ALABAMA DEPARTMENT
OF SENIOR SERVICES

STATE PLAN ON AGING
FISCAL YEARS 2025–2028

KAY IVEY, GOVERNOR
STATE OF ALABAMA

JEAN W. BROWN, COMMISSIONER
ALABAMA DEPARTMENT OF SENIOR SERVICES

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LETTER FROM THE COMMISSIONER

KAY IVEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF SENIOR SERVICES

RSA Tower Suite 350
201 Monroe Street
P.O. Box 301851
Montgomery, AL 36130-1851

JEAN W. BROWN
COMMISSIONER

(334) 242-5743
FAX: (334) 242-5594
www.alabamaageline.gov

July 1, 2024

Mr. Constantinos Miskis, Regional Administrator
U.S. Administration on Aging, Region IV
Atlanta Federal Center
61 Forsyth Street, SW, Suite 5M69
Atlanta, GA 30303-8099

Dear Mr. Miskis:

As the Commissioner of the Alabama Department of Senior Services (ADSS), appointed by Governor Kay Ivey to serve as the Executive Officer for the State Unit on Aging, I hereby submit the 2025-2028 Alabama State Plan on Aging for the period of October 1, 2024, through September 30, 2028.

The enclosed plan provides the goals, objectives, and strategies the state of Alabama plans to provide as we continue to advocate for choice and independence for older adults, people with disabilities, and caregivers. Included is the verification of intent, assurances, and other requirements as outlined under the provisions of the Older Americans Act of 1965, as amended.

ADSS and its various partners and stakeholders are committed to ensuring continual progress to best meet the needs and preferences of those we serve throughout the state.

If you have any questions regarding the 2025-2028 Alabama State Plan on Aging, you may contact the ADSS Programs and Planning Division Chief Nick Nyberg at (334) 242-5767 or by email at nick.nyberg@adss.alabama.gov.

Best regards,

Jean W. Brown

VERIFICATION OF INTENT

The State Plan on Aging for the period October 1, 2024 - September 30, 2028, is hereby submitted for the state of Alabama by the Alabama Department of Senior Services (ADSS). ADSS is authorized to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all state programs related to the purposes of the Act. These programs include the development of comprehensive and coordinated systems for the delivery of supportive services such as multipurpose senior centers and nutrition services, and further include serving as the effective and visible advocate for senior adults in the state.

The State Plan on Aging is hereby approved by the Governor and constitutes authorization to proceed with programs under the plan upon approval of the U.S. Assistant Secretary for Aging.

This State Plan on Aging was developed in accordance with all federal statutory and regulatory requirements.

The State Plan on Aging is based on projected receipts of federal, state, and other funds, and thus is subject to change depending upon actual receipts and/or changes in circumstances. Should substantive changes to this plan become necessary, they will be incorporated through amendments to the plan.

6-14-2024
Date

(signed)

Jean W. Brown, Commissioner
Alabama Department of Senior Services

I hereby approve this State Plan on Aging and submit it to the U.S. Assistant Secretary for Aging.

6-20-24
Date

(signed)

Kay Ivey, Governor
State of Alabama

Section 1

Executive Summary

Background

After Congress passed the Older Americans Act (OAA) in 1965 as a response to concerns by policymakers about a lack of community social services for older persons, the Alabama Department of Senior Services (ADSS) was created to respond. The original legislation established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) to administer the newly created grant programs and to serve as the federal focal point on matters concerning older persons. Although older individuals may receive services under many other federal programs, today the OAA is considered a major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers.

ADSS has been the lead agency on programs for the aging population since 1975. ADSS administers core OAA statewide programs on aging and other related programs funded by the Administration for Community Living (ACL), the Centers for Medicare and Medicaid Services, the U.S. Department of Labor, the Alabama Medicaid Agency, and the state of Alabama. All programs are operated through the 13 Area Agencies on Aging (AAAs) in conjunction with the Aging and Disability Resource Center (ADRC) screening and counseling program called One Door Alabama. The AAAs act as local planning and service agencies that have contracts for direct services with many state and local service providers. The OAA gives guidance regarding who is eligible for services so that ADSS and the AAAs can ensure that "preference of services will be given to senior citizens, persons with disabilities, and caregivers with the greatest economic and social need, with specific attention to low-income minority individuals and senior citizens residing in rural areas (Section 305 (a)(2)(E))" *(see Attachment K for demographics highlighting preference of services)*. Many older Alabamians fall into more than one of these categories, making them particularly vulnerable.

MISSION

To promote the independence and dignity of those served, through a comprehensive and coordinated system of quality services.

VISION

To help society and state government prepare for aging through effective leadership, advocacy, and stewardship.

Current Status

Today, Alabama's senior adult population is growing. As is true throughout the country, the number will increase as more people become older adults. Between 2020 and 2040, the projection shows that number will grow to 1,144,172, which is a 34% increase that will result in more demand for support and services. In Alabama, there are more than 800,000 people with disabilities. That number is expected to increase as well.

Moreover, Alabama currently has approximately 761,000 caregivers, of which 75% represent in-home care initiated by family and friends, male and female, from every age, racial, and

socioeconomic group. And considering the projection for Alabama's older adult population to increase, and with more than one in ten Alabamians between the ages of 16 and 64 having some kind of disability (Alabama State Data Center, July 2019), the demand for support will continue.

Alabama also has many residents diagnosed with Alzheimer's Disease and Related Dementias (ADRD). In 2020, the Alzheimer's Association® (AA) reported state statistics showing 103,600 people aged 65 and older were living with Alzheimer's in Alabama *(see Appendix 3 for more ADRD data)*. The statistics also show 14.3 percent of people aged 45 and older having subjective cognitive decline, with a future projection of 110,000 by 2025. To address the broader health challenges within the state, it is crucial to consider the social determinants of health (SDOH) since SDOH are factors that contribute to cognitive decline. There is growing scientific evidence that efforts to prevent cancer, diabetes, and cardiovascular disease may reduce the risk of cognitive decline and dementia. Modifiable risk factors with a strong correlation to cognitive decline include depression, hearing loss, physical inactivity, poor diet quality and obesity, poor sleep quality and sleep disorders, tobacco use, traumatic brain injury, and alcohol use. According to Alabama's 2019 Behavioral Risk Factor Surveillance System (BRFSS), 15.5 percent of the population were diagnosed with diabetes; 42.5 percent were diagnosed with hypertension; and 72.7 percent were classified as overweight or obese. Furthermore, BRFSS also indicated that Alabama ranked seventh in age-adjusted cancer rates.

Racial and ethnic disparities also exist for ADRD. According to the Centers for Disease Control and Prevention (CDC), in the U.S. African Americans are two times and Hispanics are one and a half times more likely to have ADRD than white people. Disparities are also found among American Indian/Alaska natives, women, and people with intellectual or development disabilities (ID/DD). Currently, Alabama has the second highest Alzheimer's Disease mortality with 54.0 deaths per 100,000 total population. This figure is comprised of 83.2 percent white people, 16.5 percent African Americans, and 0.3 percent other persons. According to AL BRFSS in 2019, subjective cognitive decline prevalence by gender was 6.5 percent for males and 7.7 percent for females.

In Alabama there are 86,811 adults 65 and older below the poverty line, with 29,572 being minorities. Many underserved minority populations have limited access to medical services to address health problems such as ADRD and associated chronic illnesses such as diabetes and cardiovascular disease. A significant number of Alabama counties have an area designated as a health professional shortage area (HPSA), and more than 50 counties are considered rural. There are nine counties without a hospital and more than ten percent of residents in eight counties lack access to a vehicle. Limited medical professionals, lack of transportation, and poverty are all components of the SDOH affecting these populations.

Addressing COVID-19

In preparing this State Plan on Aging, addressing the effects of COVID-19 is crucial, as many of the programs administered by ADSS were impacted during the height of COVID-19 and are still impacted today. ADSS will continue to monitor program participation to ensure all efforts are made to connect people to resources. Thus, it is widely acknowledged that social isolation caused by COVID-19 is detrimental to both mental and physical health. Thus, during the plan period, ADSS will continue its strong efforts to reduce social isolation and loneliness. To the extent

possible, this Plan will address areas that may be or have been affected by the pandemic and will provide for flexibility in carrying out ADSS's programs, should this become necessary.

Providing Aging Services

The home-and community-based service programs administered by ADSS through AAAs and other partners will continue to be of great importance as Alabama's dramatic demographic shift will require attention to ensure older adults and people with disabilities can live where they choose, with the people they choose, and with the ability to participate fully in their communities. The focus of the OAA is serving older adults. ADSS serves older Alabamians daily across the state. ADSS is also tasked with serving people with disabilities across the lifespan, as well as caregivers, Medicare beneficiaries (current and prospective), those with ADRD, and others.

An important mission of ADSS is to educate and assist the public, lawmakers, and other agencies or individuals dedicated to helping those in need. It is ADSS's goal to empower individuals to lead independent, meaningful, and dignified lives in their own homes and communities for as long as it is appropriate.

The Alabama State Plan on Aging (State Plan) is a comprehensive blueprint that identifies the goals, objectives, strategies, and outcomes for the work planned by ADSS. Throughout the State Plan period, ADSS remains committed to providing quality services to older adults, efficiently monitoring, and overseeing funded programs, collaborating with other state agencies and stakeholders, partnering with the network of the state's AAAs, and enhancing processes, policies, and procedures to elevate service quality and delivery.

To ensure that this State Plan accurately reflects the current needs and priorities of older adults in Alabama, ADSS sought input from stakeholders, community partners, older adults, and caregivers. This approach provided ADSS with a deeper understanding of the aging landscape in the state and proved effective in shaping the goals and objectives of the State Plan. Recognizing the growing demand for services, ADSS acknowledges the necessity for continued and new strategic collaborations with statewide partners to maximize resources and enhance efficiencies.

ADSS staff is committed to supporting the AAA network by sharing information on best practices and maintaining or revising policies as needed. This collaborative effort aims to assist partners in implementing programs that are not only efficient and effective, but of the highest quality, thus meeting the evolving needs of Alabama's aging population.

In summary, Alabama faces a multifaceted healthcare landscape, marked by a substantial caregiving burden, an expanding aging population that includes a high projection of people living with ADRD, and various health risk factors. As we approach the years 2025-2028, ADSS is pleased to present its new State Plan on Aging with the following five goals:

- **Goal 1: Provide strong and effective core OAA and other home-and community-based service programs while strengthening oversight and quality management.**
- **Goal 2: Plan for future emergencies, encouraging healthy and independent lives.**
- **Goal 3: Reach and serve individuals with the greatest economic and social need.**

- **Goal 4: Coordinate and maintain strong and effective HCBS for older adults and people with disabilities.**
- **Goal 5: Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama.**

Section 2

Programs

The OAA serves as the primary framework for organizing and delivering social and nutritional services to older adults, individuals with disabilities, and their caregivers. Funding from the ACL forms the cornerstone of services aimed at assisting this population in attaining and preserving independence and dignity within their homes and communities while being empowered to choose how they desire to live.

OAA Core Programs		
Title III-B Supportive Services	▪ Access Services (transportation, outreach, information and referral, and case management) ▪ In-Home Services (homemaker, personal care, chore, and home repair/modification) ▪ Legal Assistance (related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination) ▪ Health Promotion: Non-Evidence Based	
Title III-C Nutrition Services	▪ Congregate Meals ▪ Home-Delivered Meals ▪ Liquid Nutrition Supplements	▪ Nutrition Education ▪ Nutrition Counseling
Title III-D Evidence-Based Disease Prevention and Health Promotion	Evidence-Based programs approved by ACL: ▪ Demonstrated through evaluation to be effective improving health and well-being ▪ Proven effective with older adult population	▪ Research results published in a peer-review journal ▪ Fully translated in one or more community sites ▪ Includes developed dissemination products available to the public
Title III-E National Family Caregiver Support Program (NFCSP)	▪ Caregiver Information & Assistance ▪ Public Information Services ▪ Caregiver Support Groups ▪ Caregiver Case Management Assistance	▪ Caregiver Counseling ▪ Caregiver Training ▪ Caregiver Respite ▪ Supplemental Services
Title V Senior Community Service Employment Program (SCSEP)	SCSEP helps low-income, unemployed individuals aged 55+ find work. To qualify: ▪ Be an Alabama resident ▪ Be age 55 or older	▪ Be unemployed ▪ Have an income of less than 125% of the federal poverty level

Title VII Office of State Long-Term Care Ombudsman Program	The Office of the State Long-Term Care Ombudsman program provides consumer advocacy protection services to: ▪ Resolve residents' problems ▪ Protect residents' rights ▪ Ensure residents receive fair treatment and quality care	▪ Investigate and resolve complaints ▪ Educate residents, family and facility staff ▪ Provide information to the public ▪ Advocate to bring about change
ACL Discretionary Grant Programs		
Lifespan Respite	Provided through United Cerebral Palsy of Huntsville and Tennessee Valley, the grant objectives include: ▪ Enhancing respite opportunities for all family caregivers ▪ Expanding existing support services to all caregivers ▪ Strengthening Lifespan Respite while building on quality indicators for a more formalized statewide sustainable respite and support services plan	
State Health Insurance Assistance Program (SHIP)	Alabama SHIP counselors and volunteers are committed to helping participants make informed choices with the following goals: ▪ Client Contacts ▪ Outreach Contacts	▪ Contacts with Medicare beneficiaries under 65 ▪ Hard-to-Reach Contacts ▪ Enrollment Contacts
Medicare Improvements for Patients & Providers Act (MIPPA)	Available to help eligible Medicare beneficiaries apply for cost-savings benefits: ▪ Low-Income Subsidy (LIS) ▪ Medicare Savings Program (MSP)	
Senior Medicare Patrol (SMP)	Alabama SMP's key objectives are to continuously work in three main areas: ▪ Conducting outreach and education ▪ Engaging volunteers ▪ Receiving beneficiary complaints	
Dementia	*See Appendix 3*	
State & Medicaid Funded Programs		
State Funded		
Aging & Disability Resource Center (ADRC)	The ADRCs serve as centralized hubs for individuals seeking long-term support services (LTSS) and assistance with accessing resources. Each ADRC operates during normal business hours and offers: ▪ Screening for programs and services ▪ Assisting with application processes	▪ Responding to inquiries and answering questions ▪ Referring applicants to relevant agencies ▪ Following up to provide support as needed
Dementia Friendly Alabama (DFA)	*See Appendix 3*	

SenioRx	SenioRX provides medication assistance to help individuals manage chronic illnesses effectively. This program assists individuals who meet specific income criteria including: ▪ Individuals aged 55+ with chronic medical condition and no prescription coverage ▪ Individuals of any age deemed disabled by the Social Security Administration ▪ Individuals who have Medicare but have reached the Medicare D coverage gap
Medicaid Funded	
Alabama Community Transition Medicaid Waiver (ACT)	The ACT Waiver, also known as Gateway to Community Living, provides services to individuals with disabilities or long-term illnesses who currently reside in an institution and who desire to transition to a home or community-based setting.
Elderly and Disabled Medicaid Waiver (E&D)	The E&D Waiver is structured to offer services that enable older adults and/or individuals with disabilities who would otherwise require care in a nursing facility to reside in the community.
Hospital to Home (H2H)	ADSS administers the Alabama Medicaid Agency's Hospital to Home (H2H) program. This program facilitates transitions from hospital settings back to the community. This program operates in collaboration with the Alabama Gateway to Community Living (GCL) and Alabama Community Transitions (ACT) programs, both of which are designed to assist individuals in transitioning from hospitals back to community living.
Personal Choices	The "Personal Choices" Medicaid Waiver program administered by ADSS presents and alternative for individuals enrolled in a Home-and Community-Based Waiver Service program. Through this initiative, participants receive a monthly allowance which they can use to determine their required services. They have the flexibility to hire caregivers or use allocated funds towards essential equipment purchases. Financial counselors are available to assist them through the process, aiding in budget development to effectively manage their allocated care funds.
Technology Assisted Medicaid Waiver (TA)	The TA Medicaid Waiver program is tailored for individuals 21 or older who have had a tracheostomy or who are reliant on ventilators and require skilled nursing services. The Waiver enables Medicaid-approved participants to continue receiving private duty nursing services, facilitating their ability to stay in their homes. The services covered under the TA Waiver include private duty nursing; personal care/attendant service; medical supplies and equipment; assistive technology; and respite care services (skilled and unskilled).

Section 3

Context

Public Input

Addressing the diverse needs of senior adults, individuals with disabilities, caregivers, and specific groups such as Medicare beneficiaries and those with ADRD, is a complex task. Alabama faces several challenges related to the aging population. While addressing these challenges, it is crucial to focus on factors such as economic and social needs, with a specific focus on Social Determinants Of Health, particularly for low-income minority individuals and

senior adults in rural areas. The vulnerability of individuals falling into multiple categories necessitates ongoing efforts to reach and assist them effectively.

The programs and services provided by ADSS through partners, such as AAAs and other State agency partners, are not only necessary to meet the current and future needs of senior adults, individuals with disabilities, and caregivers, but are even more essential due to experience gained during the COVID-19 pandemic. This knowledge is crucial as we prepare for potential future pandemics.

To gain insight into the challenges and unmet needs of the target population, ADSS conducted reviews of both state and national research and sought input from senior adults, individuals with disabilities, and caregivers. This input is crucial for these issues in the planning process over the next four years. This inclusive approach ensures that the plan not only focuses on continuing to serve Alabama residents over the next four years, but also collaborates with partners, such as AAAs and other State Agency partners, to develop potential solutions for the challenges faced by the state.

Results

When preparing and implementing a plan to advance work in the field of aging, feedback becomes critical. Of course, such feedback is a requirement of the OAA for both completing a State Plan and gathering the perspectives of older individuals, AAAs, and other interested parties regarding programs.

ADSS used several different methods to gather feedback from senior adults, people with disabilities, caregivers, and partners. Those methods are:

1. AAA Directors solicited input from the state plan advisory group, requesting insights into the top challenges to address in each service area across the state.

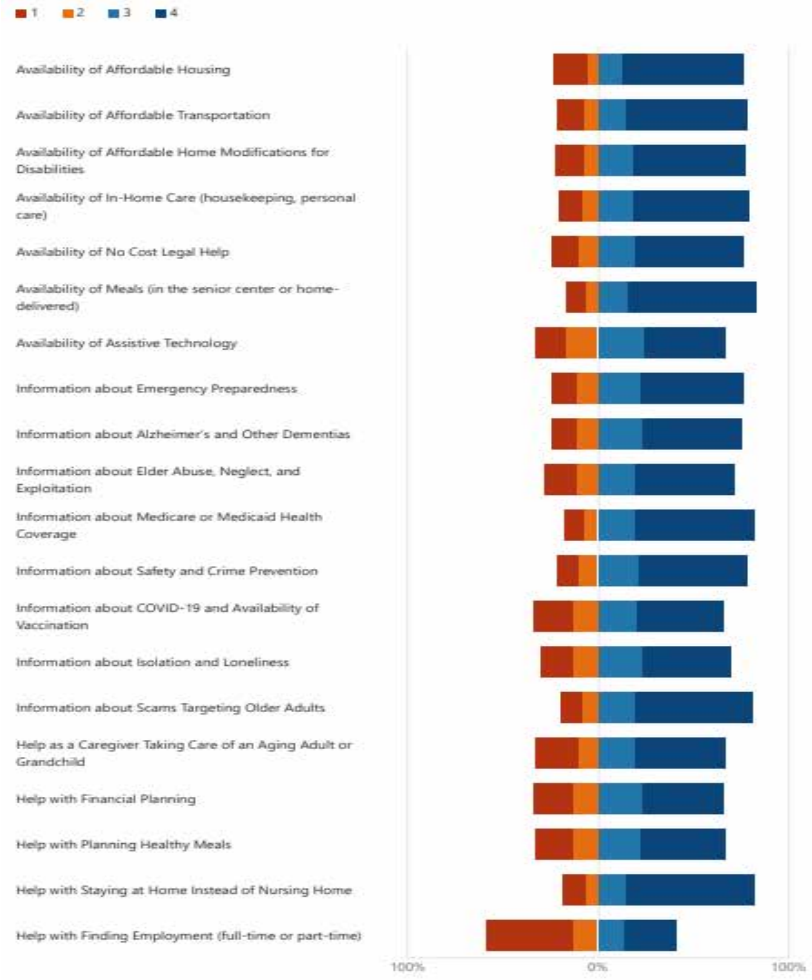
Challenges	
Funding	With an increasing senior adult population and their growing needs for care, funding has not kept pace with such growth, as is evidenced by growing wait lists for certain services.
Capacity to Provide Care	The service provider workforce in Alabama, and in the nation, is suffering due to several reasons that include hourly wages and burnout. Staff recruitment and retention within the aging network are proving more difficult today.
Increasing Population	The University of Alabama Center for Business and Economic Research projects that the senior adult population in Alabama will increase by 83% by the year 2040. Many of Alabama's senior population are low-income individuals residing in rural areas and they are living longer with more complex and chronic health conditions.
Public Emergencies	Because of the severity and impact of COVID-19, public emergencies are now listed as a challenge. This challenge is not exclusive to COVID-19, and Alabama's senior adults and people with disabilities, with the help of ADSS and other agencies/organizations, must be better prepared and ready to face future challenges.

Resources	With the tremendous growth in the aging population, Alabama faces a challenge due to a lack of and strain on current resources that are needed to care for the population, including providing help for caregivers and finding volunteers. Transportation, housing, access to technology and other resources or services are always mentioned when surveying about needs. And with the onset of COVID-19 in 2020 and now facing the residuals of the pandemic, more services are being provided through technology. However, for those with limited or no broadband access, barriers to different services exist.
Scams	Like most states, Alabama has no shortage of fraud and scams. In 2022, a report from the Federal Trade Commission (FTC) stated Alabamians lost over $50,000,000 to fraudsters. When added to an estimated $60 billion Medicare fraud there remains much to be done on fraud prevention and education
Social Determinants of Health (SDOH)	According to the Alabama Department of Public Health, SDOH plays a significant role in Alabama's citizens' health, well-being, and quality of life. SDOH contributes to health disparities and inequities. Income disparities, education, poverty, unemployment, food insecurity, housing, and family social support services must be addressed as a system to build environments that contribute to wellness and support opportunities for health choices.
Support for those with ADRD	Alzheimer's is the fastest-growing, most critical health crisis facing America. In a 2020 report, the Alzheimer's Association reported state statistics showing that 96,000 people aged 65 and older were living with Alzheimer's in Alabama with a future projection of 110,000 by 2025. Additionally, in Alabama 14.3% of people aged 45 and older had subjective cognitive decline.

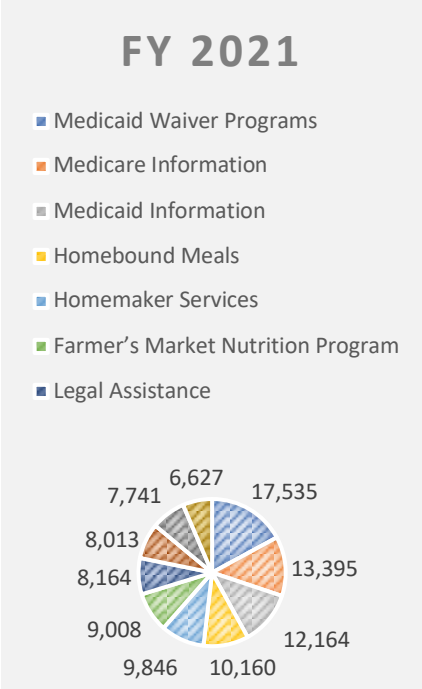
2. Needs Assessments were conducted among senior adults, people with disabilities, caregivers, and others interested in enabling individuals to live at home and in their communities for as long as possible.

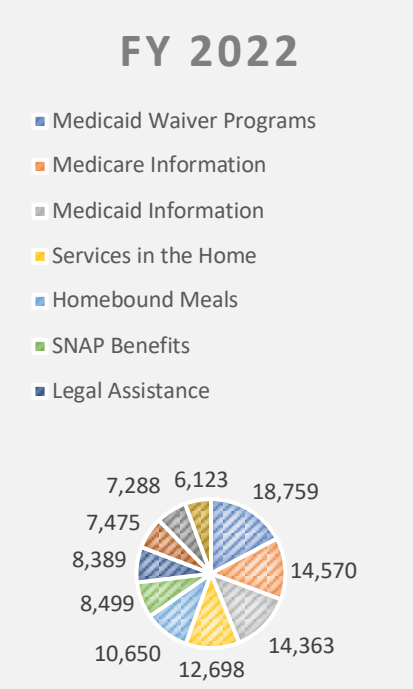
Needs Assessments Results			
			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	Greater than $1,255	2138
Age Range			
Under 60	414	60 or Older	2860

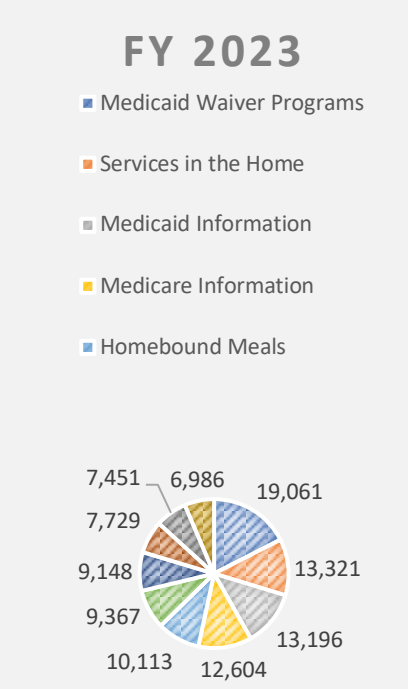
Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553
Are You a Person Living with a Disability?			
Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don't Know	686		



3. Analysis was performed on the most requested services and topics during FY21, 22, and 23.







4. Public meetings were held to gather comments from the public regarding needs/unmet needs. *(See Appendix 13 for the public meetings comments)*

Public Meetings		
Venue	**Date**	**Attendance**
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42

ADSS remains committed to seeking partnerships and fostering innovations to ensure Alabama is well prepared to respond to the needs of our target populations, especially in the aftermath of the COVID-19 pandemic. ADSS aims to meet their needs, promote their health and well-being, and empower them to age in place wherever they call home.

Section 4

Quality Management

Data Collection *(see Appendix 5 – Annual Data Outcomes)*

ADSS utilizes multiple data systems with the proprietary system, Aging Information Management System (AIMS). AIMS serves as the primary system where all other data feed into, ensuring quality data that is monitored either monthly or quarterly based on the program. ADSS offers continuous technical assistance to its partner AAAs to ensure accurate data entry is completed by the required due dates.

The following data systems (state/federal/private) are utilized by ADSS and its AAA partners:

- AIMS
  - Title III B, C, D, E
  - SHIP/MIPPA (interface with federal STARS)
  - Title VII Ombudsman
- FAMCare – Medicaid Division (interface with AIMS)
- GPMS – Title V SCSEP
- PeerPlace – ADRC Division (interface with AIMS)
- SIRS – SMP
- RxAssist Plus – SenioRx (interface with AIMS)

The goal of these programs is to collect comprehensive data on all services provided. To achieve this, the ADSS team must provide continuous training and technical assistance that include emphasizing the goal of reaching individuals with the greatest economic and social needs in Alabama.

In FY2023, ADSS achieved the following percentages compared to FY2022:

Consumer Summary	2022	2023	% Variance
Total Clients	**187,459**	**181,751**	**-3%**
Total Registered Clients	71,691	73,387	2%
% Minority Clients	36%	36%	3%
% Rural Clients	29%	28%	-2%
% Clients Below Poverty	35%	35%	2%
# Clients with 3+ ADLs	9,429	8,801	-6%
# of Persons Served at High Nutrition Risk	20,069	21,565	7%

Starting in 2023, the ADSS IT team-initiated efforts to implement a new system of automatically generated data quality emails. These emails are sent to each Program Director whenever potentially faulty data is entered into AIMS by an AAA partner. In 2024, the ADSS IT team began developing a new data system called MyADSS.

Monitoring & Oversight (Remediation of Problem Areas / Continuous Improvement) ***(See Appendix 6 – Monitoring Tools)***

ADSS conducts regular monitoring of contracted partners to ensure compliance with effective and appropriate utilization of both federal and state funds. Monitoring and oversight processes encompass various methods including bi-annual on-site monitoring appointments for all programs, monthly/quarterly desk reviews, fiscal audits, data validation, technical assistance, and ongoing training.

The assessment monitoring tools are used to facilitate ADSS staff's fair evaluation of all AAA partners and enable AAAs to identify areas for improvements. The rating system offers flexibility for staff evaluators to recognize unique AAA strengths and areas needing improvement. These monitoring tools are designed to ensure that ADSS meets its requirements in serving the needs of senior adults and others across all functional areas. They also ensure that all AAA partners are monitored consistently and provide data for evaluating the statewide proficiency of all AAA partners. This consistent monitoring helps identify and quantify consistent statewide deficiencies for resource allocation purposes.

Continuous Improvement

The ADSS team is dedicated to continuous improvement efforts. To this end, ADSS employs various methods to assess and implement changes within existing programs and services. Providing training and technical assistance to AAA partners, as well as other community stakeholders, will be the primary approach through which ADSS aims to enhance services for older adults in Alabama over the next four years. Furthermore, by researching national trends and evaluation of services, ADSS will identify best practices and strategies to improve programs, services, and access to those services to promote wider adoption and improvement across the board.

Section 5

Goals, Objectives, Strategies, & Outcomes

The 2025-2028 Alabama State Plan on Aging is designed to establish a comprehensive and coordinated support system of Long-Term Services and Supports (LTSS) and other programs serving Alabama's older adults, individuals with disabilities, and their caregivers. The State Plan outlines goals, objectives, strategies, and projected outcomes across five focus areas: OAA core formula-based and other non-formula-based grant programs; preparedness and disasters; equity; expanding access to HCBS; and caregiving.

The goals, objectives, strategies, and projected outcomes were developed collaboratively with input from ADSS Program Directors, the AAA Directors advisory group focusing on challenges and Needs Assessment results, and feedback gathered from the public meetings.

GOAL 1: Provide strong and effective core OAA and other home-and community-based services programs while strengthening oversight and quality management

Objective 1.1: Structure Title III and V services to help older adults stay at home and in their communities and explore coordination of programs within Title VI

	STRATEGY	PROJECTED OUTCOME
III-B	Develop a new legal training course for new legal providers to include allowable legal processes and data entry in AIMS system.	More robust legal services program including higher quality outcomes and better data. Improved accountability and quality management.
	Create formal desk review processes to include the development of a handbook and tools for all Title III-B services.	
III-C	Develop a prioritization tool to ensure nutrition services are provided to high-risk clients based on greatest social and economic need.	Clients with a risk score of 6 or greater on the prioritization tool will be weighted more heavily for malnutrition. AAAs' use of the prioritization tool and waitlist will provide a standardized framework statewide to ensure meals are being provided to the most critical and highest need clients. Lifespan Respite clients will improve their own health and well-being by their ability to make more informed decisions about food safety and nutrition. AUM will present best practices for increasing funding, local community support, and participation at senior centers and make recommendations for future growth, empowering AAAs to modernize senior centers. Client wellness check will provide a weekly face-to-face contact with the client and will also help decrease feelings of isolation. Senior adults with special dietary needs will be better informed to make sound choices on food items. Registered Dietitian Nutritionists will visit ten senior centers and provide clients with diet information and food safety. Diversity in other cultures will be learned and celebrated.
	Work with each AAA partner to develop a waitlist policy and monitor the AAAs' use of the waitlist.	
	Partner with Alabama Lifespan Respite to provide a Registered Dietitian Nutritionist contact and resource for nutrition education to benefit participants in the Caregiver Wellness Initiative.	
	Work in partnership with the frozen meal's provider, AAA and senior center staff, and volunteers to provide a client wellness safety check for homebound clients during meal delivery. This will result in AAAs being notified of suspected problems for proper follow up to clients.	
	Partner with the Auburn University at Montgomery (AUM) Certified Public Manager Program to complete a study on Alabama's Elderly Nutrition Program and senior center participation.	
	Provide education to senior centers on common therapeutic diets and how the meals provided through the Alabama ENP can be tailored to meet health needs of Alabama's senior adult population.	
	Assist the AAAs to utilize Registered Dietitian Nutritionists and the Alabama Cooperative Extension System to present education at the senior centers that provide nutrition and health information for the meals participants.	
	Educate Nutrition Coordinators and senior centers about holidays and events of other cultures and encourage diversity of other cultures to be celebrated through activities, food, music, film, and special guests.	

