

Alabama Department of Senior Services



State Plan on Aging Fiscal Years 2021-2024



Kay Ivey, Governor
State of Alabama

Jean Brown, Commissioner
Alabama Department of Senior Services

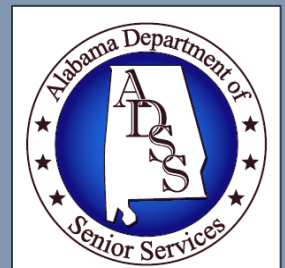


Table of Contents

ACL SUBMISSION LETTER	1
VERIFICATION OF INTENT.....	2
APPROVAL LETTER.....	3
NARRATIVE	4
EXECUTIVE SUMMARY	3
BACKGROUND.....	3
CURRENT STATUS	3
FY 2021-2024 STATE PLAN ON AGING	4
COVID-19 UPDATE	5
CONTEXT	6
CHALLENGES.....	6
PUBLIC INPUT	7
GOALS, OBJECTIVES, STRATEGIES, AND PROJECTED OUTCOMES	9
FOCUS AREA A: OAA PROGRAMS	10
FOCUS AREA B: ACL DISCRETIONARY GRANTS AND OTHER FUNDED PROGRAMS.....	16
FOCUS AREA C: PARTICIPANT DIRECTED/PERSON-CENTERED PLANNING	25
FOCUS AREA D: ELDER JUSTICE	26
FOCUS AREA E: ADDRESSING CHALLENGES	27
FOCUS AREA F: QUALITY MANAGEMENT	29
ATTACHMENT A – STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES	31
ATTACHMENT B – INFORMATION REQUIREMENTS	47
ATTACHMENT C – INTRA-STATE FUNDING FORMULA (IFF).....	54
ATTACHMENT D – ADSS AND COVID-19	59
ATTACHMENT E – ADMINISTRATION.....	64
ATTACHMENT F – OTHER ADSS PROGRAMS.....	69
ATTACHMENT G – PROGRAMS DATA (FY2017 – 2019)	70
ATTACHMENT H – ELDER JUSTICE.....	74
ATTACHMENT I – PARTNERS	79
ATTACHMENT J – EMERGENCY PREPAREDNESS.....	80
ATTACHMENT K – DEMOGRAPHICS	97
ATTACHMENT L – PUBLIC INPUT TOOLS.....	102
ATTACHMENT M – AAA (RPC) MAP	110
ATTACHMENT N – ADSS ORGANIZATIONAL CHART	111
ATTACHMENT O – APPROVAL LETTER	112

ACL Submission Letter



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, 2020

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 State Plan on Aging for Alabama for the period of October 1, 2020, through September 30, 2024.

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 senior citizens, persons 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 2021-2024 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,

A handwritten signature in cursive script that reads "Jean W. Brown".

Jean W. Brown
Commissioner

Verification of Intent

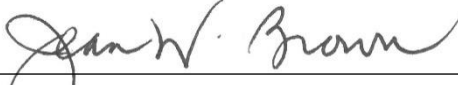
The State Plan on Aging for the period October 1, 2020 - September 30, 2024 is hereby submitted for the state of Alabama by the Alabama Department of Senior Services (ADSS). ADSS is authorized to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all state programs related to the purpose 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 includes serving as the effective and visible advocate for seniors 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.

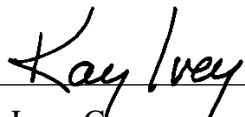
The State Plan on Aging is based on projected receipts of federal, state, and other funds, and thus is subject to change depending upon actual receipts and/or changes in circumstances. Should substantive changes to this plan become necessary, they will be incorporated through amendments to the plan.

July 1, 2020
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.

July 1, 2020
Date

(signed) 
Kay Ivey, Governor
State of Alabama

Narrative

Executive Summary

Background

Congress passed the Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older persons. 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.

OLDER AMERICANS ACT
1965

The Alabama Department of Senior Services (ADSS) was created as the single state agency for receiving and disbursing federal funds made available under the OAA, and to serve as the lead agency on programs for the aging population. In 2008, § 38-3-8 Code of Alabama (1975) was enacted and states that ADSS “shall be the state agency to administer funds granted by the federal government under the [OAA] ... except for programs administered by another state agency.” ADSS has an Advisory Board of Directors composed of 16 members as follows: 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; nine members appointed by the Governor; and three ex officio members: the Commissioner of the Alabama Department of Labor, the State Health Officer, and the Commissioner of the Alabama Department of Human Resources. The Governor appoints the ADSS Commissioner, who is a member of the Governor’s Cabinet. The Commissioner, subject to the state merit system law, employs other personnel as may be necessary.

Current Status

Since its inception, ADSS has worked diligently to provide for and protect older and disabled Alabamians. Alabama is home to 657,792 (2010 US Census) senior citizens 60 and older. As is true for many other states, Alabama’s senior population is rapidly increasing. ADSS believes it is vital to educate and assist the public, lawmakers, and other agencies or individuals whose focus is helping those in need. It is ADSS’s goal to help people lead independent, meaningful, and dignified lives in their own homes and communities for as long as is appropriate.

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 (CMS), the U.S. Department of Labor (DOL), the Alabama Medicaid Agency, and the state of Alabama. All programs are operated through the 13 Area Agencies on Aging (AAA) 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 over 2,000 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

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

for demographics highlighting preference of services.” Many older Alabamians fall into more than one of these categories, making them particularly vulnerable.

These programs and services are necessary not only to meet the current and future needs of all senior citizens, persons with

disabilities, and caregivers, but are even more essential due to the current COVID-19 pandemic and future pandemics which may come. ADSS, through the 13 statewide AAAs, will continue to provide home and community-based services; information, assistance, and referrals through the ADRCs; nutrition services and transportation options; Medicare counseling; Medicare fraud support; elder abuse, neglect, and financial exploitation prevention; caregiver support; medication assistance; dementia programming; and other services that affect the target population so as to meet the mission of home and community.

FY 2021-2024 State Plan on Aging

This State Plan on Aging was compiled with requested guidance and input from public and private partners and the public at large to help all programs and services develop and improve so that the state of Alabama can continue to care for those in need, especially the most vulnerable. Over the next four years, ADSS will concentrate on the focus areas outlined by ACL (Focus Areas A-D beginning on page 9) with emphasis on the following included in the goals, objectives, strategies, and projected outcomes:

- Strengthening critically needed services as Alabama’s growing senior population requires assistance;
- Targeting more caregivers to receive support;
- Integrating and improving coordination between programs and partners;
- Supporting participant-directed/person-centered planning; and
- Protecting the rights of vulnerable adults and preventing abuse.

The Plan was carefully assembled and is based on these important factors:

- Mandates of ACL;
- FY 2016 amendments to the OAA;
- Information presented in area plans of Alabama’s 13 AAAs;
- State-level staff expertise on aging/disability issues;
- AAA Directors’ expertise on aging/disability issues;
- Consultation with state partners;

- Input from needs surveys and caregiver surveys; and
- Input from the virtual town hall and public hearing held by ADSS on June 6, 2020.

The Plan is important for the state of Alabama to address the needs of its growing elderly population and will serve as the needed compliance document that will allow the state to receive federal funds.

Planned efforts on behalf of older individuals, persons with disabilities, and their caregivers will be documented

through goals, objectives, strategies, and projected outcomes. When the needs of older individuals, persons with disabilities, and caregivers are left unaddressed, they often lead to more expensive institutional care as opposed to more affordable home and community care. Assisting with and working to resolve challenges faced by senior citizens, persons with disabilities, and their caregivers are critical missions of ADSS, and in the end will lead to improved health outcomes, cost efficiency, safer home living, and satisfaction because people can stay in their own homes and communities for as long as appropriate.

VISION
<p>To help society and state government prepare for aging through effective leadership, advocacy, and stewardship.</p>

ADSS staff will continue to provide leadership and technical assistance to the local aging network to ensure quality management of all services through effective data collection, problem solving, and continuous improvement. For this State Plan ADSS will concentrate on the following goals to advance the mission of helping those served stay in their own homes and communities:

ADSS GOAL 1: Help older individuals and persons with disabilities live with dignity and independence

ADSS GOAL 2: Ensure that older individuals and persons with disabilities have access to services to assist with daily living

ADSS GOAL 3: Ensure that people served through all programs will be able, to the fullest extent appropriate, to direct and maintain control and choice in their lives

ADSS GOAL 4: Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation

ADSS GOAL 5: Ensure the state of Alabama is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs

ADSS GOAL 6: Support and provide proactive planning and management of programs for strict accountability

COVID-19 Update

As Alabama’s State Plan was being written, COVID-19 was declared a pandemic. As a result, both the President and Governor Ivey declared states of emergency. As of the date of submission of the Plan, COVID-19 shows no signs of abating and it continues to impact many of the programs administered by ADSS. Moreover, due to the novelty of the disease, new information is being disseminated at a rapid pace. And sometimes information about the virus that had been thought to be accurate is corrected and replaced with other information. Given

these facts, ADSS will continue to monitor the latest scientific information on what is known about COVID-19; and should any other new life-threatening diseases come to light during the period 2021 – 2024, ADSS will of course do the same. To the extent possible, this Plan will acknowledge 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 (see Attachment D for ADSS and COVID-19 information).

Context

In developing the State Plan, ADSS reviewed state and national research and solicited widespread input to better understand issues faced by older adults, persons with disabilities, and caregivers so that these issues can be addressed in developing the plan. Challenges exist and ADSS strives to find effective ways to overcome those challenges so that ADSS can best serve our senior and disabled populations. ADSS planned different avenues to collect input from partners and the public, including caregivers. Town Halls throughout the state were planned and confirmed but unfortunately, cancellation of those events became necessary because of the COVID-19 pandemic. With direction from ACL pertaining to public events, ADSS used the following for public feedback to be included in the plan:

- AAA Directors Advisory Council for the purpose of examining challenges across the state and potential solutions (see Focus Area E);
- Needs surveys completed by senior citizens across the state;
- Caregiver surveys to enable ADSS and the Alabama Lifespan Respite Network to learn more about informal and unpaid caregivers and needed respite services;
- Virtual Town Hall captioned audio recording distributed across the state to partners, service providers, support groups, caregivers, and other members of the public; and
- Virtual Public Hearing for feedback on the final draft of the State Plan on Aging.

ADSS will continue to seek partnerships and innovations so that Alabama can best prepare for and respond to our target populations, especially during the current COVID-19 pandemic. We strive to meet their needs, support their health and wellness, and empower them to age in place wherever they call home.

Challenges

The state of Alabama is currently facing several challenges in home and community-based settings. Focus Area E included in this Plan addresses potential opportunities to help meet challenges as ADSS and its partners move forward with the goal of helping those in need. The following are detailed challenges:

Dementia (Alzheimer’s)

According to the Alzheimer’s Association’s 2018 publication of facts and figures for Alabama, estimates show that in 2020 there will be 96,000 individuals with Alzheimer’s or dementia-related illness. Alzheimer’s was the sixth leading aging cause of death in Alabama in 2018 according to the Alabama Department of Public Health, and the cost for care is high and will continue to increase.

Direct Service Provider Workforce
Alabama has a shortage of workers in long-term care, people who often aren't paid well and thus seek better jobs. Home care aides are usually paid minimum wage and are often seeking higher paying jobs, which can result in turnover and inconsistent services for those being served. This especially creates difficulty in staffing clients who live in remote areas of the state.
Caregiving
There are approximately 1.3 million caregivers for older individuals and people with disabilities in Alabama and many provide care strictly for older individuals. Compassionate Alabamians, who often sacrifice much in their own lives, devote time, energy, and resources to ensure their loved ones remain in the stability and comfort of familiar surroundings. Caregivers face numerous challenges while trying to provide the best care possible including emotional hardships, juggling employment, time management, and financial strain to name a few.
Funding
Because of the growing needs of older adults, persons with disabilities, and caregivers, social programs, families, businesses, and healthcare systems are under pressure. Home and community-based care is much more cost effective than long-term care facility care, but funding has not kept pace with the growing needs throughout all communities in the state.
Opioid Abuse
Prescription opioid abuse among the elderly is increasing and is an urgent social and economic concern. There are many vulnerabilities that lead to drug-related problems among the aging population, such as misuse because of cognitive decline. As of 2018, Alabama was the state with the most opioid prescriptions written per population.
Population Increase
The University of Alabama Center for Business and Economic Research projects that the senior citizen population in Alabama will increase 83% by the year 2040. Many are low-income individuals residing in rural areas and they are living longer with more complex and chronic health conditions. With this tremendous growth in the population, and because dignity, independence, and individual choice are of great importance, Alabama faces a challenge due to a lack of and strain on current resources that are needed to care for the aging and persons with disabilities.

Public Input

In order for ADSS, policy makers, service providers, and the general public to gain understanding of the challenges and unmet needs faced by older adults, persons with disabilities, and caregivers, a statewide needs assessment, virtual town hall, and caregiver surveys were conducted and used to inform Alabama's State Plan on Aging. The State Plan on Aging draft was then provided to the public, service providers, and partners throughout the state for feedback to ensure ADSS is not only providing a Plan that is focused on continuing serving senior citizens, persons with disabilities, and caregivers over the next four years but also, through coordination and collaboration with partners, planning on ways to confront challenges in the state and work to create potential solutions to help those we serve live at home with dignity and independence. Needs surveys were distributed to senior citizens in different communities throughout the state. The following are the top ten categories in order of importance:

1. Safety and Crime Prevention	2. Emergency Preparedness Information
3. Prescription Drug Assistance	4. In-Home Care Assistance
5. Legal Assistance	6. Affordable Housing
7. Employment for Senior Citizens	8. Caregiver Support

9. Home Repair Assistance	10. Transportation Assistance
---------------------------	-------------------------------

Caregiver surveys were distributed throughout the state to enable ADSS to learn more about informal and unpaid caregivers and needed respite services. The results are as follows:

What event(s) led you to seek respite services most recently? (Select all that apply)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Relieve stress	67.74%	147
Improve relationship with my spouse or partner	25.35%	55
Improve relationship with other family member	13.36%	29
Care for myself	53.92%	117
Safety issues	14.29%	31
Prevent alcohol or drug problems	1.84%	4
Care for personal business	33.64%	73
Participate in family support groups/services	17.97%	39
Total Respondents		217

The most recent time I received caregiver respite services, it lasted: (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Less than 1 day	22.73%	45
1 day	10.61%	21
2 days	4.55%	9
3 or more days	27.78%	55
Total Respondents		198

Was the length of time you received caregiver respite services enough?

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Yes	46.73%	93
No	36.18%	72
Don't Know	17.09%	34
Total		199

How would you feel if caregiver respite services were not available?

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Not at all stressed	3.83%	8
Somewhat stressed	15.31%	32
Moderately stressed	27.75%	58
Extremely stressed	53.11%	111
Total		209

How much assistance does the person with a disability or chronic illness require? (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
No assistance	1.79%	4
Occasional assistance	13.90%	31
Frequent assistance	26.46%	59
Continuous assistance	55.16%	123
Don't know/unsure	0.90%	2
Total		223

A virtual town hall was recorded through which to present the purpose of the State Plan on Aging with a goal of seeking public input regarding the unmet needs in the state.

Financial assistance for home repairs	More chore and homemaker services
Affordable, accessible transportation (rural areas)	Senior companion and friendly visitor program
Affordable housing	Home repairs and modification assistance
Better access to voting	Energy assistance
Reliable contractors for home repairs	Increase in meals services
Better enforcement of ADA laws	Access to better healthcare
More independence	Information about resources and how to access
Access to high-speed internet (including free internet)	Mental health education and treatment
Technology training	Services for special needs/disabilities and caregivers
Affordable in-home services	Yard maintenance
More partnering with local churches	Adult day care programs
Better protection from fraud and abuse	Protection from age discrimination in the workplace
Increase in Social Security payments	Tax breaks on housing and groceries
More oversight of long-term care facilities	More senior living establishments
Better oversight of price gouging	Living wage for nursing home workers
Protection from scams (phone and internet)	Adequate training for home and nursing home workers
Legal assistance	Guidelines for quarantine patients
More walking and biking trails for physical activity	Access to PPE supplies
Financial assistance for wheelchair ramps	Better access to in-home services
Increase housing choice vouchers	Haven for elderly individuals living with alcoholism
Increase vegetable vendors	Increase home-delivered meals
Public entertainment venues for seniors	More affordable medication insurance
Better access to food pantries	More senior centers
Homeless shelters	Increase respite services for caregivers
More affordable Assisted Living Facilities	Better protection from fraud and abuse
Social isolation planning for seniors	Housing options in safe areas

Goals, Objectives, Strategies, and Projected Outcomes

The 2021 - 2024 Alabama State Plan on Aging implements a comprehensive and coordinated support system of Long-Term Services and Supports (LTSS) and other programs that are needed by Alabama's older adults and individuals with disabilities and their caregivers. The Plan's goals, objectives, strategies, and projected outcomes are listed for the programs described in the six focus areas.

