

South Alabama Regional Planning Commission



Area Plan on Aging Fiscal Years 2022 – 2025



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Table of Contents

Verification of Intent.....	3
Approval Letter from ADSS.....	4
Executive Summary.....	5
SARPC Background.....	5
AAA Mission.....	5
Current Status.....	6
FY 22-25 Area Plan on Aging	6
Content.....	9
Challenges.....	9
Public Input.....	11
Goals, Objectives, Strategies and Projected Outcomes.....	15
Focus Area A: Older American Act Programs.....	15
Focus Area B: ACL Discretionary Grants and Other Funded Programs.....	20
Focus Area C: Participant-Directed/Person Centered Planning.....	28
Focus Area D: Elder Justice.....	29
Focus Area E: Addressing Challenges.....	31
Focus Area F: Quality Management.....	33
Closing Statement.....	35
Attachment A: Area Plan Assurances.....	36
Attachment B: Advisory Council/Board – Membership.....	43
Attachment C: SARPC Board of Directors – Membership.....	47
Attachment D: AAA Organizational Chart.....	49
Attachment E: Grievance Procedures.....	50
Attachment F: Conflict of Interest Policy.....	52
Attachment G: Planning and Service Area Map.....	53
Attachment H: Demographics of PSA.....	54
Attachment I: Contractor/Partners.....	65
Attachment J: Emergency / Disaster Plans.....	66

Verification of Intent



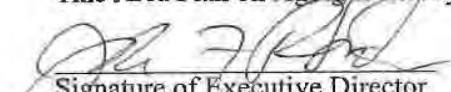
Verification of Intent

The Area Plan on Aging is hereby submitted by the South Alabama Regional Planning Commission for the period of October 1, 2021 through September 30, 2025. It includes all assurances and plans to be followed by the Area Agency on Aging (AAA).

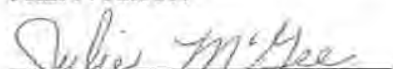
Under provisions of the Older Americans Act (OAA), as amended during the period identified, the AAA identified and its Executive/Governing Board will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the OAA and state policy. In accepting this authority, the AAA assumes responsibility to develop and administer the Area Plan on Aging for a comprehensive and coordinated system of services and to serve as the advocate and focal point for the target population residing in the planning and service area.

This Area Plan on Aging was developed in accordance with all rules, regulations, and requirements as specified under the OAA and the Alabama Department of Senior Services (ADSS) Policies and Procedures and multi-grant Notice of Grant Awards (NGAs) Terms and Conditions. The AAA agrees to comply with all standard assurances and general conditions submitted in the Area Plan on Aging throughout the four (4) year period covered by the plan.

This Area Plan on Aging is hereby submitted to ADSS for Approval.



Signature of Executive Director
John F. Rhodes

9-10-21
Date


Signature of Aging Director
Julie McGee

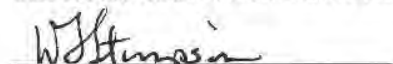
9-10-2021
Date

The AAA Advisory Council has reviewed and approved the Area Plan.


Signature of Chair
Jean Ingram

9/15/21
Date

The Board of Directors has reviewed and approved the Area Plan.


