. individual's date of birth, gender, race/ethnicity;
c. name, address, and telephone number of a person, other than spouse or relative with whom the individual resides, to contact in case of emergency (cell phone and/or email, if available);
d. ADL/IADL status;
e. documented disability due to a physical impairment;
f. rural status;
g. living alone status;
h. whether or not the individual has an income at or below the poverty level for intake and reporting purposes; and
i. proof of program/service eligibility

(2) Each individual's records shall be maintained by the AAAD for five (5) years plus the current year.

14-2-.12 Funding

The following guidelines apply to funding expenditures.

1. The in-home support services must relate directly and clearly to the individual's Care Plan.

2. The allowable cost for each individual is the maximum amount of funds that can be

used to provide services to the individual, and the care plan total cost must not exceed the maximum allowable cost.

3. If an individual is receiving services from another payer source, the Case Manager should ensure that services paid for by DDA are not a duplication of services already being received.

4. HCBS provided under OPTIONS or III-B shall not exceed the maximum annual care plan cap per individual.

14-2-.13 Reduction in Services

The AAAD shall reduce services in any of the following circumstances:

1. The assessed level of need diminishes as established by an updated Care Plan.
2. The AAAD's funds are insufficient to meet the service commitment to current individuals; all reasonable efforts have been made to secure resources to avoid services reductions; the AAAD has stopped performing new assessments and care plans; and the AAAD has adopted a fair and equitable policy for distributing service reductions among individuals. The fair and equitable policy should be based upon the following criteria:

    a. The agency will suspend new enrollment.

    b. Upon the discharge or death of an individual, the agency will not fill the vacant slot.

    c. The Case Managers will reduce all care plans, as economically feasible.

    d. If necessary, the AAAD will terminate individuals from the program on a case-by-case basis.

14-2-.14 Termination of Services

The AAAD shall terminate services in any of the following situations:

(1) The individual currently receiving OPTIONS services in reassessed and qualifies for CHOICES or another Medicaid long-term care services. OPTIONS funding will continue until the individual begins receiving services from CHOICES or any other Medicaid long-term care service.

(2) The current individual becomes eligible for HCBS from other sources for which the individual was not previously eligible and is now receiving those services.

(3) The individual's health or personal circumstances have improved so that the person no longer needs HCBS to maintain his/her independence in a safe, non-institutional environment.

(4) Other resources become available in the community and the individual begins receiving those services that were not available at the time of the development of the previous Care Plan.

(5) The health, welfare, or safety of the individual or providers can no longer be reasonable assured.

(6) The individual (or his/her representative) has fraudulently obtained or misused HCBS.

(7) The individual is in the hospital for longer than sixty (60) days or has a permanent placement in a nursing facility.

(8) The individual receiving services has passed away.

(9) The individual (or his/her representative) voluntarily requests termination.

(10) No service providers are willing to provide services, or not service providers are available in the area.

(11) Funds are no longer available.

14-2-.15 Missed Visits

"Missed visit" is the term used when the provider fails to keep the scheduled appointment for services or the individual receiving services fails to be available for a scheduled appointment. "Missed visit" applies to both the provider and individual. Any missed visit by either the provider or individual should be reported to the Case Manager and be documented. If a service provider misses three (3) visits within a year without notifying the individual and the individual is available to receive services, the individual will be encouraged by the Case Manager to change providers. If the individual fails to be available to receive services three (3) times within a year without notifying the provider of the change in schedule, the individual will receive a letter for the AAAD advising him/her that services may be terminated.

14-2-.16 Quality Assurance

The AAAD will monitor the following:

(1) Individual Satisfaction Surveys

The program should conduct individual satisfaction surveys on an annual basis. The

results of the surveys shall be analyzed, and a report produced that documents the evaluation of provider efforts.

(2) Provider Review

The AAAD shall conduct an annual review of service providers to ensure that all services are in compliance with the provider contract and to track the performance of the service provider utilizing the Service Provider Compliance Review tool developed by DDA.

a. Complaints and Incidents

A complaint may be any verbal or written communication that expresses dissatisfaction with something or someone. An incident is an occurrence that caused or had the potential to cause harm and/or a breach of security and/or confidentiality. Complaints and/or incidents must be promptly noted in the Complaint and Incident Log. The Log must document and detail the nature of the complaint and/or incident, the individuals involved, and the resolution of the complaint and/or incident.

b. Missed Visits

The Missed Visit Report will be checked to ensure that individuals receive services as scheduled and that action has been taken to resolve the impact on the provider and/or the individual. The Missed Visit Report shall include the date(s) of the missed visit, the reason(s) for the missed visit, and the action taken to resolve the situation.

14-2-.17. Reporting Requirements

Program data shall be entered into the state-approved database no later than the 20th of the month following the month being reported. When the due date falls on a weekend or holiday, the report must be submitted on the last business day prior to the 20th of the month following the month being reported. DDA will review the data on a monthly basis.

14-2-.18 Background Checks

The program must be in compliance with background check requirements in Tenn. Code Ann. § 52-2-1002.

14-2-.19 Individual Transfers Between AAADS

Individuals currently receiving services who move from one region to another region within Tennessee shall continue to receive services in order to maintain a seamless system of

services. The individual shall be transferred to the AAAD that serves the county to which the individual moved. If there is an open slot, then the receiving AAAD would place the individual into that open slot. If the receiving AAAD does not have an open slot, the receiving AAAD will arrange for services to be provided to the individual and will bill the transferring AAAD the cost to provide services to the individual. The receiving AAAD will continue to bill the transferring AAAD on a monthly basis until an open slot becomes available. The receiving AAAD shall provide the transferring AAAD with written notice of the available slot and final billing.

Chapter 15 Title III-D Disease Prevention and Health Promotion

15-1. Administration

Under the Older Americans Act (OAA), Title III, Part D, Section 361 (a), grants are made to States under State plans to implement evidence-based disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home-delivered meals programs, or other appropriate sites.

The Tennessee Department of Disability and Aging (DDA) administers OAA Title III-D programs and services through contracts with Area Agencies on Aging and Disability (AAADs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

15-1-.02 Administrative Standards

Funds made available under the Title III-D program shall supplement, not supplant, any Federal, State, or local funds expended by a State or unit of general-purpose local government (including the AAAD) to provide services described in Title III, Part D, Section 361 (a) of the Older American Act for Disease Prevention and Health Promotion.

(1) DDA shall:
   a. Implement and oversee statewide program development of the Title III-D Disease Prevention and Health Promotion Program.
   b. Develop and maintain standards and mechanisms for the Disease Prevention and Health Promotion Program to be implemented statewide. These standards and mechanisms shall be used to assure quality of services provided in accordance with the Older Americans Act, ACL regulations and policies, and DDA policies and rules.
   c. Provide technical assistance, as needed.
   d. Assume quality assurance responsibilities for all Disease Prevention and Health Promotion programs to ensure compliance with standards, policies, and procedures of DDA and the Older Americans Act.

(2) At a minimum, each AAAD shall:
   a. Publicize Disease Prevention and Health Promotion services to ensure that individuals throughout the region know about the availability of services.
   b. Attend training required and/or approved by DDA.
   c. Negotiate contracts and provide quality assurance program implementation.
   d. Ensure appropriate program/financial reporting, billing, and budget reconciliation.
   e. Ensure that all eligible participants in evidence-based programs are documented in the

state-approved database.

f. Ensure verification: the name of the evidence-based program and all instructors are certified to lead the sessions according to the requirements of the program.
g. For any evidence-based programs where DDA is the licensee, the AAAD will submit quarterly reports to DDA. This report must include the names of the instructors, and the total number of participants. For workshops with finite number of sessions, this report should also include the start and end dates of the workshops as well as the number of participants in each workshop/program.
h. Ensure that the senior center or other community-based organization who is implementing an evidence-based program has someone who is appropriately certified and trained to implement specific evidence-based programs.
i. Provide information and referral of individuals for disease prevention and health promotion services.

(3) Service Providers must:

a. Provide appropriately trained leaders, coaches, or instructors with evidence of proper certification or credentials to conduct specific evidence-based programs.
b. Have methods and procedures in place for the collection and reporting of data, including but not limited to, number of participants, number and type of workshops, location of workshops. (See Chapter 16, Data Reporting Standards)
c. Provide financial reports to the AAAD at least quarterly by the 10th day of the month following the quarter.

15-1-.03 Participant Eligibility

Participants must be age 60 years or older.

15-1-.04 General Requirements for Title III-D

The Older Americans Act ensures that, in accordance with current practice, disease prevention and health promotion programs funded under Title III-D are evidence-based. There are two ways to assess whether Title III-D funds can be spent on a particular program:

(1) The program meets the requirements for ACL's Evidence-Based Definition (below)
(2) The program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults. HHS Agencies & Offices | HHS.gov

ACL Definition of Evidence-Based Programs:

(1) Have demonstrated through evaluation that they are effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and

(2) Have been proven effective with the older adults using Experimental or Quasi-Experimental Design*; and

(3) Have research results published in a peer-reviewed journal; and

(4) Have been fully translated** in one or more community site(s); and

(5) Includes developed dissemination products that are available to the public.

*Experimental designs use random assignment and a control group. Quasi-Experimental designs to not use random assignment.

**For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world setting.

15-1-.05 Service Components

DDA, working in partnership with the nine (9) Area Agencies on Aging and Disability (AAAD) and local community service providers, shall provide evidence-based health promotion/disease prevention services focusing on programs that include health and wellness, long-term services and support, caregiver and family support, and mental health promotion. Implementing an evidence-based program is widely considered a "best practice" strategy for community health promotion. The AAAD shall choose programs to implement that are considered evidence-based by any operating division of the federal Health and Human Services. Some examples are listed below by ACL.

(1) Arthritis: This service allows participants to take control of their arthritis symptoms and maintain a healthy lifestyle. These programs help participants cope with chronic pain, deal with tiredness, and improve eating and sleeping habits. All programs offered are taught by appropriately trained leaders, coaches, or instructors with evidence of the proper certification.

   a. Arthritis Self-Management (Self Help) Program
   b. Tai Chi for Arthritis
   c. Walk with Ease

(2) Diabetes: This service provides information and skills for participants to manage their diabetes and related conditions. Participants will learn how to eat health, be physically active, monitor blood sugar levels, take medication, problem solve, reduce risk for other conditions, cope with the emotional side of diabetes, and improve health and quality of life. All programs offered are taught by appropriately trained leaders, coaches, or instructors with evidence of the proper certification.

   a. Diabetes Empowerment Education Program (DEEP)
   b. Diabetes Self-Management Program (DSMP)
   c. National Diabetes Prevention Programs (NDPP)

(3) Falls Prevention: This service emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and the fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength balance. All programs offered are taught by appropriately trained leaders, coaches, or instructors with evidence of the proper certification.

a. Staying Active and Independent for Life (SAIL)
b. A Matter of Balance
c. Stepping On
d. Communities Aging in Place-Advancing Better Living for Elders (CAPABLE)

(4) Chronic Conditions: This service helps people gain self-confidence in their ability to control their symptoms and learn how their health problems affect their lives. Participants will learn how to manage medications, health eating, communicate more effectively with health professionals, and how to deal with pain and fatigue. All programs offered are taught by appropriately trained leaders, coaches, or instructors with evidence of the proper certification.

a. Chronic Disease Self-Management Program (CDSMP)
b. Chronic Pain Self-Management Program
c. Cancer: Thriving and Surviving (CTS) Program

(5) Physical Activity: This service demonstrates in addition to disease prevention benefits, regular physical activity provides a variety of benefits that help individuals sleep better, feel better, and perform daily tasks more easily. All programs offered are taught by appropriately trained leaders, coaches, or instructors with evidence of the proper certification.

a. Enhance Fitness
b. Active for Life

15-1-.06 Understanding and Finding Evidence-Based Programs

Evidence-Based Programs for Professionals

OAA_Title_IIID_Approved_Evidence_Based_Programs_081723.xlsx

ACL also maintains a small registry of evidence-based programs that have been assessed by the Office of Performance and Evaluation's Aging and Disability Evidence-Based Programs and Practices (ADEPP) process:

ACL: Aging and Disability Evidence-Based Programs and Practices
https://acl.gov/programs/strengthening-aging-and-disability-networks/aging-and- disability-evidence-based-programs

Substance Abuse and Mental Health Services Administration (SMASHA)

The Evidence Based Practices Center provides communities, clinicians, policymakers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings. https://www.samhsa.gov/ebp-resource-center

15-1-.07 Priority

OAA funds are used to serve individuals 60 years of age and older. The State agency shall give priority, in carrying out this part, to areas of the State:

(1) Which are medically underserved; and

(2) In which there are large number of older individuals who have the greatest economic need for such services.

15-1-.08 Participant Registration Form (PRF)

The AAAD must complete the Basic Information section of the PRF if participants are receiving Title III-D funded services.

15-1-.09 Reporting Requirements

DDA is required to submit the State Performance Report (SPR) on an annual basis that includes data on the Disease Prevention and Health Promotion program. The SPR is on the federal fiscal year, October 1st through September 30th.

Each AAAD shall maintain program data and client information for each service provided through the Disease Prevention and Health Promotion program. All agencies must also list the program that is provided.

(1) The following demographic data for each participant must be entered into the state-approved database:

a. Name
b. Address
c. Telephone Number
d. Age
e. Gender
f. Race/Ethnicity
g. Rural status (usually determined by the AAAD based on address information)

Chapter 16 Data Standards

16.1. Legal Authority

Older Americans Act, 45 CFR § 1321.9 (3) (b) and 1321.83 (b); T.C.A. 71-5-1416

16.2 Purpose

To establish data reporting standards within the Tennessee Department of Disability and Aging(hereinafter referred to as "DDA"), aging division for home and community-based services, disease prevention/health promotion, nutrition, senior center and caregiver programs.

16.3 Application

Area Agencies on Aging and Disability (hereinafter referred to as "AAADs") and their contracted service providers in the provision of home and community-based services, disease prevention/health promotion, nutrition, senior center and caregiver programs.

16.4 Policy

Program data shall be accurately recorded into the state-approved database by AAADs by the 20th of the month for the previous month's reporting period. Units of service recorded shall match the Invoice for Reimbursement for the reporting period.

16.5 Procedures

(1) General Procedures

a. All AAAD Directors shall ensure staff and/or contracted providers are informed of this policy.
b. Requests for new user accounts in the state-approved database shall be made to the individual identified by DDA for such purposes.
c. User accounts shall be reviewed for accuracy annually by the AAAD and provided to DDA upon request.
d. Client profiles in the state-approved database shall be completed in their entirety. If the AAAD is unable to obtain all necessary information from the client, it should be documented in the "Notes" section.
e. Only Screening, Assessment, and Participant Registration forms (PRF) which have been approved by DDA shall be used by the AAAD for consumers receiving services. Changes shall not be made to the Screening, Assessment, and PRF forms by AAADs or Providers.
f. Screenings, Assessments, and PRFs shall be completed as fillable forms in the "Documents" section of the state-approved database.

g. Screenings, Assessment, and PRFs shall be completed in their entirety. If the AAAD is unable to obtain all necessary information from the client, it should be documented in the "Notes" section.
h. PRFs are to be completed for congregate meal participants, senior center participants, Evidence-based Health Promotion Program participants, and may be completed for persons receiving groceries, grocery delivery, errands, transportation (III-B only), and/or flat rate food boxes.

    i. PRFs may be signed by the consumer if the AAAD requires signature.

i. Service unit reimbursement rates are to be updated, as necessary, into the state-approved database within thirty (30) days of implementation.
j. Clients who have not received any service for ninety (90) days, for any reason, shall have their status changed in the state-approved database to "closed". A reason for closing shall be selected to maintain outcomes data.

(2) Title III-D Evidence-based Health Promotion/Disease Prevention

a. Participant demographic data shall be collected for each individual participating in the program.
b. Title III-Evidence-based/Health Promotion units of service shall be entered into the state-approved database for the month the service was provided in and under the specific program being provided.