REMINDER: To the extent possible, this Plan will acknowledge 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. (See Attachment D for COVID-19 response information)

FOCUS AREA A: OAA PROGRAMS

The OAA is the major vehicle for the organization and delivery of social and nutrition services to older adults, persons with disabilities, and their caregivers. ACL funding provides the foundation for services which help this population secure and maintain independence and dignity within their homes and communities while being empowered to choose how they desire to live.

Title II No Wrong Door (NWD) (Alabama Medicaid Agency – One Door Alabama): Launched in 2003 by AOA and CMS, the ADRC was created to be a one-stop shop for individuals seeking long-term support services (LTSS) as a visible and trusted source of information and one-on-one counseling access. Access to this information is vital for all persons seeking LTSS to minimize confusion, enhance individual choice, and support informed decision making (participant-directed/person-centered). ADSS provides some annual funding for this service.

In October 2015 ACL awarded the Alabama Medicaid Agency the “No Wrong Door” grant under Title II of the OAA as one of five states to receive funding. This grant has been used to make it easier for people to learn about and access the LTSS they need. Through a stringent planning process Alabama Medicaid called the new “No Wrong Door” ADRC initiative “One Door Alabama.” The overall goal of One Door Alabama is to empower individuals to effectively navigate their health and other long-term support options.

This funding also provided several other opportunities to improve services for the aging and persons with disabilities in the state:

- Alabama achieved LTSS managed care National Committee for Quality Assurance (NCQA) accreditation for the purpose of better quality, consistency, and improved processes within the statewide Medicaid Waiver programs;
- Credentialed six Person Centered Thinking (PCT) trainers to work with Alabama Medicaid and the statewide AAAs for staff training and certification;
- Provided funding for over 500 individuals to receive PCT training as required by CMS; and
- Provided partial ongoing funding for ADRCs through Medicaid Administrative Claiming funds.

Title III-B Supportive Services: These vital services are a lifeline for older adults living in the community. The local AAAs, under the leadership of the AAA Directors, administer these essential service options to meet the individual needs of older adults, persons with disabilities, and their caregivers. Title III-B services include: In-Home Assistance (Homemaker, Personal

Care, Chore); Adult Day Care; Case Management; Legal Assistance; Information and Assistance; Outreach/Public Education/Marketing; Recreation; and Transportation.

Title III-C Nutrition Services (C1 Congregate Meals / C2 Home-Delivered Meals): The purpose is to reduce hunger and food insecurity and to promote socialization among this population. There are approximately 330 senior centers located throughout the state with at least one in each of Alabama’s 67 counties. These centers serve as focal points for the delivery of multiple services to older adults within the community. Home-Delivered meals are delivered by local transportation providers, volunteers, and as frozen meals through the state meals vendor. Nutrition education and counseling are also provided to promote better health by delivering accurate and culturally sensitive nutrition health information to participants in a group setting. Nutrition education is funded through the OAA, and ADSS Registered Dietitians provide the AAAs with educational materials to share on a weekly basis with center participants.

Title III-D Evidence-Based Disease Prevention and Health Promotion: The AAAs provide a variety of high-level evidence-based programs throughout the state. The purpose is to promote healthy living and healthy aging; to develop skills to prevent falls; to manage chronic conditions, depression, and medications; and to help ease the stress of being a family caregiver. These programs empower older adults to make positive changes in their health and are considered evidence based as a result of proven outcomes following completion of the programs. ADSS provides support and assistance to the AAAs in continuing current and developing new disease prevention and health promotion services throughout our state. Currently, the train-the-trainer programs offered by the AAAs include the following:

A Matter of Balance	National Diabetes Prevention Program (NDPP)
Aquatic Exercise Association (AEA) Arthritis Foundation Exercise Program (AFEP)	Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
Chronic Disease Self-Management Program (CDSMP) – Living Well Alabama	Resources for Enhancing Alzheimer’s Caregiver’s Health in the Community (REACH)
Diabetes Self-Management Program (DSMP)	Stay Active and Independent for Life (SAIL)
Diabetes Self-Management Training (DSMT)/Medical Nutrition Therapy (MNT)	Stress-Busting Program for Family Caregivers (SBFC)
General Stress-Busting Program (G-SBP) for Family Caregivers of Person with Chronic Illness	Tai Chi for Arthritis and Fall Prevention
Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)	

Title III-E National Family Caregiver Support Program (NFCSP): The National Family Caregiver Support program (Alabama CARES) provides a multifaceted support system that helps families sustain their efforts to care for an older individual, child, or another relative. As of the 2016 reauthorization of the OAA, the following specific populations of family and informal caregivers are eligible to receive services under the funding provided by this program: adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older; adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer’s disease and related disorders; older relatives (not parents) age 55 and older providing care to children under the age of 18; and older

relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities. ADSS, working in partnership with the thirteen AAAs and local community service providers, provides the five categories of services for family caregivers which include information, access to services, education/counseling, respite care, and supplemental support.

Title V Senior Community Service Employment Program (SCSEP): The SCSEP, authorized under Title V of the OAA, is funded by the U.S. Department of Labor. It is the only federally funded employment program for low income older persons. It is a community service and work-based training program that has two purposes: (1) providing useful community service; and (2) improving individual self-sufficiency through training and placement into unsubsidized jobs. ADSS manages 165 slots with approximately \$1.6 million in funding to support senior workers. Many of these workers are community service workers supporting unfunded positions throughout the aging network. SCSEP continues to partner with Alabama Career Centers statewide by placing participants in training positions at the career centers. Positions include receptionists, file clerks, and general office help. SCSEP is a mandated partner in the Workforce Innovation and Opportunity Act (WIOA) and works closely with career center staff to help seniors find unsubsidized employment. Applicants who are deemed ineligible are referred to the career centers. SCSEP participants also train at state and local government offices such as county Department of Human Resources offices as well as other non-profit 501 (c) 3 organizations.

Title VI Services for Native Americans: Created by Legislative Act in 1984, the Alabama Indian Affairs Commission (AIAC) represents more than 38,000 American Indian families who are Alabama residents. Recognizing the unique cultural and sociological needs of Alabama's "invisible minority," the Legislature specifically charged AIAC to... "deal fairly and effectively with Indian affairs; to bring local, state, federal resources into focus...for Indian citizens of the State of Alabama; to provide aid...assist Indian Communities...promote recognition of the right of Indians to pursue cultural and religious traditions." AIAC exists to represent the Indian people of Alabama who wish to stand united with their fellow Alabamians yet maintain their own cultural and ethnic heritage. (Alabama Indian Affairs Commission, <http://aiac.state.al.us/overview.aspx>)

Title VII Office of the State Long-Term Care Ombudsman Program: The Office of the State Long-Term Care Ombudsman program provides consumer advocacy protection services to individuals residing within nursing facilities, assisted living facilities, specialty care facilities, and Jefferson County boarding homes. The ombudsmen work to resolve problems of individual residents and to protect their rights by ensuring they receive fair treatment and quality care. They also work with families and long-term care residents to bring about changes at the local, state, and national levels through the practice of person-centered system change for residents in long-term care facilities.

[Goal, Objective, Strategies, and Projected Outcomes for Focus Area A](#)

GOAL 1

Help older individuals and persons with disabilities live with dignity and independence

OBJECTIVE 1

Promote and support service provision and sustainability of OAA programs

Title II (strengthening / collaboration)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ ADSS will collaborate with the Alabama Medicaid Agency through the new statewide One Door Alabama committee. ▪ ADSS will continue to provide annual One Door Alabama training to all AAAs on program procedures, up-to-date benefits counseling techniques, and collaboration on resources. ▪ ADSS will continue to provide effective AAA staff training so that all services are provided in a person-centered manner. 	<ul style="list-style-type: none"> ▪ All One Door Alabama ADRC Specialists will be trained to provide the most up-to-date information for access to home and community-based services and benefits utilizing person-centered techniques.
Title III-B (strengthening / expanding services)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ Definitions and data entry training will be provided to appropriate AAA personnel. ▪ A work group will be created to explore ideas as to how to increase providing Personal Care, Homemaker, Chore, and Adult Day Care to community members in need who may not qualify for Medicaid services. 	<ul style="list-style-type: none"> ▪ Quality services continue to be provided, and accurate data is being reported. ▪ More people will be served in the community instead of being placed in long-term care facilities.
Title III-C (strengthening services)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ ADSS will implement a home-delivered meal standardized priority screening tool for waiting list management of the most vulnerable. ▪ ADSS will provide education to the AAAs that will empower them to utilize services of Registered Dietitians (RD) to provide nutrition screening, nutrition education, nutrition counseling, Medical Nutrition Therapy, obesity screening and counseling, diabetes prevention, and other OAA health and wellness programs. ▪ ADSS will develop a plan with the AAAs to provide a safety check on home-delivered 	<ul style="list-style-type: none"> ▪ Priority screening for home-delivered meal recipients will result in the most vulnerable receiving needed meals and will potentially inform recipients about alternative or additional support services. ▪ A proposed 5 percent increase in contacts with an RD for nutrition counseling and medical nutrition therapy will result in people served being better informed about managing their chronic disease. ▪ The well-being of home-delivered meal recipients will be ensured. ▪ A better image of senior centers will be created with a result of increased attendance by those

<p>meal recipients that will also help decrease feelings of isolation.</p> <ul style="list-style-type: none"> ▪ ADSS will encourage AAAs to participate with local organizational chapters such as the beef, dairy, and egg associations and local farmers markets to provide education programs for people served through the centers. ▪ Based on advisory feedback, ADSS will create a workgroup to discuss ideas to modernize senior centers for today’s older adults. 	<p>who have not previously attended. (attendance will depend on the reopening to the public of senior centers as COVID-19 treatments/vaccines are developed)</p>
---	--

Title III-D (coordination / integration)

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ Better coordination with Alabama CARES and Alabama Lifespan Respite will offer caregivers evidence-based disease prevention programs to teach them about managing health. ▪ Coordination of evidence-based disease prevention programs will continue through the senior centers as focal points in the community and ADSS will assist AAAs with seeking out other venues for hosting classes. ▪ ADSS will continue coordination with AAAs to communicate the benefits of collaboration with potential partners such as colleges and universities, service organizations, healthcare agencies, municipal park and recreation departments, extension services, and other state and local agencies to provide evidence-based disease prevention and health promotion classes. 	<ul style="list-style-type: none"> ▪ Increased participation by 5 percent in the evidence-based disease prevention and health promotion programs in the state will promote a higher level of independence for participants.

Title III-E (supporting families and caregivers)

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ ADSS will continue a person-centered caregiver support services model by offering additional options for receiving direct services such as contributing to or donating a share towards the cost of receiving direct services, caregiver directed choice respite, emergency respite funding, or private pay. ▪ With a focus on family caregivers, ADSS will explore innovative approaches that will rebalance the demands of LTSS by expanding home and community-based services. 	<ul style="list-style-type: none"> ▪ Caregivers will be better equipped to serve those they care for at home. ▪ Program growth and sustainability will support the NFCSP mission. ▪ Improvement within person-centered planning philosophy will be achieved. ▪ Caregiver/care receiver satisfaction will support families in a way that could delay or divert more costly LTSS services.

Title V (coordination / expanding employment opportunities)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ New SCSEP participants will be aligned with subsidized placements at the AAAs and Senior Centers throughout the state with the intent of transitioning to unsubsidized employment as new positions open. ▪ ADSS will continue networking with AAAs to recruit new host agencies for participant training. 	<ul style="list-style-type: none"> ▪ AAAs and Senior Centers* will continue to have the workers they need for successful program implementation without employment age bias. ▪ New host agencies will benefit from training participants within their workforce and participants will gain knowledge of other service programs to benefit community members.
Title VI (coordinating Title III with Title VI)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ ADSS will schedule collaboration meeting(s) with the State of Alabama Indian Affairs Commission (AIAC) to educate the AIAC staff about ADSS and the state AAAs. 	<ul style="list-style-type: none"> ▪ The new collaboration will result in shared solidarity between agencies advocating for the target population we serve.
Title VII (strengthening / expanding)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ Provision of Long-Term Care Ombudsman program advocacy and education on long-term care issues, including information on the supports and resources the program can provide, will increase for public officials, state and local agencies, facility residents and their family members, and the general public. ▪ Local Ombudsmen at the AAAs will be assisted with recruiting and training additional Ombudsman volunteers. ▪ ADSS will encourage assisted living and nursing home providers to engage residents in more physically and mentally stimulating activities to improve their emotional and mental health. ▪ ADSS will continue to work with the Alabama Medicaid Agency's Gateway to Community Living program to transition eligible residents of long-term care facilities back into communities and provide quality assurance for the transition. ▪ ADSS will provide outreach and training to the community on the Gateway to Community Living program. ▪ ADSS will advocate for adequate, sustainable funding for the Ombudsman program. 	<ul style="list-style-type: none"> ▪ This will result in increased awareness of the advocacy services provided and work completed to address long-term care issues in our state. ▪ A greater interest in volunteering through collaboration with other local organizations will result in greater advocacy for residents and support for the local ombudsman programs. ▪ Residents of long-term care facilities will have better quality of life benefitting mental and physical health. ▪ Successful transitions of residents back to the community will occur with ombudsmen following up for two years to ensure those transitioning receive the needed services to stay at home and in the community. ▪ Greater knowledge of the Gateway Program will lead to more interest, referrals, and successful transitions back into communities across the state.

***As of the time of submission of the Plan, Alabama senior centers are currently closed to the public due to the COVID-19 pandemic.**

FOCUS AREA B: ADMINISTRATION FOR COMMUNITY LIVING (ACL) DISCRETIONARY GRANT AND OTHER FUNDED PROGRAMS

ACL, the state of Alabama, and the Alabama Medicaid Agency support other projects for the purpose of meeting home and community-based needs. Meeting these needs contributes to the independence, well-being, and health of older adults, persons with disabilities, and their families and caregivers.

ACL Discretionary Grant Programs

Lifespan Respite: Under the National Lifespan Respite Grant, ADSS partners with the Alabama Lifespan Respite Resource Network (Alabama Lifespan Respite). This program is provided through United Cerebral Palsy of Huntsville and Tennessee Valley, the Lifespan Respite Coalition, and the ADRCs. The program provides a coordinated approach to meet the respite care and education needs of Alabama's families who are caring for individuals with disabilities and chronic conditions regardless of their age. Grant objectives include enhancing respite opportunities for all family caregivers; expanding existing support services to all caregivers by utilizing new and existing collaborative partners through training and educational workshop opportunities; and strengthening Lifespan Respite while building on quality indicators for a more formalized statewide sustainable respite and support services plan for Alabama's caregivers. Grantees and their partners are asked to advance their existing respite care programs by proposing direct service activities to expand the state's ability to provide respite and related supports to family caregivers.

Helping States Support Families Caring for an Aging America: The Center for Health Care Strategies (CHCS) is a national non-profit health policy resource center based in Hamilton, New Jersey that initiated a national project called *Helping States Support Families Caring for an Aging America*. The national initiative is a multi-state learning project aimed at enhancing programs and policies to support family caregivers of older adults. In 2015 Alabama was one of five states chosen to participate in the project. Alabama's Action Plan was established based on an organized approach to develop, modify, or create a new policy and educational program for respite workers that would ultimately support family caregiving efforts in our state. The two action goals created are to: develop recommendations for legislation to designate additional state spending on respite services for family caregivers; and draft recommendations for development of policies and programs for a state-subsidized respite care program that includes standards for workers providing respite care and a training program for respite care workers. Key activities for Alabama's action plan are to: identify supporters in the state legislature; meet with key legislators prior to the legislative session; and deliver recommendations to supporters in the state legislature. The recommendations have been drafted and will be delivered to the state legislature in 2021.