Signature of Board Chair
William S. Stimpson

9/15/21
Date

Approval Letter - ADSS

Executive Summary

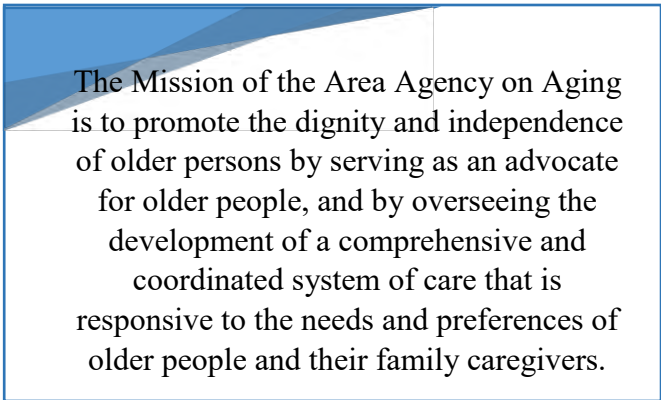
Background

The South Alabama Regional Planning Commission (SARPC) is designated by the State of Alabama and its Department of Senior Services as the Area Agency on Aging (AAA) for Region 8, comprised of Baldwin, Escambia and Mobile counties in Alabama, and the grantee for funds from the Older Americans Act. The Older Americans Act (OAA), passed by congress in 1965 and amended several times to add or update programs, is a major vehicle for the organization and delivery of social and nutrition services for older persons. The OAA requires each designated AAA under section 305(a)(2)(A) to prepare and develop an Area Plan to be approved to provide services under the OAA, and serves as the contractual agreement between ADSS and SARPC.

The Area Agency on Aging was designated and implemented as a work program of SARPC in 1972 and operates within SARPC in cooperation with the Alabama Department of Senior Services (ADSS), and the U.S. Administration on Community Living (ACL) and Administration on Aging (AOA). SARPC is a local governmental regional planning commission, officially organized in 1968 and serves Baldwin, Escambia and Mobile Counties. It is one of twelve regional commissions in Alabama as provided for in Act 1126 of the 1969 Alabama Legislature. SARPC is an instrument of local government and is locally organized and locally controlled. Through communication, planning, policymaking, coordination, advocacy and technical assistance, SARPC serves its member government representatives to discuss and resolve common problems, especially those that transcend political boundaries. The scope of SARPC's work programs covers a range of activities that includes community and economic development, transportation planning, environmental management, senior employment and the Area Agency on Aging.

The Area Agency on Aging (AAA) serves as the focal point on matters concerning older persons in our planning and service area. The AAA is the central advocate for persons 60 years and older in Region 8 and functions as an umbrella agency for services to older persons by assessing identified needs and available resources, planning, and coordinating a comprehensive service delivery systems, pooling resources, and providing certain services or contracting with sponsors in the community for priority services. The AAA is a strong and viable entity, capable of advocating for, and providing technical assistance to, persons/agencies concerned with older adults. The AAA serves all persons 60 years and older regardless of circumstances, with a particular, but not exclusive, emphasis on persons with disabilities, caregivers, and those in greatest economic and social need, including low income older persons, low-income minority older persons, individuals with limited English proficiency, older persons residing in rural areas, Native American elders, and older individuals at risk of institutional placement. The AAA is committed to advocating for effective coordinated services and benefits for

the area's older citizens, caregivers, and persons with disabilities.



The Mission of the Area Agency on Aging is to promote the dignity and independence of older persons by serving as an advocate for older people, and by overseeing the development of a comprehensive and coordinated system of care that is responsive to the needs and preferences of older people and their family caregivers.

The AAA carries out its mission by working with the ADSS, the ACL and AOA, and the aging network. The AAA works with the Councils on Aging in Baldwin and Escambia Counties and local governments, organizations and communities in Region 8 to provide accessible focal points for aging services.

Current Status

SARPC's region in southwest Alabama is home to 122,533* older adults 60 and older, and has one of the largest regional population of older adults among the AAAs, with approximately 14% of the older adult population*(ADSS 2020 estimate based on 2018 data from the U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018; SARPC projects 159,677 persons age 60+ based on the data from U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimate). As is true for many other states, Alabama's older population is rapidly increasing, with significant growth in SARPC's service area, accelerated by growth in Baldwin County. The AAA has an important role in educating and assisting the public, lawmakers, and other agencies or individuals on the needs of older adults, caregivers and those with disabilities to advocate for policies, programs and resources to help people lead independent, meaningful, and dignified lives in their own homes and communities for as long as possible. The Area Agency on Aging/SARPC operates core OAA programs on aging and other related programs funded by the Administration for Community Living (ACL), the Centers for Medicare and Medicaid Service (CMS), the U.S. Department of Labor (DOL), the Alabama Medicaid Agency, the state of Alabama, the Corporation for National and Community Service (CNCS), the U.S. Department of Agriculture (USDA) and other grant programs. All programs are operated through the AAA's Aging and Disability Resource Center (ADRC) screening and counseling program called One Door Alabama. The AAA acts as a local planning and service agency with contracts for direct services with approximately 45 local service providers. The OAA gives guidance regarding who is eligible for services so that the AAA can ensure that preference of services will be given to older adults, persons with disabilities and caregivers with the greatest economic and social need, with specific attention to low-income minority individuals and older adults residing in rural areas (Section 305 (a)(2)(E)). See Attachment H 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 older adults, persons with disabilities, and caregivers, but are even more essential due to the current COVID-19 pandemic and future challenges which may come. SARPC and its AAA will continue to provide home and community-based services, information, assistance, and referrals through the ADRC, benefits counseling and enrollment, nutrition services and transportation options, Medicare counseling, Medicare fraud support, elder abuse, neglect, and financial exploitation prevention, caregiver support, medication assistance, dementia programming, legal assistance, volunteer services, and other services that affect the target population so as to meet the mission of home and community based services that promote quality of life and independence.