(3) Nutrition

a. Consumers shall receive a nutrition screening annually. This includes consumers receiving nutrition services funded under Title C-1, C-2, III-E of the OAA, or OPTIONS.

    i. AAADs may require a signature on the nutrition screening for consumers receiving congregate meals.

(4) Information and Assistance

a. Calls shall be recorded in the "Information and Referral" section of the state-approved database to include inquiry information and call details. The consumer's profile should be completed in its entirety. If the AAAD is unable to obtain all necessary information from the client, it should be documented.
b. Data entered for calls should include the name of the caller, topics discussed, call type, time spent and the applicable unit of service.
c. Call backs that are not answered should be marked as "did not connect", "call attempted no voicemail", or "was able to leave voicemail."

(5) State Health Insurance and Assistance Program

a. All completed calls shall be entered in the SHIP-approved database. A completed call is one where the SHIP counselor connected with the beneficiary and a qualifying SHIP or MIPPA topic (as defined by HHS) was discussed.
b. The Beneficiary Contact Form shall be entered into the SHIP-approved database when a State Certified Team Member makes contact with a beneficiary and exchanges Medicare or program information.
c. The Beneficiary Contact Form shall be completed in its entirety and notes entered as to what the beneficiary was assisted with. If the beneficiary refuses to provide all necessary information, it should be notated in the "Notes" section.
d. All data shall be entered into the SHIP-approved database by the end of the following month for the previous month's reporting period.

(6) Waiting Lists

a. If the AAAD must maintain a waiting list for any program, the list shall be kept in the state-approved database.
b. Consumers shall be enrolled into the appropriate program(s) to be added to the specific waiting list(s) necessary.
c. AAADs may add any person to the appropriate waiting list, who qualifies for a specific program and service, however DDA recognizes the waiting list as those persons whose Screening or Assessment prioritization score shows the individual to be "High Risk".

(7) Care Plans

a. Consumers who are assessed to receive in-home services shall have a Care Plan developed in the state-approved database.
b. Care Plans shall include: the service name, service frequency, beginning date, end date, appropriate funding source and estimated monthly cost.

(8) When a Care Plan ends, a reason for the end shall be chosen in the state-approved database.

(9) Federal Reporting

a. Annually, from the period of October through December, AAADs shall review their data in the state-approved database, add required expenditure information, make any necessary corrections, and collaborate with DDA to complete the State Performance Report (SPR).
b. AAADs shall respond to DDA inquiries about its data within two (2) business days.

Chapter 17: DDA Monitoring and Program Review of the AAAD

17-1. Purpose of Section

Monitoring activities are performed to ensure the AAAD programs adhere to the terms and conditions of the grant and/or contract with The Division of Disability and Aging (DDA) and for compliance with all requirements for quality and effectiveness pursuant to the Older Americans Act of 1965, as amended, applicable federal regulations, and DDA policies. DDA will monitor the program and fiscal performance of all AAADs receiving federal or state contracts, or grant award funding from DDA. Program and fiscal monitoring activities carried out by DDA are directed toward:

(1) Measuring the AAAD's progress toward developing a comprehensive and coordinated service delivery system in the planning and service area, and to guide DDA in providing resources and technical support to enhance the development of such systems;

(2) Identifying performance problems as a basis of determining grantee/contractor needs for technical assistance and training;

(3) Evaluation of the AAAD's risk of noncompliance to ensure proper accountability and compliance with program requirements and achievement of performance goals;

(4) Ensuring all AAADs complete audits as required in 2 CFR part 200, subpart F and 45 CFR part 75, subpart F;

(5) Reviewing AAAD policy and procedures;

(6) Ensuring compliance with applicable federal and state laws, regulations, performance standards, and other requirements, and;

(7) Ensuring cost-effective use of available resources.

17-2. Monitoring Procedures

DDA will carry out its monitoring responsibilities as follows:

(1) DDA staff will periodically conduct desk reviews of grantees/contractors during the term of the grant/contract, consisting of review and analysis of such areas as subcontracts, correspondence, expenditure reports and requests for cash, program reports, and audit reports.

(2) DDA staff may conduct unannounced visits to the AAAD and/or service sites only when authorized by the Commissioner or Commissioner's designee.

(3) DDA staff will conduct monitoring activities using desk review and/or on-site review.

17-2-.01 Scope of Monitoring

(1) Program Monitoring. Annually, DDA will monitor AAADs to determine that they are operating effectively and according to applicable program standards including qualitative and quantitative monitoring. Areas included in program monitoring may include, but are not limited to, DDA Aging and Disability Program and Policy Manual, contractual terms, DDA rules and policies, and applicable federal and state laws, rules and regulations.

(2) Fiscal Monitoring. DDA will monitor the AAAD to determine that each establishes and maintains a fiscal system that follows generally accepted accounting principles (GAAP) and in accordance with the DDA Program and Policy Manual, that the conditions of the grant and/or contract is met, a system of internal accounting and administrative controls, and that funds are requested, expended, and reported according to the grant and/or contract. Specific areas of fiscal operations that may be monitored include, but are not limited to, the following:

a. Reliability of the financial systems, including the accounting software, to provide complete, accurate, and timely financial data;
b. Reliability of the financial systems and administrative controls to mitigate potential risk, protect resources, and ensure compliance;
Accuracy and timeliness of fiscal reporting invoicing;
c. AAAD's understanding and application of GAAP, cost principles, policies, and the requirements of grants and/or contracts; and
Appropriate use of grant and/or contract funds, as written in the award, policy, and/or policy instruction.

17-2-.02 Methods of Monitoring

DDA shall conduct program and fiscal monitoring through any of several types of activities, including the following:

(1) Use approved DDA monitoring tools.

(2) Review of monthly invoice for reimbursement (IFR), independent audit reports, and other written communication.

17-2-.03 DDA On-site Compliance Reviews

DDA shall monitor each AAAD annually. A Civil Rights (Title VI) review shall be a component of the DDA review.

Procedures for on-site visits shall include:

(1) DDA will provide written notification to the AAAD, grantee, or contractor one week prior to the on-site visit. Such notice shall include date and time of entry interview (optional), the approximate date of completion, date and time of exit interview, and what program staff will need to be interviewed during monitoring.

(2) At the discretion of the AAAD director, each on-site review will begin with a conference in which the DDA staff will brief the AAAD Director, contractor signatory official (or designee), and other appropriate staff. During the entry interview, DDA staff will explain the purpose of the review and

the areas to be examined and answer any staff preliminary questions. DDA staff will identify what interviews will be conducted and what records will need to be obtained and report this to the AAAD director to make arrangements with appropriate staff.

(3) Each on-site visit may conclude with an exit interview in which DDA staff will brief the AAAD Director, grantee/contractor signatory official (or designee), and other appropriate staff of any significant findings of the review and recommendations which the state staff will make to DDA. Findings are not official until the grantee reviews them in writing from DDA.

An on-site compliance review must be followed with a formal written report by DDA to the grantee agency/AAAD. Desk review is optional if the documentation provided by the AAAD satisfies the requirements to complete monitoring. The report shall be emailed, mailed or faxed to the grantee agency/AAAD **within 30 calendar days** of the site review conclusion. The report shall include: AAAD monitored, the date of the compliance review; observations, recognition of strengths (optional); if applicable, specify areas of noncompliance citing the standard or policy; the risk of noncompliance found, and any recommendations to promote improvements of services. Each report will be submitted to the DDA Assistant Commissioner on Aging along with a transmittal letter, for approval and signature. In the event that DDA staff discovers an indication of possible fraud, waste, and/or abuse during the course of an on-site review, the staff person will immediately notify the DDA Assistant Commissioner on Aging and the Tennessee Comptroller of the Treasury utilizing the Fraud, Waste and Abuse Reporting process as outlined by the Comptroller.

17-2-.04 AAAD Response and Plan of Correction

When the AAAD is responding to findings listed in the final report, it is required to choose from one (1) of the following responses listed below and then provide and explanation for each response. A part of this response includes creating a plan of correction for each finding that includes, as applicable, a description of how the AAAD plans to correct the finding, dates that this plan will be implemented and completed, and what documentation will be included to show proof of the correction. If a AAAD is contesting a finding, in place of a plan of correction, it must state the description of why the AAAD believes the finding is incorrect along with any justification for its belief. The contested justification will then be reviewed by DDA.

Concur: The AAAD is in agreement with the remarks and findings cited in the monitoring report as being accurate.

Concur in Part: The AAAD is in partial agreement with the overall conclusions cited in the monitoring report; however, it seeks to have certain information amended due to inaccuracies such as dates, names, etc. This response is appropriate whenever the Agency has evidence to refute some conclusions drawn in the monitoring report. Any perceived inaccuracies must be substantiated with supporting documentation provided to DDA for review.

Do Not Concur: The AAAD rejects all the conclusions and findings in the monitoring report as groundless and without merit. The Agency maintains that all areas subject to review adhere to the requirements within the Scope of Services cited in the contract; DDA Program and Policy Manual; DDA rules and policies; applicable Federal/State statutes, rules and regulations. Such situations must be addressed by the Program Director.

All correspondence between DDA and the AAAD concerning the resolution of the findings will become part of the final monitoring record. Plan of Correction must be completed by the AAAD and sent to DDA in **30 calendar days** of the date the monitoring report was sent.

17-2-.05 DDA Response to Plan of Correction

DDA must create a response to the AAAD Plan of Correction. This response will be a report that states if DDA accepts, accepts with conditions, or does not accept the AAAD Plan or Correction, or if DDA will rescind the finding. If there is a finding that the AAAD does not concur with and DDA does not accept, DDA internally will discuss this finding with the Assistant Commissioner on Aging to make the final determination of keeping or rescinding the finding as well as creating a Plan of Correction if there was not one created by the AAAD that must be followed. If the Assistant Commissioner on Aging finds it necessary to make the best determination, they shall request the AAAD attend a meeting to discuss the finding in question. DDA's response to the AAAD Plan of Correction will be the final determination for the monitoring report. DDA must submit a response to the AAAD Plan of Correction **30 calendar days** of the date the Plan of Correction is received.

17-2-.06 Plan of Correction Implementation

90 calendar days from the date of the final determination, DDA will review the findings to determine if the Plan of Correction was implemented. The AAAD must provide information to DDA to demonstrate completion or meaningful progress of their Plan of Correction within **90 calendar days** from the date of the final determination. DDA shall review the information provided and if it is found that the AAAD did not sufficiently complete the plan of correction then the findings will be noted in the following year's monitoring report as unresolved. If the information provided shows proof of the finding being corrected then the finding will be noted in the following year's monitoring report as resolved.

Termination or suspension of an Area Plan, withholding funds, or other punitive actions may be taken by DDA if an AAAD grantee or contractor fails to take action and correct issues specified by DDA as a result of findings. See Tennessee Comp. Rules and Regulations 0030-01-08.

Chapter 18: AAAD Monitoring and Program Review of Service Providers

18-1. Purpose of Section

Monitoring activities are performed to ensure the service provider's adhere to the terms and conditions of the grant and/or contract with the Area Agencies on Aging and Disabilities.

The AAAD will monitor the program and fiscal performance of all service providers receiving federal or state contracts, or grant awards passed through from the Department of Disability and Aging for the purpose of providing supportive programs and services to older individuals and adults with disabilities.

18-1-.01 Scope of Monitoring

(3) Program Monitoring. Annually, the AAAD will monitor their service providers to determine that they are operating effectively and according to applicable program standards. Service providers utilized by multiple AAADs only need to be monitored by one AAAD annually. The AAADs will need to determine who will be monitoring these shared service providers. The monitoring tools and reports must be shared with the other AAADs that contract with the same service provider. Areas included in program monitoring may include, but are not limited to, the following:

a. performance of the service(s) and activities specified in the approved grant and/or contract;

b. conformance with the AAAD and/ or approved staffing pattern and staff qualifications;

c. conformance with all civil rights, equal employment opportunity, and minority contractor requirements;

d. adherence to the contract, and DDA Program and Policy Manual, for service delivery operations; and,

e. other performance aspects, as appropriate.

(4) Fiscal Monitoring. The AAAD should develop and implement a review schedule for monitoring all services funded with Federal and State funds provided by DDA. The AAAD shall monitor all service providers at least annually using monitoring tools approved by DDA that are based on the Program and Policy Manual. Unit cost providers that are paid a specific amount for a unit of service such as homemaker and personnel care would only need to be verified that the units that are provided are being billed for the correct amount. Grant providers that are being reimbursed for their cost such as senior centers, legal assistance, some nutrition providers, Ombudsman, etc., would need to have more extensive monitoring and use the fiscal monitoring tool. If deficiencies that result in a finding are found during the monitoring process, the AAAD shall require the service provider to submit a plan of correction and conduct follow-up monitoring until all findings are resolved. If findings are not resolved to the satisfaction of the AAAD, the AAAD may take any type of correction action, including but not limited to, termination of the contract.

18-1-.02 Methods of Monitoring

The AAAD shall conduct program and fiscal monitoring through any of several types of activities, including the following:

(1) Develop and implement a review schedule for monitoring all services funded with Federal and State Funds provided by DDA. This schedule shall include program and fiscal monitoring dates for current and previous fiscal year, dates monitoring was completed on site, dates the report was sent to the provider, and any follow-up dates if there were findings that required a plan of correction. It is recommended that the current monitoring schedule be created by the end of each June for the fiscal year.

(2) Use current DDA approved monitoring tools. DDA can be contacted for technical assistance related to the approved monitoring tools.

(3) It is recommended as best practice for the AAAD to not provide the monitoring tools to the service provider other than for signature by appropriate staff while on-site or prior to monitoring. The AAAD can notify the provider of what is required for monitoring through a request of information emailed, mailed, or faxed to the service provider.

(4) Review of monthly and/or quarterly fiscal reports, general ledger, quarterly program reports, compliance reports, audit reports, agreed-upon procedures reports, and other written communication. These reviews will be conducted by the AAAD or their representatives and may be verified through site visits or through other communication.

(5) Discussion between the AAAD's staff and the service provider's staff via telephone communications and/or written correspondence.

(6) Examination of program and fiscal records and discussions with service provider staff during periodic or compliance review visits conducted on site.

(7) AAAD staff shall complete all sections of the monitoring tool and provide a comment for each section identified.

18-1-.03 Area Agency on Aging On-site Compliance Review

(1) The AAAD shall complete the monitoring process including onsite visit and formal written report for each service provider each fiscal year. DDA recommends that the AAAD make attempts to complete all monitoring steps by April of the fiscal year to ensure that the monitoring process is completed by the end of the fiscal year in June. This will allow the AAAD to have ample time to contact DDA for notification of any barriers to completion and take appropriate steps to resolve with guidance and authorization from DDA. A Civil Rights (Title VI) review shall be a component of the service provider review. Service provider leadership and their staff are required to receive training on Title VI.

(2) b. An on-site compliance review must be followed with a formal written report by the AAAD to the responsible service provider listed on the contract. The report can be a combination of fiscal and program monitoring for the same provider, however, the report must be emailed, mailed or faxed to the service provider within **30 calendar days** of the initial site review. When a Senior Center is monitored, a copy of the monitoring report and plan of correction must be emailed, faxed, or mailed to the senior center director, and governing entity.

The report shall include: who conducted the monitoring, whether the report was for fiscal, program, or both, if the monitoring was conducted via desk review or on-site, name of the provider, funding source, the date of the on-site visit/site review, date of report; recognition of strengths (optional); specify areas of noncompliance citing the standard or policy; and any recommendations to promote improvements of services.

(3) c. In cases where the AAAD believes that an on-site visit is unable to be completed, the AAAD shall submit written notification to DDA prior to the review being completed describing why an on-site review cannot be conducted and must receive permission from DDA to conduct the desk review. For service providers that are out of state, conducting a desk review is sufficient and it must be noted on the monitoring tool and report that this provider is out of state.