Medicare Improvements for Patients & Providers Act (MIPPA): MIPPA grants are administered by ACL. Funds are allocated for the State Health Insurance Assistance Programs (SHIP) Medicare counseling program, AAAs, and ADRCs to help low-income Medicare beneficiaries apply for programs that make Medicare affordable. MIPPA grantees specifically help low-income seniors and persons with disabilities apply for two programs that help pay for their costs: the Medicare Part D Extra Help/Low-Income Subsidy (LIS/Extra Help), which helps pay for the Part D premium and reduces the cost of drugs; and the Medicare Savings Programs (MSPs), which help pay for Medicare Part B. MIPPA grantees provide Part D counseling to Medicare beneficiaries who live in rural areas and are also tasked with promoting Medicare’s prevention and wellness benefits.



Senior Medicare Patrol (SMP): According to the SMP Resource Center billions of federal dollars are lost annually due to healthcare fraud, errors, and abuse. The SMP mission is to assist Medicare beneficiaries, their families, and caregivers in preventing, detecting, and reporting suspected healthcare fraud, errors, and abuse through outreach, counseling, and education. SMPs work to resolve beneficiary complaints of potential healthcare fraud in collaboration with state and federal partners, including the U. S. Department of Health & Human Services Office of the Inspector General, Centers for Medicare and Medicaid Services, state Medicaid fraud control units, and state Attorneys General. SMPs recruit and train retired professionals and other volunteers to recognize and report instances or patterns of healthcare fraud. These activities support ACL’s goals of promoting increased choice and greater independence for older adults and individuals with disabilities. SMP activities also serve to enhance the financial, emotional, physical, and mental well-being of older adults, thereby increasing their capacity to maintain security in retirement and make better financial and healthcare choices.

Partner Highlight: Alabama Securities Commission

ADSS has partnered with the Alabama Securities Commission (ASC) since 2018 through the SMP program for all state AAAs to provide annual Fraud Summits in coordination with ASC.

State Health Insurance Assistance Program (SHIP): The State Health Insurance Assistance Program (SHIP) is a Center for Medicare and Medicaid Services grant program that offers one-on-one counseling and assistance to Medicare recipients and their families. SHIP educates Medicare beneficiaries and their families on how to best choose and use their health insurance. Unbiased information related to health insurance options is disseminated through group sessions and through personalized individual counseling. SHIP is administered through the statewide AAAs and is highly successful due to a large and committed volunteer base of SHIP counselors.

Partner Highlight: Auburn University Harrison School of Pharmacy

ADSS has partnered with the Auburn University Harrison School of Pharmacy (HSOP) since 2013 through the SHIP, SMP, and MIPPA programs to train pharmacists and pharmacy students on all things related to Medicare. In turn, HSOP helps ADSS and the statewide AAAs with outreach and education.

State of Alabama Funded Programs

Dementia Friendly Alabama (DFA): Dementia Friendly Alabama is a part of the national Dementia Friendly America which was a landmark announcement made in July 2015 at the White House Conference on Aging to support and serve those living with dementia and their loved ones. It is a growing network dedicated to promoting awareness while developing and disseminating resources to those in need. “Dementia Friendly” is much more than simply being kind to those impacted by dementia. A dementia friendly community is one where those living with Alzheimer’s and their care partners feel respected, supported, and included in everyday community life. Alabama was one of the first states to implement this initiative and is now one of 42 states that continues to be committed to fostering dementia friendliness by putting the state on the DFA map.

Through funding provided by ADSS, DFA was adopted and sustained by the Central Alabama Aging Consortium (CAAC). CAAC is the AAA for a three-county region in Central Alabama. DFA funding provides mini grants to support projects which promote dementia friendliness in communities across the state. The mini grants provide a tool to grow dementia friendliness and allow each recipient the chance to foster dementia friendliness in their communities by addressing sectors they deem most important. These mini grants have paved the way for projects such as dementia friendly business-training; dementia trainings for schools; a dementia resource guide; memory screenings; Project Lifesaver tracking technology for individuals with cognitive disorders; speaking opportunities; and Virtual Dementia Tours. Other sustained projects include first responder training (Middle Alabama Area Agency on Aging and West Alabama Regional Commission); community workshops and training focusing on essential tools of estate planning (West Alabama Regional Commission, CAAC, Alabama Tombigbee Regional Commission, Southern Alabama Regional Commission on Aging); Crisis Prevention Institute’s Dementia Capable Care (Lee Russell Council of Governments); and Memory Cafés (South Alabama Regional Planning Commission).

Emergency Preparedness: ADSS understands natural disasters can happen at any time, as Alabama has experienced many disasters over the years. Post-disaster, older individuals and people with disabilities can be placed in traumatic situations that threaten their well-being. During such times, existing physical or mental impairments may worsen and needed family and community-based supports may be disrupted by the emergency. ADSS continues to focus on improving disaster preparedness education and relief efforts to be ready and organized in the face of uncertainty (see Attachment J for the Emergency Preparedness Plan).

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.

SenioRx: Alabama's Prescription Drug Assistance Program has been a state-funded program since 2002. The program is designed to provide prescription drug assistance to Alabamians who are 55 and older, or individuals of any age who have a doctor's declaration of disability, have applied for disability and are awaiting a decision, or who have been deemed disabled and are in the 24-month waiting period. SenioRx also helps Medicare beneficiaries who have reached their Medicare Part D coverage gap (donut hole) receive free or low-cost medications. The purpose of the program is to help people manage their chronic illnesses earlier and prevent serious health problems later in life. SenioRx has helped thousands of Alabamians receive free or low-cost prescription drugs from pharmaceutical manufacturers by conducting education, outreach, and enrollment through the 13 AAAs. State and local staff work collaboratively with the local ADRCs and SHIP counselors to ensure each person they counsel is properly screened for assistance.

State Independent Living Council (SILC): The Alabama State Independent Living Council 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 in order 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.

***As of the time of the submission of the State Plan, senior centers in Alabama are still closed to the public due to the COVID-19 pandemic. Education may be provided virtually.**

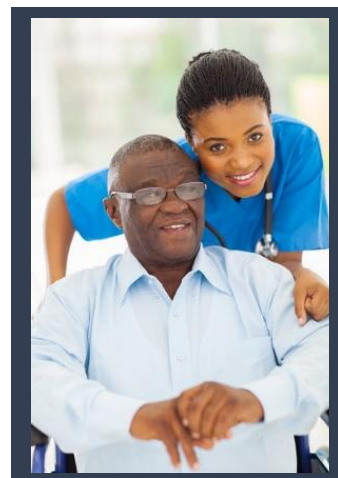
Medicaid Funded Programs

Medicaid Waiver Programs: Home and Community-Based Waiver Services are available to eligible Medicaid recipients who are at risk of needing care in a nursing home, hospital, or other institution. Persons served must meet financial, medical, and program requirements and must be willing to receive services in their homes and/or communities. Waiver program enrollment is limited, and a waiting period may be necessary.

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. A second target population is individuals currently being served on one of Alabama’s other HCBS waivers whose condition is such that their current waiver is not meeting their needs, and admission to an institution would be imminent if the ACT Waiver were not an option to meet their needs in the community. The ACT Waiver also offers a consumer-directed option, which gives individuals the opportunity to have greater involvement, control, and choice in identifying, accessing, and managing long-term services and community supports.

Elderly and Disabled Medicaid Waiver (E&D): The E&D Waiver is designed to provide services to allow the elderly and/or people with disabilities who would otherwise require care in a nursing facility to live in the community. Services include case management; homemaker services; personal care services; adult day health services; respite care services (skilled and unskilled); companion services; and home-delivered meals (frozen, shelf-stable and breakfast meals).

Personal Choices: Alabama Medicaid's "Personal Choices" program is an option for individuals who are part of a Home and Community-Based Waiver Services program. Under this program individuals are provided a monthly allowance from which they will determine what services they need. Enrollees may hire someone to help with their care or they may save money for equipment purchases. Financial counselors are available to guide them through the process which includes developing a budget to help manage the funds designated for their care.



Technology Assisted Medicaid Waiver (TA): The TA Waiver is designed for individuals 21 or older who have had a tracheostomy or who are ventilator dependent and require skilled nursing services. The TA Waiver allows Medicaid-approved participants' continuation of Private Duty Nursing services to enable the participant to remain at home. Services include private duty nursing; personal care/attendant service; medical supplies and appliances; assistive technology; and respite care services (skilled and unskilled)

Medicaid Systems Change

Integrated Care Network (ICN): The ICN program implements a system of case management, outreach, and education with the long-term goal of increasing the percentage of Medicaid recipients receiving in-home care. Alabama Select Network, an Alabama limited liability company established in 2017, administers the program under contract with the Alabama Medicaid Agency. The program does not change any Medicaid benefits but will help recipients learn about and apply for services available to them, such as medication management, support for independent living, and/or help to manage or prevent illness or accidents. Effective October 1, 2018 the case management of clients on the E&D and ACT Waivers are managed through the ICN contract with the Alabama Select Network. ADSS continues to be responsible for the operation of the waivers and ensuring federal requirements are met.

Electronic Visit Verification and Monitoring (EVVM) System: The EVVM system is a method used to verify home healthcare visits for personal care services to ensure that clients are receiving authorized services. Workers clock in/out via an electronic means to capture location, type of services, and time spent performing services. Utilization of the EVVM is a mandate included in the 21st Century Cures Act and is required for all Home and Community Based Waiver Services clients. Reimbursement for in-home services requires system verification of the visit through EVVM.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area B

GOAL 2

Ensure that older individuals and persons with disabilities have access to services to assist with daily living

OBJECTIVE 2

Promote, advocate, and support service provision, sustainability, and expansion of ACL discretionary grant programs and other funding source programs

Lifespan Respite (coordination / integration / dementia friendly efforts)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">▪ To strengthen statewide support for family caregivers, each AAA will coordinate contractual arrangements with Alabama Lifespan Respite Resource Network to promote the expansion of the National Family Caregiver Support Program (NFCSP).▪ To improve the ADSS webpage to be more user friendly for family caregivers and care receivers, a connection with other relevant websites such as Alabama Lifespan Respite Resource Network and Dementia Friendly Alabama will be developed.	<ul style="list-style-type: none">▪ Family caregivers will be provided with a personal-choice and self-directed model of respite services.▪ An improvement regarding accessibility will be developed for better respite education and assistance with care.
MIPPA (coordination / integration)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">▪ Awareness, visibility, and knowledge of the Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP) will be promoted in all communities by educating people at senior centers* and adult day health centers so those who are eligible for the benefit can apply.▪ Work with the AAAs to better educate Medicare beneficiaries on Medicare’s prevention and wellness benefits will be completed to help prevent diseases that affect the elderly.▪ The established partnership with the Auburn University Harrison School of Pharmacy will be enhanced and expanded for the purpose of locating more Medicare beneficiaries who may be eligible for Medicare savings.	<ul style="list-style-type: none">▪ The number of Medicare beneficiaries assisted with LIS and MSP applications will increase by 4% by the end of the state plan period▪ The number of Medicare beneficiaries educated about Medicare’s prevention and healthcare services will increase by 4 percent by the end of the state plan period.▪ The number of individuals and pharmacists trained and enrolled in the C.A.R.E.S pharmacy network will increase by 4 percent by the end of the state plan period.
SMP (coordination / integration)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">▪ Collaborative work with Nutrition (Title III-C) Services to distribute Medicare fraud educational materials to home-delivered meal recipients will be completed.	<ul style="list-style-type: none">▪ More Medicare beneficiaries, their families, and caregivers will be empowered to prevent healthcare fraud, errors, and abuse.

<ul style="list-style-type: none"> ▪ Medicare fraud education and outreach to caregivers will increase by partnering with Alabama CARES (Title III-E) and Alabama Lifespan Respite. ▪ Outreach efforts to rural and underserved populations will increase by partnering with faith-based organizations and community stakeholders. ▪ Work to increase volunteerism specific to Medicare fraud and other consumer protection issues will be completed in collaboration with the Senior Medicare Patrol (SMP) program. ▪ Healthcare fraud and opioid outreach and education to Medicare beneficiaries through the Auburn University HSOP/CARES Network partnership will continue. ▪ Partnering with the Alabama Securities Commission (ASC) Investor Education and Fraud Prevention program will continue. 	<ul style="list-style-type: none"> ▪ Stakeholder involvement and advocacy to combat Medicare fraud and scams will increase. ▪ Relevant information to help educate and protect seniors from investment fraud will be provided to seniors so they can make sound decisions regarding their investments.
SHIP (coordination / integration)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ The established partnership with the Auburn University Harrison School of Pharmacy will be enhanced and expanded to train more pharmacy students and pharmacists through the C.A.R.E.S pharmacy network. ▪ Contact with the McWhorter School of Pharmacy at Samford University will be established for possible new partnership. 	<ul style="list-style-type: none"> ▪ Number of individuals and pharmacists trained and enrolled in the C.A.R.E.S pharmacy network will increase. ▪ Pharmacy students will be trained on Medicare plans and the value of the SHIP program in the state. ▪ Pharmacy student volunteerism for Medicare enrollment events will increase.
DFA (supporting / dementia friendly efforts)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ ADSS will continue to support the Central Alabama Aging Consortium to provide the DFA program. 	<ul style="list-style-type: none"> ▪ Awareness, support, and service to those living with dementia and their loved ones will increase.
Disaster Preparedness (support / coordination)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ All emergency/disaster plans and call lists on state and local levels will be reviewed and updated annually. ▪ Partnering with the State Emergency Management Agency (EMA) will be completed to provide ongoing disaster training to health and human service providers. 	<ul style="list-style-type: none"> ▪ ADSS staff and the state AAAs will be more knowledgeable and equipped to assist EMAs in serving communities. ▪ Senior citizens, persons with disabilities, and caregivers will have access to specific resources during times of disaster.

<ul style="list-style-type: none"> ▪ Implementation of partnerships with local EMAs and ADRCs will be coordinated to provide mutual aid, communication, and coordination for pre- and post-disaster assistance. ▪ On-site assistance and resource development will be provided to state and local entities, as requested, during emergency/disaster situations. ▪ Partnerships will be established to provide education to older adults on fire prevention and safety. 	
RSVP (supporting)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ ADSS will continue to support* the RSVP program so senior volunteers stay engaged in their communities. 	<ul style="list-style-type: none"> ▪ Awareness, support, and service to a vital program offering volunteer assistance in communities across the state will increase.
SenioRx (coordination)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ ADSS will assist AAAs with increasing partnerships with charitable pharmacies, free clinics, wellness centers, and doctor’s offices across the state. ▪ SenioRx will continue partnering with SHIP for outreach/marketing collaboration. 	<ul style="list-style-type: none"> ▪ People served will increase by 2.5 percent each year of the State Plan. ▪ Prescription refills will increase by 5 percent each year of the State Plan. ▪ Medical non-adherence and non-compliance with prescription medications will be reduced statewide.
SILC (supporting / coordination)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ ADSS will continue to support the SILC in its capacity to serve persons with disabilities by providing administrative assistance for quarterly meetings. 	<ul style="list-style-type: none"> ▪ The SILC’s goals for improving the lives of persons with disabilities in the state of Alabama will be completed.
UAB Dental Program (supporting / coordination)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ ADSS will continue to financially support the UAB School of Dentistry to continue the UAB Geriatric Outreach Rotation: Improving Seniors’ Oral Health in Alabama project and will continue to assist with coordination between the grant program and OAA Title III-C. 	<ul style="list-style-type: none"> ▪ Older adults’ oral health will improve as they are screened, surveyed, educated, and provided dental cleanings.
Medicaid Waiver Programs (strengthening)	
<i>Strategies</i>	<i>Projected Outcomes</i>

<ul style="list-style-type: none"> ▪ Consumer direction through the Personal Choices program will continue to be strengthened across the state so more consumers can utilize the self-directed service. ▪ The partnership with the Alabama Medicaid Agency will continue by actively participating in the ACT Waiver (Gateway to Community Living program), thereby providing transition services through the state Transition Coordinators for individuals living in nursing homes. ▪ Work with the ICN Alabama Select Network for cost-effective Case Management within LTSS will continue. 	<ul style="list-style-type: none"> ▪ The ability for consumers who receive other Medicaid services to self-direct their care will increase by 5 percent each year. ▪ Persons returning from nursing homes to the communities where they live or desire to live will increase by 3 percent each year. ▪ Alabama Select Network will have access to Case Management data so the data can be assessed for effectiveness.
--	--

***SMP – As of the time of the submission of the State Plan, Alabama’s senior centers in are currently closed to the public due to the COVID-19 pandemic. Education may be provided virtually.**

***RSVP – So long as social distancing continues to be the norm due to the COVID-19 pandemic, ADSS will work to promote alternative ways for volunteers to stay engaged in their communities.**

FOCUS AREA C: PARTICIPANT-DIRECTED / PERSON-CENTERED PLANNING

Participant-directed and person-centered planning that includes counseling, thinking, and practice empowers individuals to make informed choices about their LTSS options, consistent with their personal goals and needs, and assists individuals with navigating the various organizations, agencies, and other resources in their communities. The skills and knowledge base of person-centered counseling includes: a personal interview to discover strengths, values, and preferences and the utilization of screenings and assessments necessary to determine potential program eligibility; a facilitated decision-making process that explores resources and support options, and provides tools to the individual in weighing pros and cons; developing action steps toward a goal of a long-term support plan and assistance in applying for and accessing support options when requested; and quality assurance and follow-up to ensure supports are working for the individual. Within the statewide AAAs, the ADRC One Door Alabama team and the Medicaid Waiver team both utilize person-centered planning techniques embedding the state-of-the art practice for promoting individual choice, self-determination, and supportive decision-making into each personalized assessment or care plan.