FY 22-25 Area Plan on Aging

SARPC's Four Year Area Plan reflects guidance provided by the Alabama Department of Senior Services, priorities of AOA/ACL and taking into account the input of SARPC's Board, staff, AAA Advisory Council and input ADSS collected from public and private partners and the public at large statewide to help all programs and services develop and improve so that the aging network can continue to care for those in need, especially the most vulnerable. Local public hearings were not held by SARPC due to safety concerns during the COVID-19 pandemic in 2020-2021, which continues through the date of this plan submission. Reflecting guidance provided by ADSS and ACL, service delivery will align with the focus areas outlined by ACL (Focus Areas A-F beginning on page 15) with emphasis on the following included in the goals, objectives, strategies, and projected outcomes:

- Strengthening critically needed services as Southwest Alabama's growing senior population requiring 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 State Plan on Aging;
- State and Area Agency on Aging level staff expertise on aging/disability issues;
- Input from AAA Advisory Council, SARPC Board and AAA staff;
- Consultation with state partners;
- Input from needs surveys and caregiver surveys; and
- Input from the ADSS virtual town hall and public hearing held by ADSS on June 6, 2020.

The Plan is important for the Area Agencies on Aging and the State of Alabama to address the needs of its growing elderly population and will serve as the needed compliance document that will allow SARPC 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 older adults, persons with disabilities, and their caregivers are critical missions of SARPC and its AAA, 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 possible. SARPC will receive guidance and technical assistance to ensure quality management of all services through effective data collection, problem solving, and continuous improvement.

For this Area Plan SARPC's AAA will concentrate on the following goals to advance the mission of helping those served stay in their own homes and communities:

- SARPC GOAL 1: Help older individuals and persons with disabilities live with dignity and independence
- SARPC GOAL 2: Ensure that older individuals and persons with disabilities have access to services to assist with daily living
- SARPC 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
- SARPC GOAL 4: Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation
- SARPC GOAL 5: Ensure SARPC and the state of Alabama are 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
- SARPC GOAL 6: Support and provide proactive planning and management of programs for strict accountability

SARPC/AAA shares ADSS' goals developed with a VISION to help society and government prepare for aging through effective leadership, advocacy, and stewardship.

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CONTENT

This Area Plan has been developed in an unprecedented period due to the COVID-19 pandemic of 2021-2022, with SARPC's region and much of Alabama having a high risk of transmission at the time of the submission of this plan. This necessitated senior centers being closed March 2020 to June 2021, then many senior centers closing down to in-person activities again in August 2021. Due to these challenges in holding focus sessions and town halls and other meetings, SARPC made the decision to utilize the comprehensive needs assessment conducted by the Alabama Department of Senior Services (ADSS) in developing our Area Plan. The ADSS needs assessment included input from older adults and caregivers in SARPC's planning and service area and the input of Area Agency on Aging directors and other stakeholders. 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. ADSS utilized a variety of methods to collect input from partners and the public, including caregivers. In person 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 the aging network 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.

In addition to the needs assessments conducted statewide by ADSS, SARPC utilized input from our staff, Board, and AAA Advisory Council in developing the Area Plan.