18-1-.04 Provider Response and Plan of Correction

When responding to findings listed in the final report, the service provider should choose from one (1) of the following responses and provide explanation for the response. A part of this response includes creating a plan of correction for each finding that includes, as applicable, a description of how the provider plans to correct the finding, dates that this plan will be implemented and completed, and what documentation will be included to show proof of the correction. If the service provider does not concur with the finding, they are not required to complete a plan of correction, however, if the AAAD does not accept that the service provider does not concur, the AAAD internally will discuss this finding with the AAAD director to make the final determination of keeping the finding or rescinding the finding as well as creating a plan of correction if there was not one created, that the service provider must follow. If the AAAD director finds it necessary to make the best determination, they may request the service provider attend a meeting to discuss the finding in question.

Concur: The service provider is in agreement with the remarks and findings cited in the monitoring report as being accurate.

Concur in Part: The service provider is in partial agreement with the overall conclusions cited in the monitoring report; however, it seeks to have certain information amended due to inaccuracies such as dates, names, etc. This response is appropriate whenever the Agency has evidence to refute some conclusions drawn in the monitoring report. Any perceived inaccuracies must be substantiated with supporting documentation provided to the AAAD for review.

Do Not Concur: The service provider rejects all the conclusions and findings in the monitoring report as groundless and without merit. The agency maintains that all areas subject to review adhere to the requirements within the Scope of Services cited in the contract; DDA program and policy manual; the Federal/State statutes and laws. Such situations must be addressed by the AAAD Program Director.

All correspondence between the AAAD and the service provider concerning the resolution of the findings will become part of the final monitoring record. The plan of correction must be received by AAAD within **30 calendar days** of the date sent.

18-1-.05 AAAD Response to Plan of Correction

The AAAD must submit a response to the service provider plan of correction **30 calendar days** of the date the plan of correction is received. This response will be the final determination for the monitoring report. If there is a finding that the service provider does not concur with and the AAAD does not accept, the AAAD internally will discuss this finding with the AAAD Director to make the final determination of keeping the finding or rescinding the finding as well as the final plan of correction if there was not one created by the service provider that must be followed. If the AAAD Director finds it necessary to make the best determination, they may request the service provider attend a meeting to discuss the finding in question. AAAD may contact DDA for technical assistance for guidance if resolution is not immediate.

18-1-.06 Plan of Correction Implementation

90 calendar days from the date of the final determination, the AAAD will review the findings to determine if the plan of correction is being implemented or meaningful progress has been made. The service provider must provide information to the AAAD to demonstrate completion of their plan of correction within 90 calendar days from the date of the final determination. The AAAD shall review the information provided and if it is found that the service provider did not sufficiently complete the plan of correction then the findings will be noted in the following year's monitoring report as unresolved. If the information provided shows proof of the finding being corrected, then the finding will be noted in the following year's monitoring report as resolved.

Termination or suspension of a contract, withholding funds, or other punitive actions may be taken by the AAAD if a contractor fails to take action and correct problems specified by AAAD as a result of findings.

TN Department of Disability & Aging

Appendix 6-A
Home-Delivered Meal Eligibility Criteria

The following table outlines the minimum criteria necessary to be eligible for home-delivered meals.

Eligibility Criteria	Evidenced by the following
6-5-.01(1)(a) 60 years of age and older	Client's date of birth on ILA
6-5-.01(1)(b) physically or mentally unable to obtain food, prepare meals, or lack support to have meals provided to them	Meal preparation IADL score on ILA
6-5-.01(2)(a) spouse of an eligible older person as defined in 6-5-.01(1)	Indication of spouse for NSIP eligibility on ILA
6-5-.01(2)(b) a non-elderly person with a disability who resides in a non-institutional household with a person eligible to receive home-delivered meals if the receipt of the meals is in the best interest of the home bound participant	Indication of disabled individual for NSIP eligibility on ILA

TN Department of Disability & Aging

Appendix 6-B
Oral Nutrition Supplements (ONS) and OAA Funds

The intent of the OAA is to provide "food first". Therefore, oral nutrition supplements (ONS) meals shall not be used as the first tactic when a participant's food intake becomes problematic which may result in under nutrition, nutritional imbalances, and increased nutritional risk.

(1) Recipients of ONS meals shall meet all eligibility criteria for Title III Nutrition Services either congregate or home-delivered nutrition.

a. Reimbursement for meals which are comprised in whole, or in part, of an approved ONS product shall be contingent upon the following:

i. A ONS may be permitted as an eligible meal funded by OAA, if the volume of ONS as a meal replacement meets 33 1/3% of the DRI and DGA for one meal; if two meals are provided, the combined amount shall meet 66 2/3% of the DRI/DGA for two meals; and 100% of the DRI/DGA to qualify as three eligible meals

ii. The registered dietitian (RD) or individual of comparable expertise (ICE) shall evaluate the nutritional needs of the participant and assess appropriateness.

b. The RD or ICE services may be offered to the participant to recommend other alternative dietary resources as needed.

i. These resources may include, but are not limited to, counseling on nutrient dense foods, referral to food banks, SNAP, or considering other means of nutrition support (i.e., soft foods, ground foods, or assistance to resources that could treat the medical condition causing the need for ONS/liquid nutrition).

TN Department of Disability & Aging

Appendix 6-C
Participant Registration Form (PRF)

First Name_____ Middle Initial _____ Last Name _____

Preferred Name _____ **Gender** ☐ Female ☐ Male

Date of Birth _____

Age Verification Documentation ☐ Driver License's ☐ Other
Self-Declared (sign Age Affidavit below)

Age Affidavit: I declare that I am 60 years of age or older _____

Phone: _____

Home Address _____

City _____ State _____ Zip _____ County _____

Mailing Address, if different from above _____

City _____ State _____ Zip _____

Email _____

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race
☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ Non-Minority (White, Non-Hispanic)
☐ White, Hispanic
☐ Other (Specify)

Does the client Understand English? ☐ Yes ☐ No

If not, which language does client speak? _____

Do you have a disability that limits activities such as mobility or self-care? ☐ Yes ☐ No

Is your household income below poverty level? ☐ Yes ☐ No

Emergency Contact _____

Emergency Contact Phone _____

Do you live alone? ☐ Yes ☐ No Are you a Veteran? ☐ Yes ☐ No

Participant Signature (if required by the AAAD): _____

OFFICIAL USE

Site Name _____

For what reason is the individual eligible for congregate meals?

Age 60 + ☐ Spouse of 60+ participant ☐ Program volunteer ☐

Non-elderly disabled individual residing with eligible participant or living on site.

TN Department of Disability & Aging

Appendix 6-D

Nutrition Screening Initiative (NSI) Checklist

Read the statements below. Circle the number in the "yes" column for those that apply to you or the person for whom you are filling out this form for. Total your nutrition score and put a checkmark in the correct risk box.

Participant Name: _____ Date Completed: _____

	Yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day	3
I eat few fruits or vegetables or milk products	2
I have 3 more drinks of beer, liquor, or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed over-the-counter drugs a day	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always able to physically able to shop, cook, and/or feed myself.	2
Total Score	

Low Risk 0-2 – Good – Recheck in one year or sooner if desired
Moderate Risk 3-5 – Making changes to your eating habits and lifestyle can help.
High Risk 6+ - Ask for a copy of this checklist to take to your next doctor's appointment to see how they can assist with your nutritional needs.

Malnutrition Screening Tool (MST):

1. Have you lost weight recently without trying? ☐ No ☐ Unsure ☐ Yes
    a. If **yes**, how much weight have you lost? _____
        i. 2-13 lbs. (1); 14-23 lbs. (2); 24-33 lbs. (3); 34 lbs. or more (4); Unsure (2)
2. Have you been eating poorly because of a decreased appetite?
    a. No (0) Yes (1)

MST = 0 or 1 – Not at risk for Malnutrition _____
MST = 2 or more – At risk for Malnutrition _____

Participant Signature (if required by the AAAD): _____

If the participant scored 6 or higher on the NSI and/or 2 or more on the MST, they are considered a high risk. To help improve your nutritional health, education and counseling should be made available or provided to the participant. The participant's insurance may offer nutritional support or counseling, or you can reach out to the AAAD for a referral. If additional information is needed, reach out to the Nutrition Services Director at DDA.

TN Department of Disability & Aging

Appendix 6-E
Change in Meal Site Operations Form

Old or Current Site Information

Meal Site		**Provider**	
County		**Site Contact**	
Address		**Phone Number**	
Meal Service Days		**Meal Service Times**	

Nature of Change in Operations

Site Opening		**Site Closing (Short Term)**	
Site Reopening		**Site Closing (Long Term)**	
Other Significate Operational Change (detail below)		**Emergency due to building/maintenance**	

Describe operational change or provide additional details

Updated Site Information

Meal Site		**Provider**	
County		**Site Contact**	
Address		**Phone Number**	
Meal Service Days		**Meal Service Times**	

AAAD Region Where Site is Located	

Tennessee Department of Disability and Aging
Assessment

A. Intake/Assessment
B. Individual Identification
    Residential Address
    Mailing Address
    Client Living Arrangements
C. Demographics
D. Caregiver Identification
E. Emergency Contacts
F. Social Screening
G. Health Screening
H. Mental Health Observations
I. ADL/IADL and Other Limitations
    ADL
    IADL
    Adaptive Equipment
J. Nutrition Screening
K. Current Health Status
L. Home Hazards
M. Home Environment
N. Financial Resources
    Total Resources
    Other Assistance
    Health Insurance
O. Choices Screening
P. Other Observations
Q. Prioritization
Internal Note

TN Department of Disability & Aging

A. Intake/Assessment

1. What is the date of the assessment?	
2. Completed in the home or over the phone?	
3. Specify the type of assessment, or the reason for the assessment.	☐ Initial assessment ☐ Reassessment
4. What is the name of the person conducting this assessment?	
5. Describe formal/informal supports already in place.	
6. Comment on type of assistance requested.	

B. Individual Identification

7. What is the client's first name?	
8. Enter the client's 'also known as' first name.	
9. What is the client's middle initial?	
10. What is the client's last name?	
11. What is the client's date of birth?	
12. What document was used to verify the client's age?	☐ Birth certificate ☐ State issued identification ☐ Military/veteran's identification card ☐ Self-declaration ☐ Other
13. What other document was used to verify the client's age?	

14. What is the client's Pension/Social Security Number? (*Optional or collect if making CHOICES referral)*	
15. Enter the client's telephone number.	
16. Alternate telephone number for client.	
17. What is the client's e-mail address?	

Residential Address

18. Enter the client's residential street address.	
18a. Enter the client's residential city or town.	
18b. Enter the client's residential zip code.	
18c. What county does the client reside in?	
19. Arrival Instructions:	

Mailing Address

20. Is client's mailing address the same as their residential address, provided above?	☐ Yes (If yes, skip to question 21). ☐ No
20a. Mailing Street address or PO Box.	
20b. Mailing city or town.	
20c Mailing state.	
20d. Mailing ZIP code.	

TN Department of Disability & Aging

Client Living Arrangements

21. Select the client's current living arrangement. (SCORED).	☐ Alone (3) ☐ With partner/spouse (0) ☐ With family (0) ☐ With live in care (0) ☐ With roommate (0) ☐ With others (0) ☐ Unknown/not alone (0)

C. Demographics

22. What is the client's race/ethnicity?	☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Laotian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Mexican, Mexican American, Chicano/A ☐ Puerto Rican ☐ Cuban ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Race ☐ Prefer Not to Say ☐ Other Asian ☐ Other Hispanic, Latino or Spanish Origin ☐ Other Pacific Islander
23. What is the client's gender?	☐ Prefer Not to Say ☐ Female ☐ Male
24. Select the client's current marital status.	☐ Single ☐ Married ☐ Divorced

	☐ Widowed ☐ Declined to Provide

D. Caregiver Identification

25. Does the client have an identified primary (informal) helper/caregiver who provides care on a regular basis? (SCORED)	☐ Yes (0) ☐ No, if no, skip to next section. (2)
26. Select the client's caregiver. Be sure to collect their Phone, Email, and full Address.	
27. Caregiver's birth date?	
28. How often does the client receive assistance from the primary caregiver?	☐ Daily ☐ Several times a week ☐ Weekly ☐ Less than weekly

E. Emergency Contacts

29. Name of Friend or Relative (outside client's home) to contact in case of an Emergency.	
30. Alternate Telephone Number of Friend or Relative (outside client's home) to contact in case of an Emergency.	
31. What is the name of a second relative or friend of the client?	
32. What is the alternate phone number of the second relative or friend of the client?	
33. Does the client have a power of attorney?	☐ Yes Health ☐ Yes Finance ☐ Yes Both

	☐ No (If no, skip to question 36). ☐ Don't Know (If don't know, skip to question 36)
34. What is the name of the client's power of attorney?	
35. Enter the phone number of the client's power of attorney.	
36. Does the client have a living will?	☐ Yes ☐ No

F. Social Screening

37. Is there a friend or relative that could take care of the client for a few days? (SCORED)	☐ Yes (0) ☐ No (3)

G. Health Screening

38. How does the client rate his/her health? (SCORED)	☐ Excellent (0) ☐ Good (0) ☐ Fair (1) ☐ Poor (2)
39. In the past year, how many times has the client stayed overnight in a hospital? (SCORED)	☐ Not at all (0) ☐ Once (1) ☐ 2 or 3 times (2) ☐ More than 3 times (3)
40. Has the client fallen in the past three months? (SCORED)	☐ Yes (3) ☐ No (0)
41. Is the client homebound? (SCORED)	☐ Yes (3) ☐ No (0)

42. Indicate which of the following conditions/diagnoses the client currently has.	☐ Alzheimer's disease/other Dementia ☐ Ankle/leg swelling ☐ Any urinary or bowel problems ☐ Arthritis/rheumatic disease/gout ☐ Cancer ☐ Chronic pain ☐ Contagious/Communicable Disease ☐ Do you take any medication for depression or anxiety ☐ Diabetes ☐ Have you ever had a stroke ☐ Hearing impairment ☐ Heart problems ☐ Hypertension ☐ Intellectual/Developmental disability ☐ Memory Loss ☐ Missing limb (e.g., amputation) ☐ Problems with breathing ☐ Tremors ☐ Vision problems ☐ Other significant illnesses ☐ None of the Above
43. Enter any comments regarding the client's medical conditions/diagnoses.	

H. Mental Health Observations

44. Can the client express basic needs and wants?	☐ Yes ☐ No
45. How many days per week does the client have problems making him/herself understood? (SCORED)	☐ Never (0) ☐ Sometimes (1) ☐ Always** (2)
46. Can the client understand and follow simple instructions?	☐ Yes ☐ No

47. How many days per week does the client have problems understanding others? (SCORED)	☐ Never (0) ☐ Sometimes (1) ☐ Always** (2)
48. How is the client's orientation to people? (SCORED)	☐ No apparent problem (0) ☐ Sometimes a problem - 1 to 3 days (1) ☐ Often a problem - 4 to 7 days** (2)
49. How is the client's orientation to place? (SCORED)	☐ No apparent problem (0) ☐ Sometimes a problem - 1 to 3 days (1) ☐ Often a problem - 4 to 7 days** (2)
50. Has the individual exhibited behavior problems? (SCORED)	☐ No apparent problem (0) ☐ Sometimes a problem - 1 to 3 days (1) ☐ Often a problem - 4 to 7 days** (2)
51. Indicate the behaviors the client has demonstrated. Select all that apply.	☐ Verbal disruption ☐ Physical aggression ☐ Disruptive behavior ☐ Delusional ☐ Getting lost/wandering ☐ Presents other problems

I. ADL/IADL and Other Limitations

ADL

52. During the past 7 days, and considering all episodes, was the client able to BATHE without help? (SCORED)	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)

53. During the past 7 days, and considering all episodes, was the client able to DRESS without help? (SCORED)	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
54. During the past 7 days, and considering all episodes, was the client able to TRANSFER without help? (SCORED)	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
55. During the past 7 days, and considering all episodes, was the client able to GET AROUND THE HOME without help? (SCORED)	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
56. During the past 7 days, and considering all episodes, was the client able to EAT without help? (SCORED)	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
57. During the past 7 days, and considering all episodes, was the client able to USE THE TOILET without help? (SCORED)	☐ Yes (0) ☐ No, required assistive technology (1)

	☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
58. ADL Score (It cannot be greater than 6. They get 1 point for each ADL question they answered No to.)	
59. Enter the total ADL impairments as calculated above.	