[Goal, Objective, Strategies, and Projected Outcomes for Focus Area C](#)

GOAL 3

Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives

OBJECTIVE 3

Continue to integrate and support a person-centered approach in all aspects of the existing service delivery system

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">▪ Policies within home and community-based programs that do not reflect a person-centered approach will be revised.▪ Person-centered planning training of AAA staff and contract providers will be continued keeping up-to-date person-centered practices.▪ New AAA One Door Alabama ADRC employees will attend mandatory person-centered planning training as required by the Alabama Medicaid Agency.▪ Person-centered language and practices in all aspects of assessing, assisting, managing, providing services, and follow-up will be utilized.	<ul style="list-style-type: none">▪ All programs policies will be up to date with person-centered language.▪ Appropriate personnel working within OAA and other programs helping seniors, persons with disabilities, and caregivers will be trained.

FOCUS AREA D: ELDER JUSTICE

Alabama’s Elder Justice and Advocacy Program is operated by ADSS, giving the agency the responsibility to empower, protect, and advocate on behalf of the state’s aging population. This program provides education and awareness to senior citizens, their caregivers, professionals, and the general public about the rights of elders and about elder abuse prevention and economic security issues. In collaboration with the Alabama Department of Human Resources (DHR) and the Attorney General’s Office, ADSS established the Alabama Elder Justice Alliance. Its mission is to strengthen partnerships to protect elders and raise awareness of these issues through education, advocacy, and outreach. In 2017 Alabama passed the Elder Abuse Protection Order and Enforcement Act (EPFA) with the help of the Elder Justice Alliance. The EPFA provides an early intervention in the form of a civil court order to stop abuse and continued financial exploitation. The Act contains three components. First, it creates a civil Elder Abuse Protection Order which contains the requirements for a petition, procedure for filing, and available court-ordered relief. Second, it creates an enforcement statute allowing for criminal prosecution of a violation of the court order. Third, it amends the warrantless arrest statute to allow for warrantless arrests in circumstances currently allowed in domestic violence protection orders. The law provides an expedient civil remedy to victims of elder abuse – preventing further abuse and financial exploitation. The most recent statistics show there were 89 civil

EPFA cases filed and 19 criminal violation domestic violence protection orders issued with 6 convictions.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area D

GOAL 4

Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation

OBJECTIVE 4

Continue to strengthen the Council for the Prevention of Elder Abuse and the Long-Term Care Ombudsman program to ensure that all Alabama residents are protected from harm

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> ▪ Efforts by the Council for the Prevention of Elder Abuse to address the need for funding for services to prevent abuse will be supported. ▪ Increased education and assistance on Powers of Attorney and end of life issues through the Title III Legal Assistance services for seniors will be completed. ▪ Promotional campaigns and outreach materials to increase awareness and prevention of elder abuse, neglect, and exploitation will continue to be developed. ▪ A partnership to advocate for elder abuse prevention education and activities within the AIAC will be developed. 	<ul style="list-style-type: none"> ▪ Advocacy efforts related to elder abuse recognition and prevention will expand. ▪ Instances of abuse, neglect, and exploitation of senior citizens throughout the state will decrease. ▪ More senior citizens will be educated on legal matters related to end-of-life issues and Powers of Attorney will be completed. ▪ The Council for the Prevention of Elder Abuse will be sustained through ongoing partnerships and collaboration across the state with like-minded entities.

FOCUS AREA E: ADDRESSING CHALLENGES (LISTED ON PAGES 6-7)

As ADSS continues serving every area in the state, ADSS and the 13 AAAs, in collaboration with partners, will continue to seek opportunities for positive change with the common goal in mind of helping those we serve live independent and dignified lives.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area E

GOAL 5

Ensure the state of Alabama is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs.

OBJECTIVE 5

Work with partners to improve the health and well-being of those we serve.

Dementia (Alzheimer's) (strengthening / collaboration)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">▪ Participation, collaboration, and contributions of a diverse group of committed partners to prepare our state for future increased needs will be solicited.▪ More funding opportunities will be researched and sought through grants as a part of the solution in the state.▪ Adding the DFA program to other communities throughout the state will continue.	<ul style="list-style-type: none">▪ Awareness, support, and service to those living with dementia and their loved ones will increase.
Direct Service Provider Workforce	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">▪ Opportunities to develop a uniform educational/training curriculum across providers will be explored.▪ Exploring with business and workforce groups ways to improve recruitment and retention of direct-care workers will be completed.	<ul style="list-style-type: none">▪ A stackable credentialing system for direct care workers that meets both worker and employer needs will be created.▪ Provider efficiency will increase with a decrease in worker turnover.▪ Help for direct care respite workers to be paid more competitive wages and have opportunities for career advancement will come to fruition.
Caregiving	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">▪ Support through counseling, education, nutrition, and respite for caregivers will continue to be provided.▪ Advocacy for increased funding from state appropriations and/or new grants for additional respite for caregivers will continue.	<ul style="list-style-type: none">▪ Caregivers will have the opportunity to receive relief which will decrease incidences of caregiver stress or burnout.▪ Increased respite services will be provided to assist more caregivers in the state.
Funding	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">▪ New state and/or federal funding will be advocated for to keep pace with the projected increase in the population for whom caregivers are needed.	<ul style="list-style-type: none">▪ Current service recipients will continue receiving needed services to live at home and in their communities.▪ New recipients will receive the help they need.
Opioid Abuse	
<i>Strategies</i>	<i>Projected Outcomes</i>

<ul style="list-style-type: none"> ▪ Key partnerships with community stakeholders who work in the area of prescription medications/opioids to help combat the problem will be developed. ▪ Education of AAA Directors on opioid abuse will be completed so that AAA staff can be trained to carry the message to those they serve. ▪ ADSS will create new outreach materials about opioid abuse to disseminate into communities and will partner with agencies to help disseminate existing materials. 	<ul style="list-style-type: none"> ▪ Work to help prevent or delay more costly nursing home versus home and community-based services in the state will be completed. ▪ Opioid abuse awareness for older adults to help decrease incidences of prescription drug abuse will be provided.
Population Increase	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ ADSS will advocate for an increase in state and/or federal funding to serve the growing number of people needing help from home and community-based services. ▪ ADSS will work to partner with other state agencies and organizations to find solutions regarding providing services more effectively. 	<ul style="list-style-type: none"> ▪ ADSS will continue its work to help prevent or delay more costly nursing home versus home and community-based services. ▪ More people will be able to stay in their home instead of being placed into long-term care facilities.

FOCUS AREA F: QUALITY MANAGEMENT

ADSS will continue its stringent efforts to ensure that federal and state funds allocated to the AAAs are used strategically, effectively, and efficiently for services and supports to help older adults and persons with disabilities, while also assisting their caregivers. ADSS will also continue its mission of helping as many people as possible throughout the state while providing technical assistance to the AAAs. Finally, ADSS will also help AAAs with marketing, outreach, training, and data collection, to help ensure that tax dollars are used effectively and efficiently.

Goal, Objective, Strategies, and Projected Outcomes for Focus Area F

GOAL 6

Support and provide proactive planning and management of programs for strict accountability

OBJECTIVE 6

Help AAAs provide high quality, efficient services

Outreach/Marketing (strengthening services)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ Continue work with AAAs to promote One Door Alabama as the single point of entry for services. ▪ Outreach activities with AAAs, such as attending AAA sponsored events, will be more coordinated for better visibility of ADSS. ▪ Strengthen collaboration and coordination with partner state agencies that advocate for and/or serve the ADSS/AAA target population so that exposure to services will be better reflected to local community offices across the state. 	<ul style="list-style-type: none"> ▪ Visibility of ADSS, One Door Alabama, the state AAAs, and all OAA programs will increase considerably resulting in more referrals to AAAs for counseling assistance and direct services. ▪ Increase the total number of persons served across all programs by 2.5 percent each year of the State Plan.
Data Reporting/Information Technology (coordination / integration)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ Under ACL’s guidance, work closely with the AAAs regarding the OAA Title III programs to retrieve correct data for the new data reporting requirements for FY 2022. ▪ ADSS will work to improve its IT infrastructure to streamline data reporting. ▪ A new ADSS website will be completed so that seniors, persons with disabilities, and caregivers will find it easier to access program information they may need. 	<ul style="list-style-type: none"> ▪ Accountability standards regarding accurate data required by ACL will be upheld. ▪ Efficiency in data entry and program effectiveness will increase. ▪ A more user-friendly website will better reflect ADSS’s mission and increase the number of services used in the state.
Program Monitoring (accountability / quality)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ Twice-yearly program monitoring at the AAAs will be continued by ADSS Program Directors. ▪ ADSS will continue to provide daily technical assistance to the AAAs 	<ul style="list-style-type: none"> ▪ This monitoring will assure that goals notated in the AAA area plans are being met and there is proper accountability in spending allocated funds. ▪ This monitoring will assure that program policies/procedures are being followed.
Training (quality)	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> ▪ A minimum of one annual program training under each AAA program will be provided for AAA Program Coordinators, along with more training opportunities as requested by the AAAs. ▪ New Case Manager and Ombudsman trainings will continue to be provided by ADSS staff. 	<ul style="list-style-type: none"> ▪ AAA staff will be better trained to provide services.

Attachment A – State Plan Assurances

State Plan Guidance Attachment A

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 childcare, 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;

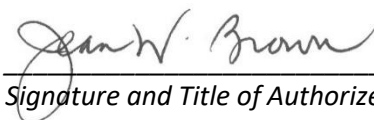
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(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
Signature and Title of Authorized Official

July 1, 2020

Date

Attachment B – Information Requirements

State Plan Guidance
Attachment B
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;

State's Response: **See State Plan pages 3-4 and Attachment J 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.**

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;

State's 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. The SUA will verify assistive technology information and partnership/outreach plans initiative will be included.**

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.

State's Response: **See State Plan page 19 and Attachment J. Also, every AAA Area Plan is required to include a disaster plan and the local Emergency Management Agency (EMA) MOUs. 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.)*

State's 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.*

State's 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 older persons. ADSS includes in its assessment procedures an emphasis on determining each AAA's effectiveness in targeting rural older persons.**
- (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 older adults and persons 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.*

State's 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 2021 - 2024						
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	ES T I M A T E D FY 21	ES T I M A T E D FY 22	ES T I M A T E D FY 23	ES T I M A T E D FY 24
01	Northwest	59.43%	911,095	920,206	929,408	938,702
02	West	53.10%	807,291	815,364	823,518	831,753
03	M4A	55.86%	1,917,168	1,936,339	1,955,703	1,975,260
03A	United Way	11.05%	354,810	358,358	361,942	365,561
04	East	53.89%	2,769,856	2,797,554	2,825,530	2,853,785
05	South Central	72.06%	1,017,453	1,027,628	1,037,904	1,048,283
06	Ala Tom	76.83%	1,779,231	1,797,023	1,814,993	1,833,143
07	SARCOA	57.04%	2,751,054	2,778,564	2,806,350	2,834,413
08	South Ala	28.41%	1,298,704	1,311,691	1,324,808	1,338,056
09	Central	28.17%	646,493	652,958	659,487	666,082
10	Lee Russell	34.33%	426,352	430,615	434,922	439,271
11	NARCOG	57.47%	1,276,534	1,289,299	1,302,192	1,315,214
12	TARCOG	41.63%	1,594,081	1,610,022	1,626,122	1,642,384
TOTAL		43.2551%	17,550,122	17,725,623	17,902,880	18,081,908

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.

State's Response:

(A) **See Attachment C Intrastate Funding Formula and Attachment K Demographics. In Alabama, there are approximately 47,280 individuals who meet the criteria of low-income minority older persons with limited English proficiency.**

(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 Attachment K 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.*

State's Response: **See State Plan pages 12 and 15 which discusses the Alabama Indian Affairs Commission (AIAC).**

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

State's 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 Attachment K for demographics highlighting preference of services.” The upcoming 2020 Census is expected to provide valuable information to ADSS and the AAAs for further program use. 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.

State's Response: **A requirement for every AAA Area Plan is to include a disaster plan and the local Emergency Management Agency (EMA) MOUs. AAA monitoring ensures an updated disaster plan for each agency is in place.**

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.

State's 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.**

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.*

State's Response:

- (1) **ADSS bi-annually conducts on-site program and fiscal monitoring of each AAA and performs 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 AoA-funded 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 across the state, including caregiver and Service Provider surveys. A virtual public hearing was held via Facebook Live (approved per ACL due to COVID-19) on 4/30/20. See State Plan Appendix D.**
- (3) See State Plan pages 10 and 13 under Alabama’s No Wrong Door model called One Door Alabama.**
- (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. See State Plan pages 11, 14, 25.**

(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 factors 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 access the Administration on Aging’s special tabulations of U.S. Census Bureau 2010 census files to compile data for factors “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.

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)}.

Description of IFF {OAA, Section 305(a)(2)(C) and Section 307(a)(3)(A)}

Title III Funds are allocated based on the following methodology. The Title III award is first reduced 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. Additionally, no more than ten percent (10%) of funds remaining for the AAAs will be used for 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-1 identifies these factors, their statewide totals, and the computations performed to develop their weights.

**Table G-1
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⁾	1,145,262	= 1,145,262 / 1,988,002	57.61
Age 60+ Rural ⁽²⁾	418,035	= 418,035 / 1,988,002	21.03
Age 60+ Living Alone ⁽³⁾	262,990	= 262,990 / 1,988,002	13.23
Age 60+ Below Poverty ⁽⁴⁾	115,035	= 115,035 / 1,988,002	5.79
Age 60+ Below Poverty Minority ⁽⁵⁾	46,680	= 46,680 / 1,988,002	2.35
Total	1,988,002		100

- (1) [Alabama 2012-2016: Table S21003 - Age](#)
 (2) [PSA-Level Census 2010 - 2010 Decennial Census](#)
 (3) [2012-2016 ACS Special Tabulation on Aging - Table S21004 - Age by Sex by Living Alone](#)
 (4) [Alabama 2012-2016: Table S21055 - Poverty Status in the Past 12 Months for Individuals 60 Years and Over](#)
 (5) [Alabama 2012-2016: 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](#)

Figure G-1 describes the IFF and contains each Public Service Area's (PSA) formula share.