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, SARPC and partners move forward with the goal of helping those in need. The following are detailed challenges:

Dementia and Alzheimer's Disease

The 2021 Alzheimer's Disease Facts & Figures by the Alzheimer's Association estimates an increase of person living with Alzheimer's disease in Alabama of 14.6% during the Area Plan period, from an estimated 96,000 person in 2020 to 110,000 by 2025. According to the 2019 Alabama Center for Health Statistics, Alzheimer's was the 6th cause of death in Alabama. Costs for care, especially long term supportive services, and the impact on caregivers is high and is expected to increase. There is no

local Alzheimer's Association office located in the counties served by SARPC, presenting challenges to families looking for information.

Direct Service Provider Workforce

Alabama has a shortage of workers in long-term care, where staff tend to make lower wages without benefits and turnover is high. This has been exacerbated during the COVID-19 pandemic with many home care agencies and long term care facilities without sufficient staff, resulting in inadequate staffing levels and persons with inconsistent or no care, especially in rural areas.

Caregiving

The AARP State Caregiving Profile, updated in 2020, indicates caregiving for adults has risen from about 17% in 2015 to just over 19% in 2020, and ADSS reports there are approximately 1.3 million caregivers in Alabama of older adults and persons with disabilities. Caregivers face multiple stressors that take a toll and impact their long term ability to continue to provide care. Stressors include financial, emotional, health/mental health, and balancing work and family.

Funding and Population Increase

There has been a significant increase in the older adult population, with people living longer but often with disabilities. The University of Alabama Center for Business and Economic Research projected in 2018 that the older adult population in Alabama will increase by 83% by 2040, with a 157.7% increase in Baldwin County, a 66.7% increase in Mobile County and a 27.4% increase in Escambia County. This puts pressure on social programs, families, healthcare and related businesses to meet growing needs that are inadequately funded. Home and community-based services are more cost-effective than long term care facilities, and are more desired by individuals who prefer to remain at home or in their own communities. However, funding has not kept pace with the needs in the community.

Opioid Abuse

The Opioid crisis has affected the entire United States, however, in 2018 Alabama had the highest rate of prescriptions per 100 persons. Older adults often have multiple years of opioid use and dependence given a history of easy access to opioid prescriptions to treat past conditions with subsequent dependence and addiction.

COVID-19 Pandemic

The Pandemic was an emerging state and national concern during the period when the Alabama Department of Senior Services conducted a needs assessment. In reviewing the ADSS needs assessment and challenges, the SARPC Board, its Area Agency on Aging Advisory Council, and SARPC aging staff determined the COVID-19 pandemic to be a major challenge during the plan period. Multiple services have been disrupted or have had to be provided in new formats, and other services needed to be expanded or quickly developed. Senior Centers were closed beginning in March 2020, most not reopening until June 1, 2021 with many then closing again by August 2021 due to high transmission rates of the Delta variant. The pandemic has most severely impacted older adults and

persons with disabilities, with 40% of COVID deaths during 2020 being among residents of nursing facilities. This plan will highlight service adaptations to respond to the pandemic.

Social Isolation

As a result of the COVID-19 pandemic, the SARPC Board, the Area Agency on Aging Advisory Council, and SARPC aging staff determined that social isolation is a growing problem, exacerbated by the COVID pandemic. Older adults and persons with chronic health conditions are particularly at risk of long term disability or death from COVID-19. This has resulted in older adults avoiding persons outside their household, and the closure/suspension of in-person social interaction at senior centers, churches and other social groups, resulting in less social connections.

The AARP Foundation summarizes studies that have found that older adults who describe themselves as lonely have a 59% greater risk of functional decline and a 45% greater risk of death. The health risks of prolonged isolation have been found to be equivalent to smoking 15 cigarettes a day. Surveys reported 17% of adults age 65 and older are isolated (nearly 1 in 5), with 46% of women age 75 and older living alone. While social isolation and loneliness are common among older adults who live alone, this has been exacerbated during the Coronavirus pandemic.