IADL

60. During the past 7 days, and considering all episodes, was the client able to MANAGE MEDICATIONS without help? (SCORED)	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
61. Is the client able to MANAGE MONEY without help? (SCORED)	☐ Yes (0) ☐ No (1)
62. Is the client able to SHOP without help? (SCORED)	☐ Yes (0) ☐ No (1)
63. Is the client able to PREPARE MEALS without help? (SCORED)	☐ Yes (0) ☐ No (1)
64. Is the client able to do HEAVY HOUSEWORK without help? (SCORED)	☐ Yes (0) ☐ No (1)

65. Is the client able to do LIGHT HOUSEKEEPING without help? (SCORED)	☐ Yes (0) ☐ No (1)
66. Is the client able to USE TRANSPORTATION without help? (SCORED)	☐ Yes (0) ☐ No (1)
67. Is the client able to USE THE TELEPHONE without help? (SCORED)	☐ Yes (0) ☐ No (1)
68. IADL Score. (It cannot be greater than 8. They receive 1 point for each question they answered No to.)	
69. Enter the total ADL impairments as calculated above.	
70. Comment on the client's functional ability.	

Adaptive Equipment

71. Does the client have any of the following devices or equipment?	☐ Artificial limb ☐ Bath stool ☐ Bedside commode ☐ Cane ☐ Dentures ☐ Extended shower head ☐ Eyeglasses ☐ Grab bars ☐ Handheld Shower ☐ Hearing aid ☐ Hospital bed ☐ Lift chair ☐ Nebulizer ☐ Oxygen ☐ Raised toilet seat ☐ Ramp ☐ Walker

	☐ Wheelchair ☐ Other
72. Please specify the other assistive devices the client uses.	
73. If the client did not receive agency funded services, would the client have enough help to remain independent?	☐ Yes, without difficulty ☐ Yes, with difficulty ☐ No/not sure

J. Nutrition Screening

74. I have an illness or condition that made me change the kind and/or amount of food I eat.	☐ Yes (2) ☐ No (0)
75. I eat fewer than 2 meals per day.	☐ Yes (3) ☐ No (0)
76. I eat few fruits or vegetables or milk products.	☐ Yes (1) ☐ No (0)
77. I have 3 or more drinks of beer, liquor or wine almost every day.	☐ Yes (2) ☐ No (0)
78. I have tooth or mouth problems that make it hard for me to eat.	☐ Yes (2) ☐ No (0)
79. I don't always have enough money to buy the food I need.	☐ Yes (4) ☐ No (0)
80. I eat alone most of the time.	☐ Yes (1) ☐ No (0)
81. I take 3 or more different prescribed or over-the-counter drugs a day.	☐ Yes (1) ☐ No (0)
82. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	☐ Yes (2) ☐ No (0)

83. I am not always physically able to shop, cook and/or feed myself.	☐ Yes (2) ☐ No (0)
84. Total score of Nutritional Risk Questions.	
85. Is the client at a high nutritional risk level? (Scored 6 or more)	☐ No (Score of 0 to 5) ☐ Yes (Score of 6 or more)

K. Malnutrition Screening

86. Have you lost weight recently without trying?	☐ No ☐ Unsure ☐ Yes
87. If yes, how much weight have you lost?	☐ 2-13 lbs. (1) ☐ 14-23 lbs. (2) ☐ 24-33 lbs. (3) ☐ 34 lbs. or more (4) ☐ Unsure (2)
88. Have you been eating poorly because of a decreased appetite?	☐ No (0) ☐ Yes (1)
89. Is the client malnourished? (Scored 2 or more)	☐ No (Score of 0 to 1) ☐ Yes (Score of 2 or more)

L. Current Health Status

90. Describe the client's allergies, if any.	
91. Describe the client's special diet(s).	

M. Home Hazards

92. Is there evidence of pets/animals that are a danger to those who come to the client's home?	☐ Yes ☐ No

N. Home Environment

93. Does the client have problems with dangerous stairs or floors in his/her home?	☐ Yes ☐ No
94. Is it difficult for the client to get to the entrance of his/her home?	☐ Yes ☐ No
95. Is it difficult for the client to get to the bathroom or bedroom in his/her home?	☐ Yes ☐ No
96. Does the client have problems with the major appliances or toilet in his/her home?	☐ Yes ☐ No
97. Does the client have problems with the heating or cooling in his/her home?	☐ Yes ☐ No
98. Does the client have problems getting water or hot water in his/her home?	☐ Yes ☐ No
99. Does the client have difficulties keeping his/her home free from odor or pests?	☐ Yes ☐ No
100. Does the client need a smoke alarm in his/her home?	☐ Yes ☐ No
101. Does the client have problems with electrical hazards in his/her home?	☐ Yes ☐ No
102. Does the client have problems with poor lighting in his/her home?	☐ Yes ☐ No
103. Does the client have problems with an unsafe stove in his/her home?	☐ Yes ☐ No
104. Does the client have problems with loose slippery rugs in his/her home?	☐ Yes ☐ No
105. Does the client have problems with inadequate locks on the doors and/or windows in his/her home?	☐ Yes ☐ No

106. Does the client have problems keeping his/her home clean and free of clutter?	☐ Yes ☐ No
107. Does the client have any other environmental problems in his/her home?	☐ Yes ☐ No
108. Describe any other environmental problems.	
109. In the case of an emergency, would the client be able to get out of his/her home safely?	☐ Yes ☐ No
110. In the case of an emergency, would the client be able to summon help to his/her home?	☐ Yes ☐ No
111. Comment on the client's home environment in general.	

O. Financial Resources

Total Resources

112. What is the total income of the client's household per month?	
113. How many people does the household income support?	
114. Is the client's income level below the national poverty level? (SCORED)	☐ At or below poverty (2) ☐ Above poverty (0)
115. Specify the client's monthly income (or client and spouse if married).	
116. What is the client's Monthly Income Range? (SCORED)	☐ Below 150% federal poverty level (3) ☐ Over 150% of poverty level up to 200% of poverty level (0)

	☐ More than 200% of poverty level but less than 300% of FBR (0) ☐ Over 300% federal benefit rate (0)
117. Does the client have excessive expenses, such as medical bills, that prevent them from meeting their needs? (SCORED)	☐ Yes (1) ☐ No (0)

Other Assistance

118. Does the client want to apply for any of the following services or programs	☐ Energy assistance (LIHEAP) ☐ Food stamps (SNAP) ☐ Home Repair/Weatherization ☐ QMB/SLMB/LIS/Q1 ☐ SSI ☐ Medicare Counseling ☐ None
119. Is the client a veteran or the spouse/widow of a veteran?	☐ Yes ☐ No

Health Insurance

120. Does the client have Medicare A health insurance?	☐ Yes ☐ No (Skip next two questions) ☐ Don't know
121. Enter the client's Medicare number.	
122. What is the effective date of the client's Medicare A policy?	
123. Does the client have Medicare B health insurance?	☐ Yes ☐ No (Skip next question) ☐ Don't know
124. What is the effective date of the client's Medicare B policy?	

125. Does the client have Medigap health insurance?	☐ Yes ☐ No
126. Does the client have Medicare D health insurance?	☐ Yes ☐ No
127. Does the client have LTC health insurance?	☐ Yes ☐ No
128. Does the client have Medicaid or TennCare?	☐ Yes ☐ No
129. Does the client have other health insurance?	☐ Yes ☐ No
130. Please indicate if the individual has QMB/SLMB	

P. CHOICES Screening

131. Does the client own his/her home or any other property?	☐ Yes ☐ No
132. What are the client's resources/assets?	☐ Certificate of Deposits ☐ Checking Account ☐ Savings certificate ☐ IRA or Annuity ☐ Savings Account ☐ Stocks, Bonds ☐ Burial contract ☐ Life insurance policy with cash value ☐ Property other than home
133. Are the Consumer's assets valued at less than $2000?	☐ Yes ☐ No ☐ Don’t know
134. Has the client transferred any property or money in the last five years?	☐ Yes ☐ No

135. While you are more likely to get more services sooner by getting CHOICES, getting CHOICES also means that any property and assets you have are subject to Estate Recovery. Knowing this, would you still like to be screened for CHOICES?	☐ Yes ☐ No
136. What is the date of the consumer's last medical evaluation by a physician?	
137. Who is the client's primary care physician? Be sure to collect their name and work phone.	

Q. Other Observations

138. Client is assigned for in-depth assessment for the following programs?	☐ CHOICES ☐ OPTIONS ☐ Title III-E, NFCSP services ☐ Title III-B ☐ Title III-C, Home Delivered Meals ☐ None
139. Enter assessment comments.	

R. Prioritization

140. Is this an APS Referral?	☐ Yes ☐ No
141. Does the client reside in a rural area?	☐ Yes (3) ☐ No (0)
142. Total Priority Score	
143. Total Risk Level	☐ Low Risk (1 to 15) ☐ Moderate Risk (16 to 30) ☐ High Risk (31-77)

TN Department of Disability & Aging

Internal Note

Internal Note	

☐ I have verified this client is a US citizen or verified alien.

See appendix "Guidelines for Tennessee Eligibility Verification for Entitlement Act" for additional information.

TN Department of Disability & Aging

Appendix 6-H
Title IIIC/NSIP Nutrition Analysis Worksheet

Quarter _____ Week (or Other Period) _____

Nutrient Amount	Nutrient	Amount Required (Averaged over one week)	Notes
_____	Calories	≥ 655 calories	No less than 600 calories per meal
_____	Fat	≤ 35% of calories	
_____	Protein	≥ 17 g	
_____	Fiber	≥ 8 g	
_____	Sodium	≤ 1000 mg	No more than 1200 mg per meal
_____	Calcium	≥ 400 mg	
_____	Vitamin A	≥ 300 mcg (RE)	
_____	Vitamin B12	≥ 0.8 mcg	
_____	Vitamin C	≥ 30 mg	

I certify that to the best of my knowledge, the meals in the attached menu for the period noted above follow the most recent Dietary Guidelines for Americans and one third of Dietary Reference Intakes established by the National Academy of Sciences.

AAAD _____ Nutrition Service Provider _____

Name and Credentials _____ Signature _____

Registration # _____ Date _____

Department of Disability & Aging

Appendix 6-I
Title IIIC/NSIP Meal Pattern Worksheet

Quarter _____ Week (or Other Period) _____

Meal & Date Served *e.g. vegetable beef stew, applesauce, cornbread, milk 2/14/17*	**Meal Components – Enter appropriate food item and amount under each serving below.**									
	Veg. 1 *½ cup or equivalent*	**Veg. 2** *½ cup or equivalent*	**Fruit 1** *½ cup or equivalent*	**Veg. 3 or Fruit 2** *½ cup or equivalent*	**Grain 1** *Bread or bread alternate – ½ cup cooked rice, pasta, oats or cereal; 1 medium slice bread; 1 oz. ready-to -eat cereal*	**Grain 2** *Bread or bread alternate – ½ cup cooked rice, pasta, oats or cereal; 1 medium slice bread; 1 oz. ready-to -eat cereal*	**Dairy** *Milk or milk alternate – 1 cup or equivalent*	**Protein** *Meat or Meat Alternate – 3 oz. or equivalent*	**Oils/fats** *1 teaspoon or equivalent*	**Other Ingredients** (Optional)

I certify that to the best of my knowledge, the meals in the attached menu for the period noted above follow the most recent Dietary Guidelines for Americans and one third of Dietary Reference Intakes established by the National Academy of Sciences.

AAAD _____ Provider _____ Registration # _____

Name _____ Signature _____ Date _____

TN Department of Disability & Aging

Appendix 6-J
Milk Alternative for Menu Planning

The following information provides substitutions for 8 ounces (1 cup) of skim, 1%, 2% or whole milk. It also includes a variety of cultural foods that can be incorporated into menus and meals to meet cultural and religions implications. Food items and the amounts are sources from the Dietary Guidelines for Americans – Food Sources of Calcium.

Food – Dairy and Fortified Soy Alternates	Standard Portion	Calories	Calcium (mg)
Yogurt, plain, nonfat	8 ounces	137	488
Yogurt, plain, low-fat	8 ounces	154	448
Kefir, plain, low-fat	1 cup	104	317
Milk, (1%-2%), white and flavored	1 cup	102	305
Soy beverage (soy milk), unsweetened	1 cup	80	301
Yogurt, soy, plain	8 ounces	150	300
Milk, (skim), white and flavored	1 cup	83	298
Milk, (whole), white and flavored	1 cup	150	300
Buttermilk, low-fat	1 cup	98	284
Yogurt, Greek, plain, low-fat	8 ounces	166	261
Yogurt, Greek, plain, nonfat	8 ounces	134	250
Cheese, reduced, low, or fat-free (various)	1 ½ oz	~55-155	~85-485

Food – Vegetables	Standard Portion	Calories	Calcium (mg)
Lamb's quarters, cooked	1 cup	58	464
Nettles, cooked	1 cup	37	428
Mustard spinach, cooked	1 cup	29	284
Amaranth leaves, cooked	1 cup	28	276
Collard greens, cooked	1 cup	63	268
Spinach, cooked	1 cup	41	245
Nopales, cooked	1 cup	22	244
Taro root (dasheen or yautia), cooked	1 cup	60	204
Turnip greens, cooked	1 cup	29	197
Bok choy, cooked	1 cup	24	185
Jute, cooked	1 cup	32	184
Kale, cooked	1 cup	43	177
Mustard greens, cooked	1 cup	36	165
Beet greens, cooked	1 cup	39	164
Pak choi, cooked	1 cup	20	158
Dandelion greens, cooked	1 cup	35	147

Food – Protein Foods	Standard Portion	Calories	Calcium (mg)
Tofu, raw, regular, prepared with calcium sulfate	½ cup	94	434
Sardines, canned	3 ounces	177	325
Salmon, canned, solids with bone	3 ounces	118	181
Tahini (sesame butter or paste)	1 tblsp.	94	154

Food – Fruit	Standard Portion	Calories	Calcium (mg)
Grapefruit juice, 100%, fortified	1 cup	94	350
Orange juice, 100%, fortified	1 cup	117	34

Other Sources	Standard Portion	Calories	Calcium (mg)
Almond beverage (almond milk), unsweetened	1 cup	36	442
Rice beverage (rice milk), unsweetened	1 cup	113	283

Adapted from: Food Sources of Calcium | Dietary Guidelines for Americans

Nutrition Education

Calcium is an important mineral that the body needs as it ages. Older adults often do not consume adequate amounts of calcium, and the amount that a person can absorb also decreases as they age. Encouraging older adults to increase their calcium consumption can help play a role in keeping bones and teeth healthy and help improve how muscles, nerves, and hormones work in their body.