**Figure G-1
Description of the
Intrastate Funding Formula**

$$\text{Funding Portion} = X[.5761(60+) + .2103(\text{Rural}) + .1323(\text{Living Alone}) + .0579(\text{Below Poverty}) + .0235(\text{Below Poverty Minority})]$$

Where: X = Allocable amount (Title III award minus State and Area Plan Admin)

PLANNING AND SERVICE AREA (PSA)		FORMULA SHARE (%)
(1)	Northwest Alabama Council of Local Governments (NACOLG)	5.917600%
(2)	West Alabama Regional Commission (WARC)	5.931332%
(3)	Middle Alabama Area Agency on Aging (M4A)	9.467093%
(3A)	United Way Area Agency on Aging (UWAAA)	11.198731%
(4)	East Alabama Regional Planning and Development Commission (EARPDC)	11.253258%
(5)	South Central Alabama Development Commission (SCADC)	2.829575%
(6)	Alabama Tombigbee Regional Commission (ATRC)	5.388224%
(7)	Southern Alabama Regional Council on Aging (SARCOA)	7.332940%
(8)	South Alabama Regional Planning Commission (SARPC)	12.979414%
(9)	Central Alabama Aging Consortium (CAAC)	6.225094%
(10)	Lee-Russell Council of Governments (LRCOG)	3.274795%
(11)	North Central Alabama Regional Council of Governments (NARCOG)	5.414431%
(12)	Top of Alabama Regional Council of Governments (TARCOG)	12.787512%
Total		100.000000

A description of the factors and U.S. Census Bureau data is described in Tables G-2 and G-3.

Table G-2
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.
60+ RURAL	<p>Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and live in a rural area.</p> <p>Note: <i>Rural</i>, according to the U.S. Census Bureau – United States Census 2010, 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.</p>
60+ LIVING ALONE	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and live alone.
60+ BELOW POVERTY	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and below poverty level.
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.

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

Alabama's Intrastate Funding Formula (IFF) Factors

Factors: Population and Corresponding Percentages by Factor and AAA

PSA	A	B	C	D	E	
	60+ (2018) ¹	60+ Below Poverty (2012 - 2016) ²	60+ Rural (2010) ³	60+ Alone (2012 - 2016) ⁴	60+ Below Poverty Minority (2012 - 2016) ⁵	
NACOLG	62,069	5,950	33,084	15,585	954	
WARC	64,858	6,535	28,863	14,400	3,259	
M4A	108,190	8,520	49,181	20,800	1,515	
UWAAA	147,176	15,225	13,945	36,930	9,355	
EARPDC	120,937	13,125	57,293	28,185	4,175	
SCADC	25,827	4,000	16,880	6,945	2,600	
ATRC	47,428	8,230	33,716	12,375	5,369	
SARCOA	78,193	8,150	38,481	18,350	2,605	
SARPC	162,998	15,655	37,634	35,145	6,599	
CAAC	77,500	6,295	18,061	18,085	3,814	
LRCOG	39,537	4,300	10,376	8,560	2,330	
NARCOG	58,128	5,995	28,866	13,650	1,000	
TARCOG	152,421	13,055	51,655	33,980	3,105	
Total	1,145,262	115,035	418,035	262,990	46,680	1,988,002
	57.61%	5.79%	21.03%	13.23%	2.35%	100.00%

(1) Source: Administration for Community Living, PSA – Level Population Estimates 2016
https://agid.acl.gov/CustomTables/Pop_PSA/Results/

(2) Source: Administration for Community Living, 2012 – 2016 ACS Special Tabulation
 Alabama 2012-2016: Table S21055 – Poverty Status in the Past 12 Months for Individuals 60 Years and Over
<http://www.agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21055&stateabbr=AL>

(3) Source: Administration for Community Living, PSA – Level Census 2010
http://www.agid.acl.gov/CustomTables/Census_PSA/Results/

(4) Source: Administration for Community Living, 2012 – 2016 ACS Special Tabulation
 Alabama 2012-2016: Table S2101B- 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, 2012 – 2016 ACS Special Tabulation
 Alabama 2012-2016: 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>

For each PSA, the Total Award for Fiscal Year 2021 equals the formula share (See Figure G-1) multiplied by the total federal award (i.e. \$18,167,000) (See Table G-4, Column B).

The columns in Table G-4 are described below:

- (A) Identifies each PSA's formula share based on the IFF.
- (B) Identifies the total amount to be allocated to the PSA for services. Allocable amount is equal to Title III award minus State and Area Plan Admin (Estimate).
- (C) Identifies each PSA's estimated Total Award for Fiscal Year 2021.
- (D) Identifies each PSA's Total Award for Fiscal Year 2020.
- (E) Displays the variance between each PSA's estimated Total Award for Fiscal Year 2021 and their Total Award for Fiscal Year 2020.

Table G-4
Allocation to PSA based on Intrastate Funding Formula:
Hypothetical Federal Awards FY 2021

PSA	TOTAL AWARD (ESTIMATE) (FISCAL YEAR 2021)				TOTAL VARIANCE (FY 2021 vs FY 2020 ESTIMATED)
	IFF FORMULA			FY 2020 ALLOCATION	
	FORMULA SHARE (%)	ALLOCABLE AMOUNT	ESTIMATED PSA ALLOCATION		
1	5.9176000	\$ 18,167,000	\$ 1,075,052	\$ 1,075,052	\$ 0
2	5.9313323	\$ 18,167,000	\$ 1,077,546	\$ 1,077,546	\$ 0
3	9.4670930	\$ 18,167,000	\$ 1,719,887	\$ 1,719,887	\$ 0
3A	11.1987310	\$ 18,167,000	\$ 2,034,474	\$ 2,034,474	\$ 0
4	11.2532580	\$ 18,167,000	\$ 2,044,380	\$ 2,044,380	\$ 0
5	2.8295750	\$ 18,167,000	\$ 514,050	\$ 514,050	\$ 0
6	5.3882240	\$ 18,167,000	\$ 978,879	\$ 978,879	\$ 0
7	7.3329400	\$ 18,167,000	\$ 1,332,176	\$ 1,332,176	\$ 0
8	12.9794140	\$ 18,167,000	\$ 2,357,970	\$ 2,357,970	\$ 0
9	6.2250940	\$ 18,167,000	\$ 1,130,912	\$ 1,130,912	\$ 0
10	3.2747950	\$ 18,167,000	\$ 594,933	\$ 594,933	\$ 0
11	5.4144310	\$ 18,167,000	\$ 983,639	\$ 983,639	\$ 0
12	12.7875120	\$ 18,167,000	\$ 2,323,102	\$ 2,323,102	\$ 0
Total:	100.000000		\$ 18,167,000	\$ 18,167,000	
Column:	(A)	(B)	(C)	(D)	(E)

Notes:

1. Amounts include federal funding with required state match.

Attachment D – ADSS and COVID-19

Introduction

As Alabama’s State Plan was being developed, COVID-19 made its appearance on the world stage. As of the time of submission of the Plan, our nation and the state of Alabama are operating under declared states of emergency. Although ADSS diligently strives to learn all it can about the novel virus and best safety practices, what is known about the disease is limited; and sometimes information that has been disseminated about the virus changes and/or is corrected. At the present, scientists around the world are working feverishly to discover a vaccine and treatment for the virus. Until that happens, however, life as we knew it before widespread community transmission of the disease has been drastically altered.

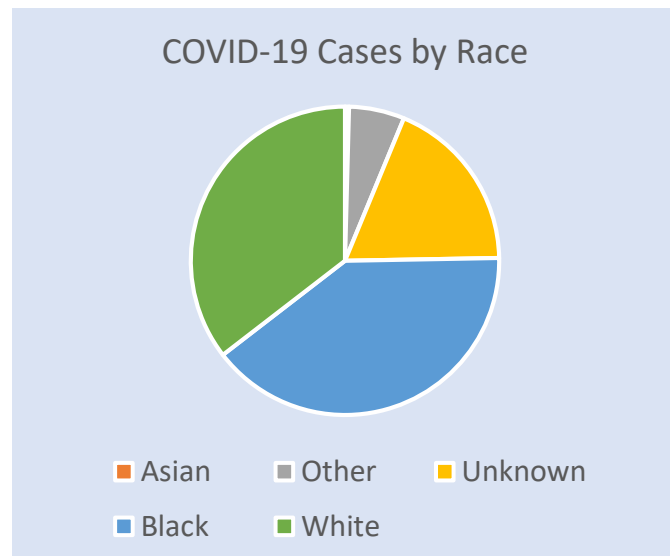
We currently know that older adults, persons with disabilities, and people of any age who have serious underlying medical conditions such as heart or lung disease or diabetes, or who live in a nursing home or other long-term care facility, seem to be at higher risk for developing more serious complications from the COVID-19 illness. Moreover, poor communities have been among Alabama’s hotspots, especially in the Blackbelt and rural areas. Further, the death rate appears to be higher among African Americans in proportion to the total population by race in Alabama. As has been stated previously in this plan, “[p]reference 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.”

Many Alabamians fall into these categories, and with new and perhaps not-yet-known challenges caused as a direct result of the virus, plans have been developed to help find solutions to best serve Alabama’s elderly and disabled populations, as well as the state’s many caregivers.

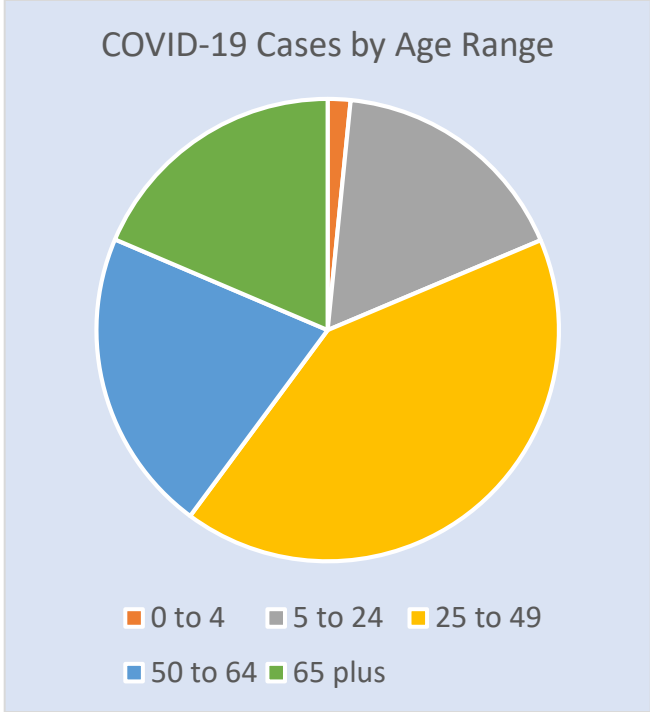
COVID-19 Impact Data – Alabama

Demographics on Cases

Asian	0.4%
Other	5.8%
Unknown	18.5%
Black	39.8%
White	35.5%

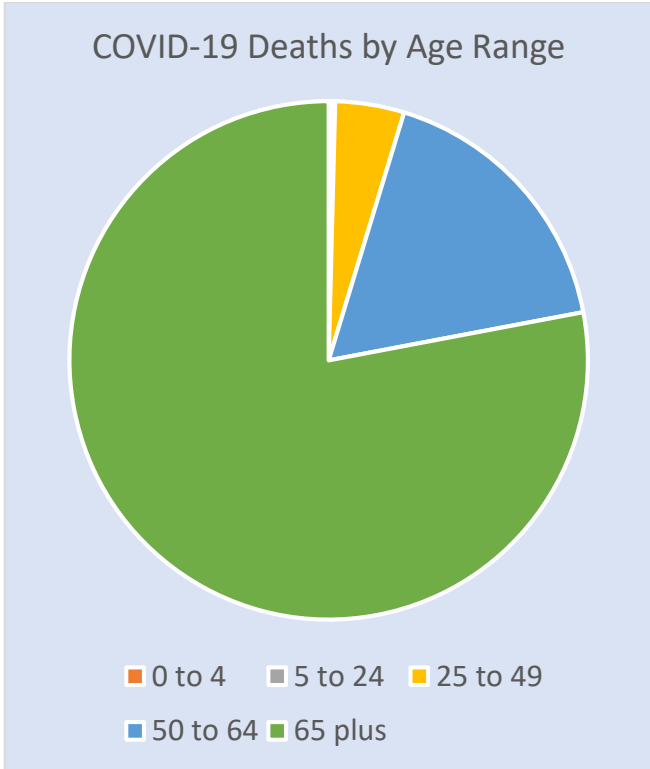


0 to 4	1.6%
5 to 24	17.1%
25 to 49	41.5%
50 to 64	21.3%
65 plus	18.6%

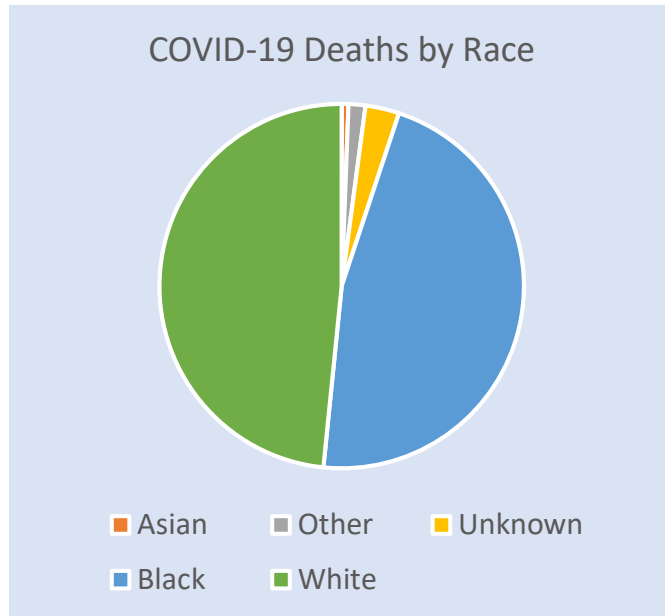


Demographics on Deaths

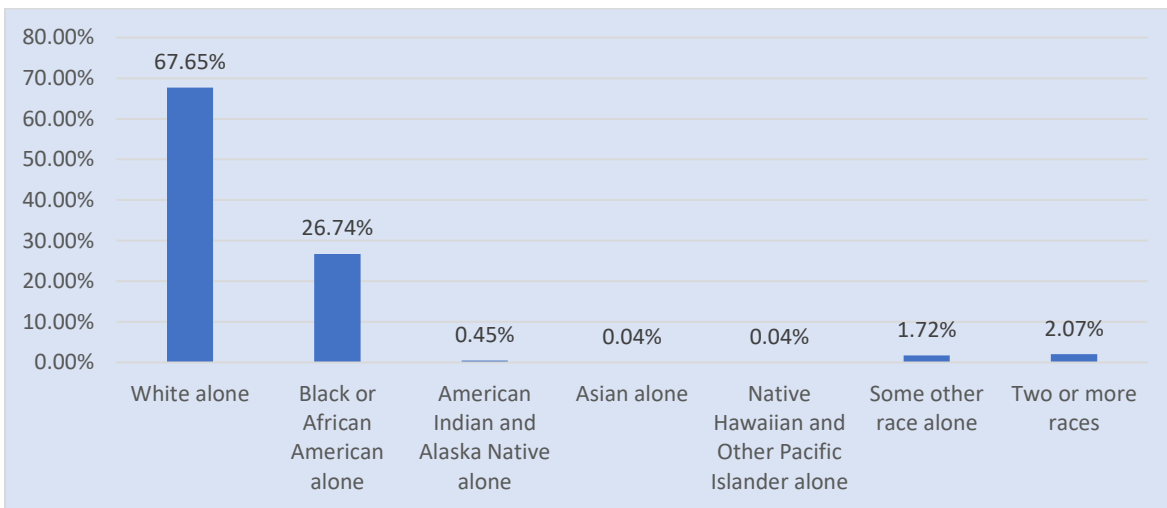
0 to 4	0.2%
5 to 24	0.2%
25 to 49	4.3%
50 to 64	17.3%
65 plus	77.9%



Asian	0.6%
Other	1.5%
Unknown	3.0%
Black	46.5%
White	48.4%



Alabama Population by Race



White alone	67.65%
Black or African American alone	26.74%
American Indian and Alaska Native alone	0.45%
Asian alone	0.04%
Native Hawaiian and Other Pacific Islander alone	0.04%
Some other race alone	1.72%
Two or more races	2.07%

Challenges

The national COVID-19 Task Force and the Centers for Disease Control (CDC) have provided much needed guidance for older adults and those with serious underlying health conditions to reduce the risks of getting sick. The first step advised to stay home, or “shelter in place.”