	Educate Nutrition Coordinators and senior centers about holidays and events of other cultures and encourage diversity of other cultures to be celebrated through activities, food, music, film, and special guests.	client and will also help decrease feelings of isolation. Senior adults with special dietary needs will be better informed to make sound choices on food items. Registered Dietitian Nutritionists will visit ten senior centers and provide clients with diet information and food safety. Diversity in other cultures will be learned and celebrated.
III-D	Lead collaborative efforts between AAAs to improve the efficacy and reach of evidence-based and non-evidence-based health promotion programs.	Increased best practices by AAAs and higher participation rates among senior adults.
	Explore the inclusion of screening of immunization status and infectious disease and vaccine-preventable disease to better inform the public about the options.	
	Explore the addition of music, art, or dance-movement therapy programs to evidence-based programming.	
Title V SCSEP	Ensure all SCSEP participants are screened through the state's ADRCs to access/apply for any additional home-and community-based services they may qualify for.	Providing additional services will help SCSEP participants remain independent and, in their communities, longer. Transitioning participants into higher wage jobs Providing additional skills necessary for today's workforce.
	Explore and develop partnerships with companies or individuals in the private sector to increase On-the-Job Experience (OJE) opportunities.	
	Work with the Alabama Community College System to provide Adult Education classes to SCSEP participants at no cost.	

Objective 1.2: Strengthen Alabama's State Long-Term Care Ombudsman program that strives to serve residents in all facility settings

	STRATEGY	PROJECTED OUTCOME
VII	Provide trainings for public officials, state and local agencies, residents, family members, facility staff, and the community.	Increased awareness of the advocacy services provided by the Ombudsman Program. Increase the number of ombudsman volunteers across the state and increase advocacy and support to residents. Increase the number of successful transitions of residents to the community and keep them from returning to LTC.
	Since updating the volunteer training manual in 2023, the State Long-Term Ombudsman will work with the local ombudsmen to increase ways to recruit and retain volunteers.	
	Conduct baseline, 11-month, and 24-month QoL surveys to follow the client for two years after transition to ensure adequate services are provided so the client can remain at home and in the community.	
	Provide trainings to facility staff, residents, family members, and the community at large to increase awareness of the Gateway Program.	

	Conduct events across the state to recognize Elder Abuse Awareness Day and educate the community about LTC issues.	Increased knowledge of the Gateway Program resulting in more interest, referrals, and successful transitions. Increased knowledge of abuse, neglect, exploitation, and other LTC issues and concerns and how to recognize and report concerns. Increased opportunity for local ombudsmen to address complaints and concerns with surveyors while they are in the facility to increase resolution of complaints. Increased oversight, education, and awareness for residents and family members in residential care communities.
	Work collaboratively with the Alabama Department of Public Health (ADPH) to address complaints and concerns regarding residents in LTC by receiving notifications from the ADPH surveyors when they enter and exit LTC facilities.	
	Increase routine visits, increase family/resident councils, and develop educational materials.	

Objective 1.3: Work to continue assisting Alabama's population with high quality non-formula-based services while integrating these services with OAA core programs

	STRATEGY	PROJECTED OUTCOME
ADRC	Seek to develop a partnership within the Native American communities in the state.	Increased service to more underserved populations offering resource/benefits counseling and long-term care supports. Increased ADRC participants by 10% each year. Enhanced knowledge of person-centered counseling leading to better outcomes for the populations served. Proper referrals completed to assist TBI and/or HIV/AIDS patients with service assistance. Help stop suicides.
	Establish a statewide outreach campaign detailing One Door Alabama as the trusted place for information, including ensuring outreach materials are translated for those with limited English proficiency.	
	Enhance partnership with Medicaid to explore new person-centered training options for the ADRC counselors statewide.	
	With 'Head Injury' being listed in the current Medical Conditions options and partnership is established with the AL Head Injury Foundation (SUA membership on AHIF advisory committee), explore adding fall-related TBI specific screening question on the Universal Intake Form (UIF) in PeerPlace.	
	With 'HIV/AIDS' being listed in the current Medical Conditions options in PeerPlace, provide HIV/AIDS service organizations training at a minimum of twice within the annual statewide annual training to ensure proper counseling/referral techniques for those living with HIV/AIDS.	
	Because ADRC Specialists must be CRS-A/D certified which includes crisis training in the certification process, provide crisis training annually within the annual statewide annual training to ensure proper counseling/referral techniques for suicide risks.	

SHIP/MIPPA	Integrate both SHIP and MIPPA outreach services with various Title III programs (AL Elderly Nutrition Program, Alabama CARES, legal services) to distribute Medicare enrollment and Medicare cost-savings benefits information.	Increased outreach and Medicare benefits application assistance to current or soon-to-be Medicare recipients.
SMP	Provide annual fraud summits in partnership with the AL Securities Commission and ensure different venues are utilized every year.	Increased number of Medicare recipients and those who will become Medicare recipients educated about Medicare fraud and other types of scams. ADSS website will offer additional AL SMP information so more Medicare recipients can gain local access to fraud/scam education resources. Increased SMP contacts by 10% annually. Core program Title IIIC and AL SMP integrated to reach more about Medicare fraud information.
	Provide a minimum of one AAA/ADRC contractor and/or volunteer training annually for maximum output.	
	Upgrade AL SMP section of ADSS website to include the most recent fraud/scams, news, calendar of events, resources from the SMP Resource Center Library (including a video section), and/or electronic referral capability.	
	Enhance the established and successful partnership with the Auburn University Harrison College of Pharmacy project.	
	Complete virtual aging topics/resources conference with state partners to include speaker(s) about Medicare fraud/scams, the opioid epidemic, and/or patient safety.	
	Establish a Memorandum of Understanding (MOU) with new partners to include Alabama Lifespan Respite, Centers for Independent Living (CILs), and AL Housing and Urban Development (HUD).	
	Collaborate with Title IIIC by distributing AL SMP information cards to the 330+ senior centers in the state.	
SenioRx	Research Alabama's charitable pharmacies and assist AAAs with partnering to better serve intended population with free or low-cost medications.	Increased new participants by 5% annually. Increased overall participants by 10% annually. Increased refills by 20% annually. Increased access to affordable medications for people living in very rural, isolated areas of the state.
	Provide targeted outreach to individuals affected by Medicaid unwinding process.	
	Explore new ways to set refill reminders so active SenioRx participants know when it's time to have medications refilled.	
	Recruit outreach/education volunteers (SenioRxperts) to reach community members in underreached rural areas of the state.	

Objective 1.4: For prevention and detection, strengthen responses to elder abuse, neglect, and exploitation through Title VII, Adult Protective Services, legal services, law enforcement, health care professionals, financial institutions, and other partners

	STRATEGY	PROJECTED OUTCOME

AL Interagency Council	Engage in a continual review of data from the Alabama Administrative Office of Courts and other pertinent data to determine success of the criminal statute passed in 2013 and the 2017 Elder Abuse Protection Order and Enforcement Act on elder abuse, neglect, and financial exploitation prosecutions.	The AL Interagency Council for the Prevention of Elder Abuse will continue to be the driving force to eradicate elder abuse in the state.
	Continue to develop and implement statewide elder abuse prevention campaigns, to include the reproduction and use of the Elder Abuse Protection Toolkit and elder abuse training.	
	Maintain active register of Interagency Council members and update list annually while continuing to invite other agencies or groups to the table to gain more support and perspective on elder abuse prevention.	
	Identify and make recommendations to people or organizations in each county to research and identify solutions and recommendations to increase the number of Conservators and Guardians for those individuals at risk of elder abuse. The Council will also apply for grant opportunities in this area when appropriate.	

Objective 1.5: Expand Alabama's dementia and Alzheimer's education and direct service efforts promoting prevention, detection, and treatment

	STRATEGY	PROJECTED OUTCOME
Dementia Services	Develop a procedure and process for expanding and implementing the Providing Alzheimer's 'n Dementia Assistance (PANDA) program in multiple Single Entry/No Wrong Door entry points.	Created a dementia-capable Home and Community Based Service (HCBS) system that includes Single Entry Point/No Wrong Door access for people living with dementia (PLWD) and their caregivers in Alabama with the goal of sustainment. Ensured access to a comprehensive sustainable set of quality services and interventions that are dementia-capable providing innovative services to PWD and their family caregivers. Promoted the establishment of dementia-friendly Alabama in multiple Alabama communities, increasing its visibility and impact.
	Pilot PANDA services for Elder Justice Center (EJC) participants in targeted counties with a goal of implementing statewide including providing 5 elder abuse prevention trainings to 200 caregivers.	
	Pilot a universal screening for dementia within participating AAAs as the primary referral pathway for PANDA, extending to include Adult Protective Service referrals for the EJC.	
	Provide 100 Alzheimer's Disease and Related Dementia (ADRD) caregivers with Tailored Caregiver Assessment and Referral (TCARE) evidence-based intervention and education to reduce stress and burdens among caregivers.	
	Broaden community referrals to connect 50 people living with dementia (PLWD) and their caregivers with vital supports through dementia programming initiatives.	
	Provide PANDA care transitions for 30 PLWD and their caregivers living in target counties, ensuring support services between healthcare settings, and aging social supports.	
	Provide awareness and education to practitioners and community health providers of CMS's new CPT coding payment for training caregivers to assist with diseases such as dementia in carrying out a treatment plan.	

	Provide 2,000 individuals, including formal and informal caregivers and professionals, including key partners, with dementia education and training.	
	Explore Medicaid Administrative Claiming (MAC) within the current ADRC assessment process to sustain TCARE assessments for PANDA.	
	Partner with the Alabama Department of Public Health (ADPH) to: conduct a statewide needs assessment to evaluate the impact of ADRD; create a statewide ADRD strategic plan with ADPH and the Governor's Alzheimer's Disease Task Force; and sustain funding allowing professionals, PWD, and their caregivers to gain access to information, education, and established supports.	
	Replicate the success of Pelham's Community Paramedic Program in Chilton, Elmore, and Houston Counties training first responders to enhance understanding and ability to work with individuals with ADRD.	

Objective 1.6: Improve quality management and accountability of all programs by improving data collection through the information technology (IT) infrastructure, increasing training and technical assistance opportunities with partners, and strengthening desk review and monitoring processes.

	STRATEGY	PROJECTED OUTCOME
IT	Improve the data entry experience for partners by creating a new streamlined and accountable data entry system (myADSS) to enhance usability by producing validation rules for accuracy, universal waiting list by priority, single sign-on authentication scheme, and new budget functionality tying program finances to client servicing.	Streamlined and ease of use approach to data entry with improved reporting capabilities. Elevated budgeting and spending accountability.
	Revise the current process for billing direct Medicaid services to provide better turnaround time for paying direct service providers.	
Training	Provide extensive IT system training utilizing a user training guide, virtual training sessions, and recorded data entry demonstrations to ensure all partner system users are fully trained.	Improved data, budgeting, and expenditures across all programs highlighting accountability and quality. State agency and partner agency staff will be up to date and compliant with regulations.
	Create state training plan for specific topic areas to include service definitions, system data entry, OAA regulations (when applicable), state plan/area plan assurances, and/or other areas applicable to meeting federal and state requirements.	
Monitoring	Continue annual partner monitoring processes of each OAA program, state program, other grant programs, and fiscal spending for compliance.	Improved quality management of programs data, spending, and population being reached with assistance.
	Continue monthly/quarterly desk review processes for each OAA program, state program, and other grant programs that includes regular reviews of budgetary spending. Develop new monitoring process for State Plan goals and objectives, including periodic review of data to ensure reach of those with greatest economic and social needs.	

	Create state training plan for specific topic areas to include service definitions, system data entry, OAA regulations (when applicable), state plan/area plan assurances, and/or other areas applicable to meeting federal and state requirements.	State agency and partner agency staff will be up to date and compliant with regulations.
Monitoring	Continue annual partner monitoring processes of each OAA program, state program, other grant programs, and fiscal spending for compliance.	Improved quality management of programs data, spending, and population being reached with assistance.
	Continue monthly/quarterly desk review processes for each OAA program, state program, and other grant programs that includes regular reviews of budgetary spending.	
	Develop new monitoring process for State Plan goals and objectives, including periodic review of data to ensure reach of those with greatest economic and social needs.	

Preparedness, Response, & Recovery

GOAL 2: Plan for future emergencies, encouraging healthy and independent lives

Objective 2.1: Increase education and access to services to combat the negative health effects associated with social isolation

	STRATEGY	PROJECTED OUTCOME
	Formulate new social isolation survey to determine the need for developing social isolation education materials for distribution.	Decreased number of senior adults who are socially isolated, increasing their chances of living longer, happier lives.
	Create social isolation fact card and checklist assessment to assess someone's status regarding social isolation and offering tips for improvement.	
	Develop fund strategies to purchase additional robotic companion pets to combat loneliness.	

Objective 2.2: Assist target population with accessing assistive technology through services and partnerships to combat falls and increase independence

	STRATEGY	PROJECTED OUTCOME
	Continue membership on the AL Department of Rehabilitation Services Assisted Technology (AT) Advisory Council to assist with AT goals in the state and contribute aging updates as often as possible.	Assisted senior adults and people with disabilities in gaining information about AT and accessing AT options for greater independence.
	Work with the Alabama AT Advisory Council to receive educational materials regarding the AT reutilization and STAR programs for distribution to partners.	
	Re-train all ADRC staff about Alabama's AT reutilization and STAR programs to strengthen referrals processes.	

Objective 2.3: Revisit the ADSS emergency preparedness planning processes to properly plan for future disasters

	STRATEGY	PROJECTED OUTCOME
	Update the ADSS Emergency Preparedness Plan to include COVID-19 and other pandemic protocols.	Better equipped and ready to assist senior adults and people with disabilities with emergencies.
	Continue membership on Alabama's Voluntary Organization in Active Disaster (VOAD) committee and the Functional and Access Needs in Disasters (FAND) task force to be the voice for senior adults in disaster times of need.	

Equity

GOAL 3: Reach and serve individuals with the greatest economic and social need

Objective 3.1: Ensure all OAA and other grant programs target those with the greatest economic and social needs

	STRATEGY	PROJECTED OUTCOME
	Provide training and resources to program staff and partners on identifying and addressing the needs of vulnerable populations, including sensitivity training, trauma-informed care, and equity-focused practices.	Increased access to OAA and grant-funded services for older adults with low income, limited English proficiency, disabilities, and other barriers to service utilization. Reduced disparities in service access and outcomes among underserved populations, including improved health outcomes, increased social connectedness, and enhanced quality of life. Enhanced collaboration and coordination among community stakeholders to address systemic barriers and promote equity in aging services delivery. Improved cultural competency and inclusivity within programs, leading to greater trust and engagement among diverse communities. Enhanced data collection and reporting mechanisms to track demographic information, service utilization patterns, and outcomes among populations with the greatest economic and social needs.
	Implement culturally competent and linguistically appropriate services to ensure accessibility for diverse populations, including translation services, community ambassadors, and culturally tailored programming.	
	Develop targeted outreach and engagement strategies to reach vulnerable populations, such as collaborating with community organizations, faith-based groups, and local agencies serving marginalized communities.	
	Establish partnerships with social service agencies, healthcare providers, housing organizations, and other stakeholders to coordinate services and support holistic care for individuals with complex needs.	
	Monitor program outcomes and impact metrics to assess effectiveness in reaching and serving populations with the greatest economic and social needs, making data-driven adjustments as needed.	

Objective 3.2: Ensure all LTSS participants are assessed in a person-centered manner while services to be implemented are driven by the participant

	STRATEGY	PROJECTED OUTCOME

	Continue at a minimum annual person-centered thinking (PCT) training for all Title III, Title V, Medicaid Waiver, and ADRC counselor subgrantee staff.	Staff persons are fully aware and up to date on PCT processes. Those assessed for services are empowered by leading their own choice.
	Provide technical assistance and monitoring to ensure the person-centered approach is being utilized in assessing for services.	

Objective 3.3: Use No Wrong Door collaborations to address social determinants of health

	STRATEGY	PROJECTED OUTCOME
	Develop inclusive programs policies that address social and structural determinants of health equity.	Use of ADPH's SDOH data will lead to more informed decisions in targeting services. Targeted interventions will contribute to reducing health disparities and improving health outcomes among older adults. Engaging with community-based organizations and advocacy groups will ensure that all older adults needs are met. Increased responsive and effective services for a wide range of populations.
	Integrate SDOH data from ADPH's latest State Health Assessment into ADSS's planning efforts developing and implementing targeted interventions.	
	Foster partnerships with community-based organizations and advocacy groups to amplify equity-focused initiatives.	
	Training aimed at improving staff understanding and ability to engage with diverse cultural backgrounds.	

Expanding Access to HCBS

GOAL 4: Coordinate and maintain strong and effective HCBS for older adults and people with disabilities

Objective 4.1: Work to increase access to transition services from facility and hospital settings to allow the best scenario for aging in place

	STRATEGY	PROJECTED OUTCOME
	Increase the number of facility residents to use transition services available through the Gateway to Community Living program.	Increased number of Alabamians will receive home services versus more costly facility services, reducing the cost of care. Alabamians will immediately receive service at home, reducing costly re-hospitalizations and LTC facility care.
	Ensure the new Hospital to Home (H2H) program is utilized to provide individuals who qualify for Medicaid the opportunity to receive home services immediately following discharge from a hospital.	

Objective 4.2: Better coordinate aging network services with Alabama's Medicaid Waiver services

	STRATEGY	PROJECTED OUTCOME
	Work to help more Alabamians utilize self-direction services through Personal Choices while ensuring consumers are screened for all community HCBS through ADRC counseling service.	Alabamians requiring home assistance are fully screened for Waiver services in addition to all other available HCBS,

	Continue to work in partnership with the AL Select Network (Integrated Care Network) for cost-effective case management within LTSS, increasing the number of consumers to receive community services.	saving the state money through targeted case management.

Objective 4.3: Attempt to create new support services, increase funding/access to existing services, or partner/collaborate with existing resources for better resource coverage

	STRATEGY	PROJECTED OUTCOME
	Research past coordinated transportation plans and potential grants to find ways to increase access to public transport.	Assisted older adults thrive in their own homes and communities.
	Create partner workgroup to review and create ways to reach senior adults for wellness checks, decreasing feelings of isolation/loneliness.	
	Explore technology training opportunities and potential grants to help older adults better understand usage of computers/cell phones.	
	Review current resources and potential grants to assist with housing, broadband, Durable Medical Equipment, and/or home care assistance.	

Caregiving (Title III-E (Alabama CARES)) and Alabama Lifespan Respite (ALR))

GOAL 5: Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama

Objective 5.1: Work to address the needs of caregivers by implementing, to the extent possible, the recommendations from the RAISE Family Caregiver Advisory Council

	STRATEGY	PROJECTED OUTCOME
	Continue partnership between ALR and Alabama CARES and Alabama's ADRCs (One Door AL) to: increase awareness of and outreach to family caregivers; coordinate with organizations/businesses to promote the benefits of respite and enhance knowledge of respite services; provide information and assistance services connecting caregivers to caregiver support services; and make available a caregiver-directed respite personal choice option.	Individuals statewide educated to understand the experience of family caregiving, have knowledge of support services. Public-private partnerships will help drive family caregiver recognition and support. Family caregivers can obtain respite services that meet their unique needs. Family caregivers will have innovative tools and technology to assist them in their roles.
	ALR to offer caregiver wellness initiatives to provide no-cost mental health counseling, mental health-specific education, support groups, Care Chats, and emergency respite funds to caregivers statewide.	
	Collaborate with the Alabama Department of Rehabilitation Services/Accessing Potential Through Assistive Technology (APT AT) to demonstrate and increase access to and knowledge of assistive technology for activities of daily living.	

	Explore innovative approaches to better serve limited English speaking and Native American family caregivers.	Accessibility to culturally appropriate caregiver support services will increase for family caregivers statewide. Family caregivers will have the necessary tools to be more informed about how diet plays a major role in physical and cognitive health for the caregiver and care-recipient.
	Explore opportunities to provide nutritional counseling to caregivers who have a chronic illness and/or are at risk of poor nutritional health due to caregiving duties.	
	Collaborate and develop partnerships with Medicare health professionals to coordinate caregiver services within communities, thereby creating linkages between the aging services network with private healthcare to provide additional caregiver training and supports.	Effective carryover of patient-focused skills and strategies, and safe transitions from medically provided services to caregiver-assisted home services will have a direct impact on client outcomes specifically for Medicare patients and their caregivers.

Objective 5.2: Work to strengthen and support the direct care workforce

	STRATEGY	PROJECTED OUTCOME
	Utilize ALR's basic respite provider trainings for unskilled, in-home respite providers through an online, nationally recognized training platform.	An agile, flexible, and well-trained direct care workforce is available to partner with and support family caregivers. Decreased barriers to accessing respite care services in communities that have little to no direct service providers in rural and/or remote areas. Well-trained leaders in the community will partner with, provide services, and support family caregivers. Identified ways to recruit and retain individuals within communities to provide family caregivers with respite services.
	Explore innovative approaches to collaborate and build partnerships with college and university nursing programs to provide respite services.	
	Encourage AAA partners to enhance working collaborations with community-based and/or faith-based leaders to help sustain individuals in their homes for as long as possible.	
	Host peer-to-peer training collaboratives through virtual meetings and/or technical assistance to identify best practices statewide to address the need for respite providers in remote areas.	

Objective 5.3: Utilize the National Technical Assistance Center on Grandfamilies and Kinship Families to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children

	STRATEGY	PROJECTED OUTCOME
	Continue collaboration with ALR, Alabama CARES, the statewide Family Guidance Center/Kids and Kin program, and Grandparents Raising Grandchildren Task Force to share caregiver education and respite resources with grand families and kinship families.	Kinship families and grand families are recognized, supported, and valued within the child welfare system.

Objective 5.4: Continue work in coordinating Alabama CARES with ALR objectives

	STRATEGY	PROJECTED OUTCOME
	Hold regular collaboration meeting(s) with Alabama CARES and ALR to fulfill obligations in assisting caregivers, through their lifespan, statewide.	Collaborative support will result in shared solidarity between agencies advocating for caregivers.

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—…

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

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

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older

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

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

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

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

(C) legal assistance;

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

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

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

(4) (A)

(i)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

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

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

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

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

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

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

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

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

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

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

Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

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

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

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

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

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

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

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

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

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and

exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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

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

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

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

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

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

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

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

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;
(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

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

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

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

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

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

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

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any

subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to

deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

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

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with 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);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

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

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

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

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

Jean W. Brown, Commissioner
Alabama Department of Senior Services — July 1, 2024

Signature and Title of Authorized Official — *Date*

ATTACHMENT B – INFORMATION REQUIREMENTS

State Plan Guidance

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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) and include proposed methods of carrying out the preference in the State plan;

RESPONSE: See State Plan page 4, Attachment C (IFF), Equity strategies (pages 21-22) and Appendix 9 (demographics) regarding target population preferences. ADSS updates demographic information annually to know what percentages of the population should be targeted. In addition, state AAAs are required to address these targeted populations in their Area Plans. For this Plan, ADSS will be focused on outreach and training, partner collaboration, and monitoring of economic and social needs data to determine effectiveness and adjust as needed.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE: Area Plan instructions to be sent out to the state AAAs by the SUA will include details about the State assistive technology entity and access to assistive technology options for serving older individuals. See also Objective 2.2 (pages 20-21) for AT strategies that includes continuation of the SUA's involvement in the AT Advisory Council. In reviewing Area Plans, the SUA will ensure AAAs plan activities about the AT entity in coordination with the SUA.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

RESPONSE: See Appendix 8 – Emergency Preparedness Plan. Every AAA Area Plan is required to include a disaster plan and the local Emergency Management Agency (EMA) MOUs. Annual AAA monitoring ensures an updated disaster plan for each agency is in place.

Section 307(a)(2)

The plan shall provide that the State agency will —…

(C*) specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

RESPONSE: ADSS requires each AAA to budget and spend using the following percentages of Title III B funding (plus required match) on priority services:

Title III-B Allotment	
Access	29.1%
In-Home	2.5%
Legal	6.7%

Section 307(a)(3)

The plan shall—

...

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

RESPONSE:

(i) Funds made available under this subtitle will not be used to supplant funds previously expended under any Federal or State law for this subtitle. ADSS requires each AAA to budget and spend, at a minimum, expenditure amounts for Title III B Ombudsman, Title VII Ombudsman, and Title VII Elder Abuse.

(ii) ADSS uses an IFF (Attachment C) that is weighted in favor of older individuals living in rural areas. In addition, AAAs are encouraged to give similar emphasis

within the Public Service Areas (PSAs) to those providers whose services will be of the greatest benefit to rural senior adult residents. ADSS includes in its assessment procedures an emphasis on determining each AAAs effectiveness in targeting senior adults living in rural areas.

(iii) ADSS utilizes mapping, census data, and analysis in coordination with the AAAs to target these individuals and utilizes a person-centered approach to service delivery designed to support senior adults and people with disabilities to help them live longer.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

RESPONSE: See the chart below for Projected Cost of Services in Rural Areas updated for this Plan period. For every four-year State Plan this chart is updated and utilized to assure rural areas within the state are being served through OAA and other aging and disabilities service programs.

PROJECTED COST OF SERVICES IN RURAL AREAS
FOR Fiscal years 2025 - 2028

STATE AGENCY: Alabama Department of Senior Services

For this purpose, the Alabama Department of Senior Services uses as a definition of "rural" those counties

Based on this definition, projected costs of Title III services in the affected planning and service areas, for the State of Alabama, are shown below. The projections reflect demographic changes which have occurred and greater accuracy in reporting. As shown, the costs of rural services increase with each fiscal year and exceed the rural costs for 2000 ($12,844,636).

			RURAL SERVICE COSTS IN DOLLARS			
PSA	AAA Name	% of Rural Clients	ESTIMATED FY 25	ESTIMATED FY 26	ESTIMATED FY 27	ESTIMATED FY 28
01	Northwest	66.70%	1,416,568	1,430,733	1,445,041	1,459,491
02	West	59.86%	1,361,313	1,374,926	1,388,676	1,402,562
03	M4A	58.37%	2,689,151	2,716,042	2,743,203	2,770,635
03A	United Way	14.14%	699,252	706,244	713,307	720,440
04	East	62.80%	4,424,339	4,468,582	4,513,268	4,558,401
05	South Central	82.49%	1,607,093	1,623,164	1,639,396	1,655,790
06	Ala Tom	85.63%	2,093,804	2,114,742	2,135,889	2,157,248
07	SARCOA	61.22%	3,680,571	3,717,377	3,754,551	3,792,096
08	South Ala	31.49%	1,908,793	1,927,881	1,947,160	1,966,631
09	Central	36.77%	1,185,720	1,197,577	1,209,553	1,221,648
10	Lee Russell	37.94%	569,375	575,069	580,820	586,628
11	NARCOG	63.74%	2,329,795	2,353,093	2,376,624	2,400,390
12	TARCOG	43.06%	3,013,923	3,044,062	3,074,503	3,105,248
TOTAL		47.68%	26,979,697	27,249,494	27,521,989	27,797,209

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency*; and

(B) *describe the methods used to satisfy the service needs* of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

RESPONSE:

(A) **See Attachment C Intrastate Funding Formula and Appendix 9 Demographics. In Alabama, there are approximately 51,215 individuals who meet the criteria of low-income minority older persons. The number of those with limited English proficiency in the state is such a small subset of the state's population it's difficult to provide, however ADSS will provide outreach materials and seek to provide assistance to this population.**

(B) **All programs and policies utilize the "preference of services will be given to senior citizens, persons with disabilities, and caregivers with the greatest economic and social need, with specific attention to low-income minority individuals and senior citizens residing in rural areas (Section 305 (a)(2)(E)]." See also Appendix 9 Table 1.**

Section 307(a)(21)

The plan shall —

…

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title*,* if applicable, *and specify the ways in which the State agency intends to implement the activities.*

RESPONSE: During the 2021-2024 State Plan, attempts to partner/coordinate with the Alabama Indian Affairs Commission (AIAC) were completed. To date, no partnership has occurred, but measures are being worked on now to ensure this occurs in this State Plan period. See Objective 1.3 (page 16), Objective 5.1 (page 24), and Appendix 9 Demographics.

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

RESPONSE: ADSS and the AAAs evaluate the demographics of the population annually when developing budgets and programming, as "preference of services will be given to senior citizens, persons with disabilities, and caregivers with the greatest economic and social need, with specific attention to low-income minority individuals and senior citizens residing in rural areas (Section 305 (a)(2)(E)]. See Appendix 9 for demographics highlighting preference of services." The 2020 Census data for 60+ Rural has been extrapolated and ADSS will begin using the new data for this factor in FY25. AAA Area Plans describe emphasis being placed on individuals residing in rural areas.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

RESPONSE: A requirement for every AAA Area Plan is to include a disaster plan and the local Emergency Management Agency (EMA) MOUs. Annual AAA monitoring ensures an updated disaster plan for each agency is in place. See Appendix 8 Emergency Preparedness Plan

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

RESPONSE: The ADSS Commissioner, as a member of the Governor's Cabinet, is a member of the Governor's Advisory Relief Team which works directly with the State Emergency Management Agency (EMA). In the event of inclement weather or any other potential pre/post disaster event, the team is informed by EMA on an hourly basis of the status of an event. In the case of an actual emergency or disaster, the team has morning and afternoon briefings. Staff also participate in the Alabama Emergency Preparedness

and Response Plan and Quarterly Functional Access Needs in Disaster (FAND) Task Force meetings with the Center for Emergency Preparedness. See Appendix 8 Emergency Preparedness Plan

Section 705(a) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307—. . .*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

> *(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-*
>
> > *(i) public education to identify and prevent elder abuse;*
> >
> > *(ii) receipt of reports of elder abuse;*

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

RESPONSE:

(1) **ADSS bi-annually conducts on-site program and fiscal monitoring of each AAA and performs monthly/quarterly monitoring internally, based on AAA four-year Area Plans on Aging, fiscal year-specific Annual Operating Plans, and monthly/quarterly performance reports. ADSS monitors each AAA activity to ensure compliance with applicable federal requirements and achievement of performance goals. Each program has annual definitions and enrollment forms which are updated, and training is provided to AAA staff.**

(2) **ADSS created a AAA Director Task Force for the purpose of collaboration on direction of the state, challenges, and opportunities in completing the State Plan on Aging. Needs Assessments were also completed by the public with a total of 3,087 received. Four Public meetings were completed spanning Northwest, central Northeast, central West, and Southeast Alabama. A virtual public hearing was held for public comments on the Plan.**

(3) **Alabama's No Wrong Door model/program, One Door Alabama, is still in effect providing assistance and access to services/benefits.**

(4) **Funds made available under this subtitle will not be used to supplant funds previously expended under any federal or state law for this subtitle. ADSS requires each AAA to budget and expend, at minimum, FY 2000 expenditure amounts for Title III B Ombudsman, Title VII Ombudsman, and Title VII Elder Abuse.**

(5) **Designation requirements are addressed in Ombudsman policies and procedures and through all ombudsman contracts and sub-contracts with designated entities.**

(6) (A)(i-iii) **Office of the State Long-Term Care Ombudsman Program conducts state and local programs of services consistent with state law. The Elder Justice Council provides public education and advocacy.**

(B) (C) (i-iii) **The State Ombudsman Office has clear policies and procedures in place to report and refer potential elder abuse and exploitation cases to the proper authorities. The policies and procedures also address receiving reports, consent, confidentiality, and disclosure. In addition, the Ombudsman Program is represented on the statewide Elder Justice Council and local elder abuse task forces, such as Adult Protective Services (APS), state and local law enforcement, Alabama Medicaid Agency, Alabama Department of Public Health, and other reporting agencies. The Ombudsman Program works closely with ADSS legal counsel and local legal providers to address all elder rights issues.**

ATTACHMENT C – INTRASTATE FUNDING FORMULA

ADSS collaborated with the AAAs to perform a comprehensive review of the Intrastate Funding Formula (IFF). This review was done in accordance with Section 305 of the Older Americans Act (OAA) of 1965, as amended (Public Law 89-73), and Title 45, Volume 4, Section 1321.27. This formula takes the following into account: 1) the geographical distribution of older persons in Alabama (i.e., age 60 and older), 2) older persons with the greatest economic and social needs, 3) low-income minority older individuals, and 4) older persons residing in rural areas.