Additional Resources

Micronutrients | National Agricultural Library
Dietary Guidelines for Americans, 2020-2025
Food Sources of Calcium | Dietary Guidelines for Americans
Lactose Intolerance - NIDDK
MyPlate.gov | Dairy Group – One of the Five Food Groups
Nutrition Needs for Older Adults: Calcium
Older Americans Act

Department of Disability & Aging

Tennessee Office of the State Long-Term Care Ombudsman
Individual Conflict of Interest Screening Form

Name:

Address:

Email Address:

Employment and Responsibilities

Have you or any members of your immediate family or household ever been employed by a long-term care provider (facility or by the owner or operator of a facility)? Immediate family means a member of the household or a relative with whom there is a close personal or significant financial relationship. (§712 of the Older Americans Act, §1324.1, Definitions, LTCOP Rule.) **Yes** ☐ **No** ☐

Do you, or any members of your immediate family or household, receive or have the right to receive, directly or indirectly remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility? **Yes** ☐ **No** ☐

Are you working for, or have you worked for, an association (or an affiliate of an association) of long-term care facilities or of any other residential facilities for older individuals or individuals with disabilities? **Yes** ☐ **No** ☐

Are you providing care, or have you provided care, for residents of long-term care facilities or involved in the provision of personnel for long- term care facilities? **Yes** ☐ **No** ☐

Are you currently participating in the licensing, certification, and/or surveying of long-term care facilities, or have you in the past? **Yes** ☐ **No** ☐

TN Department of Disability & Aging

If you answered Yes to any of the above questions, please list the following.

Start/End dates of employment (MM/YY)	Name of person employed or compensated	Your relationship	Employer	Position/duties or Compensation Arrangement

Are you currently performing any of the responsibilities listed below? *Check all that apply.*

- ☐ Providing long-term care coordination or case management for residents of long-term care facilities.
- ☐ Providing adult protective services.
- ☐ Participating in eligibility determinations regarding Medicaid or other public benefits for residents of long-
  term care facilities.
- ☐ Conducting pre-admission screening for long-term care facility placements.
- ☐ Making decisions regarding admission or discharge of individuals to or from long-term care facilities.
- ☐ Providing guardianship, conservatorship, or other fiduciary or surrogate decision-making services for residents of long-term care facilities.

For all responsibilities that were checked, describe your role, and provide additional information.

Department of Disability & Aging

Are you serving as an officer or board member of a long-term care facility or service provider?

Yes ☐ **No** ☐

If **Yes**, please provide additional information, such as your position, length of service, responsibilities, etc.

Financial Interest

Do you or any member of your immediate family or household have an ownership or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or service? **Yes** ☐ **No** ☐

If **Yes**, please provide information regarding the financial interest including as applicable, the location of the facility and/or the area covered by the service.

Relationships

Do you, or a member of your immediate family or household, have an immediate family member residing in a long-term care facility? **Yes** ☐ **No** ☐

Do you or have you resided in a long-term care facility? **Yes** ☐ **No** ☐

If **Yes**, to either of the questions, please list the following.

Name of Facility	Location of Facility	Your relationship or length of time

Are you serving individuals who live in long-term care facilities in any capacity, such as a volunteer visitor, conducting pet therapy, providing entertainment, or any other services, paid or volunteer?

Yes ☐ **No** ☐

If **Yes**, provide additional information.

Name of Facility	Location of Facility	Your Role	Frequency

Additional Considerations

Do you, or a member of your immediate family or household, have any other relationships, activities, or responsibilities that may impact the effectiveness and credibility of the work of the Office of State Long-Term Care Ombudsman (Office)? **Yes** ☐ **No** ☐

If **Yes**, please list them. If you are not sure about the potential impact on the Office, please list the relationship, activity, or responsibility, for discussion with a staff Ombudsman program representative.

Agreements

As a representative of the Office, I understand that I, and members of my immediate family and household, cannot:

- accept gifts or gratuities of significant value from a long-term care facility or its management, a resident or a resident representative of a long-term care facility in which I serve;
- accept money or any other consideration from anyone other than the Office, or an entity approved by the State Long-Term Care Ombudsman, for the performance of an act in the regular course of my duties as a representative of the Ombudsman program without State Long-Term Care Ombudsman approval.

If any circumstances in this document change or if I have questions or concerns regarding an actual or potential conflict of interest with my duties as a representative of the Office, I will notify my District Long-Term Care Ombudsman immediately.

If any circumstances or opportunities arise and I have questions or concerns regarding the potential impact on the effectiveness or credibility of the Ombudsman program, I will notify my District Long-Term Care Ombudsman immediately.

I understand and agree with the preceding statements and verify that all of the information I have provided is accurate.

_____ _____

Signature Date

Department of Disability & Aging

For Program use only

After reviewing this document and speaking with the applicant, it has been determined that the following conflict of interests can and will be remedied and supporting documentation is included with this application.

_____
_____ It has been determined (through conversation with the applicant) that the following conflicts of interests **cannot** be remedied, and the applicant has been notified (or will be notified). ☐ Yes ☐ No

_____
_____ Per our state policies and procedures, the pertinent information for designation by the State Long-Term Care Ombudsman was forwarded to the State Office.

Staff name and signature: _____

Date: _____

TN Department of Disability & Aging

Tennessee Office of the State Long-Term Care Ombudsman Organizational Conflict of Interest Screening

Organizations involved in the establishment of the program and the individuals who carry out the duties of the Program, the Department, AAADs and Provider Agencies must be free from conflicts of interest, pursuant to Section 712 (f) of the Older Americans Act, 45 CFR 1324. 21, and procedures developed by the Office.

The Ombudsman shall consider both the organizational and individual conflicts of interest that may impact the effectiveness and credibility of the work of the Office. It is the duty of all LTCO's and representatives of the Office to identify and report any conflict of interest to the Ombudsman Program.

Organizational conflicts include any conflicts that may impact the effectiveness and credibility of the work of the Office. Organizational conflicts of interest include, but are not limited to, placement of the Office, or requiring that an Ombudsman perform conflicting activities, in an organization that:

a) Is responsible for licensing, surveying, or certifying long-term care facilities.

☐ Yes ☐ No If yes, what facility?

b) Is an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals or individuals with disabilities.

☐ Yes ☐ No If yes, please explain:

c) Has any ownership or investment interest (represented by equity, debt, or other financial relationship) in, or receives grants or donations from, a long-term care facility.

☐ Yes ☐ No If yes, please explain:

d) Has governing board members with any ownership, investment or employment in long-term care facilities.

☐ Yes ☐ No If yes, please explain:

e) Provides long-term care to residents of long-term care facilities, including the provisions of personnel for long-term care facilities or the operation of programs which control access to or services for long-term care facilities.

☐ Yes ☐ No If yes, please explain:

f) Provides long-term care coordination or case management for residents of long-term care facilities.

☐ Yes ☐ No If yes, please explain:

g) Provides long-term care services, including programs carried out under a Medicaid waiver approved under section 1115 of the Social Security Act (42 U.S.C 1315) or under subsection (b) or (c) of section 1915 of the Social Security Act (42 U.S.C. 1396n), or under a Medicaid State plan amendment under subsection (i), (G), or (k) of section 1915 of the Social Security Act (24 U.S.C.1396n).

☐ Yes ☐ No If yes, please explain:

h) Sets reimbursement rate for long-term care facilities.

☐ Yes ☐ No If yes, please explain:

i) Sets reimbursement rates for long-term care services.

☐ Yes ☐ No If yes, please explain:

j) Provides adult protective services.

☐ Yes ☐ No If yes, please explain:

k) Is responsible for eligibility determinations regarding Medicaid or other public benefits for residents of long-term care facility placements.

☐ Yes ☐ No If yes, please explain:

l) Conducts preadmission screening for long-term care facility placements.

☐ Yes ☐ No If yes, please explain:

m) Makes decisions regarding admission or discharge of individuals to or from long-term care facilities.

☐ Yes ☐ No If yes, please explain:

n) Provides guardianship, conservatorship or other fiduciary or surrogate decision-making services for residents of long-term care facilities.

☐ Yes ☐ No If yes, please explain:

Signature: **Date:**

TN Department of Disability & Aging

Tennessee Office of the State Long-Term Care Ombudsman Confidentiality Agreement for Ombudsman Representatives

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Confidentiality is essential to the integrity of the Ombudsman Program. This agreement applies to all information obtained through Ombudsman activities, including but not limited to resident identity, complaints, facility conditions, and care concerns.

As a representative of the Tennessee Office of the State Long-Term Care Ombudsman, I understand and agree to the following:

☐ I will not disclose the identity of a resident, complainant, or their legal representative without their consent.

☐ If oral consent is given, it must be documented contemporaneously in writing by the Ombudsman representative who received the consent.

☐ Disclosure without consent is only permitted when required by a court order.

I further agree:

☐ I will never discuss a resident or their circumstances with anyone outside the Ombudsman Program unless I have permission from the resident or their legal representative.

☐ I will never discuss one resident with another resident unless I have permission from both parties or their legal representatives.

☐ I will never discuss residents or their identifiable circumstances in public places (e.g., lobbies, hallways, dining areas, restaurants).

☐ I will safeguard all digital communications and records, including emails and electronic files, in accordance with program confidentiality standards.

Acknowledgment

I understand that maintaining confidentiality is essential to the trust placed in the Ombudsman Program. I agree to uphold these standards at all times and to seek guidance from my supervisor if I have any questions or concerns.

Signature: **Date:**

Reviewed by Supervisor: **Date:**

TN Department of Disability & Aging

Tennessee Office of the State Long-Term Care Ombudsman
Media Use Agreement for Ombudsman Representatives

For the purposes of this policy, "media" includes all forms of communication, including print, broadcast, digital, and social media platforms.

This policy is intended to protect the privacy of residents, maintain the integrity of the Ombudsman Program, and ensure that all public communication is handled appropriately.

As an Ombudsman Representative, I understand and agree to the following:

☐ I will not use or reference my affiliation with the Ombudsman Program in any form of media, including social media platforms (e.g., Facebook, Twitter, Instagram, LinkedIn, blogs, etc.).

☐ I will not disclose or identify the name of any facility, staff member, or resident associated with my Ombudsman work in any media format.

☐ I will not post, share, or comment on any content related to my Ombudsman duties, facilities, residents, or staff on any public or private media platform.

☐ If contacted by the media regarding any case or issue related to my Ombudsman duties, I will not comment and will refer the inquiry to the District Long-Term Care Ombudsman.

☐ I will not "friend," follow, or otherwise engage with facility staff or administrators on social media platforms.

☐ If I am unsure whether a media-related action is appropriate, I will consult with my District Long-Term Care Ombudsman or State Long-Term Care Ombudsman before proceeding.

Acknowledgment

I understand that violation of this policy may result in immediate termination from the Ombudsman Program. I agree to comply with this policy and to seek guidance from my supervisor if I have any questions or concerns.

Signature: ***Date:***

Department of Disability & Aging

Tennessee Office of the State Long-Term Care Ombudsman
Ombudsman Representative Commitment Form

As an Ombudsman Representative, I agree to the following responsibilities and expectations as part of my role within the Tennessee Office of the State Long-Term Care Ombudsman Program:

☐ I will adhere to the policies, procedures, and guidelines outlined in the Tennessee Department of Disability and Aging Policies and Procedures Manual.

☐ I will perform the duties described in the Ombudsman Representative job description.

☐ I will complete all required initial and ongoing training as outlined in the job description.

☐ I will be accountable to and receive supervision from the District Long-Term Care Ombudsman.

☐ I will communicate regularly with the District Long-Term Care Ombudsman's office, including submitting all required reports and documentation at least monthly.

Certification Information
The Ombudsman Representative was certified on:

Acknowledgment

I understand and accept the responsibilities outlined above. I agree to fulfill my duties in accordance with the standards of the Tennessee Long-Term Care Ombudsman Program.

Ombudsman Representative Name:

Signature: **Date:**

District Long-Term Care Ombudsman Signature: **Date:**

Department of Disability & Aging

Tennessee Office of the State Long-Term Care Ombudsman
Identification Requirements for Ombudsman Representatives

The badge and lanyard serve as official identification and symbolize the authority and responsibility entrusted to Ombudsman representatives. They must be used in accordance with program policies to maintain professionalism and public trust.

As an Ombudsman Representative, I agree to the following:

☐ I will wear my issued badge and lanyard **at all times** when conducting official Ombudsman visits in long-term care facilities.

☐ I will not alter, damage, or deface my badge or lanyard in any way.

☐ I will not use my badge or lanyard for any purpose unrelated to official Ombudsman duties.

☐ I will store my badge and lanyard in a secure location when not in use to prevent loss or unauthorized use.

☐ I will immediately report a lost or damaged badge or lanyard to the District Long-Term Care Ombudsman.

☐ Upon resignation, termination, or decertification, I will return my badge and lanyard to the District Long-Term Care Ombudsman or their office **immediately**.

Acknowledgment

I understand that my badge and lanyard are official property of the Ombudsman Program and must be used responsibly. I agree to follow this policy and understand that failure to do so may result in disciplinary action.

Signature: **Date:**

TN Department of Disability & Aging

Tennessee Office of the State Long-Term Care Ombudsman Code of Ethics Acknowledgement

As an Ombudsman Representative, I understand that I am expected to uphold the highest standards of ethics and professionalism. I recognize that my role carries responsibilities that impact the integrity and credibility of the Ombudsman Program.

As an Ombudsman Representative, I agree that I will:

☐Participate in efforts to maintain and promote the integrity and credibility of the Ombudsman Program.

☐Recognize the boundaries of my own level of training and skills and consult with the District Ombudsman when needed.

☐Maintain competence in areas relevant to the long-term care system and long-term care service options.

☐Provide services that honor the dignity, individuality, and rights of every resident, without discrimination.

☐Respect and promote the resident's right to self-determination, making every reasonable effort to act in accordance with the resident's wishes.

☐Work to ensure that residents understand their rights as guaranteed by federal and state laws and regulations, and advocate for those rights to be upheld and applied.

☐Safeguard all resident information and will not disclose any details obtained during ombudsman activities without proper consent.

☐Act in accordance with Ombudsman Program standards and practices and respect the policies of the sponsoring organization.

☐Participate in efforts to promote a high-quality long-term care system.

☐Avoid any actual or perceived conflict of interest and will promptly disclose any potential conflicts to the District Ombudsman to ensure transparency and maintain trust.

Acknowledgment

By signing below, I affirm that I have read, understand, and agree to uphold this Code of Ethics.

Signature: **Date:**

Department of Disability & Aging

Tennessee Office of the State Long-Term Care Ombudsman
Consent for Use of Name, Image, and Likeness

The Tennessee Office of the State Long-Term Care Ombudsman requests your consent to use your name, likeness, image, voice, and/or appearance in photographs, video recordings, audio recordings, or digital media created during Ombudsman Program activities.

For the purposes of this form, “media” includes all forms of communication, including print, broadcast, digital, and social media platforms.

This consent allows the Ombudsman Program to use such materials for purposes consistent with its mission, including but not limited to:

- Educational materials
- Promotional content
- Publications and reports
- Social media and websites
- Public presentations and exhibits

All uses will reflect the mission of the Ombudsman Program and will be respectful of the dignity and privacy of those represented.

You understand that:

- You will not receive compensation for the use of these materials.
- You may revoke this consent at any time by submitting a written request to the State Long-Term Care Ombudsman Office.
- Declining to provide consent will not affect your role or participation in the Ombudsman Program.
- You release the Ombudsman Program and its agents from any claims related to the use of your image or likeness.

Department of Disability & Aging

Consent Options

Please check **one** of the following:

☐ **I consent** to allow the Tennessee Office of the State Long-Term Care Ombudsman to use my name and/or likeness for the purposes described above.

☐ **I do not consent** to the use of my name and/or likeness for any purpose.