One immediate effect of this directive for those still living at home and regularly attending community senior centers and adult day health centers as a part of their daily routine, was to make social isolation the new normal. Although in Alabama senior citizens could no longer participate in congregate meals at their senior centers, Alabama found alternative ways to ensure that those participating in the Elderly Nutrition Program continued to receive nutritious meals, with no break in service. Working with ADSS, Alabama’s AAAs began providing hot meals through curbside pickup or delivery. Shelf-stable and frozen meals were also ordered and provided.

Those who rely on home health aides were suddenly faced with the risk of possible exposure to COVID-19 in order to receive the support they need to live independently. For a few months, the Medicaid Waiver clients served by ADSS were cared for without face-to-face visits. The face-to-face visits have resumed as of the date of submission of the State Plan.

For those residing in long-term care facilities, the Centers for Medicare and Medicaid Services (CMS) set out new guidelines restricting entrance in the facilities by visitors and non-essential health care personnel. To further protect residents, communal dining and group activities ceased.

As of the date of submission of Alabama’s State Plan, long-term care facility residents have made up nearly half of Alabama’s COVID-19 deaths. Because of the challenges currently faced by those being served and those we seek to serve, ADSS immediately adopted an “all hands-on deck” approach to continuing to provide services by developing innovative and creative ways to reach and serve its elderly and disabled populations. Much of the innovation is due in no small part to the Families First and CARES Act stimulus funding and the flexibility allowed once Alabama’s Major Disaster Declaration was granted. Alabama would be remiss if it did not express its deep appreciation to the Administration for Community Living (ACL) for regular, targeted guidance. Alabama especially wants to thank ACL Region IV Regional Administrator Constantinos Miskis for his thoughtful and steady leadership on matters concerning every aspect relating to new issues caused as a direct result of COVID-19.

Response

Although the pre-virus way ADSS provided programs through the statewide AAAs changed in some respects, services have continued to be provided in new ways. As noted above, with the help of emergency funding through the Families First Coronavirus Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and the ACL No Wrong Door funding to assist states with the COVID-19 response, adjustments to services have come about. New and existing services are being provided throughout the state to help combat social isolation and lack of

good nutrition. These services help ensure people who are advised to stay home receive the supplies they need so they can stay in the safest possible environment.

Existing LTSS services and new services

III-B

- Grocery purchase and delivery (for senior citizens and caregivers)
- PPE and other protection supplies

III-C

- Drive-up hot meals from local community senior centers
- Frozen meal delivery
- Shelf-stable meal delivery
- Farmers to Families free food boxes (in partnership with GA Foods through the USDA)
- Telephone well-checks

III-D

- Virtual Evidence-Based Disease Prevention and Health Promotion

III-E

- Financial assistance with internet and cell phone bills for caregivers and their loved one(s) receiving care
- Robotic companion pets
- Durable Medicaid Equipment (DME) including emergency response systems and wheelchair ramps
- At home digital devices (Google Home, Amazon Echo) to benefit a family caregiver
- PPE and other protection supplies for people served and AAA employees on the front lines

No Wrong Door (NWD) / ADRC

- Robotic companion pets
- Telephone well-checks
- PPE and other protection supplies
- Partnership campaign with hospitals and LTC facilities for community transitions

Emergency Preparedness Plan

*Planning for a pandemic is currently being added to the ADSS Emergency Preparedness Plan

Attachment E – 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 age 60 years and over whose self-declared individual incomes are above poverty, and individuals of any age who are caregivers of persons age 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

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 (e) 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
Billy Beasley, State Senator – Clayton	Jackie Goggins – Trussville
Billy Bolton – Mobile	Jim McClendon, State Senator – Springville
Candi Williams, State Director AARP Alabama – Montgomery	K.L. Brown, State Representative – Jacksonville
Dr. Horace Patterson (Board Vice Chair), Director Senior Services Alabama Institute for the Deaf and Blind – Talladega	Nancy Buckner, Commissioner Alabama Department of Human Resources – Montgomery
Dr. Scott Harris, State Health Officer Alabama Department of Public Health – Montgomery	Randall Shedd, State Representative – Cullman
Dr. Steve Donald, MD – Chatom	Ray Edwards (Board Chairman) – Valley
Elizabeth Anderson – Sheffield	Rhondel Rhone, County Commissioner – Grove Hill

Attachment G – Programs Data (FY2017 – 2019)



Alabama Department of Senior Services FY2017 Estimated Performance Indicators



Non-Medicaid Programs

Total Persons Served: 121,756

Total Registered Persons Served: 59,809

Congregate Meals

Meals Served: 1,930,321

Persons Served: 22,031

Home Delivered Meals

Meals Served: 2,538,255

Persons Served: 20,578

Total Meals Served: 4,759,211

Total Persons Served: 42,609

Transportation

Persons Served: 4,554

1-Way Trips: 482,539

Assisted Transportation

Persons Served: 178

Units: 10,812

Legal assistance

Persons Served: 6,246

Units: 13,847

Case Management

Persons Served: 6,636

Units: 18,533

Chore Services

Persons Served: 373

Units: 3,345

Adult Day Care

Persons Served: 31

Units: 10,180

Homemaker

Persons Served: 877

Units: 28,466

Personal Care

Persons Served: 45

Units: 537

Senior Medicare Patrol (SMP)

Persons Reached: 35,413

State Health Insurance Program (SHIP)

Persons Served: 34,628

Units: 63,624

Senior Employment

Persons Served: 236

Number of Hours: 164,066

Evidenced Based Health Prevention

Persons Served: 3,205

Number of Sessions: 34,097

SenioRx

Persons Served: 7,920

Prescriptions submitted: 44,276

Refills submitted: 30,362

Savings to Elderly & Disabled: \$29,271,768,90

Caregiver Program (CARES)

Caregivers served: 8,532

Access Assistance Clients: 3,398

Units: 94,335

Education Persons Served: 2,975

Units: 20,149

Respite Persons Served: 1,366

Hours: 130,373

Supplemental Service Persons Served: 816

Units: 23,996

Long Term Care Ombudsman

Cases Opened: 735

Complaints addressed: 1,679

Consultation to Individuals: 2,053

Consultation to Facilities: 1,150

Access Alabama (Aging and Disability Resource Centers – ADRC)

Persons Screened: 59,809

Contacts: 73,791

Information/Referral Units: 121,756

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



**Alabama Department of Senior Services
FY2018 Estimated Performance Indicators**



Non-Medicaid Programs

Total Persons Served: 140,187

Total Registered Persons Served: 62,023

Congregate Meals

Meals Served: 1,814,941
Persons Served: 21,406

Home Delivered Meals

Meals Served: 2,616,291
Persons Served: 15,612

Total Meals Served: 4,431,232
Total Persons Served: 37,018

Transportation

Persons Served: 4,228
1-Way Trips: 450,257

Assisted Transportation

Persons Served: 109
Units: 6,920

Legal assistance

Persons Served: 6,382
Units: 14,580

Case Management

Persons Served: 6,234
Units: 20,451

Chore Services

Persons Served: 86
Units: 2,217

Adult Day Care

Persons Served: 23
Units: 14,817

Homemaker

Persons Served: 854
Units: 26,636

Personal Care

Persons Served: 27
Units: 487

Senior Medicare Patrol (SMP)

Persons Reached: 20,940

State Health Insurance Program (SHIP)

Persons Served: 38,833
Units: 65,769

Senior Employment

Persons Served: 236
Number of Hours: 134,698

Evidenced Based Health Prevention

Persons Served: 2,668
Number of Sessions: 26,554

SenioRx

Persons Served: 8,629
Prescriptions submitted: 47,163
Refills submitted: 32,206
Savings to Elderly & Disabled: \$36,026,612.21

Caregiver Program (CARES)

Caregivers served: 8,504
Access Assistance Clients: 5,279
Units: 99,484
Education Persons Served: 4,425
Units: 60,979
Respite Persons Served: 1,299
Hours: 119,323
Supplemental Service Persons Served: 786
Units: 16,206

Long Term Care Ombudsman

Cases Opened: 719
Complaints addressed: 1,283
Consultation to Individuals: 1,864
Consultation to Facilities: 1,022

One Door Alabama (Aging and Disability Resource Centers – ADRC)

Persons Screened: 26,435
Contacts: 42,512
Information/Referral Units: 286,682

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



**Alabama Department of Senior Services
FY2019 Estimated Performance Indicators**



Non-Medicaid Programs

Total Persons Served: 136,363

Total Registered Persons Served: 64,658

Congregate Meals

Meals Served: 1,737,348

Persons Served: 20,392

Home Delivered Meals

Meals Served: 2,613,597

Persons Served: 16,463

Total Meals Served: 4,350,945

Total Persons Served: 36,855

Transportation

Persons Served: 4,063

1-Way Trips: 429,602

Assisted Transportation

Persons Served: 174

Units: 6,026

Legal assistance

Persons Served: 6,696

Units: 13,664

Case Management

Persons Served: 6,636

Units: 18,533

Chore Services

Persons Served: 40

Units: 1,526

Adult Day Care

Persons Served: 21

Units: 10,336

Homemaker

Persons Served: 804

Units: 27,636

Personal Care

Persons Served: 20

Units: 366

Senior Medicare Patrol (SMP)

Persons Reached: 31,966

State Health Insurance Program (SHIP)

Persons Served: 35,765

Units: 62,044

Senior Employment

Persons Served: 228

Number of Hours: 128,583

Evidenced Based Health Prevention

Persons Served: 2,374

Number of Sessions: 21,817

SenioRx

Persons Served: 7,774

Prescriptions submitted: 40,931

Refills submitted: 29,668

Savings to Elderly & Disabled: \$35,914,213.48

Caregiver Program (CARES)

Caregivers served: 8,535

Access Assistance Clients: 5,194

Units: 135,446

Education Persons Served: 4,681

Units: 91,858

Respite Persons Served: 1,368

Hours: 103,550

Supplemental Service Persons Served: 655

Units: 14,643

Long Term Care Ombudsman

Cases Opened: 830

Complaints addressed: 1,679

Consultation to Individuals: 901

Consultation to Facilities: 1,642

Access Alabama (Aging and Disability Resource Centers – ADRC)

Persons Screened: 29,272

Contacts: 50,398

Information/Referral Units: 218,509

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

Medicaid Waiver Program Data

Program	FY17	FY18	FY19
Elderly and Disabled (E+D)	8,504	8,518	9,327
Alabama Community Transition (ACT)	181	256	263
Personal Choices	804	1,666	2,630
Technology Assisted (TA)	29	30	36
HIV/AIDS	52**		

Note: The HIV/AIDS Medicaid Waiver ended on 10/1/2018. The program participants as of the date the program ended were moved into the E+D Medicaid Waiver.



Long-Range Plan to Prevent Elder Abuse, Neglect and Financial Exploitation in Alabama 2019 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 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. In 2012, the Alabama State Legislature made a commitment to prevent elder abuse, neglect, and financial exploitation by enacting the Elder Abuse Prevention Act § 38-9D-1, et seq. Code of Alabama (1975).

An organizational meeting of the newly created Alabama Interagency Council for the Prevention of Elder Abuse (the Council), chaired by former ADSS Commissioner Neal Morrison, took place on August 13, 2012. The Council continues to meet bi-monthly to hear from speakers and discuss topics around elder abuse prevention. The following committee's function under the Council: Legislative Advocacy, Education and Outreach, Professional Training, and Long-Range Planning. These committees and the Council continue to work and propose solutions to address elder abuse in Alabama.

The Council continues to sponsor Elder Abuse Town Hall meetings annually in recognition of World Elder Abuse Awareness Day (June 15th). The Legislative Advocacy Committee drafted a new criminal statute entitled Protecting Alabama's Elders Act § 13A-6-190, et seq. Code of Alabama (1975), which was passed during the 2013 legislative session and went into effect on August 1, 2013. The Legislative Advocacy Committee has drafted more criminal legislation entitled the Elder Abuse Protection Order and Enforcement Act § 38-9F-1, et seq. Code of Alabama (1975) which was passed in the 2017 Regular Session and signed into law by Governor Kay Ivey.

The Council developed an Elder Abuse Protection Toolkit which is available to the public and has been shared with other states as a best practice. Also, in use is a Law Enforcement Elder Abuse Protocol Guide for use by law enforcement professionals. Funding continues to be required for production of both the public education toolkit and the law enforcement protocol guide.

2019 LONG RANGE PLAN UPDATE

The Elder Abuse Prevention Act § 38-9D-1, et seq. Code of Alabama (1975) requires the Council to "develop a long-range plan, reviewed semi-annually, for addressing the needs of those at risk for elder abuse, which, to the extent practical, is derived from scientific based research and nationally based best practices." The statute requires that the long-range plan address four key strategies to address elder abuse in Alabama. The initial plan was submitted in 2013. The following is respectfully submitted as an update to the initial plan which details new and continued action steps toward implementing those key strategies.

UPDATE TO FOUR KEY STRATEGIES IN LONG RANGE PLAN

(1) Continue to eliminate barriers to identifying and reporting elder abuse.

The Council took measures with the assistance of the Alabama Administrative Office of Courts to determine the success of the elder abuse criminal statute and the newly passed Elder Abuse Protection Order and Enforcement Act. The results of the prosecutions under the original elder abuse criminal statute 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 many of the cases of elder abuse are un-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.

(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 invite all agencies and groups that have a part to play in preventing elder abuse to the table in order to coordinate services and supports 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.

(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. Additional data will be requested from identified State agencies as needed. The Council will make recommendations for state spending based on the fiscal findings from the Legislative Fiscal Office and data obtained from State agencies.

(4) Identify annual action steps toward implementation.

The Council establishes the following goals and action steps:

- 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. The Council will work towards other legislation with the support of the legislative sub-committee which may be necessary in the future.
- B) Continue to develop and implement statewide elder abuse prevention campaigns, to include the reproduction and use of the Elder Abuse Protection Toolkit.
- C) Educate the public on recognizing, reporting, and preventing elder abuse.
- D) Educate professionals on recognizing, reporting, and preventing elder abuse.
- 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 in order 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 in order 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@dhhr.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@dhhr.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
P.O. BOX 304700
MONTGOMERY, AL 36130-470

PHONE: 1-800-222-1253
EMAIL: asc@asc.alabama.gov

Attachment I – Partners

AARP Alabama	Better Business Bureau of North Alabama
Alabama Association of Retired Senior Volunteer Program Directors (AARSVPD)	Central Alabama Aging Consortium
Alabama Career Center System	Center for Healthcare Strategies, Inc.
Alabama Community College System	Dementia Friendly America
Alabama Council on Developmental Disabilities	East Alabama Regional Planning and Development Commission
Alabama Department of Commerce	Easter Seals
Alabama Department of Labor	Governor’s Office of Education and Workforce Transformation
Alabama Department of Human Resources (DHR)	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 Medicaid Agency (AMA)	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)	Northwest Alabama Council of Local Governments
Alabama Department of Veteran Affairs	North Central Alabama Regional Council of Governments
Alabama Farmer’s Market Authority	One Place Family Justice Center
Alabama Head Injury Foundation	Regional Planning Commission of Greater Birmingham
Alabama Hospice and Palliative Care Organization	Senior Service America
Alabama Institute for Deaf and Blind (AIDB)	Social Security Administration (SSA)
Alabama Lifespan Respite Resource Network	Southern Alabama Regional Council on Aging
Alabama Nursing Home Association	South Alabama Regional Planning Commission
Alabama Quality Assurance Foundation (AQAF)	Southeast Alabama Regional Planning and Development Commission
Alabama Securities Commission	South Central Alabama Development Commission
Alabama Select Network, LLC	State Independent Living Council
Alabama Silver Haired Legislature (ASHL)	State of Alabama Governor’s Office on Disability
Alabama Tombigbee Regional Commission	The Arc of Alabama
Alabama Voluntary Organizations Active in Disaster (ALVOAD)	Top of Alabama Regional Council of Governments
Assisted Living Association of Alabama	United Cerebral Palsy of Huntsville and Tennessee Valley, Inc.
Auburn University Harrison School of Pharmacy	United Way Area Agency on Aging of Jefferson County
Autism Society of Alabama	University of Alabama at Birmingham (UAB)
Better Business Bureau of Central and South Alabama	West Alabama Regional Commission

Emergency Preparedness Plan



Alabama Department of Senior Services

201 Monroe Street
RSA Tower – Suite 350
Montgomery AL 36130

Revised June 2020

Preface

The Administration for 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 live 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 and 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 important 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 in order 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 working 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 carrying out 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 various 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 timeframe 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 enough 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 very difficult 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 act 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 in order 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 handle 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 act 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

In order 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 help 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.
- 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 new 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.