ADSS will always use the best available data when developing, reviewing, and updating the IFF. As updated information becomes available, the agency will replace older IFF data. When the agency develops new State Plans, ADSS will review the IFF and update it, as necessary {Title 45, Volume 4, and Section 1321.37(a)}.

Table G-1
Intrastate Funding Formula: Description of Factors

FACTOR	DESCRIPTION
60+	Distribution among the 13 planning and service areas (PSAs) of the population of Alabamians who are at least 60 years old. ***Addresses the "older individuals" as defined in the OAA. (Section 102 (40))**
60+ RURAL	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and live in a rural area. Note: *Rural*, according to the U.S. Census Bureau - U.S. Census 2020, encompasses all population, housing, and territory not included within an urban area. An urban area comprises a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people; at least 1,500 of whom reside outside institutional group quarters. The Census Bureau identifies two types of urban areas: 1) Urbanized Areas of 50,000 or more people; and 2) Urban Clusters of at least 2,500 and less than 50,000 people. ***Addresses the older individuals with greatest social need "geographic isolation" as defined in the OAA. (Section 102 (24)(C))**
60+ LIVING ALONE	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and living alone. ***Addresses the older individuals with greatest social need "social isolation" as defined in the OAA. (Section 102 (24)(C))**
60+ BELOW POVERTY	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and below poverty level. ***Addresses the older individuals with greatest economic need and "with particular attention to low-income older individuals" as defined in the OAA. (Section 102 (28)(E)(ii)**
60+ BELOW POVERTY MINORITY	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old, have minority status, and are below the poverty level. ***Addresses the older individuals with greatest economic need and the "with particular attention to low-income older individuals, including low-income minority older individuals as defined in the OAA in many sections.**

ADSS will access the Administration on Aging's special tabulations of U.S. Census Bureau 2020 census files to compile data for the factor "Age 60+ Rural." To compile data for factors "Age 60+ Living Alone," "Age 60+Below Poverty" and "Age 60+ Below Poverty Minority," ADSS will access the Administration on Aging's special tabulations of American Community Survey (ACS) five-year files.

Description of IFF and IFF Tables

Title III Funds are allocated based on the following methodology:

- The IFF is applied to each of the Title III Programs (B, C-1, C-2, D, E). A separate funding formula is not used for Part D.
- The amounts allocable based on the IFF are determined by first subtracting the Title III award (by Part) by the amounts used to administer the State and Area Plans.
    - No more than five percent (5%) of Title III funds will be designated for State Plan Administration.
    - No more than ten percent (10%) of the remaining funds will be designated for AAA Area Plan Administration.
- The remaining balance is allocated to the AAAs based on a formula that incorporates the five population-based factors and their corresponding weights. Each factor's weight is based on its proportional share of the five factors' statewide total. Table G-2 identifies these factors, their statewide totals, and the computations performed to develop their weights.

Table G-2
Five Population-Based Factors: Computation of Factors' Weight

FACTOR	FACTOR'S STATEWIDE VALUE	COMPUTATION OF FACTOR'S WEIGHT	FACTOR'S RESULTING WEIGHT (%)
Age 60+[(1)]	1,180,160	= 1,180,160 / 2,211,729	53.36
Age 60+ Rural [(2)]	562,724	= 562,724/ 2,211,729	25.44
Age 60+ Living Alone [(3)]	287,320	= 287,320 / 2,211,729	12.99
Age 60+ Below Poverty [(4)]	130,310	= 130,310 / 2,211,729	5.89
Age 60+ Below Poverty Minority [(5)]	51,215	= 51,215 / 2,211,729	2.32
Total	2,211,729		100

(1) *2021 ACS 5-year Estimates*
(2) *2020 Decennial Census*
(3) *Administration for Community Living, 2016 - 2020 ACS Special Tabulation*
(4) *2021 ACS 5-year Estimates*
(5) *Administration for Community Living, 2016 - 2020 ACS Special Tabulation*

Table G-3
Intrastate Funding Formula: Population Data by PSA and Factor

	A	B	C	D	E	
AAA	60+ (2021)1	60+ Below Poverty (2021)2	60+ Rural (2020)3	60+ Alone (2020)4	60+ Below Poverty Minority (2020)5	Total
NACOLG	61,353	6,237	40,922	16,295	1,190	125,997
WARC	68,503	8,718	41,006	15,990	4,124	134,341
M4A	111,846	10,650	65,290	23,670	1,445	212,901
UWAAA	152,237	17376	21,527	40,110	10,565	241,815
EARPDC	123,697	14,676	77,685	30,010	4,099	250,167
SCADC	26,537	3,648	21,891	7,175	2,290	61,541
ATRC	47,578	7,970	40,741	13,935	5,530	115,754
SARCOA	79,469	9,529	48,653	20,215	3,269	161,135
SARPC	168,256	16,615	52,987	39,150	7,014	284,022
CAAC	79,156	8,751	29,104	21,050	4,999	143,060
LRCOG	42,627	5,733	16,172	9,805	2,575	76,912
NARCOG	60,336	6,132	38,460	15,315	1,015	121,258
TARCOG	158,565	14,275	68,286	34,600	3,100	278,826
Total	**1,180,160**	**130,310**	**562,724**	**287,320**	**51,215**	**2,211,729**
	53.36%	**5.89%**	**25.44%**	**12.99%**	**2.32%**	**100.00%**

(1) Source: 2021 ACS 5-year Estimates
https://data.census.gov/table/ACSST5Y2021.S0101?q=age&g=040XX00US01$0500000

(2) Source: 2021 ACS 5-year Estimates
https://data.census.gov/table/ACSDT5Y2021.B17020?q=age+poverty&g=040XX00US01$0500000&moe=false

(3) Source: 2020 Decennial Census

(4) Source: Administration for Community Living, 2016 - 2020 ACS Special Tabulation
Table S21010B - Sex by Household Type (Including Living Alone) by Relationship for the Population 60 Years and Over http://www.agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21010B&stateabbr=AL

(5) Source: Administration for Community Living, 2016 - 2020 ACS Special Tabulation
Table S21040 - Hispanic or Latino and Race by Poverty Status in the Past 12 Months for the Population 60 Years
and Over for Whom Poverty Status is Determined
http://www.agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21040&stateabbr=AL

Mathematical Formula

For each factor, using the data above, the total number of individuals per region are first divided by the total number of individuals across the state to determine each AAA's share of that factor. To determine each AAA's share of the IFF, the AAA's percentage share of each factor is multiplied by that factor's assigned weight. These totals are then summed to obtain that AAA's share of the IFF that is applied to Title Parts B, C-1, C-2, D and E.

The mathematical formula to demonstrate this is as follows:

Funding Percentage =[.5336(AAA 60+) + .2544(AAA Rural) + .1299(AAA Living Alone) + .0589(AAA Below Poverty) + .0232(AAA Below Poverty Minority)]

Where (AAA) would represent the individual AAA the funding percentage is being calculated for.

Table G-4 describes the IFF formula share for each AAA.

Table G-4
AAA Intrastate Funding Formula Share

Factors: Corresponding Percentages by Factor and AAA

AAA	60+ (2021)1	60+ Below Poverty (2021)2	60+ Rural (2020)3	60+ Alone (2020)4	60+ Below Poverty Minority (2020)5	Funding %
NACOLG	5.198702%	4.786279%	7.272126%	5.671377%	2.323538%	**5.696765%**
WARC	5.804552%	6.690200%	7.287054%	5.565223%	8.052328%	**6.254880%**
M4A	9.477190%	8.172819%	11.602491%	8.238201%	2.821439%	**9.625998%**
OSCS	12.899692%	13.334357%	3.825499%	13.960045%	20.628722%	**10.933302%**
EARPDC	10.481375%	11.262374%	13.805169%	10.444800%	8.003515%	**11.310925%**
SCADC	2.248593%	2.799478%	3.890184%	2.497216%	4.471346%	**2.782484%**
ATRC	4.031487%	6.116184%	7.239961%	4.849993%	10.797618%	**5.233643%**
SARCOA	6.733748%	7.312562%	8.645979%	7.035709%	6.382896%	**7.285477%**
SARPC	14.257050%	12.750365%	9.416161%	13.625922%	13.695206%	**12.841628%**
CAAC	6.707226%	6.715525%	5.171985%	7.326326%	9.760812%	**6.468243%**
LRCOG	3.611968%	4.399509%	2.873878%	3.412571%	5.027824%	**3.477460%**
NARCOG	5.112527%	4.705702%	6.834612%	5.330294%	1.981841%	**5.482498%**
TARCOG	13.435890%	10.954647%	12.134901%	12.042322%	6.052914%	**12.606698%**
Total	100.000000%	100.000000%	100.00000%	100.000000%	100.000000%	**100.000000%**

Alabama Title III Annual AAA Allocations
Based on FY 2024 Award Levels

	Part B	Part C-1	Part C-2	Part E	Part D	TITLE III
Title III Award	$ 6,030,479	$ 8,266,679	$ 5,647,344	$ 2,896,187	$ 395,304	$23,235,993
Less: State Plan Admin (5%)	$ 301,524	$ 413,334	$ 282,367	$ 144,809	$ 19,765	$ 1,161,800
Less: LTC Ombudsman	$ 96,844	$ -	$ -	$ -	$ -	$ 96,844
Less: Area Plan Admin (10%)	$ 1,932,282	$ -	$ -	$ 275,131	$ -	$ 2,207,413
Total Title III Awarded through IFF	**$ 3,699,829**	**$ 7,853,345**	**$ 5,364,977**	**$ 2,476,247**	**$ 375,539**	**$19,769,936**

AAA	IFF	Part B SOCIAL SERVICES FEDERAL	Part C-1 CONGREGATE MEALS FEDERAL	Part C-2 HOME DELIVERED MEALS FEDERAL	Part E FAMILY CAREGIVERS FEDERAL	Part D PREVENTIVE HEALTH FEDERAL	TITLE III TOTALS FEDERAL	AAA State Plan Admin
NACOLG	5.696765%	$ 210,771	$ 447,387	$ 305,630	$ 141,066	$ 21,394	$ 1,126,247	$ 151,433
WARC	6.254880%	$ 231,420	$ 491,217	$ 335,573	$ 154,886	$ 23,490	$ 1,236,586	$ 156,570
M4A	9.625998%	$ 356,145	$ 755,963	$ 516,433	$ 238,363	$ 36,149	$ 1,903,054	$ 187,900
United Way	10.933302%	$ 404,513	$ 858,630	$ 586,569	$ 270,736	$ 41,059	$ 2,161,507	$ 199,633
EARPDC	11.310925%	$ 418,485	$ 888,286	$ 606,828	$ 280,086	$ 42,477	$ 2,236,163	$ 203,109
SCADC	2.782484%	$ 102,947	$ 218,518	$ 149,280	$ 68,901	$ 10,449	$ 550,095	$ 124,608
ATRC	5.233643%	$ 193,636	$ 411,016	$ 280,784	$ 129,596	$ 19,654	$ 1,034,688	$ 147,170
SARCOA	7.285477%	$ 269,550	$ 572,154	$ 390,864	$ 180,406	$ 27,360	$ 1,440,334	$ 166,056
SARPC	12.841628%	$ 475,118	$ 1,008,497	$ 688,950	$ 317,990	$ 48,225	$ 2,538,782	$ 217,199
CAAC	6.468243%	$ 239,314	$ 507,973	$ 347,020	$ 160,170	$ 24,291	$ 1,278,767	$ 158,534
LRCOG	3.477460%	$ 128,660	$ 273,097	$ 186,565	$ 86,110	$ 13,059	$ 687,492	$ 131,005
NARCOG	5.482498%	$ 202,843	$ 430,559	$ 294,135	$ 135,760	$ 20,589	$ 1,083,886	$ 149,460
TARCOG	12.606698%	$ 466,426	$ 990,048	$ 676,346	$ 312,173	$ 47,343	$ 2,492,336	$ 215,036
TOTAL	100.000000%	$ 3,699,829	$ 7,853,345	$ 5,364,977	$ 2,476,247	$ 375,539	$19,769,936	$ 2,207,413

Distribution of Nutrition Supplemental Incentive Program (NSIP) Funds
The NSIP funds are awarded to the AAAs based on the number of meals reported (Congregate and Home Delivered) in current program year.

III-D IFF
A separate IFF is not used for Part D. ADSS utilizes the same IFF formula for Part D as used for Parts B, C, and E.

APPENDIX 1 –ADMINISTRATION

Assessment Process
ADSS conducts bi-annual on-site program and fiscal monitoring of each AAA and quarterly internal monitoring, based on AAA four-year Area Plans on Aging, fiscal year specific Annual Operating Plans, and monthly/quarterly performance reports. ADSS monitors each AAA's activity to ensure compliance with applicable federal requirements and achievement of performance goals. ADSS is currently working towards updating business practices such as utilization of work plans and budget narratives to ensure better management and accountability of program performance.

Cost Share {Section 315(a)}
The OAA allows, and ADSS will permit, cost sharing for all OAA services except those for which the OAA prohibits cost sharing. This policy has been in previous State Plans and is designed to ensure participation of low-income older individuals (with attention to low-income minority individuals) receiving services will not decrease with the implementation of cost sharing. When reviewing the cost sharing policy, ADSS will always use the latest DHHS poverty guidelines to update the cost-share amounts. As updated data becomes available, ADSS will replace older data (e.g., Gross Monthly Income in Table F-1). When new State Plans are developed, ADSS will review and update its cost-sharing policy as necessary.

Eligible Population
Individuals aged 60 years and over whose self-declared individual incomes are above poverty, and individuals of any age who are caregivers of persons aged 60 years and over if the care recipient's self-declared income is above poverty, are eligible to participate in cost sharing for OAA services. Clients whose incomes are near poverty and considered "low income" will be excluded. The person performing the intake/enrollment will verify that the client meets the definition of eligibility listed above and as stated in the law.

Allowable Services	Excluded Services
Cost sharing may be implemented for any OAA service including the following:	**Cost sharing is <u>not</u> permitted for the following services:**
Personal care	Information and assistance
Homemaker	Outreach
Chore	Benefits counseling
Adult day care	Case management
Assisted transportation	Ombudsman
Transportation	Elder abuse prevention
Caregiver Respite	Legal assistance and other consumer protection
Caregiver Supplemental Services	Meals (congregate and home-delivered)

	Services delivered through tribal organizations

Cost Sharing and Contributions
In utilizing the cost-sharing plan, ADSS and the AAAs assure they will:

- Protect the privacy and confidentiality of each older individual with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual;
- Establish appropriate procedures to safeguard and account for cost-share payments;
- Use each collected cost-share payment to expand the service for which such payment was given;
- Not consider assets, savings, or other property owned by an older individual in determining whether cost sharing is permitted;
- Not deny any service for which funds are received under this Act for an older individual due to the income of such individual or such individual's failure to make a cost-sharing payment;
- Determine the eligibility of older individuals to cost share solely by a confidential declaration of income and with no requirement for verification; and
- Widely distribute state-created written materials in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing, the State's sliding scale, and the mandate described under paragraph I above.

Clients Eligible for Cost Sharing
In the event the confidential assessment reveals the family has financial resources above the poverty line, the following may apply:

- Using ADSS's approved cost-sharing sliding fee scale, personnel performing the intake may ask clients for fees; however, a client who is unwilling or unable to pay may not be denied services.
- Cost-sharing options should be discussed with eligible clients before starting services.
- All fees/contributions should be logged, according to AAA policy, and used to expand services for which such payment was given.

AAA Waivers for Cost Share and Direct Service Provision
AAAs may request a waiver to ADSS's cost-sharing policy, and ADSS shall approve such a waiver if the AAA can adequately demonstrate that:

- A significant proportion of persons receiving services under this Act subject to cost sharing in the PSA have incomes below the threshold established in State policy; or
- Cost sharing would be an unreasonable administrative or financial burden on the AAA.

Table -1
Cost-Sharing System for Older Americans Act Services
(Based on 2020 DHHS Poverty Guidelines)

Persons in Family/Household	Poverty Guideline	Percent per $100 Cost of Service	Cost/Fee per $100 Cost of Service
1	$12,760	5%	$5.00

2	$17,240	10%	$10.00
3	$21,720	15%	$15.00
4	$26,200	20%	$20.00
5	$30,680	40%	$40.00
6	$35,160	60%	$60.00
7	$39,640	80%	$80.00
8	$44,120	100%	$100.00

Individuals who have an income at or below $1,063.00 per month or $12,760.00 gross annual income may not be asked to cost share; however, they may be provided an opportunity to voluntarily contribute to the cost of the service.

Direct Services by the AAA {Section 307(a)(8)}
Direct services are defined as those OAA services provided by AAA staff or their volunteers. Services not provided by the AAA would be offered by the AAA's contractors and/or their local service providers. These services are provided by local governments, non-profits, and private entities. All procurement laws must be adhered to in regards to Request for Proposals and other competitive bidding. Any private contractor must be approved by the ADSS Commissioner. In granting a waiver to an AAA for the provision of direct services, ADSS must judge whether this direct service provision is necessary to assure an adequate supply of services, such services are directly related to the AAA's administrative functions, or such services can be provided more economically and with comparable quality by the AAA. If ADSS or a AAA is currently providing case management as of Fiscal Year 2000 OAA Amendments, under a State Program, ADSS or a AAA will be allowed to continue providing case management services. A AAA can directly provide information and assistance services and outreach. Covered as a case management service, a AAA is also allowed to directly provide care coordination, education, LTC counseling, options counseling, and anything else ADSS permits the AAA to provide directly. ADSS has developed guidance and a process for approval/disapproval of annual waiver requests.

Program Reporting
The AAAs are required to update Title III client demographics information each year in ADSS's Aging Information Management System (AIMS) based on the client's responses to questions on the Client Enrollment Form and Caregiver Enrollment Form (i.e., for the Alabama Cares program). The AAAs are responsible for entering data into AIMS regarding the number of service units delivered in their regions; they are also required to either link each service unit to a specific client or enter these service units as an aggregate service (i.e., client is unknown). For state reporting and AAA monitoring purposes, ADSS monitors the service unit and client demographic information and compares the AAA's actual service units and number of persons served to its projected performance indicators. ADSS ensures the service units are as accurate as possible by distributing service definitions to the AAAs annually and recommending they include a copy of these definitions in contracts with local providers. ADSS also provides training to AAA staff and local providers.

Participant Contributions
The OAA provides that 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 non-coercive.

Under the OAA 2006 amendments, individuals whose self-declared income is above 185% of poverty can be encouraged to contribute the actual cost of the service.
AAAs shall not means test for any Title III service or deny services to any individual who does not contribute to the cost of the service. AAAs may develop a suggested contribution rate for their AAA providers. The AAA ensures each service provider establishes appropriate accounting procedures to safeguard and account for all participant contributions. AAAs are required to ensure that all collected contributions are utilized to expand the service for which the contributions were received.

Advisory Board
Alabama Code §38-3-1 creates an ADSS Advisory Board. There are 16 appointed members who advise the Commissioner in the administration of the department. The membership is made up of: two members of the state Senate appointed by the President of the Senate; two members of the state House of Representatives appointed by the Speaker of the House; the Secretary of the Alabama Department of Labor, the Alabama Department of Public Health State Health Officer, and the Commissioner of the State Department of Human Resources who serve as ex officio members; and nine members appointed by the Governor for terms concurrent with the term of the Governor. Of the members appointed by the Governor, one shall be a representative of business, one shall be a representative of labor, one shall be a representative of the medical profession, three shall be representatives of senior citizen organizations, and the remaining three shall be responsible citizens of the state. The membership of the board is inclusive and reflects the racial, gender, geographic, urban/rural, and economic diversity of the state.

Alabama Code §38-3-2 details the duties of the Advisory Board. They are to meet within 30 days after their appointment, and to elect a chair and other officers from among themselves, who serve for a period of two years. Thereafter, the board elects a new chair every two years. The duties of the Advisory Board include the following: collecting facts and statistics and making special studies of conditions and problems pertaining to the employment, health, financial status, recreation, social adjustment, or other conditions affecting the welfare of the aging people in this state; keeping abreast of the latest developments in this field throughout the nation, and interpreting its findings to the Commissioner; providing for a mutual exchange of ideas and information on national, state, and local levels; giving a report of its advisory activities to the Legislature, and making recommendations for needed improvements and additional resources to promote the welfare of the aging in this state; and serving as an advisory body to the Commissioner. The Commissioner calls meetings of the Advisory Board as needed. The members of the Advisory Board receive no compensation other than reimbursement for travel in performance of their official duties at the manner and amount provided for other state employees and members of boards, commissions, and agencies.

Current ADSS Advisory Board members are as follows:

Ann Anderson – Madison	Fitzgerald Washington, Secretary Alabama Department of Labor – Montgomery
April Weaver, State Senator – District 14	Ginny Shaver, State Representative – District 39

Billy Beasley, State Senator – District 28	Jessica Miller – Executive Director Alzheimer's Association – Alabama Chapter
Billy Bolton – Mobile	Kent Crenshaw, Executive Director Independent Rights & Resources – Montgomery
Candi Williams, State Director AARP Alabama – Montgomery	Nancy Buckner, Commissioner Alabama Department of Human Resources – Montgomery
Cassandra Crosby – Montgomery	Randall Shedd, State Representative – District 11
Dr. Joe D. McClinton, MD	Ray Edwards (Board Chairman) – Valley
Dr. Scott Harris, State Health Officer Alabama Department of Public Health – Montgomery	Rhondel Rhone, County Commissioner – Clarke County
Elizabeth Anderson – Sheffield	

Long-Range Plan to Prevent Elder Abuse, Neglect and Financial Exploitation in Alabama 2022 UPDATE

Created By:

The Alabama Interagency Council for the Prevention of Elder Abuse

Originally Presented
To
The Alabama Legislature
March 2013

Summary

Elder abuse affects elders of all socio-economic groups, cultures, and races. Data shows that elders are most often abused by family members or a person in a position of trust. Elder abuse can come in various forms to include emotional, physical, sexual, and financial abuse and general neglect. Ten years ago, the Alabama Legislature made a firm commitment to prevent elder abuse in Alabama when it passed the Elder Abuse Prevention Act, which created this Council. An organizational meeting of the newly created Alabama Interagency Council for the Prevention of Elder Abuse (the Council), chaired by Commissioner Neal Morrison of the Department of Senior Services, took place on August 13, 2012. Since then, this Council, along with executive branch leadership, community partners, and proactive involvement of this legislative body, continue to make significant strides toward the prevention of elder abuse. In 2013, the legislature enacted the Protecting Alabama's Elders Act which enhanced criminal penalties for committing acts of elder abuse and increased the statute of limitations for these crimes. Just last year, the National Council on Aging reported last year that approximately five million older Americans are abused every year, and that the amount lost to financial exploitation is estimated to be at least $36.5 billion annually. With the enhanced criminal laws and penalties, prosecutors have initiated thousands of elder abuse criminal filings. In this reporting period alone, between January 2019 to present, approximately 920 criminal cases have been filed against offenders of elder abuse with 289 of those being for crimes involving physical or emotional abuse. In many of these cases a protective order is necessary to secure the safety of the victim. Thanks to the passage of the Elder Abuse Protection Order and Enforcement Act in 2017, many of these victims have additional legal protections and a large measure of comfort knowing that the abuser is subject to the Protective Order. Since the adoption of the Act, approximately 453 protection orders were sought against offenders of elder abuse. And now, thanks to this 2022 Legislature, abusers can no longer hide and continue to prey on Alabama's vulnerable population. The Alabama Elder and Adult in need of Protective Services Abuse Registry, enacted on March 24, 2022, will include the names of those offenders, and certain care providers will be required to check the registry before hiring prospective employees. Council members, the Alabama Department of Human Resources, and Adult Protective Services, worked closely with Speaker ProTem Gaston on the proposed bill and worked diligently to address questions that arose during the legislative process. Alabama took the lead on this legislation, as it is the first state to have a comprehensive Elder Abuse Registry.

The Council continues to meet bi-monthly to hear members of the public and experts in the field discuss topics related to elder abuse prevention. The following committee's function under

the Council: Legislative Advocacy, Education and Outreach, Professional Training, and Long-Range Planning. These committees continue to work and propose solutions to address elder abuse in Alabama. Statistics reveal that between 2000 to 2025, the state's elderly population is projected to increase almost 84 percent, from 582,000 to 1,069,000. By 2025 one in five Alabamians could be elderly. In anticipation of the increased population, the Council continues to expand its network and services, with a resulting increase in awareness of elder abuse and resources available to help Alabamians identify and combat elder abuse.

The Council also continues to sponsor Elder Abuse Town Hall meetings annually in recognition of World Elder Abuse Awareness Day (June 15th), and the Legislative Advocacy Committee has been involved in drafting several key pieces of legislation (discussed above) including "Protecting Alabama's Elders Act," which was passed during the 2013 legislative session and went into effect on August 1, 2013, the "Elder Abuse Protection Order and Enforcement Act," which was passed in the 2017 session, the "Protection of Vulnerable Adults from Financial Exploitation Act," which passed the 2016 session; and most recently, the "Alabama Elder and Adult in need of Protective Services Abuse Registry" or "Shirley's Law." In addition, council member AARP and others have been extensively involved in revising Alabama's guardianship and conservatorship laws. They have also aided in drafting several other key pieces of legislation.

Additionally, the Council has developed two significant resources for individuals and organizations: the Elder Abuse Protection Toolkit which is available to the public and has been shared with other states as a best practice. For law enforcement and other agencies investigating elder abuse, the Law Enforcement Elder Abuse Protocol Guide is an invaluable resource. Funding continues to be required for production of both the public education toolkit and the law enforcement protocol guide.

2022 LONG RANGE PLAN UPDATE

In accordance with the Powers and Duties set forth in the Elder Abuse Prevention Act, Section 38-9D-4, which requires the Council to "develop a long-range plan, reviewed semi-annually, for addressing the needs of those at risk for elder abuse…" and which should include updates in four key areas set forth in the Act, the Council submits the following:

KEY STRATEGIES IN ONGOING LONG-RANGE PLAN, WITH UPDATES

(1) The elimination of barriers to identifying and reporting elder abuse such as duplicative or fragmented policies which may require modification.

The Council with the assistance of the Alabama Administrative Office of Courts continues to monitor statistics maintained by the AOC to determine the success of the elder abuse criminal laws, and the Elder Abuse Protection Order and Enforcement Act. The results of the prosecutions of the crimes of "financial exploitation of an elderly person" and "elder abuse and neglect," and the use of the elder abuse protection orders are encouraging. To date, many of the prosecutions of elder abuse have been successful. However, we know statistically that elder abuse continues to be under-reported. The Council will continue to reach out to the Alabama Administrative Office of Courts to ensure that all areas of the state are active in prosecuting cases of elder abuse and neglect. In addition, with the historic passage of "Shirley's Law," a register will contain the names of those that have committed elder abuse in Alabama. Additionally, with this information being made available to certain organizations, the impact will have a deterrent effect and further aid in eliminating barriers to identifying and reporting elder abuse. "Shirley's Law" further makes it a misdemeanor for an individual required to make a report who knowingly fails to do so. This will foster reporting by those who are required to make a report. To ensure due process procedures for the APS Registry are in place for those placed on the register, the Alabama Department of Human Resources shall, and the Department of Mental Health and the Alabama Department of Public Health may, adopt rules requiring due process that includes notice by certified mail or by personal service for individuals found to have committed certain acts of abuse, neglect, or exploitation by January 1, 2023.

(2) Further develop a coordinated program of services for victims of elder abuse to include the identification, intervention, prevention, and prosecution of the crime of elder abuse.

The Council continues to encourage and invite all agencies and groups that have a part to play in preventing elder abuse to the table in order to coordinate services and support throughout the state. The Council has had tremendous success in communicating and reaching out to those groups who are passionate about serving those in need. All agree that services to prevent and remedy elder abuse need to be readily available, easily accessed, available in the quantity needed, and available at the time they are needed. The Council will collaborate to sustain current programs and services for elderly persons at risk of abuse and continue to develop a coordinated program of services for victims of elder abuse. This Council will continue its partnerships with the Alabama chapters of the Area Agencies on Aging (the triple "As") and was recently involved in facilitating and coordinating the opening of a new Elder Justice Alliance in Shelby County through the Middle

Alabama Area on Aging. A major achievement for the Alliance included the opening of the Center for Elder Justice and Advocacy in November 2021, which serves as a center for resources, support, training, respite care, and which will also serve as a temporary emergency shelter for victims of elder abuse. The Council will continue to monitor the work of the Center, and it would be the desire of the Council to facilitate the opening of additional facilities.

(3) Conduct a comprehensive fiscal review and analysis with recommendations for state spending on programs and services for elder abuse prevention.

Assistance will be requested through the Legislative Fiscal Office to identify and analyze State resources currently being used to prevent elder abuse, to identify areas where spending may no longer be necessary, and to identify opportunities where financial resources may be used to significantly impact the goals of the Council. For example, last year members of the Council recommended an appropriation to be used to open the Elder Abuse Justice and Advocacy Center (discussed in the preceding paragraph), and this legislature generously provided a supplemental appropriation of $1,000,000. These funds were responsibly expended and in direct furtherance of the mission of this Council. The opening of that facility is another major step in the prevention of elder abuse in Alabama. The Council will continue to monitor state-wide efforts and facilitate the expansion or consolidation of programs and services through other agencies and community partners. It will continue to make recommendations for state spending based on the fiscal findings from the Legislative Fiscal Office and data obtained from State agencies and community partners.