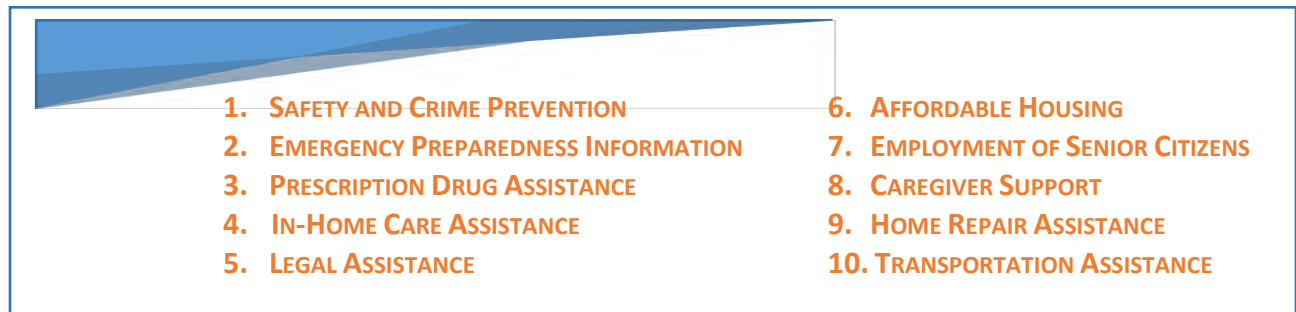
Some of the most prevalent causes of isolation reported by the AARP Foundation are:

- Transportation challenges
- Poor health and well-being including hearing loss, mobility impairments, frailty and poor mental health.
- Societal barriers, including recent COVID-19 related closures, such as lack of opportunities for older adults to engage and contribute, to have meaningful activities
- Lack of access and inequity, including issues of poverty, rural living and marginalized groups

Public Input

In order for ADSS, the Area Agencies on Aging, 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 inform a Plan that is focused on continuing serving older adults, 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 older adults in different communities throughout the state. The following are the top ten categories in order of importance:



ADSS, the Area Agencies on Aging and partners distributed caregiver surveys throughout the state to learn more about 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 (which in turn helps present the purpose of the Area Plan on Aging) with a goal of seeking public input regarding the unmet needs in the state. The below chart lists the identified needs during the virtual town hall.

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 2022-2025 Area Plan for the Area Agency on Aging of the South Alabama Regional Planning Commission is informed by the needs identified in this document, priorities of the Administration on Community Living/Administration on Aging and Alabama Department of Senior Services, the availability of resources and funding, Older American Act requirements, targeting of at-risk populations, and needs for advocacy. The Area Plan implements a comprehensive and coordinated support system of home and community based services and long term services and supports that are needed by older adults, individuals with disabilities and caregivers in Southwest Alabama. The Area Plan's goals, objectives, strategies, and projected outcomes are outlines for the programs described in the six focus areas.

FOCUS AREA A: OLDER AMERICAN ACT PROGRAMS

The Older Americans Act (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) or One Door Alabama-Alabama Medicaid Agency

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's Area Agencies on Aging 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;
- 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: The purpose of the C1 Congregate and C2 Home-Delivered meal programs are to reduce hunger and food insecurity and to promote socialization among older adults. There are approximately 25 senior centers located throughout the Region 8 in southwest Alabama. 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 AAA with educational materials to share on a weekly basis with center participants.



Title III-D Evidence-Based Disease Prevention and Health Promotion: The AAA provides evidence-based programs that includes programs that 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. Current evidence-based programs currently operated by SARPC, with the help of volunteers who have received training from master trainers at the AAA are the Chronic Disease Self-Management Program and A Matter of Balance, with an expansion to offer Bingocize anticipated.



Title III-E National Family Caregiver Support Program (NFCSP), known as 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. The AAA and local community service providers provide 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, of which SARPC's region currently has an allotted 22 slots from ADSS for SCSEP employees. 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>). *In SARPC's region there is one federally recognized tribe, the Poarch Band of Creek Indians, that receives Title VI federal funding; and one state recognized tribe, the MOWA Band of the Choctaw Indians.*