**Alabama Department of Senior Services
Emergency Preparedness Contact Listing**

<u>NAME</u>	<u>WORK E-MAIL</u>
Jean Brown <i>Commissioner</i>	jean.brown@adss.alabama.gov
Adam Thompson ¹ <i>Deputy Commissioner</i>	adam.thompson@adss.alabama.gov
Todd Cotton ² <i>Fiscal</i>	todd.cotton@adss.alabama.gov
Scott Stabler ^P <i>Disaster</i>	scott.stabler@adss.alabama.gov

Nick Nyberg^A *Programs*

nick.nyberg@adss.alabama.gov

Jean Stone *Waiver*

jean.stone@adss.alabama.gov

Travis Wyatt *Information Services*

travis.wyatt@adss.alabama.gov

Karen Taylor *Information Services*

karen.taylor@adss.alabama.gov

Virginia Bell *Ombudsman*

virginia.bell@adss.alabama.gov

Kathie Blaze *Public Relations*

katherine.blaze@adss.alabama.gov

Virginia Bell *Ombudsman*

virginia.bell@adss.alabama.gov

Carol Bush *Nutrition*

carol.bush@adss.alabama.gov

Note: Numeric superscripts **1** and **2** denotes order of succession in absence of Commissioner. Alpha characters superscripts **P** and **A** denotes Primary Disaster Coordinator and Alternate.

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.

I. 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, as a result 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.

Instructions for working the Disaster Recovery Centers

Conditions at the DRC may be hot and noisy. Most facilities have standard folding chairs (you may want to bring a cushion). Sometimes facilities are operated outside. Be prepared.

1. Wear name badge. Take cell phone charger. You may be able to use laptop. Take snacks, sack lunch and water for your consumption. There may not be a place to get lunch and there may not be anything on site provided. Dress comfortable and remember there may not be air conditioning. Wear your Agency shirt. Dress down, but still look professional. You may also want to take bug spray and hand sanitizer. Also, suggest you take sanitary wipes as sometimes the location runs out of toilet paper. Stay hydrated!
2. Upon arrival introduce yourself to the DRC Director. Tell them you are there to help the FEMA workers with Elderly and disabled clients and their caregivers. Tell them you will help them with any outside resources or special needs. You may have to help a FEMA worker to help a client get documents, witness documents or call Dr., etc. on behalf of client. You may have to help them call to get a FEMA Claim number.
3. They are very busy and focused. It may take them a time to warm up to you. When they see you are help, not a nuisance, they will help you help others.
4. You are there to help the people in any way you can to meet their immediate needs. Do not provide legal advice or mental health counseling. Listen and empathize. Complete all intake forms. Mark them at the top. Those needing immediate follow up should be given to someone in the office to follow up to do short term case management or refer for Mental Health Counseling. Other follow up should be done in 2-3 weeks to see where the client is in the process and to update their needs. Others close and file. Complete the log to document your time in the event there is potential reimbursement. Logs should be done in .25 increments. Keep up with all travel expenses.
5. Be prepared to hear and see sad situations. Keeping your composure is important. Try not to get emotionally involved. You will serve more people if you stay focused on why you are there.



- Urgent
- Needs Follow-up
- Complete

**STATE OF ALABAMA
DEPARTMENT OF SENIOR SERVICES
EMERGENCY ASSISTANCE NEEDS
INTAKE FORM**

- Elderly
- Disabled
- Older Caregiver
- Caregiver

Date: _____ **Contact time:** _____ **Intake Worker:** _____

CLIENT INFORMATION:			
Last Name:		First Name:	MI:
Birthdate: <u> </u> / <u> </u> / <u> </u> MM DD YYYY	# in household:	County:	Phone: (<u> </u>)
Pre disaster address:		City:	Zip:
Post disaster address:		City:	Zip:
Spouse/Caregiver Name:		County:	Alternate Phone: (<u> </u>)
Spouse/Caregiver Address:		City:	Zip:
Phone: (<u> </u>)		Last 4 of SSN:	Medicaid <input type="checkbox"/> Y <input type="checkbox"/> N

- Y N 1. Is your home safe to live in? (If no explain in note section)
- Y N 2. Do you have insurance?
- Y N 3. Do you have a FEMA # assigned? (# assigned _____)
- Y N 4. Do you have safe water to drink?
- Y N 5. Are you living in your house now?
- Y N 6. Do you have any urgent medical needs? (If yes, explain in note section)
- Y N 7. Do you have your medications?
- Y N 8. Do you have clothes and shoes to wear? (If no, explain in note section)
- Y N 9. Do you have food to eat? (If no, explain in note section)
- Y N 10. Did you apply for disaster food assistance? (Explain in note section)
- Y N 11. Do you have power?
- Y N 12. Do you have transportation?
- Y N 13. Does your phone work?
- Y N 14. Do you have a way to cook and cool food? (if no explain in notes section)
- Y N 15. Are translation services needed? Type of Interpreter _____

Property affected by the disaster.

What help or assistance do you need? _____

Referred or assisted with:

Attachment K – Demographics

Table 1

Percent of Older Alabamians Age 60+ by Race and Ethnicity

	2010 ^a	2017 ^b
White	79.5%	76.3%
African American	18.6%	21.2%
American Indian / Alaska Native	0.4%	0.5%
Asian American	0.6%	0.8%
Native Hawaiian / Other Pacific Islander	0.0%	0.0%
Two or more races	0.7%	0.8%
Other	0.2%	0.4%
Hispanic	0.8%	1.1%
Total Over 60 Population:	933,919	1,098,571

^aU.S. Census Bureau, 2010 Decennial Census.

^bU.S. Census Bureau, 2017 American Community Survey 1-Year Estimates.

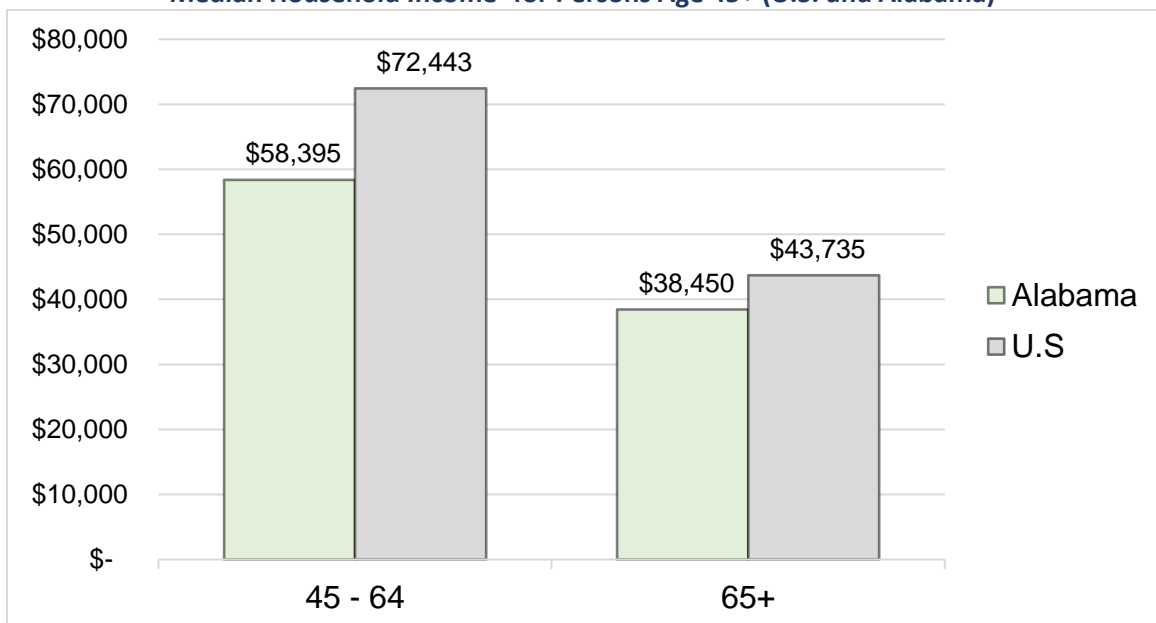
Table 2

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	21.3	18.1	13.7
White male	9.1	5.0	4.7
African American female	24.8	21.9	29.1
White female	10.6	7.5	11.9

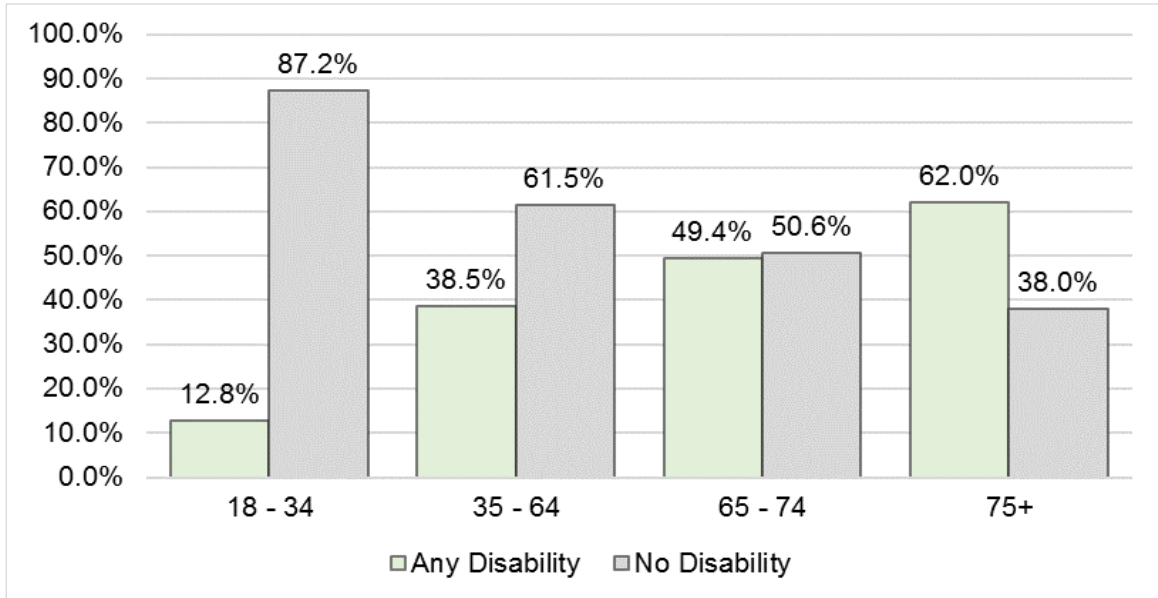
Table 3

Median Household Income* for Persons Age 45+ (U.S. and Alabama)^a



*Median household incomes reflect inflation-adjusted 2017 dollars.

Table 4
Percent of Alabamians Below Poverty by Age Group and Disability Status^a



^aU.S. Census Bureau, 2017 American Community Survey 1-Year Estimates.

Table 5
Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040
(Middle Series)

	Census 2000	Census 2010						2018 series	
			2020	2025	2030	2035	2040	Change 2010- 2040	
								Number	Percent
<i>Alabama</i>	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

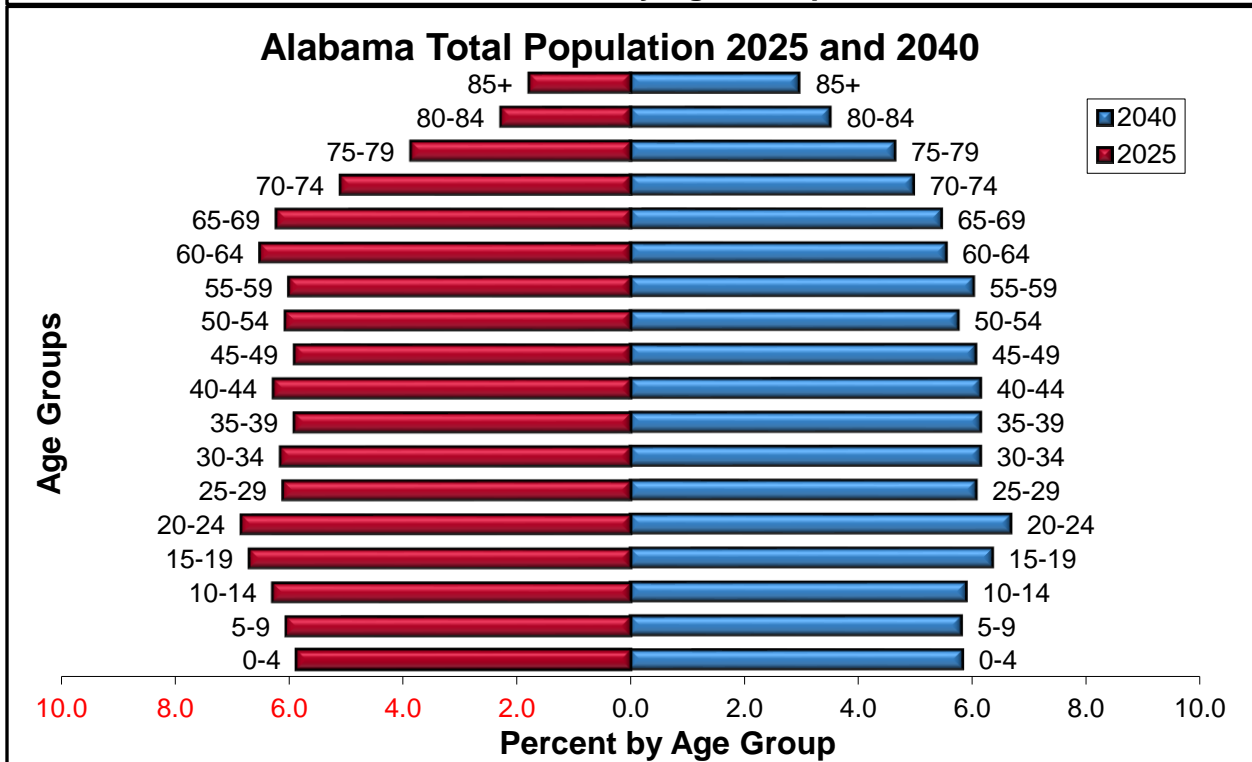
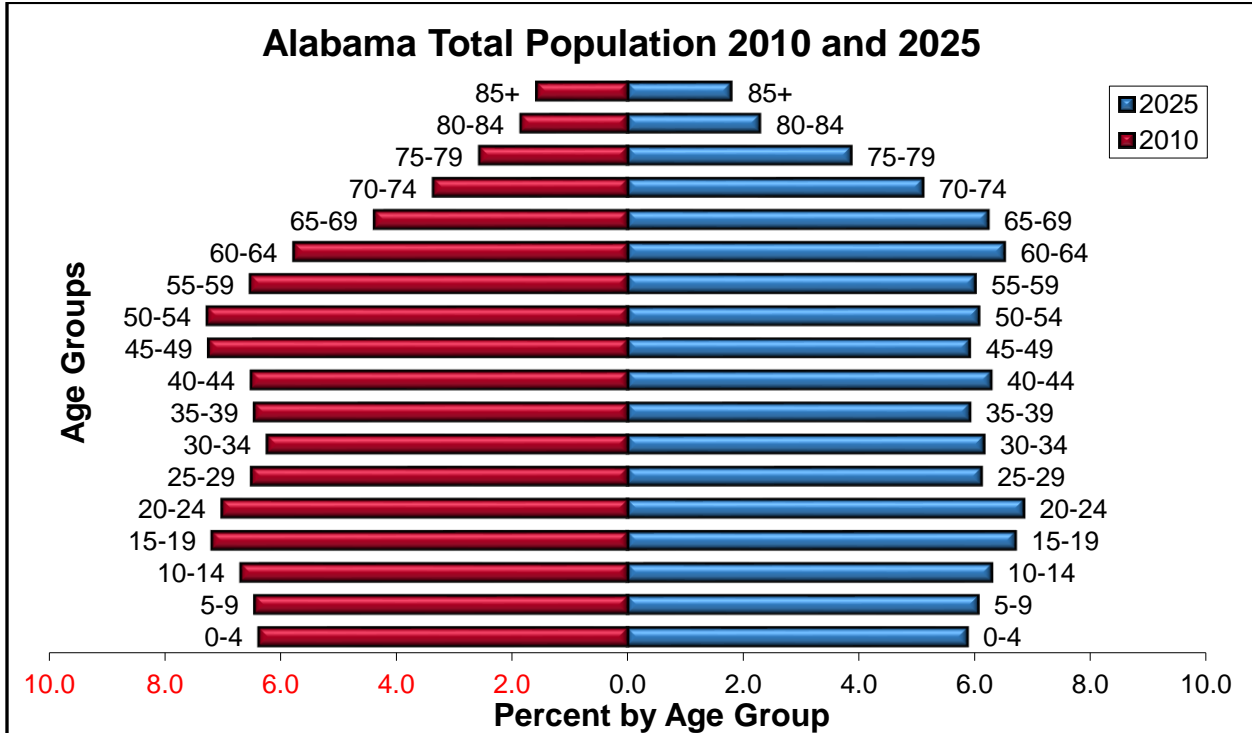
Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

Table 6
Number of Alabamians by Disability Status^a

	Estimate
With a disability	789,315
With a hearing difficulty	195,612
With a vision difficulty	148,261
With a cognitive difficulty	298,127
With an ambulatory difficulty	456,152
With a self-care difficulty	157,343
With an independent living difficulty	291,743
No disability	4,004,197
Total	4,793,512

^aU.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

Table 7
Population Pyramids



Source: Center for Business and Economic Research, 2018

Attachment L – Public Input Tools

Needs Survey

As part of completing the State Plan on Aging, the Alabama Department of Senior Services would like for you to tell us the importance of the following community services.