(4) Identify annual action steps toward implementation.

The Council continues to implement the following steps toward meeting the goals and duties of the Council:

A) Engage in a continual review of data from the Alabama Administrative Office of Courts and other pertinent data to determine success of the criminal statute passed in 2013 and the 2017 Elder Abuse Protection Order and Enforcement Act on elder abuse, neglect, and financial exploitation prosecutions. With the addition of the APS Registry, the Council is available to assist the Department of Human Resources and Adult Protective Services in implementing the law. The Council will continue to monitor current laws and efforts nationwide to determine whether Alabama should consider additional legislation or modify existing laws.

B) Continue to develop and implement statewide elder abuse prevention campaigns, to include the reproduction and use of the Elder Abuse Protection Toolkit and elder abuse training.

C) Educate the public on recognizing, reporting, and preventing elder abuse.

D) Educate professionals on recognizing, reporting, and preventing elder abuse, including through the newly created Registry.

E) Educate family caregivers on recognizing, reporting, and preventing elder abuse.

F) Maintain active register of Interagency Council members and update list annually. The Council will also continue to invite other agencies or groups to the table to gain more support and perspective on elder abuse prevention.

G) Coordinate agencies and help expedite access to services for those at risk of elder abuse.

H) Identify and make recommendations to people or organizations in each county to research and identify solutions and recommendations for the shortfall of Conservators and Guardians for those individuals at risk of elder abuse. The Council will also apply for grant opportunities in this area when appropriate.

RESOURCES FOR REPORTING ELDER ABUSE

ALABAMA DEPARTMENT OF HUMAN RESOURCES

Adult Abuse Hotline
1-800-458-7214
aps@dhr.alabama.gov

ADDITIONAL REPORTING

Alabama Department of Public Health

1-800-356-9596 or
1-866-873-0366

Alabama Attorney General's Office Consumer Protection

SCAMS: 1-800-392-5658

Alabama Department of Senior Services

Office of the State Long Term Care Ombudsman: 1-877-425-2243

Alabama Securities Commission

***Investment Professionals* with claims of financial exploitation must contact:**

DHR : **aps@dhr.alabama.gov**
ASC : **adultprotect@asc.alabama.gov**
Fax: **334-353-4690**

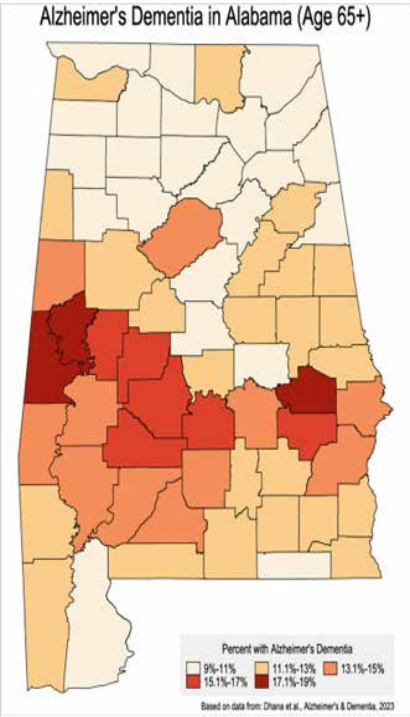
All other claims of securities fraud:
www.asc.alabama.gov

ALABAMA SECURITIES COMMISSION
ENFORCEMENT DIVISION
PHONE: 1-800-222-1253
EMAIL: asc@asc.alabama.gov
P.O. Box 304700
MONTGOMERY, AL. 36130-4700

APPENDIX 3 – DEMENTIA SERVICES

In recent years, there has been a significant gap in state government initiatives addressing the needs of individuals suffering from dementia, as well as their families and caregivers. The impact of Alzheimer's disease and other dementia-related illnesses has emerged as one of the fastest-growing and most critical public health crises facing America today. Alabama, unfortunately, has not been immune to this trend. According to the Centers for Disease Control and Prevention (CDC), Alabama ranked second in the nation for mortality rates attributed to Alzheimer's disease in 2021. The 2020 Alabama State Health Assessment identified Alzheimer's disease as the sixth leading cause of death in the state in 2014 and 2019.

The statistics are sobering. The number of individuals aged 65 and older with Alzheimer's disease in Alabama is projected to increase from 96,000 in 2020 to 110,000 in 2025-a staggering 14.6% rise-according to a 2023 report from the Alzheimer's Association. Alzheimer's disease first identified over a century ago has become an integral part of our society's landscape. The disease has been recognized as the most common form of dementia, constituting approximately 60 to 80% of cases. It's essential to understand that every case of Alzheimer's disease is dementia; however, not every type of dementia is Alzheimer's disease.



The Black Belt region has some of the highest rates of Alzheimer's disease in the state. In counties like Greene, Macon, and Montgomery a significant percentage of the population age 65 and older struggles with Alzheimer's disease, according to the Alabama chapter of the Alzheimer's Association. The average in Alabama is 11.8%. Over 14% of Montgomery County residents had Alzheimer's disease in 2020, the highest rate among counties with populations over 10,000, highlighting the need for targeted interventions and support services in these communities.

In October 2023, the Alabama Alzheimer's Task Force formally reconvened to address the growing impact of Alzheimer's Disease and related dementias within the state. Established by a legislative resolution in the spring of 2023, the task force is tasked with developing comprehensive recommendations to meet the increasing need for dementia care. Central to its mandate is the formulation of strategies to enhance public awareness and bolster support for family caregivers. The task force is expected to present its proposed state plan to Governor Ivey and the Alabama Legislature at the commencement of the 2025 legislative session, after which it will be dissolved.

Recognizing this pressing need, ADSS has launched groundbreaking initiatives to address the challenges posed by dementia. In 2023, ADSS received substantial funding, including an Alzheimer's Disease Programs Initiative (ADPI) $1.13 million grant from the Department of Health & Human Services' Administration for Community Living, to support the development and expansion of dementia-capable home and community services statewide. This three-year grant will enable ADSS to partner with two Area Agencies on Aging (AAAs) to expand services known as Providing Alzheimer's 'n Dementia Assistance (PANDA) program, offering vital support and resources to individuals living with dementia and their caregivers. Our partnering AAAs will provide care transitions for PLWD and their caregivers ensuring support services between healthcare settings and community living. Finally, this funding will go towards replicating the success of Pelham's Community Paramedic Program in Chilton, and Houston counties.

ADSS is also partnering with the Elder Justice Center of Alabama to integrate adult protective service supports for individuals with dementia, ensuring their safety and well-being during the assessment and investigative process.

Moreover, in 2023, ADSS worked in partnership with ADPH to secure additional funding of nearly $300,000 that was previously given to the Alabama Department of Mental Health for dementia education. Our partnership included applying for and being awarded the Centers for Disease Control and Prevention (CDC) grant for the Building Our Largest Dementia (BOLD) Infrastructure. Under our agreement with ADPH, funding from the five-year grant will be used to create a dementia coalition, conduct a statewide needs assessment, and create an Alzheimer's Disease and Related Dementia (ADRD) strategic plan. By promoting a strong public health approach and implementing initiatives such as the Healthy Brain Initiative Road Map, ADSS aims to reduce the risk of cognitive decline and dementia while enhancing support systems for affected individuals and their families. We will address the social determinants of health (SDOH) to achieve health equity goals, including but not limited to the improvement of community-clinical linkages among health care system and existing aging and disabled services, public health agencies, and community-based organizations.

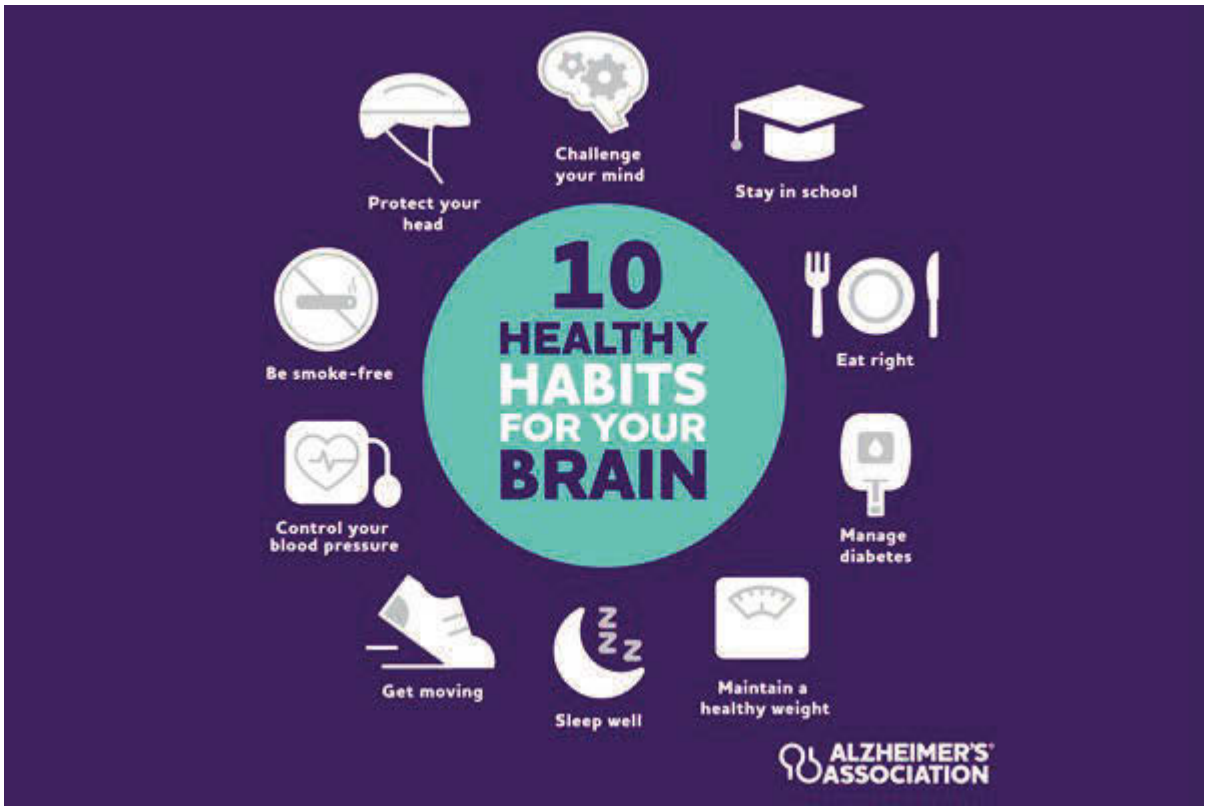
Dementia Friendly Alabama (DFA) – One of the key components of ADSS's efforts is the DFA program, which has been instrumental in fostering dementia-friendly communities throughout the state since 2016. ADSS provides state grant funding to the Central Alabama Aging Consortium to sustain local initiatives. DFA supports a mission to catalyze the nationwide movement of Dementia Friendly America to foster dementia-friendly communities by providing tools and resources to help local communities throughout the state where those diagnosed with dementia and their caregivers feel respected, supported, and can live, age, and thrive.

DFA provides mini-grants to each AAA to promote such projects as law enforcement and first responder training, dementia-friendly elementary school curriculum, creating dementia-friendly memory cafes, and robotic pet programs. The focus of the 2024 mini-grant funded project will be

on business. The training will include an in-person module featuring a virtual reality experience through Oculus Goggles, hand-outs, a certificate of recognition and a window cling that identifies the business as being “Dementia Friendly”.

Through a robust public awareness campaign and ongoing education initiatives that includes Tuesday Tips” for PLWD and their caregivers and “Wednesday Wisdom,” a weekly promotion focused on providing information on how to improve cognitive health, DFA strives to empower individuals, caregivers, families, and professionals within their communities. DFA promotes understanding and compassion for those affected by dementia. By challenging societal perceptions and advocating for the dignity and respect of individuals living with ADRD, ADSS and its partners seek to build a more inclusive and supportive environment for all.

In conclusion, Alabama's new Dementia Services program represents a significant step forward in addressing the complex needs of individuals living with dementia and their caregivers. Every positive action we take as a state will increase awareness of this disease and have an impact on those affected. By investing in comprehensive support services, promoting public awareness and education, and fostering dementia-friendly communities statewide, ADSS is paving the way for a brighter and more compassionate future for all those affected by Alzheimer’s disease and related dementias. Individuals with ADRD should be remembered for who they were, not for who they become because of the disease. Dementia is a disease and not a reflection of the person living with it.



2024 ALABAMA
ALZHEIMER'S STATISTICS

PREVALENCE

Number of People Aged 65 and Older with Alzheimer's (2020)	**103,600**	% of Adults Over 65 with Alzheimer's	**11.8%**

CAREGIVING **8TH** HIGHEST AVERAGE NUMBER OF HOURS PER CAREGIVER

# of Caregivers	**217,000**	Caregivers with Chronic Health Conditions	**57.5%**
Total Hours of Unpaid Care	**387,000,000**	Caregivers with Depression	**30.9%**
Total Value of Unpaid Care	**$5,310,000,000**	Caregivers in Poor Physical Health	**15.0%**

WORKFORCE

# of Geriatricians in 2021	**33**	# of Home Health and Personal Care Aides in 2020	**21,700**
Increase Needed to Meet 2050 Demand	**590.9%**	Increase Needed to Meet 2030 Demand	**19.4%**

HEALTH CARE

# of People in Hospice (2017) with a Primary Diagnosis of Dementia	**5,867**	Dementia Patient Hospital Readmission Rate (2018)	**21.2%**
Hospice Residents with a Primary Diagnosis of Dementia	**18%**	Medicaid Costs of Caring for People with Alzheimer's (2020)	**$925M**
# of Emergency Department Visits per 1,000 People with Dementia (2018)	**1,411**	Projected Change in Medicaid Costs from 2020 to 2025	**21.8%**

Per Capita Medicare Spending on People with Dementia in 2023 Dollars **$27,369**

MORTALITY **204.5%** INCREASE IN ALZHEIMER'S DEATHS 2000-2021

# of Deaths from Alzheimer's Disease (2021)	**2,725**	Alzheimer's Disease as Cause of Death Rank	**7th**

State Mortality Rate Rank **2nd**

Nearly ***7 million Americans*** *are living with Alzheimer's, and more than* ***11 million*** *provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total* ***$360 billion*** *in 2024, increasing to nearly* ***$1 trillion*** *(in today's dollars) by mid-century. For more information, view the* ***2024 Alzheimer's Disease Facts and Figures*** report at **alz.org/facts.**

AIM ALZHEIMER'S IMPACT MOVEMENT
ALZHEIMER'S ASSOCIATION

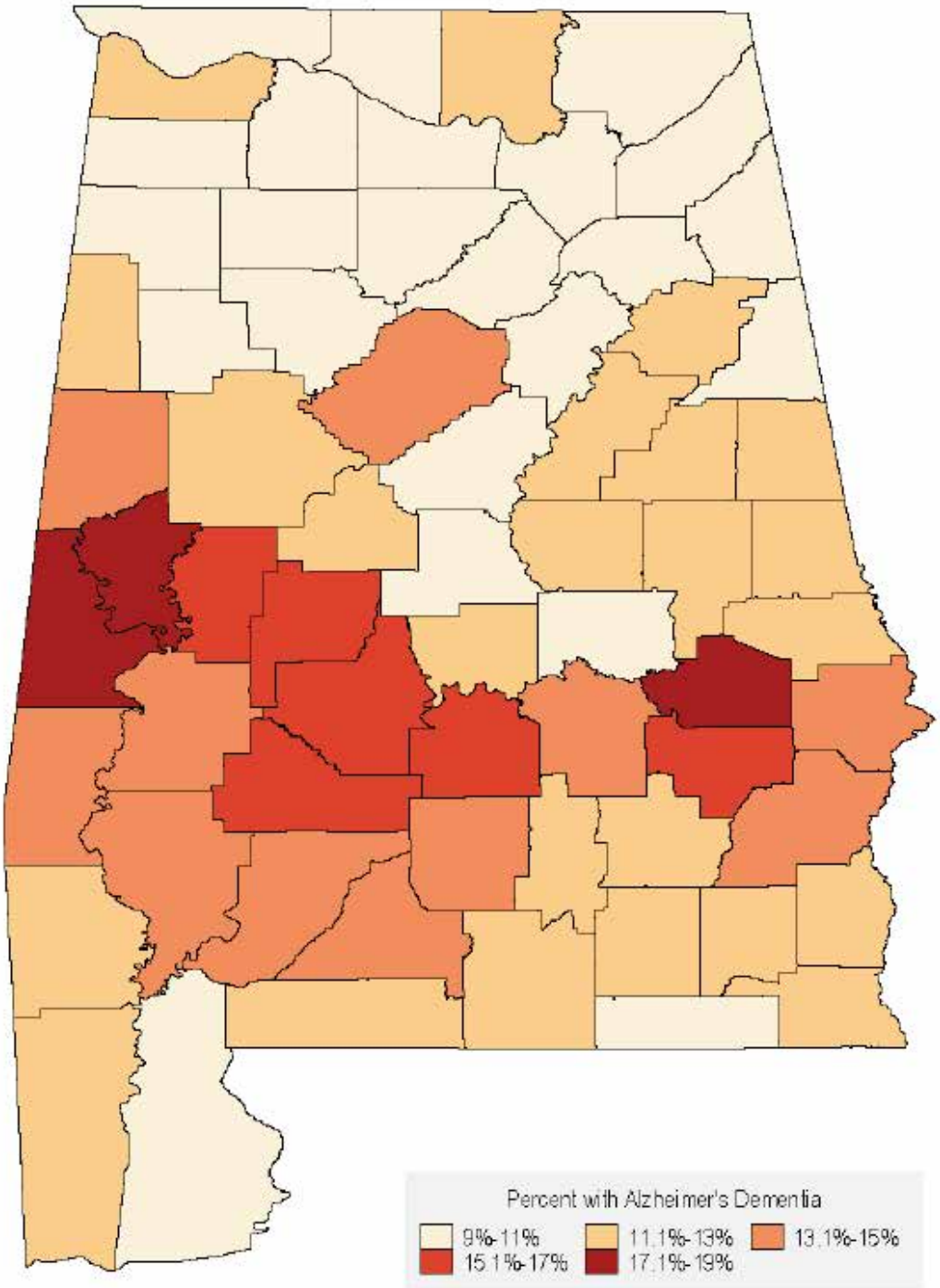
State	County	Alzheimer's Dementia Prevalence Estimates, 2020		
		Total Pop. Age 65+ (Nearest 100)	AD Cases Age 65+ (Nearest 100)	AD Prevalence (Age 65+)
Alabama		874,200	103,600	11.8%
	Autauga	9,100	1,000	11.4%
	Baldwin	49,500	4,900	10.0%
	Barbour	5,000	700	13.5%
	Bibb	3,800	400	11.3%
	Blount	11,000	1,100	10.1%
	Bullock	1,800	300	16.7%
	Butler	4,200	600	14.5%
	Calhoun	21,000	2,300	11.1%
	Chambers	6,800	900	13.0%
	Cherokee	6,400	600	10.1%
	Chilton	7,800	800	10.5%
	Choctaw	3,000	400	14.2%
	Clarke	4,900	700	14.0%
	Clay	2,800	300	11.6%
	Cleburne	3,000	300	10.6%
	Coffee	9,400	1,100	11.6%
	Colbert	11,400	1,300	11.8%
	Conecuh	2,800	400	13.8%
	Coosa	2,600	300	12.2%
	Covington	8,100	900	11.6%
	Crenshaw	2,700	300	12.2%
	Cullman	16,100	1,600	9.8%
	Dale	8,700	1,000	11.4%
	Dallas	7,100	1,100	15.3%
	DeKalb	12,800	1,300	9.9%
	Elmore	13,400	1,400	10.5%
	Escambia	6,800	900	12.5%
	Etowah	20,100	2,100	10.7%
	Fayette	3,600	400	10.9%
	Franklin	5,400	600	10.6%
	Geneva	5,600	600	10.9%
	Greene	2,000	300	17.9%
	Hale	3,000	500	15.4%
	Henry	4,100	500	12.1%
	Houston	19,900	2,400	11.9%
	Jackson	10,900	1,100	10.0%
	Jefferson	109,300	14,900	13.6%
	Lamar	3,100	400	11.4%
	Lauderdale	19,300	2,100	10.9%
	Lawrence	6,300	700	10.8%
	Lee	21,600	2,400	11.1%
	Limestone	16,100	1,700	10.6%
	Lowndes	2,000	300	16.8%
	Macon	3,800	700	17.8%
	Madison	59,200	7,000	11.9%
	Marengo	3,900	600	14.8%
	Marion	6,400	700	11.0%
	Marshall	16,900	1,700	10.2%
	Mobile	70,300	8,900	12.6%
	Monroe	4,400	600	13.7%
	Montgomery	35,900	5,100	14.2%
	Morgan	21,900	2,300	10.7%
	Perry	1,800	300	16.5%
	Pickens	3,900	500	13.4%
	Pike	5,200	700	12.9%
	Randolph	4,900	600	11.6%
	Russell	8,800	1,200	13.3%
	Shelby	36,300	3,700	10.3%
	St. Clair	15,900	1,600	10.0%
	Sumter	2,400	400	17.5%
	Talladega	15,100	1,800	11.7%
	Tallapoosa	9,200	1,000	11.3%
	Tuscaloosa	29,800	3,500	11.9%
	Walker	12,700	1,300	9.9%
	Washington	3,300	400	11.8%
	Wilcox	2,100	300	15.8%
	Winston	5,300	600	10.4%

"Columns C & D are estimates that have been rounded to the nearest 100 and are not the exact figures used to calculate AD prevalence in column E.

State totals were independently modeled (and may not equal a sum of all rounded counties)

Source: Ohno et al., Alzheimer's & Dementia, 2023"

Alzheimer's Dementia in Alabama (Age 65+)



Based on data from: Dhana et al., Alzheimer's & Dementia, 2023

APPENDIX 4 – OTHER ADSS PROGRAMS

Other ADSS Programs (State-Funded)	
Retired & Senior Volunteer Program (RSVP)	The Alabama RSVP provides civic participation and volunteer service opportunities to persons 55 years and older throughout Alabama. RSVP allows senior volunteers to use their time and skills to make meaningful contributions to non-profit and public agencies in all communities across the state.
State Independent Living Council (SILC)	The Alabama SILC is established under the authority of the Rehabilitation Act of 1973, as amended (29 U.S.C. S 791 et seq.). The federal government requires that each state establish a SILC to receive federal funding. The law requires that the members of the SILC meet the following requirements: ▪ Members of the council must be appointed by the governor of the state; ▪ Members must provide statewide representation, a broad range of individuals with disabilities from diverse backgrounds and/or family members of persons with disabilities, or service providers who are knowledgeable about centers for independent living and independent living services; and ▪ Most of the SILC members must be composed of individuals with disabilities who are not employed by a state agency or CIL. SILC member duties include: ▪ Jointly, and in conjunction with ADSS, developing the State Plan for Independent Living (SPIL); ▪ Monitoring, reviewing, and evaluating the implementation of the SPIL; ▪ Coordinating activities with the State Rehabilitation Council; ▪ Ensuring all regularly scheduled meetings of the SILC are open to the public and timely notice is provided to the public; and ▪ Submitting periodic reports to the ADSS Commissioner.
University of Alabama at Birmingham (UAB) Dental Program	ADSS funds a dental project with the UAB School of Dentistry. The project is designed to promote public education/awareness, training/education, and resource development regarding the importance of dental care. The UAB Geriatric Outreach Rotation: Improving Seniors' Oral Health in Alabama project, sponsored by ADSS, has three purposes: 1) to screen and survey senior adults at senior centers about their oral health at senior centers; 2) to provide dental cleanings for seniors who request it; and 3) to provide an educational oral health program to participants at senior centers* to improve their oral health literacy. In 2019 this project is serving Tuscaloosa, Sumter, Marengo, and Bibb counties. The AAA directors and the Senior Center managers are key to the success of the project, as they gather much needed information and promote participation by seniors.

Alabama Senior Citizens Hall of Fame	The Alabama Legislature created the Alabama Senior Citizens Hall of Fame in 1983 (*Alabama Code §38-3-20*) and it was moved under the purview of ADSS in 2008. The Hall of Fame was created to honor living Alabama citizens who are chosen for accomplishment or service greatly benefiting the lives of older American citizens. The organization is run by older individuals who volunteer to support and lead this project. Nominations are solicited from around the state and through the aging network. An induction ceremony is held each year***** to honor up to 10 new members who are welcomed into the Hall of Fame and receive a medal and framed certificate. In addition to inductees, special honorary awards are presented to individuals in various categories. Couples who have been married for 65 years or more and individuals who are 100 years or older are also recognized. One of the categories added in 2016 is to honor those individuals who are a part of the "Greatest Generation." The event receives much community support throughout the State of Alabama and the ceremony has been a huge draw for friends and family of those who are honored. ADSS provides administrative and financial support for all Hall of Fame activities.
Masters Games of Alabama	Masters Games of Alabama is a non-profit organization, supported by ADSS, and dedicated to promoting healthy lifestyles for active adults aged 50 and over through social, mental, and physical activities. While the games provide an Olympics-style atmosphere, the focus is not on competition, but on fun and fellowship. Each year there are between 600 and 800 participants from across the state. ADSS staff serves on the Board of Directors and provides staffing during the annual Masters Game week of events.
Ms. Senior Alabama	Ms. Senior Alabama is a non-profit organization associated with the Ms. Senior America program. It is designed to enrich the lives of senior women while allowing them to share their experiences, wisdom, and interests with others. ADSS and the Aging Network support the efforts of this project that represents the southern charm and wisdom of Alabama's senior women who volunteer to work and compete in these pageants.

APPENDIX 5 – ANNUAL DATA OUTCOMES

Alabama Department of Senior Services
FY2020 Estimated Performance Indicators

***Total Persons Served:* 139,775** ***Total Registered Persons Served:* 66,932**

Congregate Meals
Meals Served: 957,778
Persons Served: 19,753
Home Delivered Meals
Meals Served: 6,722,923
Persons Served: 23,242
Total Meals Served: 7,680,701
Total Persons Served: 42,995

Transportation
Persons Served: 3,442
Units: 255,184

Assisted Transportation
Persons Served: 144
Units: 6,290

Legal assistance
Persons Served: 5,632
Units: 12,684

Case Management
Persons Served: 36,417
Units: 119,064

Chore Services
Persons Served: 69
Units: 1,556

Adult Day Care
Persons Served: 59
Units: 23,294

Homemaker
Persons Served: 5,282
Units: 820,509

Personal Care
Persons Served: 3,044
Units: 455,093

Senior Medicare Patrol (SMP)
Persons Reached: 23,844

State Health Insurance Program (SHIP)
Persons Served: 28,713
Units: 47,624

Senior Employment
Persons Served: 216
Number of Hours: 113,657

Evidenced Based Health Prevention
Persons Served: 1,477
Number of Sessions: 9,866

SenioRx
Persons Served: 7,004
Prescriptions submitted: 37,566
Refills submitted: 25,024
Savings to Elderly & Disabled: $35,892,783.83

Caregiver Program (CARES)
Caregivers Served: 6,040
Access Assistance Persons Served: 6,535
Units: 171,251
Education Persons Served: 5,702
Units: 134,185
Respite Persons Served: 1,440
Units: 119,155
Supplemental Service Persons Served: 1,573
Units: 24,768

Long Term Care Ombudsman
Cases Opened: 785
Complaints addressed: 1,367
Consultation to Individuals: 2,204
Consultation to Facilities: 4,481

Access Alabama (Aging and Disability Resource Centers – ADRC)
Persons Screened: 29,585
Contacts: 50,992
Information/Referral Units: 353,535

Note: Persons Served are unduplicated except for ADRC Information and Referral

Alabama Department of Senior Services
FY2021 Estimated Performance Indicators

Total Persons Served: *139,924* ***Total Registered Persons Served:*** *67,122*

Congregate Meals
Meals Served: 452,442
Persons Served: 17,995
Home Delivered Meals
Meals Served: 7,384,140
Persons Served: 25,443
Total Meals Served: 7,836,582
Total Persons Served: 43,438

Transportation
Persons Served: 15,284
Units: 142,300

Assisted Transportation
Persons Served: 57
Units: 989

Legal assistance
Persons Served: 4,850
Units: 11,129

Case Management
Persons Served: 37,483
Units: 136,240

Chore Services
Persons Served: 227
Units: 761

Adult Day Care
Persons Served: 43
Units: 11,499

Homemaker
Persons Served: 5,151
Units: 736,130

Personal Care
Persons Served: 3,101
Units: 409,033

Senior Medicare Patrol (SMP)
Persons Served: 18,326

State Health Insurance Program (SHIP)
Persons Served: 48,017

Senior Employment
Persons Served: 182
Number of Hours: 89,016

Evidenced Based Health Prevention
Persons Served: 567

SenioRx
Persons Served: 6,400
Prescriptions/Refills Submitted: 51,213
Savings: $37,511,045.18

Caregiver Program (CARES)
Caregivers Served: 8,611
Access Assistance Persons Served: 10,079
Units: 202,787
Education Persons Served: 5,423
Units: 154,499
Respite Persons Served: 1,498
Units: 146,549
Supplemental Service Persons Served: 1,134
Units: 25,830
Information Services: 537,948
Units: 3.534

Long Term Care Ombudsman
Cases Opened: 670
Complaints addressed: 1,034
Consultation to Individuals: 2,437
Consultation to Facilities: 5,2199

One Door Alabama (Aging and Disability Resource Centers – ADRC)
Persons Screened: 31,266
Contacts: 53,846
Information/Referral Units: 284,625

Note: Persons Served are unduplicated except for ADRC Information/Referral

Alabama Department of Senior Services
FY2022 Estimated Performance Indicators

Total Persons Served: ***187,581*** ***Total Registered Persons Served:*** ***71,813***

Congregate Meals
Meals Served: 1,438,781
Persons Served: 18,134

Home Delivered Meals
Meals Served: 6,284,869
Persons Served: 27,097
Total Meals Served: 7,723,650
Total Persons Served: 45,231

Transportation
Persons Served: 10,299

Assisted Transportation
Persons Served: 83

Legal assistance
Persons Served: 4,547

Case Management
Persons Served: 33,888

Chore Services
Persons Served: 294

Adult Day Care
Persons Served: 44

Homemaker
Persons Served: 4,657

Personal Care
Persons Served: 2,580

Senior Medicare Patrol (SMP)
Persons Served: 18,455

State Health Insurance Program (SHIP)
Persons Served: 47,045

Senior Employment
Persons Served: 250
Number of Hours: 145,000

Evidenced Based Health Prevention
Persons Served: 9,581

SenioRx
Persons Served: 6,825
Prescriptions/Refills Submitted: 46,607
Savings: $43,528,394

Caregiver Program (CARES)
Caregivers Served: 9,798
Caregiver Case Management Assistance: 5,873
Caregiver Training: 2,283
Caregiver Counseling: 3,113
Caregiver Respite: 1,595
Caregiver Supplemental Services: 878
Caregiver Information & Assistance: 234,825
Caregiver Public Information: 568,291
Caregiver Support Groups: 16,038

Long Term Care Ombudsman
Cases Opened: 667
Complaints Addressed: 983
Consultation to Individuals: 2,249
Consultation to Facilities: 2,128

One Door Alabama (Aging and Disability Resource Centers – ADRC)
Persons Screened: 32,453
Contacts: 60,388
Information/Referral Units: 624,676

Note: Persons Served are unduplicated except for ADRC Information/Referral

Alabama Department of Senior Services
FY2023 Estimated Performance Indicators

Total Persons Served: 434,807

Total Registered Persons Served: 114,433

Congregate Meals
Meals Served: 1,547,476
Persons Served: 17,723
Home Delivered Meals
Meals Served: 5,775,604
Persons Served: 27,409
Total Meals Served: 7,323,080
Total Persons Served: 45,132

Transportation
Persons Served: 11,441

Assisted Transportation
Persons Served: 73

Legal assistance
Persons Served: 4,834

Case Management
Persons Served: 28,078

Chore Services
Persons Served: 107

Adult Day Care
Persons Served: 40

Companion Services
337

Homemaker
Persons Served: 4,952

Personal Care
Persons Served: 2,763

Personal Choices
Persons Served: 7,914

Skilled Respite
65

Unskilled Respite
338

Senior Medicare Patrol (SMP)
Persons Served: 19,027

State Health Insurance Program (SHIP)
Persons Served: 49,407

Senior Employment
Persons Served: 194
Number of Hours: 106,021

Health Promotion: Evidence / Non-Evidence
Persons Served: 21,103

SenioRx
Persons Served: 7,652
Prescriptions/Refills Submitted: 56,145
Savings: $60,023,630.55

Caregiver Program (CARES)
Caregivers Served: 9,815
Caregiver Case Management Assistance: 9,905
Caregiver Training: 3,019
Caregiver Counseling: 4,235
Caregiver Respite: 1,519
Caregiver Supplemental Services: 868
Caregiver Information & Assistance: 164,177
Caregiver Public Information: 727,661
Caregiver Support Groups: 21,900

Long Term Care Ombudsman
Cases Opened: 870
Complaints Addressed: 1,293
Consultation to Individuals: 2,781
Consultation to Facilities: 1,738

One Door Alabama (Aging and Disability Resource Centers – ADRC)
Persons Screened: 34,619
Total Contacts: 59,598
Information/Referral Units: 696,302

Note: Total Registered Persons Served are unduplicated

Alabama Department of Senior Services

AAA Assessment Tool Policies and Procedures

January 8, 2024

TABLE OF CONTENTS

Introduction

The AAA Assessment Tool is designed as a document that ensures the Alabama Department of Senior Services meets its requirement of at least bi-annually monitoring of the AAAs to ensure they are meeting the needs of the senior citizens in all functional areas. The Tool ensures that all AAAs are monitored in the same consistent manner and provides data to evaluate the statewide proficiency of all of the AAAs as a whole. Consistent statewide deficiencies can be identified and quantified for resource allocation. The tool was designed to be a living document. Each section of the tool was written by the Staff members of the ADSS who were responsible for monitoring that particular functional area, and it is expected that each section will be reviewed and updated by the same area staff at least bi-annually and as needed and appropriate following an AAA assessment.