Title VII Long-Term Care Ombudsman Program: SARPC's Ombudsman Representative works with the Office of the State Long-Term Care Ombudsman program at ADSS to provide consumer advocacy protection services to individuals residing within approximately 65 nursing facilities, assisted living facilities and specialty care facilities in our region. 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 III-B (Supportive Services)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Implement a new homemaker program during the plan period for persons not eligible for Medicaid Waiver services to promote independence and aging in place and reduce spend down to Medicaid by offering cost share services. Implement a new Social Isolation program in FY 22 to address loneliness and isolation among older adults, which has been exacerbated due to COVID-19 pandemic 	<ul style="list-style-type: none"> More people will be served in the community in a cost-effective manner that serves to maintain savings and reduce spend down to Medicaid and need for long term facility care, target date FY 23. Decreased health and mental health negative impacts from social isolation and loneliness, participants report increased connectedness to others.
Title III-C (Nutrition)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> SARPC will support the expansion of home delivered meal services to growing population of adults of advanced age, supporting independent living. SARPC staff will assist persons 60+ with applications for Farmers Market voucher and SNAP programs to increase access to healthy foods, fresh fruits and vegetables for person served by senior nutrition centers. SARPC will employ an activities/recreational specialist to revitalize senior centers after long periods of closure or reduced operations due to the COVID-19 pandemic and support activities to modernize programming. 	<ul style="list-style-type: none"> Improved nutrition for homebound elderly to support health and ability to live independently and avoid long term facility care. Reduce food insecurity and increase access to healthy foods such as produce, meats, whole grains and other quality food items to maintain health and independence. Improved programming will strength centers that may be at risk of closing, attract new participants, and promote healthy, more active and socially connected and independent lifestyles.
Title III-D (Evidence-Based Disease Prevention and Health Promotion)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Add new Bingocize Tier III evidenced based program during the planning period taught at senior nutrition centers and other community sites. Offer home study version of Chronic Disease Self-Management program for those unable to attend in-person or virtual classes. Continue A Matter of Balance in-person classes. 	<ul style="list-style-type: none"> Improve healthy behaviors, nutrition and falls prevention. Increase participation in evidence-based programs by 30% during plan period. Improve access to management of chronic disease for persons unable to attend in-person classes and/or virtual meetings

Title III-E (Alabama CARES)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Increase utilization of Alabama Respite program to improve choice and availability of caregivers • Expand Grandparent caregiver services to include caregiver colleges and other supportive services • Provide Trualta on-line skill-based training to caregivers 	<ul style="list-style-type: none"> • Caregivers will have increased availability of respite services due to the ability to hire a person or agency of their choice • Grandparents will experience less stress due to support and education provided through grandparent caregiver services. • Caregivers receive clinically validated training that builds skills to more successfully provide care in the home
Title V (SCSEP)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Recruit new host agencies for participant training • New SCSEP participants will be aligned with subsidized placements with the intent of transitioning to unsubsidized employment at host sites or in the community, including partnering with SARPC Staffing for employment opportunities. 	<ul style="list-style-type: none"> • Increase training and employment opportunities for older workers • SCSEP participants will have increased opportunities for employment
Title VII (Ombudsman)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Utilize SARPC's Legacy Leadership for Older Adults to recruit Ombudsman volunteers • Ombudsman and RSVP volunteers will work to reduce social isolation and loneliness in long term care facilities through the provision of robotic pets for persons with dementia; and cards and tokens of friendship for at-risk residents identified by social workers and activities directors. • Ombudsman will increase outreach for the Gateway to the Community Living program to support transitioning of eligible residents of long-term care facilities back into communities and provide quality assurance for the transition. • Ombudsman representative will minimally visit each nursing facility quarterly and each 	<ul style="list-style-type: none"> • Greater advocacy for residents and support for Ombudsman program • Improve LTC residents' social connectedness and help prevent preventable cognitive decline • Increased number of successful care transitions from facilities to home • Improved LTC resident health/mental health and satisfaction with care by intervening in issues that impact care and residents' rights.

assisted living facility bi-annually, and participate in resident and family councils to support residence rights and advocacy.	
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FOCUS AREA B: ACL DISCRETIONARY GRANTS AND OTHER FUNDED PROGRAMS

The Administration on Community Living (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 Grants

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.



The Center for 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. Through a partnership with the Alabama Securities Commission, SARPC is able to host an annual Fraud Summit. The Better Business Bureau has also been an active partner in Fraud Workshops.