Please score on a scale of 1-5, where 1 = "Not Important" and 5 = "Very Important" by placing an X in the box you choose

	1	2	3	4	5
Affordable Housing					
Caregiver Support					
Community Resource Information					
Emergency Preparedness Information					
Employment for Senior Citizens					
Home Repair Assistance (including wheelchair ramps)					
In-Home Care Assistance					
Legal Assistance					
Meals					
Prescription Drug Assistance					
Safety and Crime Prevention					
Transportation Assistance					
Utility Bill Assistance (power and gas)					

*If you have a concern not mentioned, please explain below:

Caregiver Survey

What event led you to see respite services most recently?

- Relieve stress
- Improve relationship with my spouse or partner
- Improve relationship with other family member
- Care for myself
- Safety issues
- Prevent alcohol or drug problems
- Care for personal business
- Participate in family support group/services

The most recent time I received caregiver respite services, it lasted:

- Less than 1 day
- 1 day
- 2 days
- 3 or more days

Was the length of time you received caregiver respite services enough?

- Yes
- No
- Don't Know

How would you feel if caregiver respite services were not available?

- Not at all stressed
- Somewhat stressed
- Moderately stressed
- Extremely stressed

How much assistance does the person with a disability or chronic illness require?

- No assistance
- Occasional assistance
- Frequent assistance
- Continuous assistance
- Don't know/unsure

Virtual Town Hall

Alabama State Plan on Aging 2021-2024

Virtual Town Hall

Presented by:
Nick Nyberg
Programs and Planning Division Chief
Alabama Department of Senior Services



Agenda

- Overview
 - Older Americans Act of 1965 (OAA)
 - Alabama Department of Senior Services (ADSS)
 - Area Agencies on Aging (AAAs)
- 2021 – 2024 State Plan on Aging
 - Purpose
 - Demographics
 - Focus Areas
 - Goals and Objectives
 - Public Input



Overview

- Older Americans Act of 1965 - Congress passed the Older Americans Act (or as we call it the OAA) in 1965 in response to concern by policymakers about a lack of community social services for senior citizens. Because of the Older Americans Act, home and community-based services, for not only older persons but also for persons with disabilities and even caregivers, was born.



Overview

- ▶ Alabama Department of Senior Services - The Alabama Department of Senior Services (also known as ADSS) was created as the single state agency for receiving and disbursing federal funds made available under the Older Americans Act of 1965, and to serve as the lead agency on programs for the aging population.



Overview

- ▶ Area Agencies on Aging - In the state of Alabama there are 13 Area Agencies on Aging (AAAs) providing Older Americans Act programs in all 67 counties in the state that serves senior citizens, persons with disabilities, and caregivers. Every AAA in the state is a certified Aging and Disability Resource Center (also known as an ADRC), which is a trusted source of information where people of all ages, abilities and income levels - and their caregivers - can go to obtain assistance in planning for their future long-term service and support needs. Through a AAA/ADRC people can receive counseling on state and federal benefits, information on all AAA home and community-based service programs, and any other national, state or local resource that can assist them with staying home and in their communities.



2021 – 2024 State Plan on Aging

- ▶ Purpose - Every four years the Alabama Department of Senior Services is tasked with completing the State Plan on Aging. The 2021 - 2024 Alabama State Plan on Aging implements a comprehensive and coordinated support system of Long-Term Services and Supports (LTSS) and other programs that is needed by Alabama's older adults and individuals with disabilities, along with their caregivers.



2021 – 2024 State Plan on Aging

- ▶ Demographics - Alabama is home to 1,098,571 people 60 years of age or older with 657,792 (2010 US Census) being 65 and older. There is approximately 775,390 persons with disabilities of any age (2013-2017 American Community Survey 5-year estimate), and approximately 1.3 million caregivers providing some type of care for older adults and/or persons with disabilities.



2021 – 2024 State Plan on Aging

- ▶ Focus Areas - Over the next four years, the Alabama Department of Senior Services will concentrate on the focus areas outlined by the Administration for Community Living. These focus areas are:
 - ▶ Older Americans Act (OAA) Core Programs;
 - ▶ Administration for Community Living (ACL) Discretionary Grants and Other Funded Programs;
 - ▶ Participant-Directed/Person Centered Planning; and
 - ▶ Elder Justice



2021 – 2024 State Plan on Aging

- ▶ Goals and Objectives - To ensure that the mission and vision of Alabama is met, the goals, objectives, strategies, and projected outcomes developed for this plan were done so with guidance from:
 - ▶ The Administration for Community Living
 - ▶ The AAA Director's Advisory Committee
 - ▶ ADSS staff
 - ▶ State Partners
 - ▶ Needs Assessments
 - ▶ Caregiver Survey's
 - ▶ Contracted Service Provider Survey's
 - ▶ State Plan Town Hall



2021 – 2024 State Plan on Aging

- ▶ Public Input – The Alabama Department of Senior Services welcomes your voice as your feedback makes it possible to craft a plan that's truly considerate of the needs of older Alabamians, persons with disabilities, and their caregivers.

The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them.

Dr. Ralph Nichols



2021 – 2024 State Plan on Aging

Please email your comment(s) to: state.plan@adss.alabama.gov

Or mail your input to:

Alabama Department of Senior Services
Attention: State Plan on Aging
PO Box 301851
Montgomery, AL 36130-1851

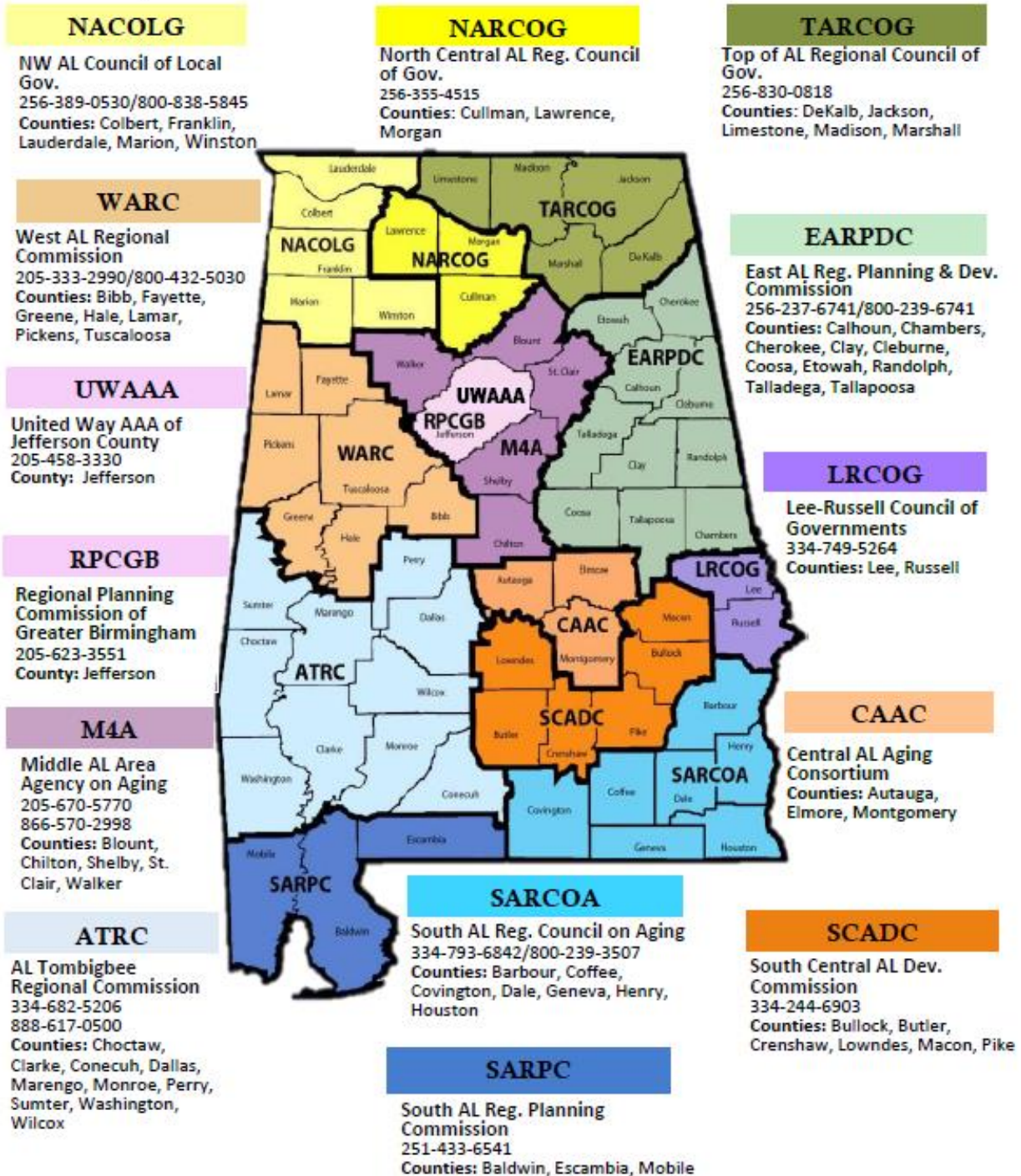
Deadline for submitting your comments is Wednesday **May 13th, 2020.**

Thank you



Attachment M – AAA (RPC) Map

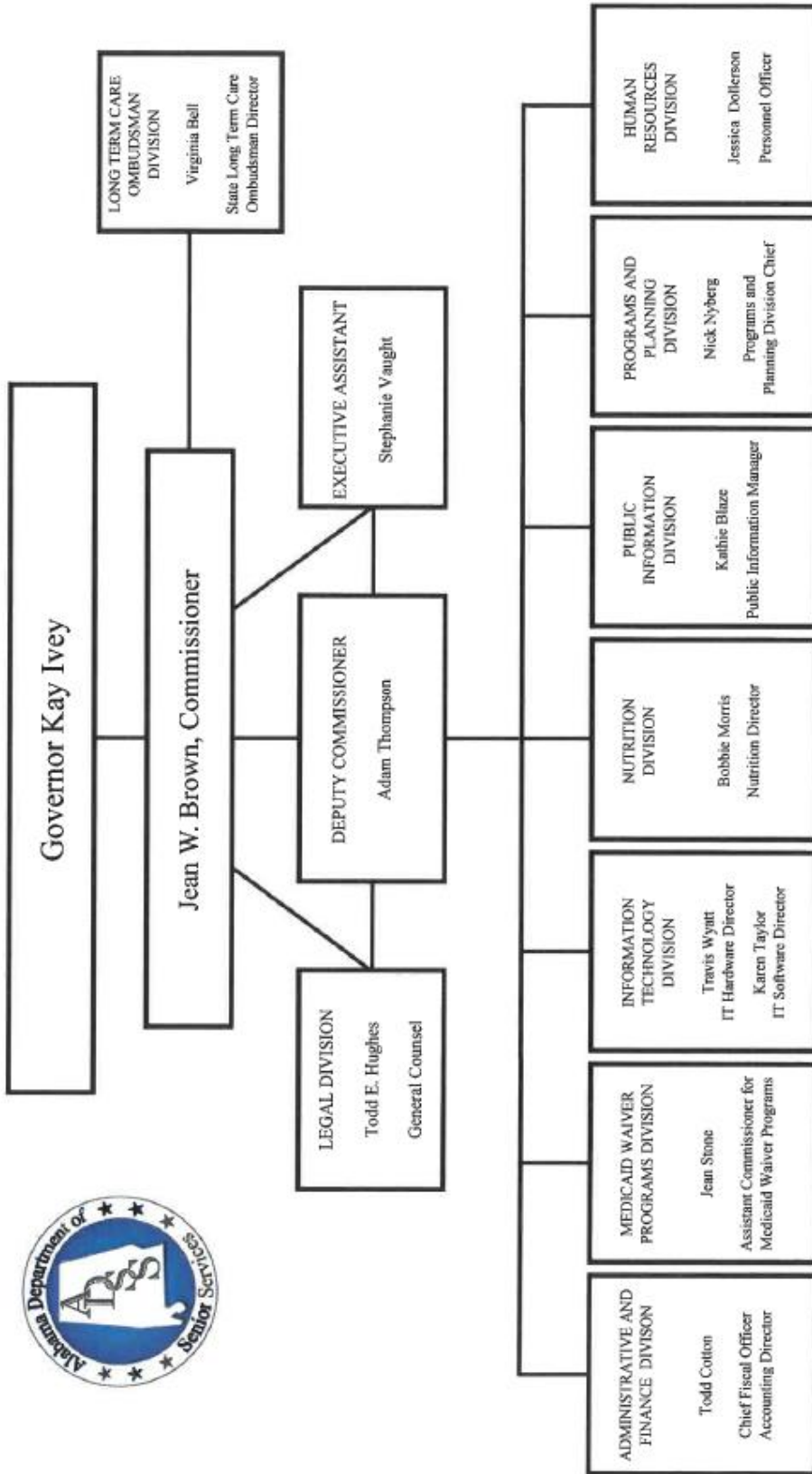
Regional Planning Councils & Area Agency on Aging Contacts



Rev 12/19

Attachment N – ADSS Organizational Chart

ADSS Organizational Chart



Approved: *Jean W. Brown*
Jean W. Brown, Commissioner

Effective: July 1, 2020

Attachment O – Approval Letter



*Improving the Lives of Older Adults and People with Disabilities
Through Services, Research, and Education*

January 04, 2021

The Honorable Kay Ivey
Governor of Alabama
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 (OAA) for October 1, 2020 through September 30, 2024 has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for Alabama's aging service network during the next four years. Of particular note is your commitment to helping older individuals and persons with disabilities to live with dignity and independence, as well as ensuring access to services to assist with daily living. The Administration for Community Living recognizes the on-going and difficult challenges faced by the Alabama Department of Senior Services during the current pandemic and I appreciate your commitment and dedication to ensure the continuity of quality services. I am delighted to see that the Alabama Department of Senior Services continues to serve as an effective and visible advocate for older adults at a state level.

If you have questions or concerns, please do not hesitate to contact Costas Miskis, Regional Administrator, at 404-562-7591. I appreciate your dedication and commitment toward improving the lives of older persons in Alabama.

Sincerely,

Lance Robertson
Administrator and Assistant Secretary for Aging



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