The Assessment Tool is used as part of the process for the ADSS staff to fairly evaluate the AAA and for the AAA to identify areas that can be improved. The rating system allows flexibility for the staff evaluator to identify unique AAA strengths as well as weaknesses.

The Assessment Tool does not replace required audits of the functional area but is designed to follow up on these audits and evaluate management of the area in the interim.

The Assessment Tool serves both the AAA and the staff of the ADSS and changes may be requested by both.

The Commissioner of ADSS will appoint a staff member to serve as the Assessment Manager.

At the close of each fiscal year, the Assessment Manager will send to each AAA Director the most up to date copy of the Assessment Tool.

Assessment Manager

The Assessment Manager is responsible for all aspects of the implementation of the AAA monitoring assessment and ensures the assessments are executed at least once every two years. The Commissioner empowers the Manager to oversee ADSS participating staff as he or she sees necessary to carry out a successful monitoring process.

Duties include:

- Establishes a preliminary annual schedule of AAA assessments.
- Notifies the AAA Director of a scheduled assessment at least one month in advance. Send the assessment assignment sheet to the AAA Director to fill out and return. Also include the most recent monitoring tool to be used.
- Maintains an up-to-date Assessment Assignment Sheet (Appendix A).
- Upon receipt of the completed Assignment Sheet from the AAA Director, then disseminates to the ADSS participating staff.
- Assessments should be conducted over a continuous three-day period and should not exceed one week.
- Conducts an opening interview of the Director of the AAA being assessed to eliminate any potential problems.
- Collects the staff work papers within one week of the close of the assessment.
- Collects the staff report pages within two weeks of the close of the assessment.
- Reviews work papers and ensures that findings in work papers support report outcomes for all areas.

- Compiles the report
- Once Commissioner signs, staff mails a hard copy and emails a copy to the AAA Director and then files the completed report in filing cabinet and on the shared drive.
- Makes changes to the Assessment Tool when appropriate

Scheduling

Preliminary scheduling should be done for at least the following year and can include a complete two-year cycle. Assessments are not intended to be surprises so scheduling can be shared and coordinated with staff and AAAs.

The Assessment Manager is responsible for developing the schedule.

Proposed Two Year Schedule for AAA Monitoring

FY 2025

January 2025	CAAC
February 2025	SCADC
March 2025	LRCOG
April 2025	ATRC
June 2025	SARPC
July 2025	SARCOA

FY 2026

January 2026	TARCOG
February 2026	EARPDC
March 2026	WARC
April 2026	M4A
June 2026	NACOLG
July 2026	NARCOG
August 2026	UWAAA

FY 2027
TBD

FY 2028
TBD

Organization

The ADSS Commissioner appoints and empowers the Assessment Manager to organize and coordinate the assessments of the AAAs.

The Commissioner ensures the support of the assisting ADSS staff.

All Functional Areas of the assessment visit are coordinated through the Assessment Manager. Problems with scheduling, conflicts with AAA staff, questions about the overall assessment are to be directed to the Assessment Manager.

The Assessment Manager will meet with all participating ADSS staff to ensure that they have the current copy of the Assessment Tool for their area and to verify all who are participating.

The ADSS staff will ensure that the Assessment Manager is informed of scheduled appointments and any subsequent changes.

Tool

The tool is a living document and therefore is expected to change constantly. ADSS only changes the tool every other year after monitoring of all AAAs using the tool on a 2-year cycle. The numbering of the evaluation questions in each section should stay the same. This ensures that in the future assessment outcomes can be compared. If question numbers change, comparing data in future years may be difficult if not impossible. If a question is removed, that question number is retired and noted in the Assessment Tool. Should questions have substantial changes or be expanded, this is noted by adding a letter to the question number. For example, if an addition is added to question 12, it will then become question 12A. Distinguishing significant changes in questions by renumbering ensures that future comparisons of data are not dissimilar.

Report

The report format should be consistent. There should be a cover page stating the name of the AAA assessed and the date of the closing of the assessment. There should be a Table of Contents. The Assessment Manager is responsible for writing the Scope that at a minimum should include who was initially met with at the AAA, the date of the assessment and a disclosure statement stating that the assessment does not replace any required audits. The assessment sections from the ADSS staff should be separated. This allows the AAA Director to share the appropriate sections of the final report with his or her staff. Finally, there should be a conclusion in the form of a summary written by the Assessment Manager. The Summary should include who attended the exit meeting, the findings in summary form, any required response, the period for those responses and a statement of appreciation for AAA support.

Individual reports should contain the following:

Section Number and Program
Scope (include the date and who was in the meeting and any other information about how information was obtained)
Areas of Best Practice
Areas of Full Compliance
Areas of Substantially in Compliance
Needs Attention (with recommendations)
Not in Compliance/Written Response Required (with recommendations)
Requires Follow Up Review (with recommendations)
Summary (include any requests from AAA for ADSS, any recommendations not covered an item number, any pertinent information for this program area not already covered)

Follow Up

It is the responsibility of the Program Directors to ensure that the ADSS staff follow up on any areas of the assessment that required return visits or written responses from the AAA. All follow up reports should be copied to the Assessment Manager for inclusion in the assessment file of the AAA.

Appendix A

AAA Assessment Schedule/ Assignments

AAA to be Reviewed _____Confirmed Date Scheduled _____

AAA Contact _____Contact Information _____

ADSS Team Leader ____ _____

AREA OF ASSESSMENT	ASSESSMENT AREA TEAM MEMBER	AAA AREA FOR ASSESSMENTCONTACT	AAA CONTACT INFORMATION (Telephone, E-mail, Etc.)
AL Cares			
Disaster			
Administrative And Legal			
Nutrition			
Title III			
Ombudsman			
Senio*RX*			
SHIP			
SMP			
ADRC			
Medicaid Waiver Programs			
SCSEP			

Desk Review Tools

Title III-E Alabama CARES

Family caregivers play a vital role in caring for an older individual, child, or a relative with severe disabilities. Alabama CARES provides support services to help families sustain efforts in caring for their loved one. The services provided by the Alabama CARES program do not replace the role of the family caregiver but enhance their ability to provide informal care for as long as appropriate. Family caregivers have unique needs and preferences for the types of services they wish to receive.

The CARES program provides INFORMATION for caregivers and the public on resources and services available within their communities; SUPPORT GROUPS establishing a mutual support system for caregivers to discuss their experiences and concerns; ASSISTANCE to family caregivers through short-term case management in gaining access to services and resources available to them within their communities; RESPITE SERVICES that offer temporary, substitute support to relieve family caregivers from their daily caregiving responsibilities. Due to limited funding, this service is available for family caregivers who have the greatest burden and highest need of relief; COUNSELING family caregiver education, and guidance that assist family caregivers in making decisions and solving problems related to their roles as caregivers; TRAINING family caregivers with instruction to improve their knowledge and skills related to caregiving; and SUPPLEMENTAL SERVICES, available on a limited basis, are intended to complement the care family caregivers provide for their loved one.

WHO HAS ACCESS TO THESE SERVICES?

- Primary family caregivers of frail, older adults aged 60 or older
- Older relative caregivers (not parents), including grandparents aged 55 or older, caring for children ages 18 and younger with or without disabilities
- Older relative caregivers and parents, including grandparents aged 55 and older, caring for adults age 19-59 with disabilities

Program Year

October 1 – September 30

Scope of Reviews

Monthly, quarterly, and annual compliance reviews (monitoring) will encompass programmatic, financial, and administrative activities. Reviews will include completing monthly and quarterly reporting tools, holding virtual meetings with Alabama CARES Coordinators to discuss challenges, and annual analyses meetings to identify strengths, areas in need of improvement, potential best practices, and enhancement projects for the purpose of strengthening the program.

Frequency of Reviews

Frequency of Reviews

- **Monthly**
  - Alabama CARES Monthly Desk Monitoring Analysis – The Alabama CARES Director will complete the Alabama CARES Monthly Desk Monitoring tool for the purpose of determining upward or downward data trends, including statewide totals for comparison.

- **Quarterly**
  - Financial Review – The Alabama CARES Director will continue to review the fiscal expenditures per AAA utilizing the Program Expenditure Report provided by the fiscal department to determine if spending is on track, and, if not on track, will contact the Alabama CARES Coordinator(s).
  - Programs Division Chief Review Meeting – Every quarter the Alabama CARES Director and the Programs Division Chief will meet as needed to analyze the quarterly outcomes.

- **Annually**
  - Alabama CARES Coordinator Monitoring – At the end of the program year the Alabama CARES Director will perform program monitoring utilizing the Alabama CARES Assessment Guide (monitoring tool).

Monitoring Tools

Alabama CARES Director will utilize the following tools to document data and activities:

A. **Attachment A – Alabama CARES Monthly Desk Monitoring**
B. **Attachment B – Program Expenditure Report**
C. **Attachment C – Alabama CARES Assessment Guide (monitoring tool)**

Multiple tools are too large to share in the State Plan – available upon request

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Title V Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP) is a community service and work-based training program for older workers. SCSEP provides useful community services and fosters individual economic self-sufficiency through training and placement into unsubsidized jobs.

Participants gain work experience in a variety of community service activities. Participants work, on average, 20 hours a week, and are paid the highest of federal, state, or local minimum wage. This training serves as a bridge to unsubsidized employment opportunities for participants. No resource/asset limit is required.

To qualify, participants must: Be an Alabama resident; Be age 55 or older; Be unemployed; and have an income of less than 125% of the federal poverty level.

Program Year

July 1 – June 30

Program Year

July 1 – June 30

Scope of Reviews

Monthly, quarterly, and annual compliance reviews (monitoring) will encompass programmatic, financial, and administrative activities. Reviews will include completing monthly and quarterly reporting tools, holding virtual meetings with SCSEP Coordinators to discuss challenges, and annual analyses meetings to identify strengths, areas in need of improvement, potential best practices, and enhancement projects for the purpose of strengthening the program.

Frequency of Reviews

- **Monthly**
  - Monthly Status Reports – AAA SCSEP Coordinators complete program status reports via email to the SCSEP Director detailing activities completed for the month.

- **Quarterly**
  - Quarterly Progress Reports – AAA SCSEP Coordinators complete quarterly narrative reports via email to SCSEP Director detailing activities completed along with program participant success stories.
  - Financial Review – The SCSEP Director will continue to review the fiscal expenditures per AAA utilizing the Program Expenditure Report provided by the fiscal department to determine if spending is on track, and, if not on track, will contact the SCSEP Coordinator(s).
  - Programs Division Chief Review Meeting – Every quarter the SCSEP Director and the Programs Division Chief will meet as needed to analyze the quarterly outcomes.

- **Annually**
  - Title V – Older Americans Act Senior Community Services Employment Program Compliance Review form – The SCSEP Director performs a compliance review per AAA annually to detail all required program activities are being performed.
  - Data Validation – The SCSEP Director completes a pass/fail data review (utilizing the Data Validation Worksheet) per AAA annually to detail all required program requirements.
  - SCSEP Coordinator Monitoring – At the end of the program year the SCSEP Director will perform program monitoring utilizing the SCSEP Assessment Guide (monitoring tool).

Monitoring Tools

SCSEP Director will utilize the following tools to document data and activities:

- **Attachment A – Title V – Older Americans Act Senior Community Services Employment Program Compliance Review**
- **Attachment B – Data Validation Worksheet**
- **Attachment C – Program Expenditure Report**

- **Attachment D – SCSEP Assessment Guide (monitoring tool)**

Multiple tools are too large to share in the State Plan – available upon request

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Aging and Disability Resource Center (ADRC)

Launched in 2003, the Aging and Disability Resource Center (ADRC) program, a collaborative effort led by the Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS), was created to be a one-stop shop for individuals seeking Long-Term Support Services (LTSS)**.** The ADRC's were designed to provide individuals with visible and trusted sources of information, and one-on-one counseling access to that support.
This handbook details the ADRC desk review procedures to assess sub-grantee compliance with program requirements per ADSS and Alabama Medicaid. When ADRC Medicaid Administrative Claiming (MAC) was launched, required fields on the ADRC assessment tool (Universal Intake Form (UIF)) were highlighted to be collected as eligibility for Medicaid reimbursement for delivered activities.

Program Year

October 1 – September 30

Scope of Reviews

Monthly, quarterly, and annual compliance reviews (monitoring) will encompass programmatic, financial, and administrative activities. Reviews will include completing monthly and quarterly reporting tools, holding virtual meetings with ADRC Coordinators to discuss outcomes, and annual analyses meetings to identify strengths, areas in need of improvement, potential best practices, and enhancement projects for the purpose of strengthening the program.

Frequency of Reviews

- **Monthly**
  - Universal Intake Form (UIF) Review – Every month the ADRC Director will pull a sample of three (3) completed UIF's per Area Agency on Aging (AAA) from the ADRC system (PeerPlace) and complete the Monthly Universal UIF Analysis form to determine completion of required fields **(due date 15th of every following month)**.
  - ADRC Coordinator Virtual Review Meetings (As Needed) – If any issue(s) is found through the UIF review, within **30 days** the ADRC Director will virtually meet with the ADRC Coordinator(s) from the AAA to rectify the issue(s).

- **Quarterly**
  - Quarterly ADRC Analysis – Every quarter the ADRC Director will pull an ADRC report from PeerPlace (per AAA) and complete the Quarterly ADRC Analysis report to potentially determine statewide outreach/marketing/partnership projects.
  - Financial Review – The ADRC Director will continue to review the fiscal expenditures per AAA utilizing the Program Expenditure Report provided by the fiscal department to determine if spending is on track, and, if not on track, will contact the ADRC Coordinator(s).

- Programs Division Chief Review Meeting – Every quarter the ADRC Director and the Programs Division Chief will meet as needed to analyze the quarterly outcomes.

- **Annually**
  - ADRC Coordinator Monitoring – At the end of the program year the ADRC Director will perform program monitoring utilizing the ADRC Assessment Guide (monitoring tool).

Monitoring Tools

ADRC Director will utilize the following tools to document data and activities pulled from PeerPlace reports, completed UIF's, and Program Director/Coordinator meetings.

A. **Attachment A – Monthly Universal Intake Form (UIF) Analysis**
B. **Attachment B – Quarterly ADRC Analysis**
C. **Attachment C – Program Expenditure Report**
D. **Attachment D – ADRC Assessment Guide (monitoring tool)**

Multiple tools are too large to share in the State Plan – available upon request

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SenioRx

Launched in 2002, SenioRx is a prescription medication assistance program that has helped thousands of Alabamians receive FREE or LOW-COST prescription medications from pharmaceutical companies. SenioRx is for Alabamians with disabilities regardless of age or persons aged 55 and older who have been diagnosed with at least one medical condition that requires a prescription medication. Eligible clients may receive a three-month supply of medication from pharmaceutical companies FREE or at a LOW COST. Medication refills are permitted if the participant remains eligible for the program.

This handbook details the SenioRx desk review procedures to assess sub-grantee compliance with program requirements per ADSS established policies, eligibilities, and goals.

Program Year

October 1 – September 30

Scope of Reviews

Monthly, quarterly, and annual compliance reviews (monitoring) will encompass programmatic, financial, and administrative activities. Reviews will include completing monthly and quarterly reporting tools, holding virtual meetings with SenioRx Coordinators to discuss outcomes, and annual analyses meetings to identify strengths, weaknesses, potential best practices, and enhancement projects to strengthen the program.

Frequency of Reviews

- **Monthly**
  - SenioRx Analysis by AAA Review – The SenioRx Analysis by AAA reporting tool is completed monthly and is to be reviewed by the SenioRx Director to

determine data trends for the purpose of offering TA to each SenioRx Coordinator.
    - SenioRx Performance Goals Review - The SenioRx Performance Goals reporting tool is completed monthly and is to be reviewed by the SenioRx Director to determine goal trends for the purpose of offering TA to each SenioRx Coordinator.
    - SenioRx Education and Outreach Form Review – The SenioRx Education and Outreach form that details all monthly education and outreach activities is due to ADSS by the **15th of every following month**.
    - SenioRx Education and Outreach Performance Review – Data from the SenioRx Education and Outreach forms are used to complete the performance analysis comparing each AAA's activities.
    - SenioRx Coordinator Virtual Review Meetings (As Needed) – If any issue(s) is found through the review of monthly reports within 30 days the SenioRx Director will virtually meet with the SenioRx Coordinator(s) from the AAA to rectify the issue(s).
- **Quarterly**
    - Reports Analysis – The SenioRx Director will review three (3) months of analysis and goals reports and send an email to each SenioRx Coordinator detailing their quarterly data and program expenditures and will provide their current state ranking within three (3) separate goal categories:
        - Overall Clients Served
        - New Clients Served
        - Refills
    - Financial Review – The SenioRx Director will continue to review the fiscal expenditures per AAA utilizing the Program Expenditure Report provided by the fiscal department to determine if spending is on track, and, if not on track, will contact the SenioRx Coordinator(s). (expenditure details will be included in the Reports Analysis email noted in bullet #1)
    - Programs Division Chief Review Meeting – Every quarter the SenioRx Director and the Programs Division Chief will meet as needed to analyze the monthly and quarterly outcomes.

- **Annually**
    - SenioRx FY Analysis – The SenioRx Director will complete the SenioRx FY Analysis reporting tool for the purpose of determining upward or downward data trends in the annual goal categories: Overall Clients Served; New Clients Served; and Refills. The data trends will be used to help ADSS in providing TA to the SenioRx Coordinators and help determine service areas in the state where outreach and marketing should be increased.
    - SenioRx Coordinator Monitoring – At the end of the program year the SenioRx Director will perform program monitoring utilizing the SenioRx Assessment Guide (monitoring tool).

Monitoring Tools

SenioRx Director will utilize the following tools to document and review data and activities.

D. **Attachment A – SenioRx Analysis by AAA**
E. **Attachment B – SenioRx Performance Goals**
F. **Attachment C – SenioRx Education and Outreach Form**
G. **Attachment D – SenioRx Education and Outreach Performance**
H. **Attachment E – Program Expenditure Report**
I. **Attachment F – SenioRx FY Analysis**
J. **Attachment G – SenioRx Assessment Guide (monitoring tool)**

Multiple tools are too large to share in the State Plan – available upon request

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State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers (MIPPA)

SHIP is Alabama's State Health Insurance Assistance Program and is a trusted source for information about Medicare, related health insurance, and low-income resources. SHIP counselors and volunteers across the state are committed to helping participants make informed choices regarding health insurance benefits. Counselors and volunteers are not affiliated with any insurance company and will not attempt to sell insurance. All counseling records are strictly confidential. SHIP counselors can help participants know and understand their insurance options.

The Medicare Improvement for Patients and Providers Act (MIPPA) program helps Medicare beneficiaries with limited income and assets learn about programs that may save them money on their Medicare costs. Through MIPPA, the Administration for Community Living (ACL) provides grants to states and tribes to support targeted outreach and education to eligible Medicare beneficiaries, especially those who are: Low-income with limited resources; Residents of rural areas; Members of American Indian, Alaskan Native, and Native Hawaiian communities; People with disabilities under age 65; and Speakers of English as a secondary language.

Program Year

SHIP	April 1 – March 31
MIPPA	September 1 – August 31

Scope of Reviews

Monthly, quarterly, and annual compliance reviews (monitoring) will encompass programmatic, financial, and administrative activities. Reviews will include completing monthly and quarterly reporting tools, holding virtual meetings with SHIP Coordinators to discuss successes/challenges, and annual analyses meetings to identify strengths, areas in need of improvement, potential best practices, and enhancement projects for the purpose of strengthening the program.

Frequency of Reviews

- **Monthly**
  - Data Reports Review – AAA SHIP data reporting is to be entered into SHIPMates by the **20th of each following month** and reviewed by the SHIP Director**.**

- **Quarterly**
  - SHIP Quarterly Analysis – The SHIP Director will review the SHIP and MIPPA Performance Measures Reports for the purpose of determining upward or downward data trends in the following five (5) SHIP Performance Measures (PMs) and will send updates via email as needed to the SHIP Coordinators:

    - **PM1: Client Contacts - Percentage of total one-on-one client contacts (in-person office, in-person home, telephone call durations, and contacts by e-mail, postal mail, or fax) per Medicare beneficiaries in the state**
    - **PM2: Outreach Contacts - Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the state**
    - **PM3: Contacts with Medicare Beneficiaries under 65 - Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the state**
    - **PM4: Hard-to-Reach Contacts - Percentage of low-income, rural, and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the state**
    - **PM5: Enrollment Contacts - Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per total Medicare beneficiaries in the state**

  - Financial Review – The SHIP Director will continue to review the fiscal expenditures per AAA utilizing the Program Expenditure Report provided by the fiscal department to determine if spending is on track, and, if not on track, will contact the SHIP Coordinator(s).
  - Programs Division Chief Review Meeting – Every quarter the SHIP Director and the Programs Division Chief will meet as needed to analyze the quarterly outcomes.

- **Semi-Annual**
  - Narrative Reports Review – AAA SHIP narrative reporting is due to the SHIP Director by the **15th of every 7th month of the program year** for the purpose of submitting the required semi-annual program report to the Administration for Community Living (ACL).

- **Annually**
  - SMP Coordinator Monitoring – At the end of the program year the SMP Director will perform program monitoring utilizing the SHIP Assessment Guide (monitoring tool).

Monitoring Tools

SHIP Director will utilize the following tools to document data and activities pulled from the SIRS system.

K. Attachment A – SHIP Performance Measures Report (State and AAA)
L. Attachment B – MIPPA Performance Measures Report (State and AAA)
M. Attachment B – Program Expenditure Report
N. Attachment D – SHIP Assessment Guide (monitoring tool)

Multiple tools are too large to share in the State Plan – available upon request

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Senior Medicare Patrol (SMP)

The Senior Medicare Patrol (SMP) mission is to empower and assist Medicare beneficiaries, their families, and caregivers, to prevent, detect, and report suspected healthcare fraud, errors, and abuse through outreach, counseling, and education. Because this work often requires face-to-face contact to be most effective, SMPs recruit volunteers to support this effort. SMP volunteers serve in many ways, including outreach, education, and one-on-one counseling. Most are Medicare beneficiaries themselves and are thus well-positioned to assist their peers. Since 1997, the SMP has trained more than 3 million beneficiaries to recognize and fight fraud and abuse. Since its inception in 1997, a total savings attributable to SMP exceeds $126 million.

The main goal is to teach Medicare beneficiaries how to:

- Protect their personal identity;
- Identify and report errors on their healthcare bills; and
- Identify deceptive healthcare practices, such as illegal marketing, providing unnecessary or inappropriate services, and charging for services that were never provided.

In some cases, SMPs do more than educate. When Medicare beneficiaries cannot act on their own behalf to address these problems, the SMPs work with family caregivers and others to address the problems, and if necessary, make referrals to outside organizations that can intervene. More than 90 billion dollars are lost annually to healthcare fraud, error, and abuse.

Program Year

June 1 – May 31

Scope of Reviews

Monthly, quarterly, and annual compliance reviews (monitoring) will encompass programmatic, financial, and administrative activities. Reviews will include completing monthly and quarterly reporting tools, holding virtual meetings with SMP Coordinators to discuss challenges, and annual analyses meetings to identify strengths, areas in need of improvement, potential best practices, and enhancement projects for the purpose of strengthening the program.

Frequency of Reviews

- **Monthly**
  - Data and Narrative Reports check – AAA SMP data reports are due by the **10th of each following month** and AAA narrative reports are due by the **20th of each following month**. **Monthly reporting checklist included on the last column of the SMP PM Analysis tool: Monthly Report Submitted (Date)*

- SMP PM Analysis – The SMP Director will complete the SMP PM Analysis tool monthly on the five (5) SMP Performance Measures (PMs) for each AAA.
  - **PM 1: Total Number of Active SMP Team Members**
  - **PM 2: Total Number of SMP Team Member Hours**
  - **PM 3: Number of Group Outreach and Education Events**
  - **PM 4: Estimated Number of People Reached Through Group Outreach and Education Events**
  - **PM 5: Number of Individual Interactions With, or on Behalf of, a Medicare Beneficiary**

- **Quarterly**
  - SMP PM Analysis – The SMP Director will review the SMP PM Analysis tool data for trends in performance
  - Financial Review – The SMP Director will continue to review the fiscal expenditures per AAA utilizing the Program Expenditure Report provided by the fiscal department to determine if spending is on track, and, if not on track, will contact the SMP Coordinator(s).
  - Programs Division Chief Review Meeting – Every quarter the SMP Director and the Programs Division Chief will meet as needed to analyze the quarterly outcomes. For any PM(s) that need attention by the SMP Coordinator, the SMP Director will email the analysis report and complete a phone call to discuss.

- **Annually**
  - SMP PM Analysis – The SMP Director will review the "Variance by Category" section of the SMP PM Analysis tool (completes automatically when monthly data is inputted into each of the five (5) Performance Measures (PMs) columns) which compares Fiscal Years and will report comparison to each AAA SMP Coordinator.
  - SMP Coordinator Monitoring – At the end of the program year the SMP Director will perform program monitoring utilizing the SMP Assessment Guide (monitoring tool).

Monitoring Tools

SMP Director will utilize the following tools to document data and activities pulled from the SIRS system.

O. Attachment A – SMP PM Analysis (utilized monthly/quarterly/annually)
P. Attachment B – Program Expenditure Report
Q. Attachment C – SMP Assessment Guide (monitoring tool)

Multiple tools are too large to share in the State Plan – available upon request

APPENDIX 7 – PARTNERS

AARP Alabama	Central Alabama Aging Consortium
Alabama Association of Retired Senior Volunteer Program Directors (AARSVPD)	Center for Healthcare Strategies, Inc.
Alabama Career Center System	Dementia Friendly America
Alabama Community College System	East Alabama Regional Planning and Development Commission
Alabama Council on Developmental Disabilities	Easter Seals
Alabama Department of Commerce	Faulkner University – Jones School of Law
Alabama Department of Human Resources (DHR)	Governor's Office of Education and Workforce Transformation
Alabama Department of Labor	Independent Living Center of Mobile
Alabama Disabilities Advocacy Program (ADAP)	Independent Living Resource of Greater Birmingham
Alabama Family Trust (AFT)	Independent Rights and Resources
Alabama Foster & Adoptive Parent Association	Lee-Russell Council of Governments
Alabama Department of Mental Health (ADMH)	Middle Alabama Area Agency on Aging
Alabama Department of Public Health (ADPH)	National Alliance on Mental Illness Alabama (NAMI)
Alabama Department of Rehabilitation Services (ADRS)	One Place Family Justice Center
Alabama Department of Veteran Affairs	Regional Planning Commission of Greater Birmingham
Alabama Farmer's Market Authority	Respite for All Foundation
Alabama Head Injury Foundation	Senior Service America
Alabama Hospice and Palliative Care Organization	Social Security Administration (SSA)
Alabama Institute for Deaf and Blind (AIDB)	Southern Alabama Regional Council on Aging
Alabama Lifespan Respite Resource Network	South Alabama Regional Planning Commission
Alabama Medicaid Agency (AMA)	Southeast Alabama Regional Planning and Development Commission

Alabama Nursing Home Association	South Central Alabama Development Commission
Alabama Quality Assurance Foundation (AQAF)	State Independent Living Council
Alabama Securities Commission	State of Alabama Governor's Office on Disability
Alabama Select Network, LLC	The Arc of Alabama
Alabama Silver Haired Legislature (ASHL)	Top of Alabama Regional Council of Governments
Alabama Tombigbee Regional Commission	United Cerebral Palsy of Huntsville and Tennessee Valley, Inc.
Alabama Voluntary Organizations Active in Disaster (ALVOAD)	United Way Area Agency on Aging of Jefferson County
Assisted Living Association of Alabama	University of Alabama at Birmingham (UAB) School of Dentistry
Alzheimer's Association – Alabama Chapter	University of Alabama School of Social Work
Alzheimer's Education Resources & Services, Inc. (AERS)	Northwest Alabama Council of Local Governments
Auburn University Harrison College of Pharmacy	North Central Alabama Regional Council of Governments
Better Business Bureau of North Alabama	West Alabama Regional Commission

Emergency Preparedness Plan

Alabama Department of Senior Services

201 Monroe Street

RSA Tower – Suite 350

Montgomery AL 36130

Revised March 2024

Preface

The Administration on Community Living (ACL) and the Administration on Aging (AoA) responds to the special needs of older disaster victims. Older people often have difficulty obtaining necessary assistance because of progressive physical and mental impairments and other frailties that often accompany aging. Many older people who live on limited incomes and sometimes alone often find it impossible to recover from disasters without special federal assistance services.