Signature: **Date:**

Witness Signature (if applicable): **Date:**

TN Department of Disability & Aging

9-A Public Guardianship for the Elderly Program Intake

Name of District Public Guardianship for the Elderly Program:

Address:

City, State, Zip:

Phone Number:

Personal Information	
Client's Full Name:	
Date of Birth:	**Social Security Number:**
Client Occupation:	
Employer:	
Address, Telephone:	
Mother's Maiden Name:	**Mother's Place of Birth:**
Mother's Date of Birth:	**Father's Maiden Name:**

TN Department of Disability & Aging

Father's Place of Birth:	**Father's Date of Birth:**
Client's City of Birth:	**Client's County of Birth:**
Client's State of Birth: Country	**Client's Country of Birth:**
Current Residential Address:	
Current Mailing Address:	
Residential County:	**Type of Residence:**
Directions to Residence:	

Sex:	**First Language:**	**Race/Ethnicity:**

Highest Educational Level Obtained:	**Profession:**
Religious Affiliation:	

TN Department of Disability & Aging

Clergy's Name:	
Clergy's Phone Number:	
Veteran: Yes ☐ No ☐	**Branch:**
Dates of Service:	

Support System

Marital Status:	**Number of Marriages:**
Dates of Marriages:	
Spouses Residential Address:	
Type of Residence:	
Spouse's Name (Even if Deceased):	
Spouse's Date of Death (If Deceased):	

TN Department of Disability & Aging

Spouse's Social Security Number:	
If Deceased, Spouse's Burial Location:	
If Deceased, Spouse's Funeral Home:	
Was Spouse a Veteran: Yes☐ No ☐	**Branch:**
Dates of Service:	
Veteran's Administration Number:	
Child:	
Address:	**Phone Number:**
Child:	
Address:	**Phone Number:**
Child:	

TN Department of Disability & Aging

Address:	**Phone Number:**
Family Member:	**Relationship:**
Address:	**Phone Number:**
Family Member:	**Relationship:**
Address:	**Phone Number:**
Family Member:	**Relationship:**
Address:	**Phone Number:**
Neighbor/Friend:	
Address:	**Phone Number:**
Neighbor/Friend:	

TN Department of Disability & Aging

Address:	**Phone Number:**
Neighbor/Friend:	
Address:	**Phone Number:**
Background Information re: Family/Friends:	
Home Service Provider:	
Address:	
Phone Number:	

TN Department of Disability & Aging

Description of Home Services Being Provided:
Other Home/Community Based Services Being Received:
Medical Equipment Supplier:
Address:
Phone Number:

TN Department of Disability & Aging

List of Medical Equipment:
Health Information
Primary Care Physician:
Address:
Phone Number:
Other Physician/Specialist:

Address:	**Phone Number:**

Other Physician/Specialist:

Address:	**Phone Number:**

TN Department of Disability & Aging

Hospital of Choice:	
Address:	**Phone Number:**
Pharmacy of Choice:	
Address:	**Phone Number:**
Medicaid Number:	
Medicaid Effective Date:	
TennCare Choices MCO:	
TennCare Choices Care Coordinator:	
Medicare Pt. A Number:	
Medicare Pt. A Effective Date:	
Medicare Pt. D Provider:	

TN Department of Disability & Aging

Name:	
Address:	**Phone Number:**
Medicare Pt. D Number:	
Medicare Advantage Plan:	
Address:	**Phone Number:**

Medicare Supplement Plan:	
Name:	
Address:	**Phone Number:**
TennCare Choices MCO:	**TennCare Choices Care Coordinator:**

TN Department of Disability & Aging

Current Medical Condition:
Medical History:

TN Department of Disability & Aging

Current Medications Name, Amount, Dosage:
Mental Status Including All Known Diagnoses:
Communication:

TN Department of Disability & Aging

Cognitive Status:
Ambulation:

Financial Information

Amount of Social Security:	**Amount of SSI:**
Amount of SSDI:	**Amount of VA Benefit:**

TN Department of Disability & Aging

Type of VA Benefit:	**Draws on Self or Spouse:**
Amount of Railroad Retirement:	**Other Income:**
Other Income:	
Amount in Additional Bank Account:	**Type of Account:**
Bank Name:	**Bank Address:**
Amount in Additional Bank Account:	**Type of Account:**
Bank Name:	**Bank Address:**
Amount in Additional Bank Account:	**Type of Account:**
Bank Name:	**Bank Address:**
Safety Deposit Box: Yes☐ No ☐	**Location of Safety Deposit Box:**
Address:	**Name of Person with Key:**

TN Department of Disability & Aging

Real Estate Address:	**Type of Real Estate:**
Is the Client the Sole Owner: Yes☐ No☐	**If not, who is/are the other owner(s):**
Real Estate Address:	**Type of Real Estate:**
Is the Client the Sole Owner: Yes☐ No☐	**If not, who is/are the other owner(s):**
Real Estate Address:	**Type of Real Estate:**
Is the Client the Sole Owner: Yes☐ No☐	**If not, who is/are the other owner(s):**

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Personal Property (Including any Vehicles, Jewelry, etc.):	
Life Insurance Company:	**Address:**
Phone Number:	**Policy Number:**
Irrevocable Trust:	**Address:**
Phone Number:	**Policy Number:**
Monthly Expenses Amount:	**To Whom:**

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Monthly Expenses Amount:	**To Whom:**
Monthly Expenses Amount:	**To Whom:**
End of Life Wishes	
POST Form:	**Location of POST:**
Advance Directive: Yes☐ No☐	**Location Of Advance Directive:**
Does the Client Wish to Have a Funeral and be Buried: Yes☐ No☐	**Funeral Home:**
Funeral Home Address and Phone Number:	**Cemetery of Choice:**
Crematory Address and Phone Number:	

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Funeral/Cremation Paid For:	**Location of Will:**
Attorney Who Drafted Will	**Individual to Contact in Event of Death:**

Legal Information

Does the Client Have an Attorney: Yes☐ No☐

Contact Info for Attorney:

Does the Client Have a Durable Power of Attorney:
☐ Finances
☐ Healthcare
☐ Both

If yes, whom:	**Address:**
Phone Number:	

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Type of Service Requested	
☐ Conservator of Person and Property	☐ Durable Power of Attorney for Healthcare and Finances
☐ Conservator of Person	☐ Durable Power of Attorney for Healthcare
☐ Conservator of Property	☐ Durable Power of Attorney for Finances

Requested By	
Name of Person Completing Application:	
Address:	**Phone Number:**
If There is a Petitioning Attorney in This Case, Name:	
Address and Phone Number:	
APS Counselor:	
APS Counselor Contact Info:	

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9-B - PG Client Monthly Visit Report

Client Name:

District / Assistant Public Guardian:

Date:

Hygiene/Appearance			
General:	Good ☐	Fair ☐	Poor ☐
Living Environment			
General:	Good ☐	Fair ☐	Poor ☐
Nutrition			
General:	Good ☐	Fair ☐	Poor ☐
Food/Liquids Available:	Yes ☐	No ☐	Not Enough ☐
Mental Status			
Alert/Oriented?	Yes ☐	No ☐	Sometimes ☐

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Medication			
Accessible?	Yes ☐	No ☐	N/A ☐
Medical			
General:	Good ☐	Fair ☐	Poor ☐
Stable?	Yes ☐	No ☐	N/A ☐
Residence			
Address or Facility Name:			
Social			
Client Interaction with Others:	Good ☐	Fair ☐	Poor ☐
Care Staff			
Staff Issues?	Yes ☐	No ☐	N/A ☐
Review			
Did PG attend Most Recent Care Plan Meeting?	Yes ☐	No ☐	Date:

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Name of Care Staff that you spoke with?		
Were there any changes made to the POST Form or Advance Directive Form since the last visit?	Yes ☐	No ☐
Comments/Concerns		

Signature of Guardian / Conservator:

TN Department of Disability & Aging

9-C - Public Guardianship for the Elderly Program

Volunteer Client Monthly Visit

Volunteer Name: Date:

Client Name:

Hygiene / Appearance			
General:	Good ☐	Fair ☐	Poor ☐
Living Environment			
General:	Good ☐	Fair ☐	Poor ☐
Mental Status			
General:	Good ☐	Fair ☐	Poor ☐
Residence			
Address or Facility Name:			
Comments:			
Social			
Comments:			
General Comments:			

Signature of Volunteer **Time Spent (include travel time)**

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9-D – PG Folder Order Report

Order	File/Form Number	Title	Description
1.	9-F	Cover Page/Client Information Sheet	Use the client information sheet, as the cover page for quick reference of client information
2.		Original Appointment Orders/ Letters of Conservatorship	Stamped filed copies of: • Initial petition for Appointment of a Conservator • Orders of Appointment • Amended Orders of Appointment • Letters of Conservatorship
3.	9-C, 9-E, 9-H	Notes/ Visits	Document of the activity concerning periodic visits of client as governed by the appointment order and notations for both AAAD employees and volunteers
4.		Inventory/ Accounting	Stamped, filed, copies of: • Inventory • Six month/ Interim accounting • Annual accounting for non-fees Preliminary Final Accounting • Final Accounting • Order filed by the district guardian
5.		Property/ Assets	Stamped, filed, copies of:

			The Property Management Plan, which should include: • Client's income • Expenses • Property • Owned assets
6.		Budget	Filed budget, and if necessary, an amended budget for any projected change in expenses for the client
7.		Bank Information/ Monthly Financials	Filed bank notes, cash (checking and savings accounts), valuations (stocks, bonds), mortgage statements and sources of regular income
8.		Plan of Care	Stamped filed copy of: • Documentation pertaining to the individualized client service • Plan to identify the needs of the client • Care professionals that will provide such services
9.		Housing/Facility Correspondence	Filed documentation pertaining to the housing and/or facility of the client, including: • Paperwork for nursing homes, hospitals, acute care facilities, etc.

10.		Medicare Part D.	All filed documentation concerning the client's Medicare prescription drug plan and other summary notes
11.		Medicaid	All filed documentation concerning the client's Medicaid health insurance plan
12.		Retirement/Pension	All filed documentation concerning the client's retirement or pension plan (401k, 403(b), 457, IRA, and Health Savings Account
13.		Social Security	All filed documentation concerning the client's social security disability or supplemental security income
14.		Veterans Administration Benefits	All filed documentation concerning the client's veteran's administration benefits (i.e. claim forms, disability compensation, health care, home loans life insurance, memorial benefits, pension, and survivor-dependent benefits)
15.		Death and Burial Information (Life Insurance)	All filed documentation concerning: • Client's death and burial insurance policy. • Physician Order for Life Sustaining (POLST) or

			• Advanced Directives • Life Insurance or Long-Term care policies
16.		Medical Health Records	All filed documentation concerning the client's personal health records including, not limited to, health status, medical diagnosis, medical notes, Dr. appointments, medical charts, explanation of benefits
17.		Taxes	All filed documentation concerning the client's tax information including, but not limited to, form 1040, form 1040A, form 1040EZ, Property taxes
18.		Identification/ Photographs	All filed documentation concerning the client's identification, such as: • Driver's license • Social security card • Voter's card • Marriage license • Photographs
19.	9-A	Public Guardian Intake Form	Filed Public Guardian form
20.		General Correspondence	All filed client documentation such as business letters or personal correspondence

21.		Miscellaneous	All filed miscellaneous related documentation pertaining to the client

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9-E - PUBLIC GUARDIANSHIP FOR THE ELDERLY PROGRAM CLIENT INFORMATION FORM

Name:				**Admission Date:**			
Present Location:				**Phone Number:**			
Street Address:				**Room Number:**			
City, State, Zip:				**Facility/Group Home Admission Date:**			
DOB:		**Age:**		**Sex:**		**Race:**	
Code Status:				**Social Security Number:**			
VA Claim Number:							
Social Security (SSA): ☐	**SSI:** ☐			**Other:** ☐			
Other: ☐				**Other:** ☐			

Medical Insurance and Benefits

Medicare No.:		**Effective Date:**	
Part D:		**Effective Date:**	
Medicaid No.:		**Effective Date:**	
Other Insurance No:		**Effective Date:**	

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Medical Information	
Allergies:	
Diagnosis:	
Medical Notes:	

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Home Health Provider:		**Admit Date:**	
Hospice Provider:		**Admit Date:**	
Death and Burial Information			
Funeral Home:		**Phone Number:**	
Cemetery:			
Life Insurance:		**Amount:**	
Life Insurance:		**Amount:**	
Contacts – Family and Friends			
Name:		**Name:**	
Relationship:		**Relationship:**	
Phone:		**Phone:**	
Street Address:		**Street Address:**	
City, State, Zip:		**City, State, Zip:**	
Name:		**Name:**	
Relationship:		**Relationship:**	
Phone:		**Phone:**	

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Street Address:		**Street Address:**	
City, State, Zip:		**City, State, Zip:**	

AAAD Public Guardian Ward Information Sheet			
Contacts/Other			
Hospital:		**Phone Number:**	
Physician:		**Phone Number:**	
Administrator:		**Phone Number:**	
D.O.R.		**Phone Number:**	
Social Worker:		**Phone Number:**	
Notes / Special Instructions:			

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Directions:

Leal Information and Contact Info			
Court of Jurisdiction:		**Judge:**	
Petitioning Attorney:		**Phone No.:**	
Guardian Ad Litem:		**Phone No.:**	
Type of Appointment:			

TN Department of Disability & Aging

9-H - Monthly PG Report

Name of Program - AAAD:

Month, Year:

Active Clients				
First Name:	**Last Name:**	**Middle Initial:**	**Court / County:**	**Docket No.:**

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New Clients Appointed During the Month				
First Name:	**Last Name:**	**Middle Initial:**	**County / Court:**	**Docket No.:**

Conservatorships Terminated, or Clients who Passed away During the Month				
First Name:	**Last Name:**	**Middle Initial:**	**County / Court:**	**Docket No.:**

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Inactive Clients				
First Name:	**Last Name:**	**Middle Initial:**	**County / Court:**	**Docket No.:**

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Transferred Clients				
First Name:	**Last Name:**	**Middle Initial:**	**County / Court:**	**Docket No.:**

Total Number of Clients – Month:	**Number:**	**Institutional (I) or Community Resident (C):**	**Total Number of Clients - CY Dates:**	**Number:**	**Total Number of Clients - FY Dates:**	**Number:**
DPOA		**I** ☐ **C** ☐				
Consv. Person		**I** ☐ **C** ☐				
Consv. Property		**I** ☐ **C** ☐				
Consv. Person & Property		**I** ☐ **C** ☐				
Volunteers:	**Number:**		**Number:**		**Number:**	
Total Number of Active Volunteers:		Volunteers Direct Services:		Volunteers Indirect Services:		

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Client Visits:	Visits		Visits			
Number of Volunteer Visits:		Number of District PG Visits:				
Units of Service:	**Units**		**Units**		**Units**	
Units of Service Volunteers:		Units of Service District PG**:**		Units of Service Asst. PG**:**		
Units of Service other program staff:		Units of Service other AAAD staff**:**				

Program Fees:				
First Name:	**Last Name:**	**Year to Date Fees Collected (FY):**	**Year to Date Fees Collected (CY):**	**Month Collected**:
Totals:		**$**	**$**	
Are Funds reported as Program Income:	**Yes ☐ No ☐**			

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9-H - Inventory Report

Program:	
Client:	
Date of Inventory:	
Address of Residence:	
Individuals Present for Inventory:	

LIVING ROOM	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Sofa/Couch		E ☐	VG ☐	G ☐	P ☐	
Loveseat		E ☐	VG ☐	G ☐	P ☐	
Chairs		E ☐	VG ☐	G ☐	P ☐	
Side Table(s)		E ☐	VG ☐	G ☐	P ☐	
Coffee Table(s)		E ☐	VG ☐	G ☐	P ☐	
Television(s)		E ☐	VG ☐	G ☐	P ☐	
Artwork		E ☐	VG ☐	G ☐	P ☐	
Kick-knacks		E ☐	VG ☐	G ☐	P ☐	
Rug(s)		E ☐	VG ☐	G ☐	P ☐	
Lamp(s)		E ☐	VG ☐	G ☐	P ☐	
Books		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