Recognizing this, Congress addressed disaster response for older people in the Older Americans Act, authorizing the AoA to provide limited financial assistance for services through State Agencies on Aging. When a disaster strikes, the AoA's National Disaster Preparedness and Response Office coordinates activities with FEMA and State Emergency Management Agencies and works closely with private disaster response organizations such as the American Red Cross and the Salvation Army. Together these organizations obtain exchange information on the impact of the disaster on older people in their communities. AoA's national aging network is poised to assist older people, providing critical support such as meals and transportation, information about temporary housing, and other important services upon which frail older adults often rely.

Introduction

Pre-planning for any type of all-hazard emergency or disaster can be the most crucial factor in preventing or reducing the risk of harm or even death in the event a local community is faced with emergency situations. For our senior population it is essential that we have workable, realistic plans to ensure their safety and well-being. There is no perfect way to plan for disastrous events such as tornados, hurricanes, and other natural and unnatural events, but each time we are faced with a disaster we learn to prepare better for the next event.

By providing our population with helpful information we can prepare them to take a few simple steps to plan for such events. These simple steps can eliminate many hardships that a senior may have to endure in the event of an emergency or disaster. For those seniors who do not have family, we as an agency, will work to help establish other community networks such as neighbors, churches, volunteers, and law enforcement to help ensure their needs are met pending an upcoming potential disaster situation.

ADSS knows the importance of having current information on all our staff, clients, contractors, and community service resources in case of weather-related closing or disaster. This information must be routinely reviewed and updated before a crisis is in place. ADSS equally recognized that it is critical to establish working relationships with state and local agencies such as EMAs, Health Departments, the faith-based, and Red Cross. The Area Agencies on Aging (AAAs) will be collaborative and active partners in collaborating with the local EMA and other agencies to establish disaster plans to include a pandemic flu plan.

The ADSS and AAAs in collaboration with the EMA, Public Health, and the Red Cross will continue to provide seniors and their families with information to help people to prevent injury, illness, and loss of life. The agency staff will be well informed, trained, and prepared to help seniors prepare for future events and to assist with services and counseling in the event we are faced with any natural or unnatural disaster situations. Staff will be trained and encouraged to develop Family Emergency Plans to include other family members, neighbors, etc. to assist with their children, pets, home security, etc. during time of emergency preparedness in the event of predicted inclement weather or pandemic flu outbreak in order for staff to perform their emergency plan to protect the senior population.

State Emergency Preparedness Planning

The Alabama Department of Senior Services (ADSS) consults with the Alabama Emergency Management Agency (AEMA) who is charged with conducting a comprehensive **all-hazard** emergency management program for the state and for assisting cities, counties, and state agencies in planning and implementing their emergency management programs. The comprehensive emergency management program includes pre- and post-disaster mitigation of known hazards to reduce their impact; preparedness activities, such as emergency planning, training, and exercises; provisions for effective response to emergency situations; and recovery programs for major disasters.

Numerous divisions across the agency have emergency management activity responsibilities. In AEMA's Continuity of Operations Plan (COOP) ADSS is identified as a support agency to provide staffing in support of Emergency Support Function (ESF) #6, Mass Care, Emergency Assistance, Housing and Human Services as may be required. The Emergency Operations Plan states:

"The role of the Alabama Department of Senior Services is advisory in nature on the issues as they pertain to the elderly and person with disabilities. ADSS will provide support on diverse topics regarding its most at-risk consumers. ADSS will ensure that adequate demographics are collected for reporting purposes, i.e., seniors and persons with disabilities as a percentage of the general population."

During a crisis, ADSS partners with AEMA, Department of Public Safety (DPS), Administration on Community Living (ACL), Federal Emergency Management Agency (FEMA), the AAAs, other state, county, and local governmental entities, service providers along with stakeholders who have an interest in or role in meeting the needs of older individuals in planning for, during, and after natural, civil defense, and/or man-made disasters. In accordance with rules and requirements in their performance contract, AAAs are required to have disaster response plans for their local service areas.

To ensure these responsibilities are successfully achieved, ADSS designates key staff to serve in the functions of Aging Disaster Officer, Coordinator, and Liaison. Specific duties include the following:

- Being the liaison between ADSS and other agencies and entities involved in disaster preparation and response, as well as liaison between ADSS and external groups including AEMA, FEMA, appointed Task Forces, local government jurisdictions, and long-term care providers on matters related to disaster preparedness and response.
- Managing the agency resumption plan development that requires the coordination of resources from all levels of ADSS management, divisions, consultants, vendors, and auditors.
- Creating a recovery plan, including impact analysis, studies, and statistical data to assess need for back-up systems, and develop action plans to meet needs.
- Communicating information and consulting with areas about disputed issues that may arise.
- Developing and implementing detailed operational plans for emergency operations center and back-up recovery sites and developing and implementing appropriate measures to identify risks associated with applications/business functions in the event of a contingency.
- Managing the contingency planning process so all participants are constantly prepared to act efficiently and effectively in the event of a disaster situation.
- Being the liaison representing ADSS at the State Operations Center (SOC) in the event of a disaster or emergency.
- Developing periodic simulated disasters and exercises to assist in the validation of the standard operating guidelines.
- Ensuring continuity of operations during disaster events.
- Representing ADSS at meetings and functions pertinent to continuity and emergency management and communicating and coordinating with representatives of other agencies.

Based upon availability of funding, ADSS secures disaster relief funds from ACL to assist older Alabamians with recovering from a natural disaster. Disaster relief funds are only available to an area of the state declared a disaster area by the President. Disaster relief funds may only be used in counties designated in the disaster declaration. AAAs in an affected area are notified by ADSS of a disaster declaration and funding as may be awarded by ACL. Across the state, AAAs coordinate local disaster relief efforts for older individuals, their family members, and other caregivers with federal, state, and community-based emergency organizations. Types of services provided through AAAs included:

- Information, Referral, and Assistance
- Care Coordination
- Relocating older evacuees to Alabama nursing facilities
- Locating housing/shelter for older evacuees
- Staffing support at local Disaster Recovery Centers (DRCs)
- Assisting with location of documents (Social Security checks, driver's license, etc.) and preparing FEMA applications
- Provision of meals, medications, and other gap filling services
- Volunteer recruitment and coordination
- Connecting evacuees and families

These activities are continually refined and updated as needed to assure preparedness for disasters effecting older Alabamians. Area agencies on aging are required to update their disaster preparedness plans on an annual basis.

State Unit on Aging
Pre- and Post-Disaster Planning Procedures

I. Alert Your Staff

A. Institute Planned Call Tree.

1. Telephone communication may not be possible; contingency plans for this should be in place. For instance, will you all meet at the office? Where will you meet if the office is destroyed? Remember, if the office is destroyed, across the street may also be in trouble. PLAN!

2. Depending on the scope of the disaster, your staff may be victims. This should be your first question to your staff: How are you?

B. Assign Duties.

1. Assign staff duties from prepared list.

2. Include plans for staff at the State Emergency Control Center, the Communication Center, and the support center in the field.

3. Establish an information resource center.

4. Provide for the prompt assignment of personnel to the area affected by the disaster. They need to be on-site as quickly as possible, offering support and accurate information and providing a clear view of the situation to the State Unit.

5. This process should include a review of assignments given during the preparation phase.

C. When Advance Warning is Possible.

1. Institute Planned Call Tree (A) and Assign Duties (B) in anticipation of the disaster.

2. Staff transportation will be an important requirement. Be sure all gas tanks are full.

D. Contact AAAs.

1. All AAAs shall have disaster contingency plans.
2. Don't limit communication to the AAA's directly affected by the disaster. Adjacent agencies need to be called upon to lend available assistance.
    a. Emphasize the critical need for recordkeeping.
    b. Especially critical are records from caterers and meal site managers.

E. Contact other State Agencies.

1. Provide technical assistance as may be necessary to assure that the special needs of older persons are adequately met.
2. Be prepared to provide any relevant or useful information available to the State Unit or to the AAAs.

II. Organization

A. Begin Recordkeeping. This is critical; you will need these records to receive reimbursement from the appropriate federal sources later. This must be impressed upon AAAs.

1. Staff time (including overtime)
2. Any supplies
3. Number of senior contacts
4. Type and amount of service provided
5. Resource inventory used
6. Intake forms for all seniors (samples in this manual)
7. Any contracted services
8. Personal expenses
9. Phone log; be specific

B. Begin supervising and assisting in process of locating outreach and advocate workers for the Recovery Phase.

1. Ensure disaster period matches disaster needs.
2. Personal Service Contracts should be pre-approved.
3. Disaster Advocacy and Outreach section of this manual includes a training module.

C. Begin to assemble applications for funds.

1. These applications must be based on plans developed by AAAs.

2. The State Unit must prepare an overall recovery plan with the AAA plans attached.

III. Assessment

A. Collect sufficient information to determine the type, scope, and location of disaster assistance activities by AAAs and others.

1. The AAAs should complete their first effort within 24 hours of the beginning of the emergency. They need support, not badgering or bullying. Help, don't hinder.
2. This is a challenging time; respond, don't react.

B. Information will help determine allocation of resources.

C. Collect information on:

1. Numbers of affected senior citizens.
2. Remember nursing home populations; locations of all nursing homes in area should be noted, regardless of immediate impact. Acquire and disseminate information from state-level resources, e.g., licensing authority.
3. The kinds of services needed. Check indirect as well as direct needs - have water or electricity been interrupted? The State Unit can coordinate information concerning widespread effects. It may be wiser for the State Unit to function as liaison to the electricity provider rather than half-a-dozen Area Agencies.
4. Scarcity and disruption of transportation.

D. Assess geographic scope of disaster.

1. Assess amount of damage inflicted on seniors, including the type of senior citizens (frail, low-income) that are victims and their short and long-term needs.
2. Assume this initial assessment will be incomplete and imprecise.
3. Look for service gaps and advocate where additional services and resources are needed.
4. Report to state and federal agencies as soon as possible and as frequently as appropriate. Phone or Fax and follow with a written report.

Program Specific Functions for Disaster:

Title III Nutrition Services

AAAs

AAAs will be asked to identify high risk clients in both congregate and home-delivered meals programs.

Meal Vendor

During times of the year when the state is at an increased risk of disaster from hurricanes, tornadoes, or ice/snow conditions, the meal vendor will be required to maintain, at a minimum, a sufficient inventory of

shelf stable meals to operate routes for two (2) days for half of the State. In the event of an unexpected storm or disaster, the Meals Coordinator will authorize implementation of Emergency Meals.

Prior to the Emergency

If an emergency is pending, the ADSS will communicate with the vendor concerning the number of meals that are needed. The vendor will provide continued support to the state in the form of frozen or shelf stable meals based upon availability and need.

Medicaid Waiver Services

Medicaid Waiver's essential services are meals, respite, personal care, and homemaker. These services are identified as essential to maintain the health and safety of clients living at home. The need for case management services could potentially be done via phone.

Medicaid Waiver's Scope of Practice for Nutrition is outlined below:

- Shelf-stable meals will be delivered at least every four (4) months to at-risk clients. Shelf-stable meals are to be used in the event of an emergency when the DSP cannot deliver meals as scheduled. The number of units will be determined by the client's care plan.
- All foods in the meal must be individually packaged food products that can be stored without refrigeration and that can be eaten with little or no preparation.

During times of the year when the state is at an increased risk of disaster from hurricanes, tornadoes, or ice/snow conditions, the meal vendor will be required to maintain, at a minimum, a sufficient inventory to operate all frozen meal delivery routes for two (2) days for half of the State. In the event of an unexpected storm or disaster, the Meal Coordinator will authorize implementation of an approved Disaster Meal Services Plan.

Case Management

Medicaid Waiver case managers will identify clients who are at-risk or may become at-risk due to loss of power, water, transportation, and/or emergency medical assistance. The State EMA will have access to this list of high-risk clients in the event of an emergency. The AAAs' Emergency Plan will outline channels of communication with local authorities as to how they will manage the clients identified as extremely high risk. Individualized disaster plans will be included in the care planning process for those high-risk clients without caregivers who receive case management services.

ROLE OF AREA AGENCIES ON AGING (AAAs)

AAAs play a pivotal role in assessing community needs and developing programs that respond to those needs. The AAAs also function as advocates for improved services for older persons, persons with disabilities, and their families. During a disaster or emergency, AAAs must respond to meet the immediate needs of those affected.

A. Preparedness

To maintain a state of readiness, the AAA shall develop a written Disaster Plan that outlines the response process when a disaster/emergency is reported. Annually, each AAA is required to submit to the Disaster Coordinator at ADSS its Disaster Plan or revisions for review.

B. Disaster Coordinator

The AAA shall designate a DC and an Alternate DC. The DC is responsible for:

1. Disaster Plan and annual updates to Plan.
2. Coordinating with local emergency management officials on the following emergency preparedness issues:

    a) Educate local emergency officials regarding the unique needs of older persons and adults with disabilities.
    b) Participate in local emergency disaster planning.
    c) Ensure local emergency officials understand the role of the AAA and the AAA Disaster Coordinator in emergency/disaster response.

C. Maintaining AAA Staff Emergency Contact Lists

The AAA shall be responsible for maintaining an updated list of staff emergency contacts.

D. Maintaining Partners Emergency Contact Lists

The AAA shall be responsible for maintaining an updated list of partners (ADSS, local EMAs, AAA Lead Agencies, service providers, key suppliers).

E. AAA Emergency Response

The AAA shall be responsible for training and designating AAA staff that can be called upon in the event of a disaster to aid at Disaster Recovery Centers.

F. Training

The AAA shall be responsible for coordinating appropriate emergency/disaster preparedness and response training for AAA personnel. The AAA shall promote disaster preparedness and education among AAA personnel, older persons and persons with disabilities, and the aging network of providers.

G. Communication

During emergency events, in order to provide current information regarding the impact of the event on the AAA and its constituents, clients and providers, the AAA Disaster Coordinator shall be required to report to the ADSS Disaster Coordinator the condition of the service area, the capability of the AAA to provide emergency services, and the services provided to meet needs and identification of any unmet needs. Communication may be extended to requests from the Governor's Office, EMA, Alabama Medicaid, Administration for Community Living, and Centers for Medicare and Medicaid.

Be Ready for an Emergency

Recommended Guidance for AAA Pre and Post Disaster. Important things for AAA Staff to do as part of emergency preparedness:

- Read and follow the Public Health *Are You Ready* booklet. http://adph.org/CEP/assets/EmergencyPrepGuide.pdf
- Have your family emergency plan in place.

- Know about hazards that could affect your clients and community.
- Learn about emergency alert systems and weather alerts.
- Identify safe shelters in areas you visit before an emergency exists.
- Have an updated AAA phone tree with you in the field, home, and office. Key important phone numbers into your cell phone before you need them.
- Keep client lists updated with emergency information. Inform clients and family of the importance of communicating any changes. Update as needed or at least quarterly. Have high risk client list ready for any potential emergency situation.
- Identify clients who need Emergency Shelf Stable meals and make referral to Nutrition Coordinator.
- Nutrition Coordinator should train all Center Managers to keep emergency lists at hand of clients who may need assistance or counseling during potential emergency. Identify clients who should be on EMA list. Identify clients who may need to seek safe shelter in the event of severe inclement weather.
- Assign staff member to be emergency contact with transportation providers.
- Provide all case managed clients with publication provided by State Health Department – *Are You Ready*? Encourage clients and their caregivers to keep emergency supply kits and to complete disaster preparation checklist.
- Have all clients to complete emergency contact information and keep readily available in their homes.
- Check with your doctor to make sure you and your family are up to date on your immunizations and that you take the tetanus, flu, pneumonia, and hepatitis A&B vaccines if recommended by your doctor.
- Follow health advisories issued by public health officials, your doctor, or other authorities to include following good infection control procedures.
- Educate clients on the importance of getting yearly flu vaccines and pneumonia vaccine.
- Have adequate supplies on hand to secure office equipment and important documents from potential damage to include plastic wrap, large zip lock bags, packing tape and masking tape, and computer backup tapes.
- Office supplies recommended to have hand before emergency:
  First-aid kit, flashlights with batteries, battery-powered weather radio, hand sanitizer, masks, small tool kit, and water.

Important things for AAA staff to do when an event is predicated:

- Do not panic.
- In the event of a potential emergency or disaster contact your supervisor immediately for instructions.
- Stay informed. Know the office policies.
- Fill up your car with gas; check your oil and tires.
- Charge your cell phone.
- If severe inclement weather is predicted or health alert is issued call all high risk clients to make them aware of situation and to ensure they enact their emergency family plan. Identify isolated clients, clients with disabilities, and clients who need emergency power for health reasons on a list to be sent to local Emergency Management Office. Enact your family emergency plan if necessary to ensure all clients are contacted.
- In the event you are caught in inclement weather while in the field – seek safe shelter and contact your supervisor – do not attempt to travel home. If necessary, enact your family emergency plan.
- Back up all computer files before leaving office.
- Make sure all important and confidential documents are safe and secure.

Important things for AAA Administrative Staff to do when an event is predicated:

- Supervisors call all staff in from the field or instruct them to seek safe shelter.
- Outside of normal business hours: Supervisors call Director. Implement phone tree.
- Call staff meeting to implement disaster plan.
- Appoint staff member to stay informed with current information from the Media, ADSS, and EMA. Keep Director informed.
- Appoint staff member to keep media informed of closings and locations of safe shelters for seniors.
- Nutrition Coordinator and clerical staff contact all Center Managers with instructions.
- Back up computers.
- Secure and lock up all files.
- Unplug all electrical equipment before leaving.
- Shut off water, gas, and electricity if instructed to do so.
- Secure all equipment and protect from inclement weather-related water or wind damage as best possible.

Post Emergency Event:

- Telephone all clients to ensure their safety and well-being.
- Advocate on their behalf if necessary, regarding power and water outages, access to food, and supplies, etc.
- Communicate with Supervisor.

EMERGENCY GUIDELINES

Emergency Evacuation Procedures

When notice to evacuate the building is given, or in the event of a fire alarm, all ADSS employees should adhere to the following procedures.

- Immediately proceed to the nearest emergency exit. Emergency exits are located on the east and west sides of the building. Floor diagrams that show emergency exit locations, fire extinguisher locations and pull-down locations are in the interior corridor.
- Please be aware of emergency vehicles and emergency personnel that may be pulling up to or entering the building.
- Once you have safely evacuated the building, proceed immediately to the designated meeting area. The designated meeting area for the Alabama Department of Senior Services is the Double Tree Hotel parking lot (Monroe Street side).
- Once is the designated meeting area; staff will begin roll call. Each division chief will be responsible for accounting for their respective staff. Once division chief's complete role call for their staff, they will report to the disaster coordinator that (a) all staff is accounted for or (b) provide a list of missing persons. The disaster coordinator will report to the Commissioner the final roll call. In the event the Commissioner is unavailable, the disaster coordinator will report to the highest-level administrative staff member available. Emergency responders will be alerted to anyone who is unaccounted for.
- Do not return to the building until first responders and the building manager have given the "all clear."

PANDEMIC RESPONSE

In February 2020, an unprecedented event took place in the United States and throughout the world. The COVID-19 pandemic changed the lives of the entire population and, for those age 60 and older as well as those with disabilities, access and delivery or services changed overnight. Based upon this new reality, ADSS was faced with the challenge of safely and efficiently meeting the needs of the aging population. This section will describe the steps necessary to conduct services while mitigating the risk of infection among staff and clients alike.

In the event of a pandemic, ADSS will issue guidance to the AAAs with specific direction on how to deliver Title III services, as well as all additional services. Guidelines for closing/reopening of senior centers will be submitted to the ADSS Commissioner for approval. ADSS will also provide guidance and support on the use of possible stimulus funds to address needs throughout the state.

ADSS will take direction from and/or will receive information/assistance from the following:

- The Office of the Governor of Alabama will declare an emergency and develop an Emergency Order for the population. The order will include information regarding the closure of state agencies and shifting to remote work. ADSS staff has the capabilities to shift to remote work with little to no notice.
- The Administration for Community Living will provide guidance/support related to the continuation of services to older adults and individuals with disabilities.
- The Alabama Department of Public Health will provide guidelines for risk mitigation for staff, clients, and the public. ADSS will follow these guidelines and work with AAAs in disseminating information to clients and the public.

In addition, ADSS will also conduct the following:

- Identify and purchase PPE and make it available to all agency staff.
- Provide AAAs with PPE supplies and/or funds to cover PPE costs for volunteers and staff.

Disaster Recovery Centers Overview
The Role of AAA in the Disaster Recovery Center

The role of the AAA staff in the Disaster Recovery Center is to assist elderly and people with disabilities as they progress through the center. Staff should establish contact with other agencies at centers to learn their resources. Staff should ensure that other agency representatives at center are aware of the special problems older persons often have during and after a disaster and ask them to refer these people to their section. The AAA staff will also interview elderly and ascertain their needs.

III. Description

The President and the Governor make disaster assistance programs available under the disaster declarations. The primary functions of these programs are:

A. To register applicants for disaster assistance through FEMA and Small Business Administration (SBA) and to provide follow-up services for those already registered.
B. To provide public information and continuing assistance in disaster areas.
C. To support community recovery, restoration, and rebuilding efforts.
D. To promote community preparedness for future potential disasters.

II. Purpose

Disaster Recovery Centers represent a transition from initial disaster response activities to activities focused on individual and community recovery, restoration, and rebuilding issues.

The Centers are designed not only to register individuals for appropriate assistance programs, but to accommodate the needs of individuals who need to complete processes begun either at Centers or by tele-registration, who have specific questions about program eligibility, pending applications for assistance or responses they have received to their applications. This may include intake, referral, and follow-up. Short term case management should be part of **follow up** procedure if warranted.

III. Types of Services at Centers

A. Small Business Administration (SBA)-Providing low interest rate loans for home/personal property losses damages.
B. FEMA Disaster Housing Assistance Program (408A) – This program helps people who cannot or should not live in their homes.
C. FEMA Disaster Mortgage and Rental Assistance Program (408B) – This emergency grant program helps people who, because of the disaster, have lost their job or business and face foreclosure or eviction from their homes.
D. Individual Family Grant Program (IFGP) – Grants may be available to those eligible, who are unable to meet disaster-related necessary expenses and serious needs for which assistance is unavailable or inadequate.
E. Internal Revenue Services (IRS) – Guidance provided in obtaining tax relief for disaster casualty losses.
F. Social Security Assistance (SSA) – Help in expediting checks delayed by the disaster, and in applying for benefits.
G. Veterans Administration (VA) – Guidance in obtaining death benefits, pensions, and insurance settlements.
H. Crisis Counseling – Short-term intervention counseling is available for emotional and mental health problems caused or aggravated by the disaster.
I. Disaster Unemployment Assistance/Employment Development Department (EDD) – Provides weekly benefit payments to those out of work due to the disaster.

J. Local Area Agency on Aging – Provides disaster relief assistance to the senior population, geared to avoid long line waits, and an understanding of the forms and process.
K. Housing and Urban Development (HUD) – Section 8 Rental Certificate Program – To assist very low-income families.
L. American Red Cross – Immediate assistance with food and clothing.
M. Salvation Army – Provides food and clothing immediately following the disaster.

Other agencies and volunteers as are necessary may be available.

ADSS/AAA Staff Volunteers Deployed to the Disaster Recovery Centers (DRC)

The ADSS/AAA staff will conduct the intake and referral procedures at the DRC. Rapid changes and updates occur daily. It is our responsibility to provide the most current information for resources. ADSS will keep you informed via email. Only trained volunteers should work recovery centers. All workers at the DRC are required to thoroughly complete the ADSS Emergency Assistance Needs Intake Form. All intake and referral should be conducted in a professional manner. The following guidelines should be used:

- Complete as much information on form as possible. DATE. Make sure you mark the need for follow up at top left of form:

  URGENT: Mark if someone needs short term case management and assistance within 72 hours. Mark if you are concerned about their mental or physical health.

  Needs Follow up: Mark if someone needs to call for follow up in 2-3 weeks to make sure they received assistance and do not have further needs.

  Complete: Mark if you have met their needs or they can handle the situation without any more assistance.

- Use Positive interviewing Techniques for the Intake Process. Ask questions.
- Be aware of communication differences
- Be good listener. Do not provide counseling. Provide positive assurance.
- Establish rapport. Greet the client and remain calm.
- Deal with the client's feelings. Allow client to gain composure, then listen and validate his/her emotions.
- Avoid personal disclosure. It is not about you.
- Give information and referral. Be aware you cannot solve the problem. Follow up is where more problem solving can be addressed.
- Make sure that every client obtains a FEMA number. Assistance cannot be provided without a FEMA number.
- Determine if the request for help is a NEED or a PROBLEM! Are current health and safety needs met?

- You are gathering information to give to a case manager. The case manager will determine what services are available and will contact the client later. Do not make promises. Do not give legal advice.
- Notify the AAA Director, Disaster Response Coordinator and DRC staff of an emergency, i.e., temporary housing, food, etc.

Table 1
Percent of Older Alabamians Age 60+ by Race and Ethnicity

	2010[a]	2022[b]
White	79.5%	75%
African American	18.6%	21.2%
American Indian / Alaska Native	0.4%	0.4%
Asian American	0.6%	0.9%
Native Hawaiian / Other Pacific Islander	0.0%	0.0%
Two or more races	0.7%	1.9%
Other	0.2%	0.5%
Hispanic	0.8%	1.4%
Total Over 60 Population:	**933,919**	**1,206,697**

Table 2
Percent of Alabamians Below Poverty by Age Group, Gender, and Race[b]

Gender and Race	Age Group		
	45 – 64	65 – 74	75+
African American male	18.3%	14.6%	14.1%
White male	8.6%	7.2%	7%
African American female	20.5%	20.2%	23.8%
White female	11%	8.8%	12.1%

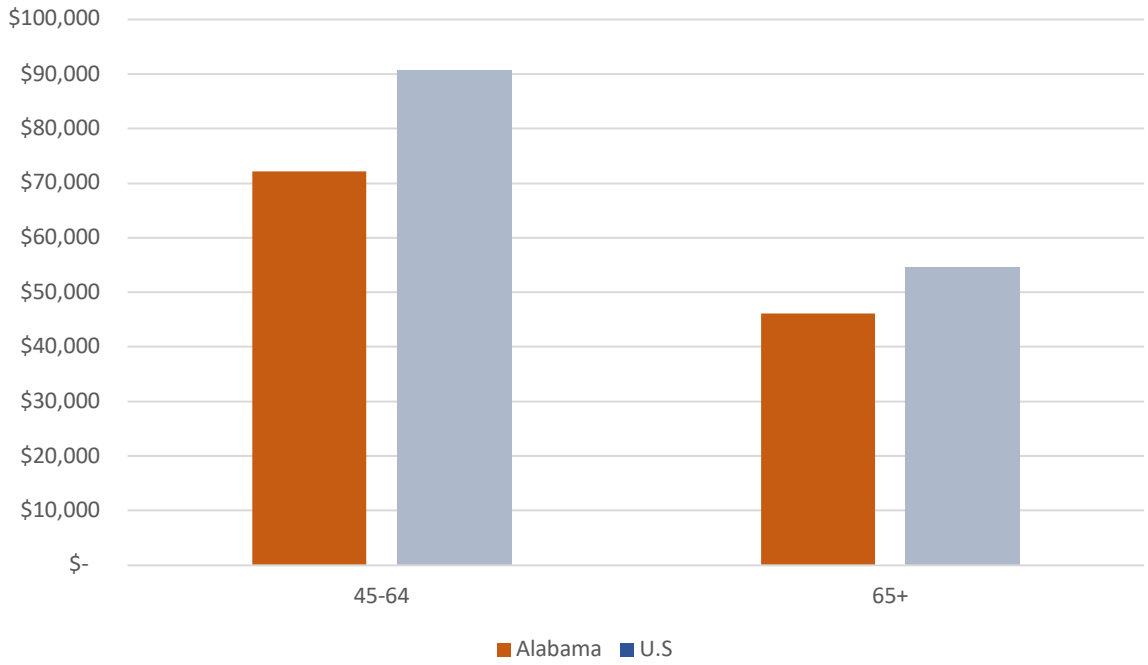
[a]U.S. Census Bureau, 2010 Decennial Census.
[b]U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates.

Table 3
Number of Alabamians by Disability Status[a]

	Estimate
With a disability	800,846
With a hearing difficulty	215,574
With a vision difficulty	153,119
With a cognitive difficulty	304,510
With an ambulatory difficulty	428,017
With a self-care difficulty	145,649
With an independent living difficulty	284,279
No disability	4,144,135
Total	**4,944,981**

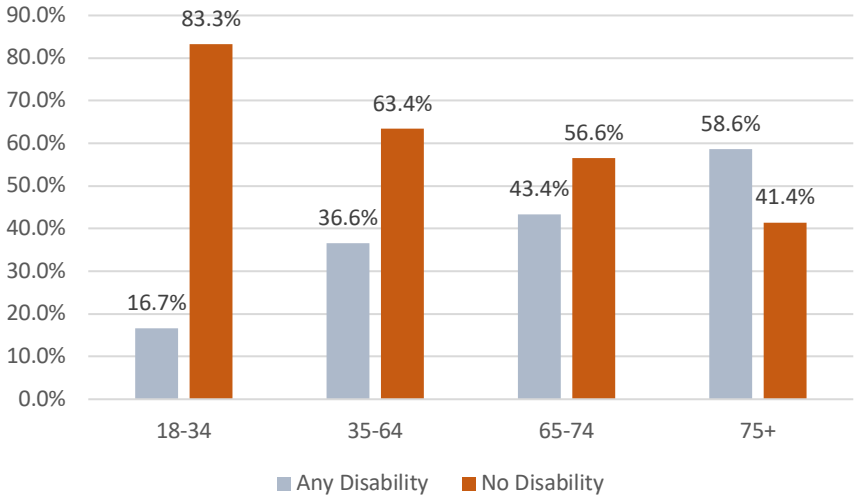
[a]U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates

Table 4
Median Household Income* for Persons Age 45+ (U.S. and Alabama)[b]



*Median household incomes reflect inflation-adjusted 2022 dollars.