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DINING ROOM	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Table(s)		E ☐	VG ☐	G ☐	P ☐	
Chairs		E ☐	VG ☐	G ☐	P ☐	
Artwork		E ☐	VG ☐	G ☐	P ☐	
Sideboard(s)		E ☐	VG ☐	G ☐	P ☐	
Rug(s)		E ☐	VG ☐	G ☐	P ☐	
Lamp(s)		E ☐	VG ☐	G ☐	P ☐	
Kick-knacks		E ☐	VG ☐	G ☐	P ☐	
China		E ☐	VG ☐	G ☐	P ☐	
Glassware		E ☐	VG ☐	G ☐	P ☐	
Table Linen(s)		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

BEDROOM #1	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Bed(s)		E ☐	VG ☐	G ☐	P ☐	
Bedside Table(s)		E ☐	VG ☐	G ☐	P ☐	
Lamp(s)		E ☐	VG ☐	G ☐	P ☐	
Chest(s)		E ☐	VG ☐	G ☐	P ☐	
Dresser(s)		E ☐	VG ☐	G ☐	P ☐	
Rug(s)		E ☐	VG ☐	G ☐	P ☐	
Artwork		E ☐	VG ☐	G ☐	P ☐	
Bedding		E ☐	VG ☐	G ☐	P ☐	
Clothes		E ☐	VG ☐	G ☐	P ☐	
Desk(s)		E ☐	VG ☐	G ☐	P ☐	
Chair(s)		E ☐	VG ☐	G ☐	P ☐	
Kick-knacks		E ☐	VG ☐	G ☐	P ☐	
Book(s)		E ☐	VG ☐	G ☐	P ☐	
Television(s)		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

BEDROOM #2	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Bed(s)		E ☐	VG ☐	G ☐	P ☐	
Bedside Table(s)		E ☐	VG ☐	G ☐	P ☐	
Lamp(s)		E ☐	VG ☐	G ☐	P ☐	
Chest(s)		E ☐	VG ☐	G ☐	P ☐	
Dresser(s)		E ☐	VG ☐	G ☐	P ☐	
Rug(s)		E ☐	VG ☐	G ☐	P ☐	
Artwork		E ☐	VG ☐	G ☐	P ☐	
Bedding		E ☐	VG ☐	G ☐	P ☐	
Clothes		E ☐	VG ☐	G ☐	P ☐	
Desk(s)		E ☐	VG ☐	G ☐	P ☐	
Chair(s)		E ☐	VG ☐	G ☐	P ☐	
Kick-knacks		E ☐	VG ☐	G ☐	P ☐	

Book(s)		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Television(s)		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

BEDROOM #3	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Bed(s)		E ☐	VG ☐	G ☐	P ☐	
Bedside Table(s)		E ☐	VG ☐	G ☐	P ☐	
Lamp(s)		E ☐	VG ☐	G ☐	P ☐	
Chest(s)		E ☐	VG ☐	G ☐	P ☐	
Dresser(s)		E ☐	VG ☐	G ☐	P ☐	
Rug(s)		E ☐	VG ☐	G ☐	P ☐	
Artwork		E ☐	VG ☐	G ☐	P ☐	
Bedding		E ☐	VG ☐	G ☐	P ☐	
Clothes		E ☐	VG ☐	G ☐	P ☐	
Desk(s)		E ☐	VG ☐	G ☐	P ☐	
Chair(s)		E ☐	VG ☐	G ☐	P ☐	
Kick-knacks		E ☐	VG ☐	G ☐	P ☐	
Book(s)		E ☐	VG ☐	G ☐	P ☐	

Television(s)		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

BEDROOM #4	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Bed(s)		E ☐	VG ☐	G ☐	P ☐	
Bedside Table(s)		E ☐	VG ☐	G ☐	P ☐	
Lamp(s)		E ☐	VG ☐	G ☐	P ☐	
Chest(s)		E ☐	VG ☐	G ☐	P ☐	
Dresser(s)		E ☐	VG ☐	G ☐	P ☐	
Rug(s)		E ☐	VG ☐	G ☐	P ☐	
Artwork		E ☐	VG ☐	G ☐	P ☐	
Bedding		E ☐	VG ☐	G ☐	P ☐	
Clothes		E ☐	VG ☐	G ☐	P ☐	
Desk(s)		E ☐	VG ☐	G ☐	P ☐	
Chair(s)		E ☐	VG ☐	G ☐	P ☐	

Kick-knacks		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Book(s)		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Television(s)		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

DEN/OFFICE	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Desk(s)		E ☐	VG ☐	G ☐	P ☐	
Lamp(s)		E ☐	VG ☐	G ☐	P ☐	
Chair(s)		E ☐	VG ☐	G ☐	P ☐	
Sofa/Couch		E ☐	VG ☐	G ☐	P ☐	
Loveseat		E ☐	VG ☐	G ☐	P ☐	
Rug(s)		E ☐	VG ☐	G ☐	P ☐	
Artwork		E ☐	VG ☐	G ☐	P ☐	
Fireplace Equipment		E ☐	VG ☐	G ☐	P ☐	

Clothes		E ☐	VG ☐	G ☐	P ☐	
Books		E ☐	VG ☐	G ☐	P ☐	
Bookcase(s)		E ☐	VG ☐	G ☐	P ☐	
Piano		E ☐	VG ☐	G ☐	P ☐	
Organ		E ☐	VG ☐	G ☐	P ☐	
Computer(s)		E ☐	VG ☐	G ☐	P ☐	
Television(s)		E ☐	VG ☐	G ☐	P ☐	
Other Furniture		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

HALLS	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Artwork		E ☐	VG ☐	G ☐	P ☐	
Chair(s)		E ☐	VG ☐	G ☐	P ☐	
Rug(s)		E ☐	VG ☐	G ☐	P ☐	
Lamp(s)		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

KITCHEN	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Stove		E ☐	VG ☐	G ☐	P ☐	
Refrigerator		E ☐	VG ☐	G ☐	P ☐	

Chest Freezer		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Pots/Pans		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Dishes		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Cutlery		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Artwork		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Rug(s)		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Glassware		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Television(s)		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Table		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
Chairs		**E** ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	
		E ☐	**VG** ☐	**G** ☐	**P** ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
LAUNDRY ROOM	**Number of Items**	**Condition: Excellent**	**Condition: Very Good**	**Condition: Good**	**Condition: Poor**	**Notes:**
Washer		E ☐	VG ☐	G ☐	P ☐	
Dryer		E ☐	VG ☐	G ☐	P ☐	
Shelves		E ☐	VG ☐	G ☐	P ☐	
Furniture		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

TN Department of Disability & Aging

MISCELLANEOUS	Number of Items	Condition: Excellent	Condition: Very Good	Condition: Good	Condition: Poor	Notes:
Exercise Equipment		E ☐	VG ☐	G ☐	P ☐	
Lawn Mower(s)		E ☐	VG ☐	G ☐	P ☐	
Weed Eater(s)		E ☐	VG ☐	G ☐	P ☐	
Lawn Care Equipment		E ☐	VG ☐	G ☐	P ☐	
Coins		E ☐	VG ☐	G ☐	P ☐	
Jewelry		E ☐	VG ☐	G ☐	P ☐	
Furs		E ☐	VG ☐	G ☐	P ☐	
Safe		E ☐	VG ☐	G ☐	P ☐	
Strong Box		E ☐	VG ☐	G ☐	P ☐	
Firearms		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	
		E ☐	VG ☐	G ☐	P ☐	

TN Department of Disability & Aging

9-I - Cap Request Application

In cases where a District Public Guardian Program believes that it has reached its maximum caseload, the program may submit a written request to the Department of Disability and Aging (DDA) requesting a program cap. Tennessee statute provides:

Tenn. Code Ann. § 34-7-104(m):

> "To ensure adequate services for each disabled person, the district public guardian shall submit certification to the court when maximum caseload has been attained, and the court shall not assign additional disabled persons while maximum caseload is maintained. Maximum caseload shall be certified by the department of disability and aging upon review of verifying documentation submitted by the district public guardian and the grantee agency director. The district public guardian must notify the court when caseload has been reduced to less than maximum load."

District Public Guardian programs are able to accept cases UNLESS the program has a DDA approved cap in place. To request a caseload cap, District Public Guardian programs must adhere to the following procedure.

1. Public Guardian form **9-I - Cap Request Application, must** be completed by the program and submitted via email to DDA at **least thirty** (30) days before the proposed effective date of the cap.
2. DDA will review the request and respond, in writing, within ten (10) business days.
3. If the request is NOT approved, DDA will provide a letter setting forth the reasons why the cap was not approved.
4. If the request is approved, DDA will provide a letter (similar to the attached sample certification letter) certifying that the district public guardian program has reached its maximum caseload.
5. Within two weeks after receiving the certification letter, the letter must be sent to the appropriate courts notifying them of the cap.
6. The District Public Guardian Program will complete the "District Public Guardianship for the Elderly Program Cap - Termination - Court Notification", and the "District Public Guardianship for the Elderly Program Cap Termination Court Notification" forms, documenting that the certification letter has been sent all appropriate courts in the district. The completed form must be emailed to DDA within thirty (30) days from the cap start date.
7. Once the cap termination date is reached, the District Public Guardian Program will notify the appropriate courts (within two weeks of the cap termination date) that the District Public Guardian Program cap has terminated.

TN Department of Disability & Aging

Request for District Public Guardianship for the Elderly Program Cap

1. Program: _____

2. District Public Guardian: _____

3. Reasons for requesting cap:
   _____

   _____

   _____

   _____

4. Current District Public Guardianship for the Elderly Program Caseload
   a. DPOA _____
   b. Consv.Person _____
   c. Consv. Property _____
   d. Consv. Person and Property _____

5. Start date of cap: _____

6. Termination date of cap: _____

7. Date of last District Public Guardian Program Cap: _____

Documentation must be submitted with this request to support the response to question 3 above.

_____

District Public Guardian Date

_____

AAAD Director / DDA Public Guardian Director Date

DDA use only

Date rec'd:	**Response sent:**	**Approved: Yes ☐ No ☐**

TN Department of Disability & Aging

District Public Guardianship for the Elderly Program
Cap - Court Notification

Court Notified	Method of Notification	Date Notified	Signature

TN Department of Disability & Aging

District Public Guardianship for the Elderly Program
Cap - Termination - Court Notification

Court Notified	Method of Notification	Date Notified	Signature

TN Department of Disability & Aging

Sample Certification Letter

Dear

In accordance with Tenn. Code Ann. § 34-7-104(m), this letter from the Tennessee Department of Disability & Aging (hereinafter referred to as "DDA") serves as notification that DDA, after reviewing documentation from the Public Guardianship for the Elderly Program, operated through the _____Area Agency on Aging and Disability (hereinafter referred to as the "Program"), has certified that the Program has reached "maximum caseload" and is, therefore, unable to accept any additional conservatorship appointments at this time. This is a temporary capping of the caseload and will be in effect from _____ until _____.

This cap is necessitated by the current volume of cases that the program in the _____region currently maintains.

The capping of the caseload is temporary; the cap will only remain in effect for the period listed above. By statute, the District Public Guardian is required to submit certification to the Courts that the maximum caseload has been attained and must notify the Court when the cap is lifted.

Thank you for your assistance with this matter. Should you have any questions, please contact _____, (615)_____ or_____.

Sincerely,

Sample Certification Letter

TN Department of Disability & Aging

Sample Certification Letter

Dear

In accordance with Tennessee Code Annotated, Section 34-7-104(m), this letter from the Tennessee Department of Disability & Aging (hereinafter referred to as "DDA") serves as notification that DDA, after reviewing documentation from the Public Guardianship for the Elderly Program operated through the _____Area Agency on Aging and Disability (hereinafter referred to as the "Program"), is unable to certify that the Program has reached "maximum caseload".

DDA is unable to certify that the program has reached maximum caseload for the following reasons:

1. Documentation was not sufficient, etc.
2.

The District Public Guardian Program may resubmit its request for a cap and address the above issues/concerns/problems.

Thank you for your assistance with this matter. Should you have any questions, please contact _____ at the Tennessee Department of Disability & Aging at either (615)_____ or _____ .

Sincerely,

Sample Certification Letter

Tennessee Department of Disability and Aging

Caregiver Assessment

I. Profile
- Caregiver Identification
- Residential Address
- Mailing Address
- Client Information
- Caregiver Profile

II. Caregiving Tasks

III. Impact of Caregiving

Internal Note

I. Profile

Caregiver Identification

1. What is the date of the assessment?	
2. Specify the type of assessment, or the reason for the assessment.	Initial assessment Reassessment
3. What is the name of the person conducting this assessment?	
4. What is the name of the agency the assessor works for?	
5. What is the client's first name?	
6. What is the client's last name?	
7. What is the client's middle initial?	

TN Department of Disability & Aging

Residential Address

8. Enter the client's residential street address or Post Office box.	
9. Enter the client's residential city or town.	
10. Enter the client's state of residence.	
11. Enter the client's residential zip code.	

Mailing Address

12. Is client's mailing address the same as their residential address provided above?	☐ Yes ☐ No
12a. Enter the client's mailing street address or Post Office box.	
12b. Enter the client's mailing city or town.	
12c. Enter the client's mailing state.	
12d. Enter the client's mailing ZIP code.	

Client Information

13. What is the client's social security number (SSN)?	
14. Enter the primary local client identifier for the client.	
15. Enter the client's telephone number.	
16. Alternate telephone number for client.	
17. What is the client's gender?	☐ Female ☐ Male ☐ Prefer Not to Say

18. What is the client's date of birth?	
19. Enter the age of the client in years.	
20. Select the client's current marital status.	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Declined to Provide
21. What is the client's primary caregiver's race/ethnicity?	☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Laotian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Mexican, Mexican American, Chicano ☐ Puerto Rican ☐ Cuban ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Race ☐ Prefer Not to Say ☐ Other Asian ☐ Other Hispanic, Latino or Spanish Origin ☐ Other Pacific Islander
22. Is the client currently employed?	☐ Full time ☐ Part time ☐ No

Caregiver Profile

23. What is the care recipient's name?	
24. Does the client live with the care recipient?	☐ No ☐ Sometimes ☐ Yes
25. What is the care recipient's status?	☐ Alzheimer's disease or related disorder

	☐ Client elderly (60+) ☐ Disabled (18 to 59) ☐ Minor (18 and under)
26. How long has client provided most of the care?	☐ Less than 6 months ☐ 6 to 12 months ☐ 1 to 2 years ☐ 2 to 5 years ☐ 5+ years
27. Does the client have any other caregiving responsibilities? (Children, other adults, etc.)	
28. Describe any significant changes or events that have taken place in the client's life during the last six months.	
29. Are there other people who can assist the client with the care recipient if the client is not available?	☐ No ☐ Yes
30. What contacts/services/supportive interventions have been provided for the client?	
31. Do others assist the client with the care recipient?	☐ No ☐ Yes

II. Caregiving Tasks

32. Does the primary client provide the care recipient with personal care?	☐ Yes ☐ No
33. Does the client help the care recipient with housekeeping?	☐ Yes ☐ No
34. Does the client help the care recipient manage his/her money?	☐ Yes ☐ No
35. Does the client help the care recipient with shopping and/or errands?	☐ Yes ☐ No

36. Does the client help the care recipient with taking medication?	☐ Yes ☐ No
37. Does the client provide the care recipient with transportation?	☐ Yes ☐ No
38. Does the client provide the care recipient with other assistance?	☐ Yes ☐ No
39. If services were not in place, would there be anything that would make it difficult for the client to provide care?	☐ Yes ☐ No
40. How often does the care recipient receive assistance from the client?	☐ Monthly ☐ Weekly ☐ One to two times per week ☐ Three or more times per week ☐ Once daily ☐ Several times during day ☐ Several times during day and night

III. Impact of Caregiving

41. How does the client rate his/her health?	☐ Excellent ☐ Good ☐ Fair ☐ Poor
42. Does the client feel that s/he has lost control of his/her life since the care recipient became ill?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
43. Does the client feel that his/her health has suffered because of involvement with the care recipient?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
44. Does the client feel that the care recipient affects his/her relationship with family members/friends in a negative way?	☐ Never ☐ Rarely ☐ Sometimes

	☐ Frequently
45. Does the client feel that his/her social life has suffered because s/he is caring for the care recipient?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
46. Does the client feel that s/he doesn't have enough privacy because of caring for the care recipient?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
47. Does the client feel that s/he does not have enough time for him/herself because of the time spent caring for the care recipient?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
48. Does the client feel stressed between caring for the care recipient and trying to meet other responsibilities?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
49. Does the client feel angry when s/he is around the care recipient?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
50. Does the client feel that s/he does not have enough money to take care of the care recipient and pay for the rest of his/her expenses?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
51. Overall, does the client feel burdened caring for the care recipient?	☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
52. Indicate the behaviors the care recipient has demonstrated at least once a week.	☐ Delusional ☐ Disruptive behavior ☐ Getting lost/wandering ☐ Impaired decision-making ☐ Memory deficit

	☐ Physical aggression ☐ Verbal disruption ☐ Not applicable

Internal Note

Internal Note	

☐ I have verified this client is a US citizen or verified alien.

See appendix "Guidelines for Tennessee Eligibility Verification for Entitlement Act" for additional information.

Tennessee Dept. of Disability and Aging
Screening

A. Intake/Assessment
B. Individual Identification
    Residential Address
    Mailing Address
    Client Living Arrangements
C. Demographics
D. Caregiver Identification
E. Emergency Contacts
F. Social Screening
G. Health Screening
H. Mental Health Observations
I. ADL/IADL and Other Limitations
    ADL
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J. Home Hazards
K. Financial Resources
    A. Total Resources
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    C. Health Insurance
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M. Other Observations
N. Prioritization
Internal Note

TN Department of Disability & Aging

A. Assessment

1. What is the date of the screening?	
2. Specify the type of screening, or the reason for the screening.	Initial screening Rescreen
3. What is the name of the person conducting this screening?	
4. Who was the caller? Be sure to include their name, phone number, and relationship to the client.	
5. How did the client/caller hear about the program?	
6. Does the client know the referral is being made?	☐ Yes ☐ No
7. Describe formal/informal supports already in place.	
8. Comment on type of assistance requested.	
9. Does the client want to apply for any of the following services or programs?	☐ Energy assistance (LIHEAP) ☐ Food stamps (SNAP) ☐ Home Repair/Weatherization ☐ QMB/SLMB/LIS/Q1 ☐ SSI ☐ Medicare Counseling ☐ None

B. Individual Identification

10. What is the client's first name?	
11. Enter the client's 'also known as' first name.	
12. What is the client's middle initial?	

13. What is the client's last name?	
14. What is the client's date of birth?	
15. What is the client's Pension/Social Security Number? *(Optional or collect if making CHOICES referral).*	
16. Enter the client's telephone number.	
17. Alternate telephone number for client.	
18. What is the client's e-mail address?	

Residential Address

19. Enter the client's residential street address.	
19a. Enter the client's residential city or town.	
19b. Enter the client's residential zip code.	
19c. What county does the client reside in?	
19d. Arrival Instructions.	

Mailing Address

20. Is client's mailing address the same as the residential address provided above?	☐ Yes ☐ No
20a. Mailing Street address or PO Box.	
20b. Mailing city or town.	
20c. Mailing state.	
20d. Mailing ZIP code.	

Department of Disability & Aging

Client Living Arrangements

21. Select the client's current living arrangement.	☐ Alone (3) ☐ With partner/spouse (0) ☐ With family (0) ☐ With live in care (0) ☐ With roommate (0) ☐ With others (0) ☐ Unknown/not alone (0)

C. Demographics

22. What is the client's race/ethnicity?	☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Laotian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Mexican, Mexican American, Chicano/A ☐ Puerto Rican ☐ Cuban ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Race ☐ Prefer Not to Say ☐ Other Asian ☐ Other Hispanic, Latino or Spanish Origin ☐ Other Pacific Islander
23. What is the client's gender?	☐ Prefer Not to Say ☐ Female ☐ Male

24. Select the client's current marital status.	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Declined to Provide

D. Caregiver Identification

25. Does the client have an identified primary (informal) helper/caregiver who provides care on a regular basis?	☐ Yes (0) ☐ If no, skip to next section. (2)
26. Select the client's caregiver. Be sure to collect their Phone Number, Email, and full Address.	
27. Caregiver's birth date?	
28. How often does the client receive assistance from the primary caregiver?	☐ Daily ☐ Several times a week ☐ Weekly ☐ Less than weekly

E. Emergency Contacts

29. Name of Friend or Relative (outside client's home) to contact in case of an Emergency.	
30. Alternate Telephone Number of Friend or Relative (outside client's home) to contact in case of an Emergency.	
31. What is the name of a second relative or friend of the client?	
32. What is the alternate phone number of the second relative or friend of the client?	

Department of Disability & Aging

F. Social Screening

33. Is there a friend or relative that could take care of the client for a few days?	☐ Yes (0) ☐ No (3)

G. Health Screening

34. How does the client rate his/her health?	☐ Excellent (0) ☐ Good (0) ☐ Fair (1) ☐ Poor (2)
35. In the past year, how many times has the client stayed overnight in a hospital?	☐ Not at all (0) ☐ Once (1) ☐ 2 or 3 times (2) ☐ More than 3 times (3)
36. Has the client fallen in the past three months?	☐ Yes (3) ☐ No (0)
37. Is the client homebound?	☐ Yes (3) ☐ No (0)
38. Indicate which of the following conditions/diagnoses the client currently has.	☐ Alzheimer's disease/other Dementia ☐ Ankle/leg swelling ☐ Any urinary or bowel problems ☐ Arthritis/rheumatic disease/gout ☐ Cancer ☐ Chronic pain ☐ Contagious/Communicable Disease ☐ Do you take any medication for depression or anxiety ☐ Diabetes ☐ Have you ever had a stroke ☐ Hearing impairment ☐ Heart problems ☐ Hypertension ☐ Intellectual/Developmental disability

38. continued - Indicate which of the following conditions/diagnoses the client currently has.	☐ Memory Loss ☐ Missing limb (e.g., amputation) ☐ Problems with breathing ☐ Tremors ☐ Vision problems ☐ Other significant illnesses ☐ None of the Above
39. Enter any comments regarding the client's medical conditions/diagnoses.	

H. Mental Health Observations

40. Can the client express basic needs and wants?	☐ Yes ☐ No
41. How many days per week does the client have problems making him/herself understood?	☐ Never (0) ☐ Sometimes (1) ☐ Always** (2)
42. Can the client understand and follow simple instructions?	☐ Yes ☐ No
43. How many days per week does the client have problems understanding others?	☐ Never (0) ☐ Sometimes (1) ☐ Always** (2)
44. How is the client's orientation to people?	☐ No apparent problem (0) ☐ Sometimes a problem - 1 to 3 days (1) ☐ Often a problem - 4 to 7 days** (2)
45. How is the client's orientation to place?	☐ No apparent problem (0) ☐ Sometimes a problem - 1 to 3 days (1) ☐ Often a problem - 4 to 7 days** (2)
46. Has the individual exhibited behavior problems?	☐ No apparent problem (0) ☐ Sometimes a problem - 1 to 3 days (1) ☐ Often a problem - 4 to 7 days** (2)

47. Indicate the behaviors the client has demonstrated.	☐ Verbally aggressive ☐ Physical aggression ☐ Disruptive behavior ☐ Delusional ☐ Getting lost/wandering ☐ Presents other problems

I. ADL/IADL and Other Limitations

ADL

48. During the past 7 days, and considering all episodes, was the client able to BATHE without help?	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
49. During the past 7 days, and considering all episodes, was the client able to DRESS without help?	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
50. During the past 7 days, and considering all episodes, was the client able to TRANSFER without help?	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)

51. During the past 7 days, and considering all episodes, was the client able to GET AROUND THE HOME without help?	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
52. During the past 7 days, and considering all episodes, was the client able to EAT without help?	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
53. During the past 7 days, and considering all episodes, was the client able to USE THE TOILET without help?	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
54. Please enter it in the SRT ADL score. It cannot be greater than 6.	0
55. Enter the total ADL impairments as calculated above.	

IADL

56. During the past 7 days, and considering all episodes, was the client able to MANAGE MEDICATIONS without help?	☐ Yes (0) ☐ No, required assistive technology (1) ☐ No, required supervision (SBA - Verbal someone there to watch or prompt) (2) ☐ No, required limited assistance (1 to 3 days physical hands-on help) (3) ☐ No, required extensive/total assistance (4 to 7 days a week hands-on help) (4)
57. Is the client able to MANAGE MONEY without help?	☐ Yes (0) ☐ No (1)
58. Is the client able to SHOP without help?	☐ Yes (0) ☐ No (1)
59. Is the client able to PREPARE MEALS without help?	☐ Yes (0) ☐ No (1)
60. Is the client able to do HEAVY HOUSEWORK without help?	☐ Yes (0) ☐ No (1)
61. Is the client able to do LIGHT HOUSEKEEPING without help?	☐ Yes (0) ☐ No (1)
62. Is the client able to USE TRANSPORTATION without help?	☐ Yes (0) ☐ No (1)
63. Is the client able to USE THE TELEPHONE without help?	☐ Yes (0) ☐ No (1)
64. Please enter the SRT IADL score. This score cannot be greater than 8.	
65. Enter the total IADL impairments as calculated above.	
66. Comment on the client's functional ability.	

J. Home Hazards

67. Does the client have difficulties keeping his/her home free from odor or pests?	☐ Yes ☐ No
68. Is there evidence of pets/animals that are a danger to those who come to the client's home?	☐ Yes ☐ No

K. Financial Resources

A. Total Resources

69. What is the total income of the client's household per month?	
70. How many people do the household income support?	
71. Is the client's income level below the national poverty level?	☐ At or below poverty (2) ☐ Above poverty (0)
72. Specify the client's monthly income (or client and spouse if married).	
73. What is the client's Monthly Income Range?	☐ Below 150% federal poverty level (3) ☐ Over 150% of poverty level up to 200% of poverty level (0) ☐ More than 200% of poverty level but less than 300% of FBR (0) ☐ Over 300% federal benefit rate (0)
74. Does the client have excessive expenses, such as medical bills, that prevent them from meeting their needs?	☐ Yes (1) ☐ No (0)

B. Other Assistance

75. Is the client a veteran or the spouse/widow of a veteran?	☐ Yes ☐ No

C. Health Insurance

76. Does the client have Medicare A health insurance?	☐ Yes ☐ No (Skip next two questions) ☐ Don't know
77. Enter the client's Medicare number.	
78. What is the effective date of the client's Medicare A policy?	
79. Does the client have Medicare B health insurance?	☐ Yes ☐ No (Skip next question) ☐ Don't know
80. What is the effective date of the client's Medicare B policy?	
81. Does the client have Medigap health insurance?	☐ Yes ☐ No
82. Does the client have Medicare D health insurance?	☐ Yes ☐ No
83. Does the client have LTC health insurance?	☐ Yes ☐ No
84. Does the client have Medicaid or TennCare?	☐ Yes ☐ No
85. Does the client have other health insurance?	☐ Yes ☐ No
86. Please indicate if the individual has QMB/SLMB.	

L. CHOICES Screening

87. Does the client own his/her home or any other property?	☐ Yes ☐ No

88. What are the client's resources/assets?	☐ Certificate of Deposits ☐ Checking Account ☐ Savings certificate ☐ IRA or Annuity ☐ Savings Account ☐ Stocks, Bonds ☐ Burial contract ☐ Life insurance policy with cash value ☐ Property other than home
89. Are the Consumer's assets valued at less than $2000?	☐ Yes ☐ No ☐ Don't know
90. Has the client transferred any property or money in the last five years?	☐ Yes ☐ No
91. While you are more likely to get more services sooner by getting CHOICES, getting CHOICES also means that any property and assets you have are subject to Estate Recovery. Knowing this, would you still like to be screened for CHOICES?	☐ Yes ☐ No
92. What is the date of the consumer's last medical evaluation by a physician?	
93. Who is the client's primary care physician? Be sure to collect their name and work phone.	

M. Other Observations

94. Enter intake/referral comments.	

N. Prioritization

95. Client is assigned for in-depth assessment for the following programs.	☐ CHOICES ☐ OPTIONS ☐ Title III-E, NFCSP services ☐ Title III-B ☐ Title III-C, Home Delivered Meals ☐ None
96. Is this an APS Referral?	☐ Yes ☐ No
97. Does the client live in a rural area?	☐ Yes (3) ☐ No (0)
98. Calculated Priority Score 4. Enter the Total Priority Score as calculated above.	0
99. Total Risk Level.	☐ Low Risk (1 to 15) ☐ Moderate Risk (16 to 30) ☐ High Risk (31 to 73)

Internal Note

Internal Note:	

APPENDIX F

CITIZENSHIP DOCUMENTATION

CITIZENSHIP

Pursuant to the Tennessee Eligibility Verification for Entitlements Act (T.C.A. § 4-58-101 et seq.), every state governmental entity must verify citizenship for participants receiving federal, state, or local public benefit. Program participants must present proof of citizenship or status as qualified alien prior to receiving benefits. Furthermore, participants must attest to the applicant's status as either a United States citizen or a qualified alien.

Prior to receiving benefits, **applicants who claim United States citizenship**, the applicant must present any (1) of the following:

- A valid Tennessee driver license or photo identification license issued by the department of safety; or a valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the department of safety; ○ **NOTE:** Due to the potential for fraud, if a driver license or photo identification is utilized as proof of citizenship, then a copy of the citizenship or lawful permanent resident documentation (e.g., U.S. issued birth certificate, valid US passport, certificate of citizenship, permanent resident alien card, etc.) utilized to obtain the license must be provided as well.
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, Guam; ○ **NOTE:** Puerto Rican birth certificates issued before July 1, 2010, shall not be recognized as acceptable proof of citizenship.
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (I-197, I-179);
- A social security number that the entity or local health department may verify with the social security administration in accordance with federal law.
    - **NOTE:** Due to the potential for fraud, if a social security number is utilized as proof of citizenship, then a copy of the citizenship or lawful permanent resident documentation (e.g., U.S. issued birth certificate, valid US passport, certificate of citizenship, permanent resident alien card, etc.) utilized to obtain the social security number must be provided as well.

Prior to receiving benefits, **applicants who claim qualified alien status** must present two (2) forms of documentation of identity and immigration that are acceptable for verification through the SAVE (Systematic Alien Verification for Entitlements) Program, as determined by the U.S. Dept. of Homeland Security. This documentation includes a permanent resident card (Form I-551), certificate of eligibility for nonimmigrant student status (Form I-20), arrival/departure record (Form I-94), employment authorization card (Form I-766), and a valid foreign passport with an I-94 stamp. The applicant must provide a numeric identifier such as an alien number, arrive-departure record I-94 number, SEVIS identification number, certificate of naturalization number, certificate of citizenship number, or unexpired foreign passport number. Review and approval of this documentation by the contract provider and DDA will serve as verification of status. If the applicant is not able to provide two (2) forms of documentation, then the applicant must provide at least one (1) such document, and DDA will verify the applicant's status through SAVE or SEVIS (Student and Exchange Visitor Information System).

Pursuant to 8 U.S. Code § 1641, a qualified alien is defined as:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) [8 U.S.C. 1101 et seq.];
- An alien who is granted asylum under Section 208 of the INA [8 U.S.C. 1158];
- A refugee who is admitted to the United States under Section 207 of the INA [8 U.S.C. 1157];
- An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least one year [8 U.S.C. 1182(d)(5)];
- An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) [8 U.S.C. 1253] or whose removal has been withheld under Section 241(b)(3) [8 U.S.C. 1231(b)(3)];
- An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980 [8 U.S.C. 1153(a)(7)];
- An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980 [8 U.S.C. 1153]; or
- Certain aliens who have been battered or were subjected to extreme cruelty [8 U.S.C. 1641(c)].