Table 5
Percent of Alabamians Below Poverty by Age Group and Disability Status[a]



[a]U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates

Table 6
Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040 (Middle Series)

2018 series

	Census	Census						Change 2010-2040	
	2000	2010	2020	2025	2030	2035	2040	Number	Percent
Alabama	***579,798***	***657,792***	***851,293***	***970,297***	***1,067,787***	***1,114,140***	***1,144,172***	***486,380***	***73.9***
Autauga	4,451	6,546	8,476	9,917	11,466	12,583	13,882	7,336	112.1
Baldwin	21,703	30,568	47,034	56,876	66,159	72,875	78,769	48,201	157.7
Barbour	3,873	3,909	4,820	5,087	5,260	5,056	4,795	886	22.7
Bibb	2,413	2,906	3,673	4,048	4,419	4,658	4,859	1,953	67.2
Blount	6,558	8,439	10,800	11,922	13,003	13,766	14,275	5,836	69.2
Bullock	1,543	1,469	1,897	2,137	2,237	2,141	2,050	581	39.6
Butler	3,506	3,489	4,088	4,431	4,619	4,577	4,460	971	27.8
Calhoun	15,872	16,990	19,886	21,657	22,710	22,709	22,405	5,415	31.9
Chambers	5,928	5,706	7,043	7,778	8,181	8,352	8,330	2,624	46.0

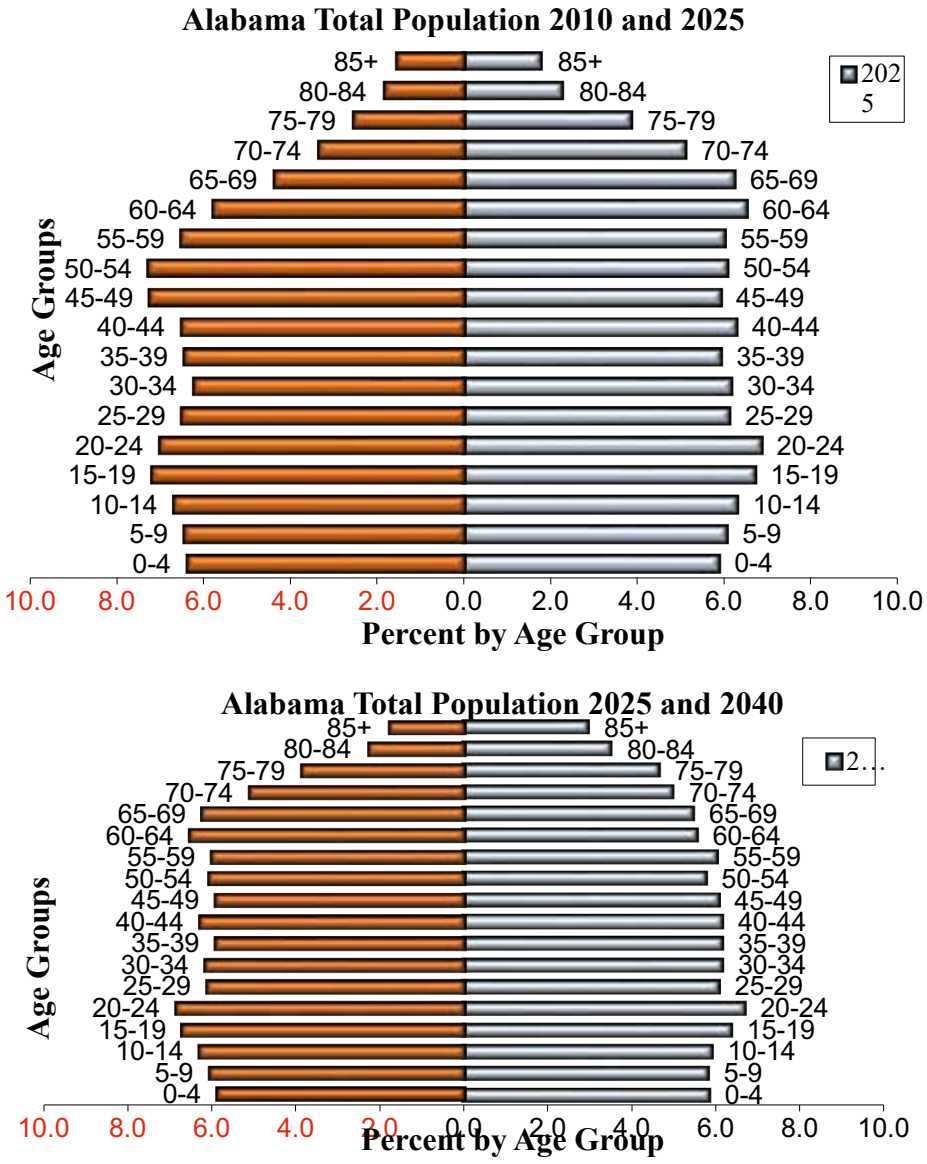
Cherokee	3,818	4,651	5,956	6,711	7,272	7,611	7,798	3,147	67.7
Chilton	5,097	5,921	7,159	8,016	8,602	8,903	9,231	3,310	55.9
Choctaw	2,332	2,519	2,889	3,040	3,111	3,021	2,895	376	14.9
Clarke	3,764	4,174	4,952	5,388	5,623	5,584	5,396	1,222	29.3
Clay	2,359	2,449	2,756	2,973	3,192	3,245	3,267	818	33.4
Cleburne	1,933	2,361	3,044	3,314	3,601	3,765	3,874	1,513	64.1
Coffee	6,171	7,210	8,641	9,369	9,968	10,319	10,710	3,500	48.5
Colbert	8,493	9,463	11,296	12,369	13,091	13,206	12,983	3,520	37.2
Conecuh	2,223	2,362	2,929	3,199	3,399	3,342	3,217	855	36.2
Coosa	1,761	1,970	2,513	2,877	3,054	3,107	3,088	1,118	56.8
Covington	6,740	6,939	8,176	9,070	9,679	9,714	9,652	2,713	39.1
Crenshaw	2,338	2,210	2,657	2,955	3,229	3,277	3,382	1,172	53.0
Cullman	11,342	12,810	16,067	17,867	19,401	19,875	20,057	7,247	56.6
Dale	5,807	6,759	8,255	9,130	9,662	9,600	9,334	2,575	38.1
Dallas	6,428	6,165	6,968	7,728	8,156	7,971	7,663	1,498	24.3
DeKalb	8,882	9,875	12,818	14,368	15,566	16,624	17,376	7,501	76.0
Elmore	7,071	9,436	13,651	16,262	18,850	20,389	21,757	12,321	130.6
Escambia	5,236	5,812	6,802	7,324	7,529	7,404	7,405	1,593	27.4
Etowah	16,560	16,508	19,670	21,388	22,404	22,982	23,404	6,896	41.8
Fayette	2,976	3,084	3,587	3,779	3,909	3,838	3,675	591	19.2
Franklin	4,637	4,825	5,277	5,563	5,767	5,777	5,808	983	20.4
Geneva	4,203	4,674	5,705	6,289	6,799	7,096	7,157	2,483	53.1
Greene	1,470	1,454	1,860	2,127	2,222	2,152	2,016	562	38.7
Hale	2,316	2,370	3,050	3,469	3,840	3,795	3,670	1,300	54.9
Henry	2,668	3,044	4,158	4,619	4,976	5,121	5,276	2,232	73.3
Houston	12,162	14,675	19,276	22,069	24,424	25,591	26,598	11,923	81.2
Jackson	7,210	8,773	10,962	12,081	12,800	12,960	13,089	4,316	49.2

Jefferson	90,285	86,443	106,631	119,605	127,360	128,036	127,315	40,872	47.3
Lamar	2,528	2,732	3,145	3,358	3,426	3,298	3,116	384	14.1
Lauderdale	13,241	15,553	19,412	21,599	23,261	23,953	24,038	8,485	54.6
Lawrence	4,195	4,999	6,141	6,830	7,603	7,941	7,913	2,914	58.3
Lee	9,337	12,716	21,095	26,082	30,877	34,466	37,539	24,823	195.2
Limestone	7,271	10,187	15,911	19,704	23,867	26,994	29,199	19,012	186.6
Lowndes	1,646	1,655	1,940	2,130	2,268	2,205	2,025	370	22.4
Macon	3,367	3,031	3,352	3,669	3,855	3,795	3,698	667	22.0
Madison	30,015	40,873	56,239	68,286	81,478	89,022	93,437	52,564	128.6
Marengo	3,287	3,424	3,979	4,332	4,512	4,541	4,475	1,051	30.7
Marion	4,934	5,645	6,595	7,054	7,394	7,497	7,470	1,825	32.3
Marshall	11,717	13,862	16,495	18,118	19,526	20,007	20,485	6,623	47.8
Mobile	47,919	53,321	68,695	78,836	86,072	88,252	88,908	35,587	66.7
Monroe	3,363	3,618	4,308	4,751	5,075	5,141	5,076	1,458	40.3
Montgomery	26,307	27,421	33,914	38,302	41,547	42,493	43,423	16,002	58.4
Morgan	13,708	16,871	21,327	23,823	26,066	27,042	27,382	10,511	62.3
Perry	1,762	1,769	1,786	1,890	1,873	1,774	1,687	-82	-4.6
Pickens	3,293	3,336	4,087	4,567	4,963	5,032	4,858	1,522	45.6
Pike	3,727	4,211	5,188	5,769	6,094	6,207	6,178	1,967	46.7
Randolph	3,564	3,888	4,847	5,393	5,820	6,016	6,032	2,144	55.1
Russell	6,541	6,720	8,959	10,124	11,062	11,348	11,416	4,696	69.9
St. Clair	7,578	10,909	15,078	17,612	20,438	22,577	24,651	13,742	126.0
Shelby	12,179	20,627	34,714	43,182	51,263	57,471	63,447	42,820	207.6
Sumter	2,056	2,063	2,537	2,933	3,117	3,055	2,908	845	41.0
Talladega	10,655	11,591	14,373	15,957	16,911	17,283	17,519	5,928	51.1
Tallapoosa	6,872	7,193	8,694	9,556	9,991	10,037	9,889	2,696	37.5
Tuscaloosa	18,565	21,050	28,882	33,432	36,492	38,345	40,030	18,980	90.2

Walker	10,453	10,894	13,418	14,409	14,821	14,581	14,006	3,112	28.6
Washington	2,246	2,590	3,227	3,589	3,854	3,936	3,872	1,282	49.5
Wilcox	1,810	1,752	2,170	2,396	2,461	2,402	2,268	516	29.5
Winston	3,533	4,333	5,363	5,812	6,260	6,407	6,309	1,976	45.6

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

Table 7
Population Pyramids



Source: Center for Business and Economic Research, 2018

APPENDIX 10 – SOCIAL DETERMINANTS OF HEALTH (SDOH)

5. Social Determinants of Health

Ranked AL's Fifth Health Indicator

Social determinants of health (SDOH) topics are a collection of factors identified as the fifth highest health indicator for AL. While SDOH are upstream objectives influencing all health indicators in this SHA, the community partners wanted to highlight and discuss specific methods to create opportunities for AL residents.

According to Healthy People 2030, the five SDOH topics are economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social/community context.[1]

SDOH differs from access to care for they are a more permanent, societal structure that prevents adequate health factors. They can affect a wide range of physical health, mobility, and quality of life outcomes.

Vulnerable Populations

SDOH plays a significant role in AL's citizens' health, well-being, and quality of life and contributes to health disparities and inequities. Income disparities, education, poverty, unemployment, food insecurity, housing, and family social support services need to be addressed as a system to build environments that contribute to wellness and support opportunities for healthy choices.[1]

Geographic Variation

While there are some lifestyle and behavioral choices, each individual is located within a specific community with local policies and government that impact how they can access health opportunities. For example, AL is primarily a rural state, which can create physical barriers to care, and social stigmas can prevent individual's knowing or feeling comfortable accessing a service.

Topics Addressed for This Indicator are:

- AL Black Belt.
- Income disparities.
- Education and poverty.
- Unemployment rate.
- Food insecurity.
- Housing assistance.
- Family and social support.
- Social Vulnerability Index (SVI).

Highlights

Data is from collaborating state agencies such as the ALDOL and ALSDE. Data are also retrieved from U.S. Census Bureau, University of AL, and CDC Agency for Toxic Substances and Disease Registry (ATSDR):

- According to USHUD, as of January 2019, it was estimated 3,261 persons experienced homelessness on any given day in AL.
- In 2019, 16.3 percent of AL households were unable to provide adequate food for one or more household members due to lack of resources compared to the 12.3 percent in U.S. households.[2]

Risk Factors:

- Rural areas.
- Low income housing.
- High school education attainment or below.
- Incarceration.
- Unemployment.

The Alabama Black Belt

SDOH can create disparities with care delivery and health outcomes. One area in AL with a high SDOH burden is called the Black Belt.

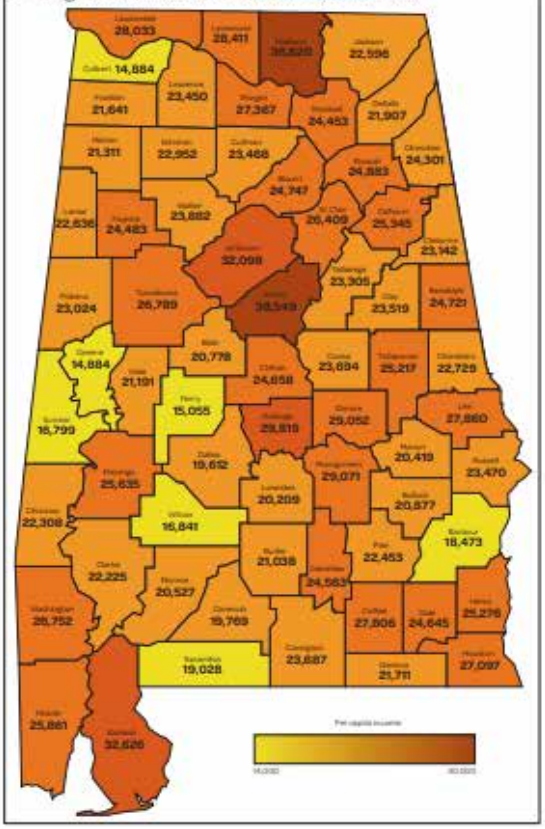
Once named for the color of its fertile soil and later for the high percentage of AA/black residents, 11 states make up the Black Belt throughout the southeast.

The AL Black Belt consists of 18 counties: Barbour, Bullock, Butler, Choctaw, Crenshaw, Dallas, Greene, Hale, Lowndes, Macon, Marengo, Montgomery, Perry, Pickens, Pike, Russell, Sumter, and Wilcox:

- In 2019, the AL Black Belt had a 40 percent white and 56 percent AA/black population.[3]
- In 2019, almost 1 in 4 residents lived below the poverty rate (23.7 percent).[3]
- The per capita income in this region was $24,387.[3]

Figure 5.1 – The AL Black Belt contains 18 counties (highlighted green on the map). Source: University of AL in Tuscaloosa.

Figure 5.2 – This map describes income variation throughout AL. Source: U.S. Census Bureau.



Income Disparities

Income equality is how finances are distributed throughout a population. About 15 percent of AL's population lives below the 200 percent poverty rate:[3]

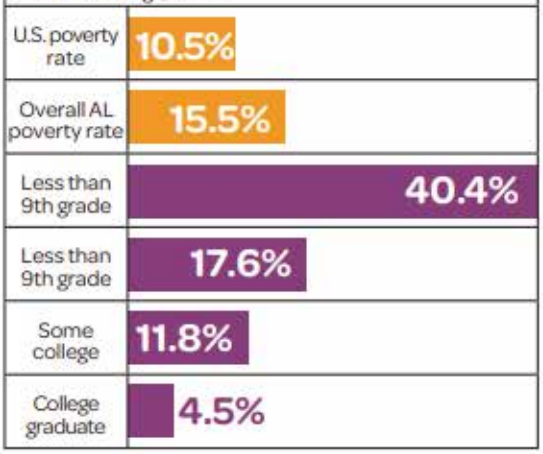
- In 2019, AL's poorest counties were Dallas, Perry, Greene, and Bullock, respectively. These counties are located within the AL Black Belt.
- The average poverty rate is slightly higher for rural areas at 18.4 percent compared to urban areas at 16.1 percent for 2019. Alabama households in urban areas have per capita incomes that are roughly $6,000 more per home.[3]
- Madison and Shelby counties have the highest per capita income.

Education and Poverty

Education is an indicator for chronic disease because it helps understand employment options, income mobility, and basic literacy.[4] For adults below the poverty status, income was correlated with education level:

- Two out of every five people with less than a high school education live below the federal poverty line.
- Approximately 17.6 percent of individuals who have an educational achievement of a high school diploma or GED live below the poverty line.

Figure 5.3 – The distribution of poverty level by education group. Source: ALSDE, 2018 and County Health Rankings, 2019.



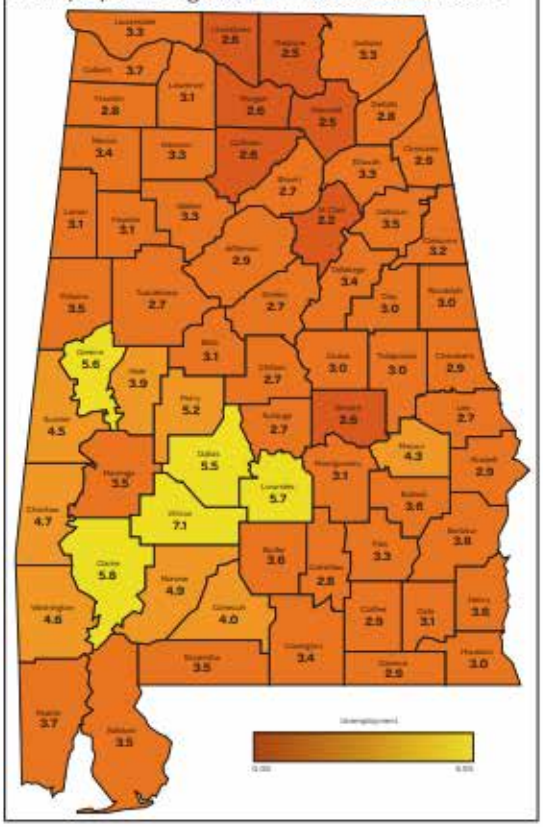
Unemployment Rate

Employment is another indicator for SDOH. Good working conditions, employee benefits, and work stability often contribute to wellness and support opportunities for healthy choices.[5]

The AL labor force is a way to determine perceived economic stability:

- During the early Coronavirus Disease 2019 (COVID-19) pandemic, the unemployment rate was 7.7 percent (as of July 22, 2020).[6]
- For 2019, the average unemployment rate was 3.0 percent, with 67,883 individuals out of work.
- In 2019, the unemployment rate in rural areas was 4.6 percent compared to urban areas with 4.3 percent.
- Wilcox County had the highest unemployment rate at 7.2 percent in 2019.
- The Southwestern Public Health District had the most counties with high unemployment rates.

Figure 5.4 – This map describes the percent of unemployed throughout AL in 2019. Source: ALDOL.



Food Insecurity

Food insecurity is defined as "a household-level economic and social condition of limited or uncertain access to adequate food."[7] Lacking constant access to food can lead to binge eating, malnutrition, and mineral deficiencies.

In 2019, 16.3 percent of AL households were unable to provide adequate food for one or more household members due to lack of resources compared to the 12.3 percent in U.S. households.[2] This is a decrease from 2015 where it was 16.7 percent in AL.

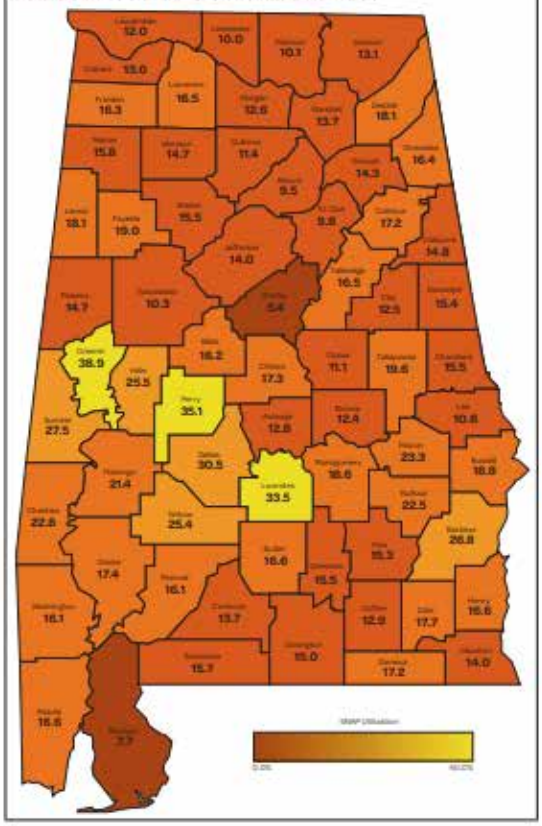
According to USDA, AL was the sixth largest food insecure area in the U.S. in 2017-2019.[7] Food insecurity is particularly high among:

- Low income households.
- Households with children, especially those with a single parent.

- Single person dwelling homes.
- AA/black and Hispanic households.

Food insecurity was measured by Food Stamps or the Supplemental Nutrition Assistance Program (SNAP) utilization. In 2019, 14 percent of households in AL received Food Stamps/SNAP. The median income among households that received food stamps was $18,515.[3]

Figure 5.5 – This map describes the food insecurity throughout AL by percentage of households SNAP utilization. Source: U.S. Census Bureau.



Housing Assistance

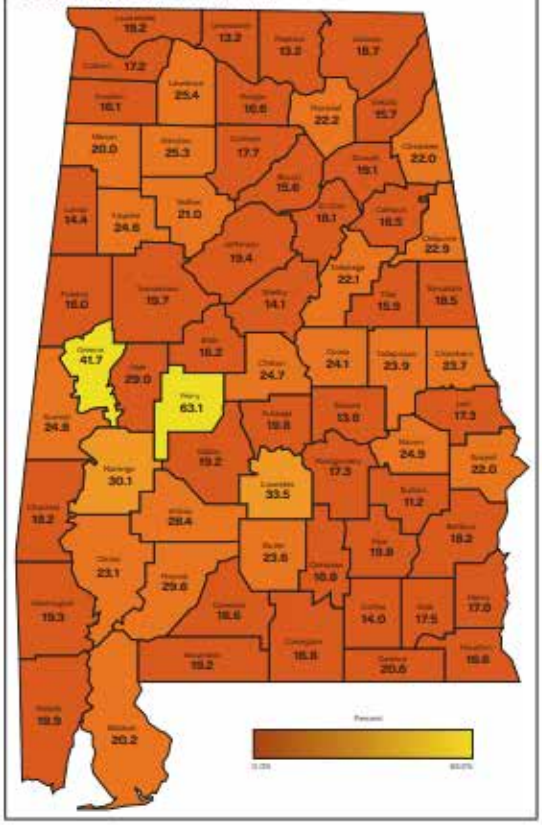
According to USHUD, as of January 2019, it was estimated 3,261 persons experienced homelessness on any given day in AL.

In Figure 5.6, the map shows a distribution of individuals whose monthly mortgage is greater than 35.0 percent of the household income.

- According to U.S. Census Bureau, 19.1 percent of AL households have over one-third of their household income devoted to monthly mortgage or rent payments in 2018.
- Perry County had the highest percentage with an average 63.1 percent of its population with a mortgage higher than one-third their income between 20152019.[8]
- There was an average of 1,867,893 households between 20152019 with 31.2 percent of units used for renting.[8]

Federal Housing Assistance gives aid to seniors, children, and people living with disabilities. The largest rental assistance support is through housing choice vouchers and public housing.

Figure 5.6 – This map describes the percentage of homeowners with a high cost burden mortgage. Source: U.S. Census Bureau.



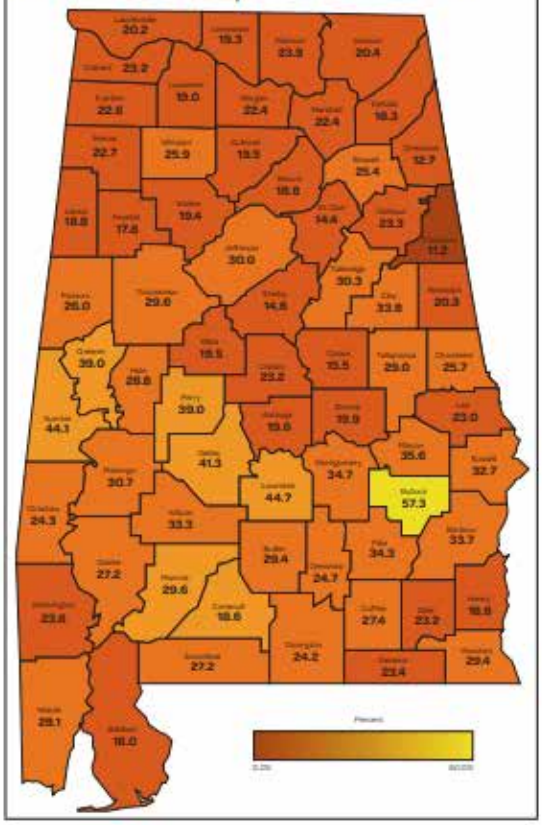
Family and Social Support

Positive relationships at home, at work, and in the community can help families find support and improve their well-being. Social capital refers to the interpersonal support and trust between other civic associations.[9]

In Figure 5.7, the indicator for this section is the percentage of single-parent household for children under 18 years old:

- Between 2015-2019, approximately 1 out of every 4 children (25.2 percent) lived in a single-parent household in AL.[10]
- Adults and children living in single-parent households have a higher risk of stress and adverse health outcomes.[9]

Figure 5.7 – This map describes percentage of single-parent households in each county. Source: U.S. Census Bureau.



Social Vulnerability Index

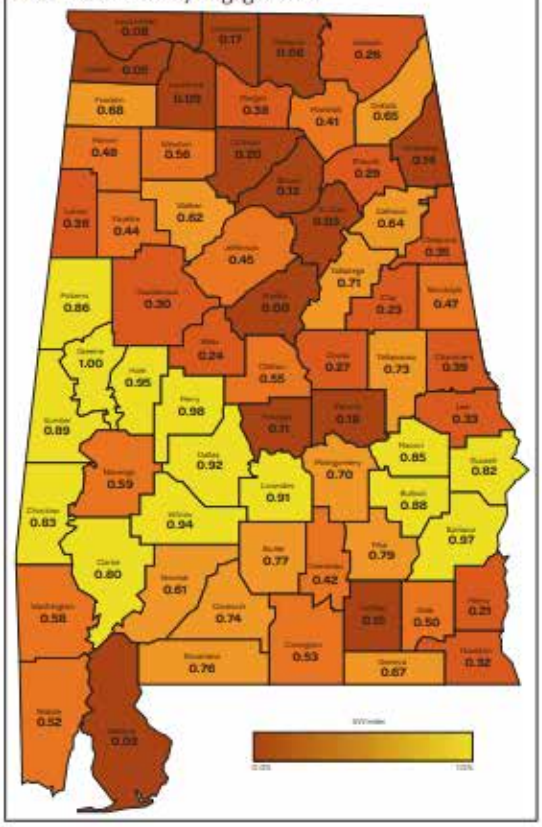
Geospatial determinants of health include neighborhood infrastructures and how a person's community affects an individual. CDC created a risk score based on multiple environments, including natural, built, population connectivity, social/behavioral, and health policy.[11] This can provide crucial information for emergency preparedness and address endemic SDOHs in a community.

The 15 social factors are calculated within a score that combines the following factors: poverty, unemployment, income, education status, lack of vehicle access, multiunit structures, mobile housing units, crowded housing, group quarters, adults living with disabilities, children, older population, single- parent households, minority groups, and primary language other than English.[11]

The scores are ranked from 0 to 1, where a score closer to 1 indicates an area of high vulnerability:

- The West Central Public Health District had a higher average of SVIs for 2018.

Figure 5.8 – This map describes the proportion of social vulnerability on a scale from 0 to 1. Source: CDC ATSDR Community Engagement.



Data Sources

Figure 5.1 – AL Black Belt Counties. University of AL in Tuscaloosa, 2019. Data requested March 2021.

Figure 5.2 – AL Per Capita Income, 2019. U.S. Census Bureau, American Community Survey 1-Year Estimates, Quick Facts Table County Level V2019, 2019. Data requested December 2020.

Figure 5.3 – AL Below-Poverty Status by Education Level, 2019. ALSDE, 2018 and County Health Rankings, 2019. Data requested July 2020.

Figure 5.4 – Unemployment Rate, 2019. ALDOL, 2019. Data requested July 2020.

Figure 5.5 – Food Stamp/SNAP Utilization, 2015-2019. U.S. Census Bureau, American Community Survey 5-Year Estimates Selected Social Characteristics Table DP03, 2019. Data requested December 2020.

Figure 5.6 – Monthly Mortgage Greater than 35 Percent of Income, 2015-2019. U.S. Census Bureau, American Community Survey, 5-Year Estimates Selected Housing Characteristics DP04, 2019. Data requested December 2020

Figure 5.7 – Children in Single Parent Households, 2019. U.S. Census Bureau, American Community Survey 5-Year Estimates Selected Social Characteristics Table DP02, 2019. Data requested December 2020.

Figure 5.8 – SVI, 2018. CDC, ATSDR Community Engagement. Data requested March 2021.

Written Sources

1. Healthy People 2030, SDOH, 2020.
2. AL Food Bank Association, Hunger in AL, 2019.
3. U.S. Census Data, American Community Survey, 1 Year Estimate Quick Tables V2019, 2019.
4. Healthy People 2030, Education, Access, and Quality, 2020.
5. Healthy People 2030, Employment, 2020.
6. U.S. Department of Labor, Bureau of Labor Statistics, 2020.
7. U.S. Census Data, American Community Survey, KIDS COUNT Data Center, 2020.
8. U.S. Census Data, American Community Survey, 5 Year Estimate Table DP02, 2019.
9. CDC, Adverse Childhood Experiences Risk and Protective Factors, 2020.
10. U.S. Census Data, American Community Survey, 5 Year Estimate Table DP04, 2019.
11. CDC, SVI, 2020.

Community Resources

Action for Healthy Kids
Location: Montgomery County, AL
Type: Advocacy Program

Adult Vocational Rehabilitation
Location: Etowah County, AL
Type: Educational Facility

AL Community Foundation
Location: Montgomery County, AL
Type: Nonprofit Organization

AL Possible
Location: Statewide
Type: Non-profit Organization

Continuums of Care
Location: Statewide
Type: Federal Program

Dothan Rescue Mission
Location: Houston County, AL
Type: Homeless Shelter

East AL United Way
Location: Montgomery County, AL
Type: Nonprofit Organization

FQHC
Location: Statewide
Type: Medical Centers

Firehouse Ministries
Location: Jefferson County, AL
Type: Homeless Shelter

Habitat for Humanity
Location: Montgomery County, AL
Type: Nonprofit Organization

Healthy People 2030
Location: Nationwide
Type: Advocacy Program

USDHHS
Location: Washington, DC
Type: Federal Government

**Source: "2020 Alabama State Health Assessment." Alabamapublichealth.gov, 2020,* ADPH_StateHealthAssessment2020.pdf (alabamapublichealth.gov)

Fifteen Leading Causes of Death in Alabama[a]

Cause	Number	Rate[1]
Diseases of the Heart	15,144	300.5
Cancer	10,412	206.6
COVID - 19	9,468	187.9
Accidents (Unintentional Injuries)	3,443	68.3
Cerebrovascular Diseases	3,359	66.6
Chronic Lower Respiratory Diseases	3,278	65
Alzheimer's Disease	2,724	54
Diabetes	1,654	32.8
Septicemia	1,183	23.5
Nephritis, Nephrotic Syndrome & Nephrosis	1,161	23
Chronic Liver Disease & Cirrhosis	1,040	20.6
Influenza & Pneumonia	1,032	20.5
Intentional Self-harm (Suicide)	821	16.3
Essential (Primary) Hypertension	768	15.2
Assault (Homicide)	744	14.8
All Other Causes	12,529	NA

[a]Alabama Center for Health Statistics – 2021
[1]Per 100,000 Population

APPENDIX 11 – EXPENDITURES (ACTUAL/ESTIMATED)

FY 23 Title III Actual Expenditures Title III/VII

AAA Name	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	216,003	27,135	264,951	507,839	268,108	18,104	224,134	-	32,246	1,558,520
West	172,954	27,105	292,311	555,529	393,835	19,674	195,650	7,648	29,952	1,694,657
M4A	-	-	665,111	769,256	932,438	55,967	313,801	7,100	49,197	2,792,870
United Way	280,754	53,676	733,753	768,564	1,334,862	59,070	464,300	15,552	80,630	3,791,161
East	300,014	65,765	1,338,313	788,329	2,430,062	92,702	473,767	17,435	8,117	5,514,505
South Central	186,375	12,820	226,624	495,953	515,742	10,425	75,777	5,103	11,597	1,540,417
Ala Tom	162,210	17,278	391,004	723,036	499,119	14,670	113,168	6,041	27,842	1,954,369
SARCOA	178,698	26,944	1,866,584	1,232,243	1,513,740	41,019	230,793	6,993	30,796	5,127,809
South Ala	273,132	48,416	1,287,951	1,450,974	732,918	113,507	683,490	7,520	13,151	4,611,058
Central	267,566	16,197	466,529	898,999	633,142	42,980	221,962	4,222	23,008	2,574,605
Lee Russell	159,175	12,524	416,071	314,598	284,780	2,779	86,856	3,000	13,102	1,292,886
NARCOG	134,574	9,929	826,267	974,301	976,953	36,928	225,617	5,794	15,931	3,206,294
TARCOG	299,077	47,637	1,680,820	1,172,176	1,181,785	64,787	342,965	8,430	36,996	4,834,674
	2,630,529	365,428	10,456,290	10,651,799	11,697,484	572,612	3,652,281	94,837	372,564	40,493,824

Source: FY 23 4th QTR SF 425 REPORT TIII & VII

FY 23 Title III Actual Expenditures ARP

AAA Name	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	-	6,393	653	-	326,551	41,255	146,516	-	2,077	523,446
West	62,104	11,757	244,767	60,565	28,993	4,112	115,352	-	7,038	534,689
M4A	162,268	29,113	388,584	434,224	427,915	59,438	211,096	-	10,412	1,723,050
United Way	88,949	10,263	208,758	184,408	442,549	23,320	92,176	-	6,024	1,056,446
East	15,652	-	464,787	508,241	383,639	-	19,192	-	-	1,391,512
South Central	-	6,956	20,153	-	289,302	11,972	38,278	-	2,707	369,369
Ala Tom	99,165	4,477	427	7,248	330,485	-	828	-	-	442,629
SARCOA	68,117	7,245	163,093	86,804	350,312	-	89,947	-	-	765,518
South Ala	39,793	13,265	-	558,232	706,223	-	12,748	-	470	1,330,731
Central	64,161	-	-	71,472	397,574	-	53,522	-	-	586,730
Lee Russell	62,879	11,440	83,629	-	-	-	20,385	-	-	178,332
NARCOG	-	-	-	67,860	239,156	-	69,652	-	-	376,669
TARCOG	295,657	35,120	463,931	486,286	566,564	18,339	160,077	-	-	2,025,973
	958,746	136,030	2,038,782	2,465,339	4,489,265	158,436	1,029,770	-	28,727	11,305,095

Source: FY 23 4th QTR SF 425 REPORT TIII & VII ARP

FY 23 Title III Actual Expenditures Total

AAA Name	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	216,003	33,529	265,605	507,839	594,659	59,359	370,650	-	34,323	2,081,966
West	235,058	38,862	537,078	616,094	422,828	23,786	311,002	7,648	36,990	2,229,346
M4A	162,268	29,113	1,053,695	1,203,480	1,360,353	115,405	524,897	7,100	59,609	4,515,919
United Way	369,703	63,939	942,511	952,972	1,777,411	82,390	556,476	15,552	86,654	4,847,607
East	315,666	65,765	1,803,100	1,296,570	2,813,702	92,702	492,960	17,435	8,117	6,906,017
South Central	186,375	19,777	246,777	495,953	805,044	22,397	114,055	5,103	14,304	1,909,785
Ala Tom	261,375	21,755	391,431	730,284	829,604	14,670	113,996	6,041	27,842	2,396,998
SARCOA	246,815	34,189	2,029,677	1,319,047	1,864,052	41,019	320,740	6,993	30,796	5,893,328
South Ala	312,925	61,681	1,287,951	2,009,206	1,439,141	113,507	696,238	7,520	13,620	5,941,790
Central	331,727	16,197	466,529	970,472	1,030,716	42,980	275,484	4,222	23,008	3,161,335
Lee Russell	222,054	23,964	499,700	314,598	284,780	2,779	107,241	3,000	13,102	1,471,218
NARCOG	134,574	9,929	826,267	1,042,161	1,216,109	36,928	295,270	5,794	15,931	3,582,962
TARCOG	594,734	82,757	2,144,750	1,658,462	1,748,349	83,126	503,043	8,430	36,996	6,860,647
	3,589,275	501,458	12,495,071	13,117,138	16,186,749	731,049	4,682,051	94,837	401,291	51,798,919

Source: FY 23 4th QTR SF 425 REPORT TIII & VII ARP

FY 24 Title III Estimated Expenditures

AAA Name	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	218,163	33,864	268,261	512,917	600,606	59,952	374,356	-	34,666	2,102,785
West	237,408	39,251	542,449	622,255	427,056	24,024	314,112	7,724	37,359	2,251,640
M4A	163,891	29,404	1,064,232	1,215,515	1,373,957	116,559	530,146	7,171	60,205	4,561,079
United Way	373,400	64,579	951,936	962,502	1,795,185	83,214	562,041	15,707	87,520	4,896,083
East	318,823	66,423	1,821,131	1,309,536	2,841,839	93,629	497,889	17,609	8,198	6,975,077
South Central	188,239	19,974	249,245	500,913	813,095	22,621	115,195	5,154	14,447	1,928,883
Ala Tom	263,988	21,973	395,345	737,587	837,900	14,817	115,136	6,101	28,120	2,420,968
SARCOA	249,283	34,531	2,049,974	1,332,237	1,882,692	41,429	323,947	7,063	31,104	5,952,261
South Ala	316,054	62,298	1,300,831	2,029,298	1,453,532	114,642	703,201	7,595	13,757	6,001,208
Central	335,044	16,359	471,194	980,176	1,041,023	43,409	278,239	4,264	23,238	3,192,948
Lee Russell	224,274	24,204	504,697	317,744	287,628	2,807	108,314	3,030	13,233	1,485,930
NARCOG	135,919	10,028	834,530	1,052,583	1,228,270	37,298	298,222	5,852	16,090	3,618,792
TARCOG	600,681	83,585	2,166,198	1,675,046	1,765,833	83,957	508,073	8,514	37,366	6,929,254
	3,625,168	506,472	12,620,022	**13,248,309**	**16,348,617**	738,359	4,728,871	95,786	405,304	52,316,908

FY 25 Title III Estimated Expenditures

	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	220,344	34,203	270,943	**518,046**	**606,612**	60,552	378,100	-	35,013	2,123,813
West	239,783	39,643	547,874	**628,478**	**431,327**	24,264	317,253	7,801	37,733	2,274,156
M4A	165,530	29,698	1,074,874	**1,227,670**	**1,387,697**	117,725	535,447	7,243	60,807	4,606,689
United Way	377,134	65,224	961,455	**972,127**	**1,813,137**	84,046	567,661	15,864	88,396	4,945,044
East	322,011	67,087	1,839,342	**1,322,631**	**2,870,257**	94,566	502,868	17,785	8,280	7,044,828
South Central	190,121	20,174	251,738	**505,922**	**821,226**	22,847	116,347	5,206	14,592	1,948,172
Ala Tom	266,628	22,193	399,299	**744,963**	**846,279**	14,965	116,287	6,162	28,402	2,445,178
SARCOA	251,776	34,877	2,070,474	**1,345,560**	**1,901,519**	41,843	327,186	7,134	31,415	6,011,783
South Ala	319,214	62,921	1,313,839	**2,049,591**	**1,468,068**	115,789	710,233	7,671	13,894	6,061,220
Central	338,395	16,523	475,906	**989,978**	**1,051,434**	43,844	281,022	4,307	23,471	3,224,878
Lee Russell	226,517	24,446	509,744	**320,921**	**290,505**	2,835	109,397	3,060	13,365	1,500,789
NARCOG	137,279	10,128	842,875	**1,063,109**	**1,240,553**	37,671	301,205	5,910	16,251	3,654,980
TARCOG	606,688	84,421	2,187,860	**1,691,797**	**1,783,491**	84,797	513,154	8,599	37,740	6,998,546
	3,661,419	511,537	12,746,222	**13,380,792**	**16,512,103**	745,743	4,776,160	96,744	409,357	52,840,077

FY 26 Title III Estimated Expenditures

	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	222,548	34,545	273,653	**523,227**	**612,678**	61,157	381,881	-	35,363	2,145,051
West	242,180	40,040	553,352	**634,763**	**435,640**	24,507	320,426	7,879	38,110	2,296,898
M4A	167,185	29,995	1,085,623	**1,239,946**	**1,401,573**	118,902	540,802	7,315	61,415	4,652,756
United Way	380,905	65,877	971,070	**981,848**	**1,831,268**	84,886	573,338	16,023	89,280	4,994,494
East	325,231	67,758	1,857,735	**1,335,858**	**2,898,960**	95,511	507,897	17,963	8,363	7,115,276
South Central	192,022	20,376	254,255	**510,981**	**829,438**	23,076	117,511	5,258	14,737	1,967,654
Ala Tom	269,294	22,414	403,292	**752,413**	**854,742**	15,115	117,450	6,224	28,686	2,469,630
SARCOA	254,294	35,225	2,091,178	**1,359,015**	**1,920,535**	42,262	330,458	7,205	31,729	6,071,901
South Ala	322,406	63,550	1,326,978	**2,070,087**	**1,482,748**	116,946	717,335	7,748	14,033	6,121,832
Central	341,779	16,688	480,665	**999,878**	**1,061,948**	44,282	283,832	4,350	23,705	3,257,127
Lee Russell	228,782	24,690	514,841	**324,130**	**293,410**	2,863	110,491	3,091	13,499	1,515,797
NARCOG	138,651	10,229	851,304	**1,073,740**	**1,252,958**	38,047	304,217	5,969	16,414	3,691,530
TARCOG	612,755	85,265	2,209,739	**1,708,715**	**1,801,326**	85,645	518,285	8,685	38,117	7,068,532
	3,698,034	516,652	12,873,685	**13,514,600**	**16,677,224**	753,200	4,823,922	97,711	413,450	53,368,478

	FY 27 Title III Estimated Expenditures									
	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	224,773	34,890	276,389	**528,459**	**618,805**	61,769	385,700	-	35,717	2,166,502
West	244,602	40,440	558,886	**641,110**	**439,997**	24,752	323,630	7,958	38,491	2,319,867
M4A	168,857	30,295	1,096,479	**1,252,346**	**1,415,589**	120,091	546,210	7,388	62,029	4,699,284
United Way	384,714	66,535	980,780	**991,667**	**1,849,581**	85,735	579,071	16,183	90,172	5,044,439
East	328,484	68,436	1,876,313	**1,349,216**	**2,927,950**	96,466	512,976	18,143	8,446	7,186,429
South Central	193,943	20,580	256,797	**516,091**	**837,732**	23,307	118,686	5,310	14,885	1,987,330
Ala Tom	271,987	22,639	407,325	**759,937**	**863,289**	15,266	118,625	6,286	28,973	2,494,326
SARCOA	256,837	35,578	2,112,090	**1,372,606**	**1,939,740**	42,684	333,763	7,277	32,046	6,132,620
South Ala	325,630	64,185	1,340,247	**2,090,788**	**1,497,576**	118,116	724,508	7,826	14,173	6,183,050
Central	345,197	16,855	485,472	**1,009,877**	**1,072,568**	44,725	286,670	4,393	23,942	3,289,698
Lee Russell	231,070	24,937	519,989	**327,372**	**296,344**	2,892	111,596	3,122	13,634	1,530,955
NARCOG	140,038	10,332	859,817	**1,084,477**	**1,265,488**	38,428	307,259	6,029	16,578	3,728,445
TARCOG	618,883	86,118	2,231,836	**1,725,802**	**1,819,339**	86,501	523,468	8,772	38,498	7,139,217
	3,735,014	521,819	13,002,421	**13,649,746**	**16,843,996**	760,732	4,872,161	98,688	417,585	53,902,163

	FY 28 Title III Estimated Expenditures									
	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	227,021	35,239	279,153	**533,744**	**624,993**	62,387	389,557	-	36,074	2,188,167
West	247,048	40,845	564,475	**647,521**	**444,396**	25,000	326,866	8,038	38,876	2,343,065
M4A	170,545	30,598	1,107,444	**1,264,869**	**1,429,745**	121,292	551,672	7,462	62,649	4,746,277
United Way	388,561	67,201	990,588	**1,001,583**	**1,868,077**	86,593	584,862	16,345	91,074	5,094,884
East	331,768	69,120	1,895,076	**1,362,708**	**2,957,229**	97,431	518,106	18,324	8,531	7,258,293
South Central	195,882	20,785	259,365	**521,252**	**846,109**	23,540	119,873	5,364	15,034	2,007,204
Ala Tom	274,707	22,865	411,398	**767,536**	**871,922**	15,418	119,811	6,349	29,262	2,519,269
SARCOA	259,405	35,933	2,133,211	**1,386,332**	**1,959,137**	43,111	337,101	7,350	32,366	6,193,947
South Ala	328,887	64,827	1,353,650	**2,111,696**	**1,512,552**	119,297	731,753	7,904	14,315	6,244,881
Central	348,649	17,023	490,327	**1,019,975**	**1,083,293**	45,172	289,537	4,437	24,182	3,322,595
Lee Russell	233,381	25,186	525,189	**330,645**	**299,307**	2,921	112,712	3,153	13,770	1,546,265
NARCOG	141,438	10,435	868,415	**1,095,322**	**1,278,143**	38,812	310,331	6,089	16,744	3,765,730
TARCOG	625,071	86,979	2,254,154	**1,743,060**	**1,837,533**	87,366	528,703	8,860	38,883	7,210,609
	3,772,364	527,037	13,132,446	**13,786,244**	**17,012,436**	768,340	4,920,882	99,675	421,761	54,441,184

ARPA Funds Spending Plan

ADSS has set a plan in place to ensure partners plan for expending ARPA funds by 9/30/24. If any partner(s) is unable to expend by the end of the FY, the same plan will be followed if ADSS is able to secure the remaining funds through a No-Cost Extension. The plan includes expanding III-D Preventive Health services, the opening of several new senior centers (meals), staff additions (III-D, Elder Abuse, Ombudsman), increasing III-C D2D frozen home-delivered meals, increasing III-C1 meals, and increasing DSP rates under III-E.

ENGLISH

Alabama Department of Senior Services
2025-2028 State Plan on Aging
Needs Assessment

Make your voice heard by sharing what's important to you. We are seeking help from Senior Adults, People with Disabilities, Caregivers, and Others interested in people living at home for as long as possible. The information collected from this assessment will play an integral part in the development of the State Plan on Aging.

1. Please choose your race (Choose one by placing an X in the box of your choice)

American Indian or Alaska Native	☐	Native Hawaiian or Pacific Islander	☐
Asian or Asian American	☐	Native American	☐
Black or African American	☐	White	☐
Other	☐		

2. Please choose your ethnicity (Choose one by placing an X in the box of your choice)

Hispanic or Latino	☐	Not Hispanic or Latino	☐

3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

$1,255 or less	☐	Greater than $1,255	☐

4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	☐	60 or older	☐

5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	☐	Non-rural	☐

6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

7. Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

8. Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

9. Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

10. If you are not able to take care of yourself, is there a family member or friend who would take care of you?
(Choose one by placing an X in the box of your choice)

Yes	☐	No	☐	Don't Know	☐

11. Using the number scale below, please tell us the importance of each item by placing an **X** in the box you choose:

1=Not Very Important, 2=Somewhat Not Important, 3=Somewhat Important, 4= Very Important

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				

Information about Emergency Preparedness				
Information about Alzheimer's and Other Dementias				
Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

SPANISH

Departamento de Servicios para Personas Mayores de Alabama
Plan Estatal sobre Envejecimiento 2025-2028
Necesita valoración

Haz oír tu voz compartiendo lo que es importante para ti. Buscamos ayuda de adultos mayores, personas con discapacidades, cuidadores y otras personas interesadas en que las personas vivan en casa el mayor tiempo posible. La información recopilada a partir de esta evaluación desempeñará un papel integral en el desarrollo del Plan Estatal sobre el Envejecimiento.

12. Por favor elige tu carrera (Elige una colocando una X en la casilla de tu elección)

Indio americano o nativo de Alaska	☐	Nativo de Hawái o de las islas del Pacífico	☐
Asiático o asiático americano	☐	Nativo americano	☐
Negro o afroamericano	☐	Blanco/blanca americano	☐
Otro	☐		

13. Por favor elija su origen étnico (Elija uno colocando una X en la casilla de su elección)

hispano o latino	☐	No Hispano o Latino	☐

14. Por favor elija su rango de ingresos mensuales (Elija uno colocando una X en la casilla de su elección)

$1,255 o menos	☐	Más de $1,255	☐

15. Por favor elija su rango de edad (Elija uno colocando una X en la casilla de su elección)

Menos de 60	☐	60 o más	☐

16. Por favor elija su ubicación (Elija una colocando una X en la casilla de su elección)

Rural	☐	No rural	☐

17. ¿Vives solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

18. ¿Se siente socialmente aislado y/o solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

19. ¿Es usted una persona que vive con una discapacidad? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

20. ¿Es usted un cuidador que cuida a otra persona? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

21. Si no puede cuidarse a sí mismo, ¿hay algún familiar o amigo que pueda cuidar de usted? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐	no lo sé	☐

22. Usando la escala numérica a continuación, díganos la importancia de cada elemento colocando una **X** en la casilla que elija:

1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	1	2	3	4
Disponibilidad de viviendas asequibles				
Disponibilidad de transporte asequible				
Disponibilidad de modificaciones de viviendas asequibles para discapacitados				
Disponibilidad de atención domiciliaria (limpieza, cuidado personal)				
Disponibilidad de ayuda legal sin costo				
Disponibilidad de comidas (en el centro para personas mayores o entrega a domicilio)				
Disponibilidad de tecnología de asistencia				
Información sobre preparación para emergencias				
Información sobre el Alzheimer y otras demencias				
Información sobre el abuso, la negligencia y la explotación de personas mayores				
Información sobre la cobertura de salud de Medicare o Medicaid				
Información sobre Seguridad y Prevención de Delitos				
Información sobre COVID-19 y disponibilidad de vacunación				
Información sobre el aislamiento y la soledad				
Información sobre estafas dirigidas a adultos mayores				
Ayuda como cuidador para cuidar a un adulto mayor o a un nieto				
Ayuda con la planificación financiera				
Ayuda para planificar comidas saludables				
Ayuda para quedarse en casa en lugar de en un asilo de ancianos				
Ayuda para encontrar empleo (tiempo completo o tiempo parcial)				

APPENDIX 13 – PUBLIC MEETINGS

Public Meetings Comments		
Top 5 Needs/Unmet Needs		
Cullman Senior Center	1. Transportation 2. Increase in homemaker, chore, companion, and respite services 3. Increase in home-delivered meals	4. Mental health/isolation/grief support (reassurance/wellness check) 5. More in-home service providers
	Other comments: improve senior center rules (i.e., open containers), funding to pay transportation drivers, more funding for recreation/crafts (non-evidenced based), senior center field trips, increase legal assistance, larger senior centers (including larger bathroom stalls), improve Medicaid Waiver services (wait list, day programs, more respite hours), waiver expansion for middle class (cost share), more senior housing (specific only to 60+)	
Lanett City Hall	1. Mental health/isolation/grief support (reassurance/wellness check) 2. Increase in personal care and chore services 3. Technology training	4. Locating resources 5. Financial planning/budgeting/scam education
	Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)	
Andalusia Senior Center	1. Transportation (including list of private transportation resource) 2. Mental health/isolation/grief support (reassurance/wellness check) 3. Increase in homemaker and chore services	4. Increase in home-delivered meals (including service rural areas) 5. Cost effective Durable Medical Equipment (including home mods)
	Other comments: housing (homelessness assistance), 211 information (partnership/collaboration), more Adult Day Health providers, Project Lifesaver (ID bracelets for people with dementia), insurance benefits education, prescription drug assistance, improved cell/life alert coverage in remote areas (broadband access), senior adult visitation, senior neighborhood watch program	
McAbee Senior Center	1. Transportation (including VA transportation challenges) 2. Qualified homecare personnel (including overnight respite care) 3. Access to and understanding of available resources	4. Senior center programs in unreached areas 5. Chore services (specifically yard maintenance)
	Other comments: tax relief on pensions/retirement, rate of pay for homecare workers, cost of living for senior adults, transitional assistance for senior adults downsizing (financial)	

PUBLIC MEETING

Calling All:

- Senior Adults
- People with Disabilities
- Caregivers

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the North Central Alabama Regional Council of Governments (NARCOG).

Wednesday, March 20, 2024
10:00 a.m. – 11:15 a.m.

For more information, contact Nick Nyberg at (334)242-5767

www.alabamaageline.gov

Cullman Senior Center
1539 Sportsman Lake Rd. NW
Cullman, AL 35055

PUBLIC MEETING

Calling All:

- Senior Adults
- People with Disabilities
- Caregivers

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the East Alabama Regional Planning and Development Commission (EARPDC).

Thursday, March 21, 2024
10:00 a.m. – 11:15 a.m.

For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

Lanett City Hall
401 N. Lanier Avenue
Lanett, AL 36863

PUBLIC MEETING

Calling All:

- Senior Adults
- People with Disabilities
- Caregivers

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the Southern Alabama Regional Council on Aging (SARCOA).

Thursday, March 28, 2024
10:00 a.m. – 11:15 a.m.

For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

Andalusia Senior Center
401 Walker Avenue
Andalusia, AL 36420

PUBLIC MEETING

Calling All:

- Senior Adults
- People with Disabilities
- Caregivers

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the West Alabama Regional Council (WARC).

Friday, April 5, 2024
10:00 a.m. – 11:15 a.m.

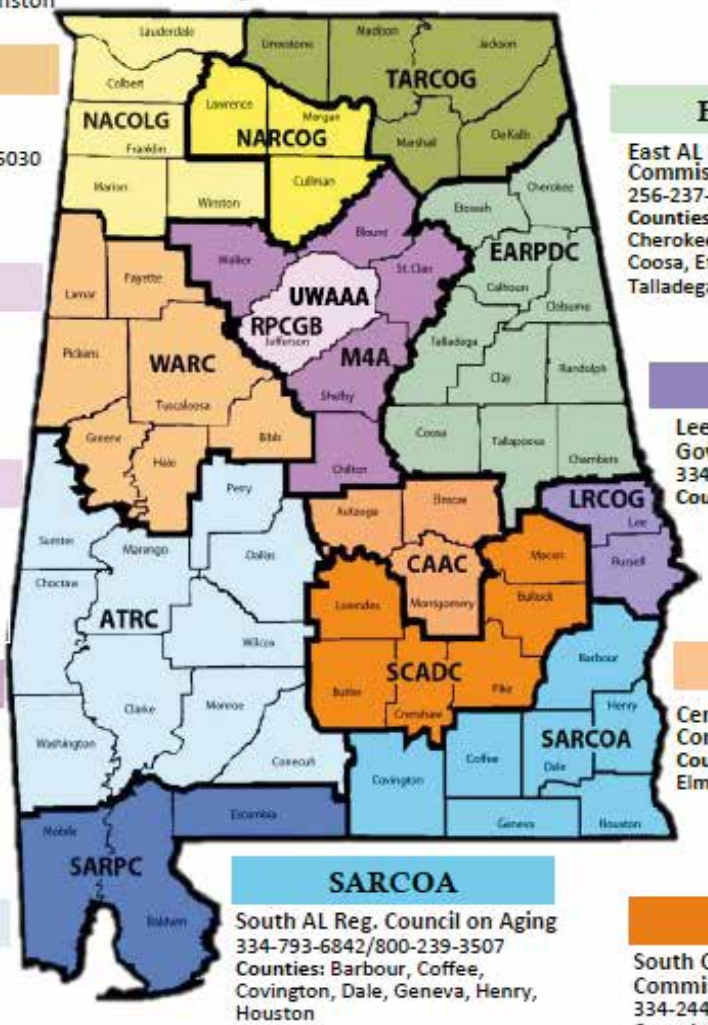
For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

McAbee Senior Center
3801 Loop Rd.
Tuscaloosa, AL 35404

APPENDIX 14 – AREA AGENCY ON AGING MAP

Regional Planning Councils & Area Agency on Aging Contacts



NACOLG
NW AL Council of Local Gov.
256-389-0530/800-838-5845
Counties: Colbert, Franklin, Lauderdale, Marion, Winston

NARCOG
North Central AL Reg. Council of Gov.
256-355-4515
Counties: Cullman, Lawrence, Morgan

TARCOG
Top of AL Regional Council of Gov.
256-830-0818
Counties: DeKalb, Jackson, Limestone, Madison, Marshall

WARC
West AL Regional Commission
205-333-2990/800-432-5030
Counties: Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa

EARPDC
East AL Reg. Planning & Dev. Commission
256-237-6741/800-239-6741
Counties: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa

UWAAA
United Way AAA of Jefferson County
205-458-3330
County: Jefferson

LRCOG
Lee-Russell Council of Governments
334-749-5264
Counties: Lee, Russell

RPCGB
Regional Planning Commission of Greater Birmingham
205-623-3551
County: Jefferson

CAAC
Central AL Aging Consortium
Counties: Autauga, Elmore, Montgomery

M4A
Middle AL Area Agency on Aging
205-670-5770
866-570-2998
Counties: Blount, Chilton, Shelby, St. Clair, Walker

SARCOA
South AL Reg. Council on Aging
334-793-6842/800-239-3507
Counties: Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston

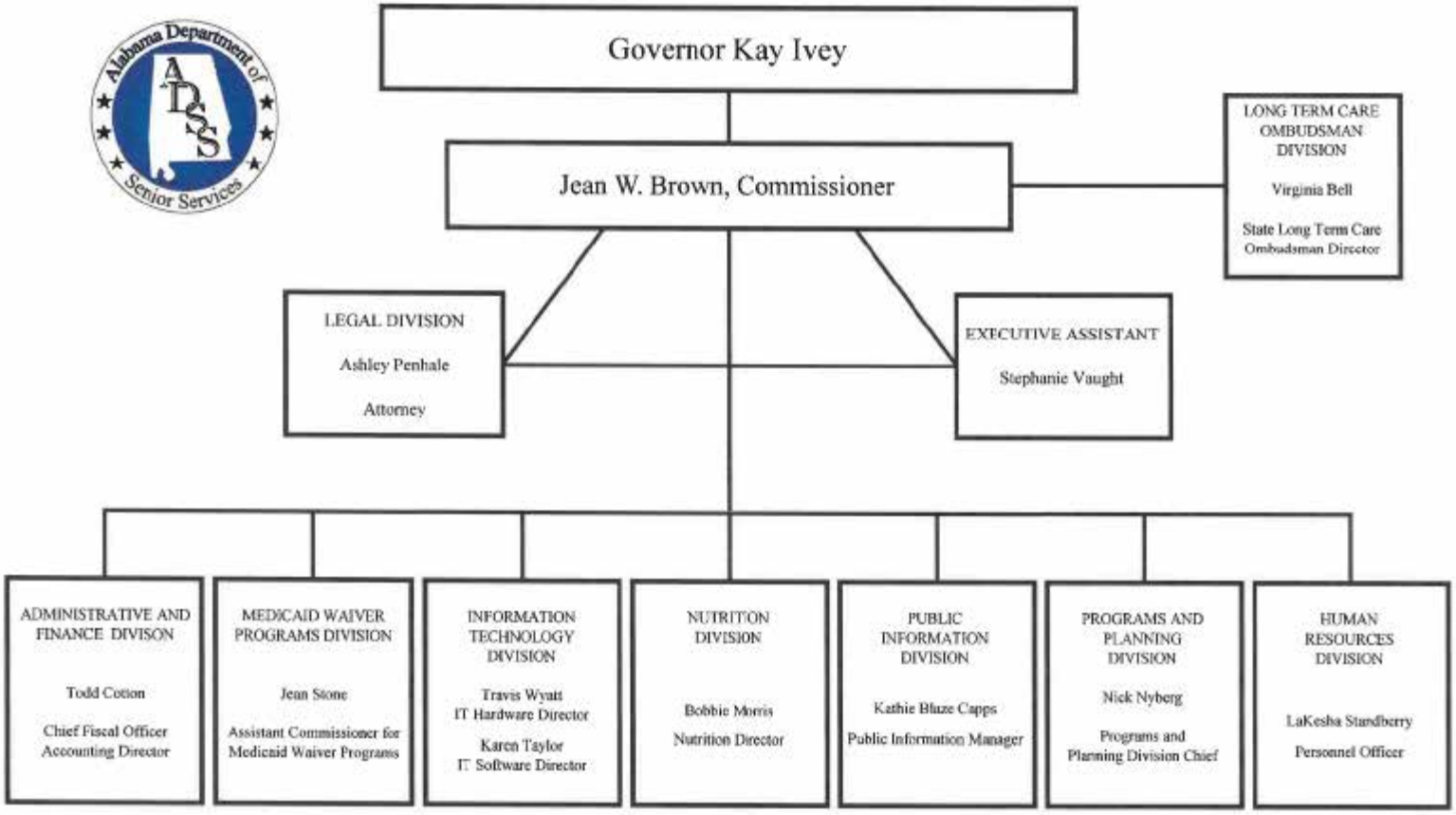
ATRC
AL Tombigbee Regional Commission
334-682-5206
888-617-0500
Counties: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, Wilcox

SCADC
South Central AL Dev. Commission
334-244-6903
Counties: Bullock, Butler, Crenshaw, Lowndes, Macon, Pike

SARPC
South AL Reg. Planning Commission
251-433-6541
Counties: Baldwin, Escambia, Mobile

Rev 12/19

ADSS Organizational Chart



Approved: Jean W. Brown
Jean W. Brown, Commissioner

Effective: February 6, 2024

APPENDIX 16 – ACL APPROVAL LETTER

Advancing independence and inclusion of older adults and people with disabilities

September 30, 2024

The Honorable Kay Ivey
Governor
State Capitol
600 Dexter Avenue,
Montgomery, AL 36130

Dear Governor Ivey:

I am pleased to inform you that the Alabama State Plan on Aging under the Older Americans Act for October 1, 2024 through September 30, 2028 has been approved.

The State Plan outlines significant activities that will serve as a guide for the Alabama aging services network during the next 4 years. Of particular note is your commitment to Caregivers, Older Adults with Greatest Economic and Social Need, and People with Disabilities.

I appreciate your commitment and dedication to ensure the continuity of quality services for older adults in Alabama and am delighted to see that the Alabama Department of Senior Services continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and the Alabama Department of Senior Services in the implementation of the State Plan. If you have questions or concerns, please feel free to contact Costas Miskis, at 404-803-6070. Thank you for your efforts toward improving the lives of older persons in Alabama.

Sincerely,

Alison Barkoff
Senior official performing the duties of
Administrator and Assistant Secretary for Aging

Cc: Kari Benson, Deputy Assistant Secretary for Aging
Amy Wiatr-Rodriguez, Director, Center for Regional Operations
Alice Kelsey, Deputy Director, Administration on Aging
Costas Miskis, Regional Administrator

330 C Street SW | Washington, DC 20201 | (202) 401-4634 | ACL.GOV

ALABAMA DEPARTMENT OF SENIOR SERVICES

201 Monroe St., Suite 350, Rsa Tower
Montgomery, Al 36130-1851
Tel: 334.242.5743 Fax: 334.353.8467

www.alabamaageline.gov