The State Health Insurance Assistance Program (SHIP): 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 AAA and is successful due to a committed volunteer base of SHIP counselors. In addition, ADSS partners with the Auburn University Harrison School of Pharmacy to enhance the SHIP, SMP and MIPPA programs by training pharmacists and pharmacy students on Medicare and Medicare benefits, plan choice, extra help, and fraud. With a goal of reaching rural communities, pharmacists and pharmacy students help the AAA with outreach and education on Medicare and students work with our local SHIP counselor during Medicare Open Enrollment.



State of Alabama Funded Programs

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 Area Agencies on Aging with mini grants that supported projects which promote dementia friendliness. In Region 8 activities include Dementia Friendly Mobile, distribution of dementia friendly resources, speaking opportunities, dementia training for first responders, and Memory Cafés.



Emergency Preparedness: SARPC understands natural disasters can happen at any time, as the SARPC region has experienced many hurricanes over the years, with two gulf hurricanes most recently in 2020 (Sally, ZETA) and the recent COVID pandemic. In disasters, 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. SARPC’s Area Agency on Aging maintains an ongoing relationship and MOUs with the Emergency Management Agencies (EMA) in each of our three counties; maintains active participation in local VOADs (Volunteers Active in Disaster); designated staff attend annual training on disaster preparedness; staff are experienced in manning Disaster Recovery Centers (DRC) to provide assistance to older adults; and SARPC is experienced managing disaster assistance funding to help older adults recover from major events. (see Attachment I for the Emergency Preparedness Plan).



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. SARPC also has a local partnership with the Ozanam Charitable Pharmacy to expand medications available to those served by the SenioRx program.



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, which is responsible for jointly, and in conjunction with ADSS, for developing the State Plan for Independent Living (SPIL) and submitting periodic reports to the ADSS Commissioner. ADSS recently took on responsibility of serving as the state's administrating agency for the SILC. SARPC has a local regional Independent Living Center located in our service area, in Mobile County, and we work collaboratively to serve persons with disabilities.



Medicaid Funded Programs

Medicaid Funded 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. SARPC has a large Personal Choices program, with approximately half of all Medicaid Waiver participants choosing this option locally.

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 System (EVVM): 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.

Other Federal and National Funded Programs

AmeriCorps Seniors: The South Alabama RSVP (previously known as Retired Senior Volunteer Program) is a federally funded program provided through a grant from the U.S. Corporation for National and Community Service, with matching funds coming from the State of Alabama and local governments. Serving Baldwin and Escambia Counties, the program provides volunteer service opportunities for persons 55 years and older to use skills learned through a lifetime to make meaningful contributions to nonprofit and public agencies while providing volunteers with valued social connections that improve their quality of life.



Benefit Enrollment Center: The South Alabama Regional Planning Commission has received funding from the National Council on Aging to operate a Benefit Enrollment Center (BEC) in conjunction with our Aging and Disability Resource Center for multiple years, funded through national foundation grants and in recent years through the federal MIPPA program. The focus on this program is providing education, screening and application assistance for public and private benefits that help older adults achieve economic security. The BEC has a focus on helping low-income people with Medicare access programs that pay for healthcare, food and more. Using a person-centered approach, the BEC helps low-income seniors and persons with disabilities find and enroll in all the benefit programs for which they appear eligible, and create a coordinated, community-wide system of benefits access. There is a focus on enrollment in the core benefits of Medicare Part D Extra Help, Medicare Savings Programs,



Medicaid, SNAP and LIHEAP utility assistance. BECs also help seniors and younger adults with disabilities to apply for other programs such as Supplemental Security Income, State Pharmaceutical Assistance Programs, local transportation assistance, property tax assistance, Farmers' Market program and more.

Supplemental Nutrition Assistance Program (SNAP) Outreach: SARPC is a multi-year grantee of a federal SNAP Outreach grant from USDA-Food Nutrition Services through the Alabama Department of Human Resources, with the required 50% non-federal match being provided by a SNAP Outreach grant from the National Council on Aging, and from state funding from the Alabama Department of Senior Services, Auburn University in Montgomery, and local governments. It is a statewide project overseen by SARPC's Area Agency on Aging that includes all Area Agencies on Aging in Alabama. This program seeks to reduce senior hunger and food insecurity among older adults and persons with disabilities by removing barriers to SNAP participation among older adults. The model integrates SNAP outreach, education, screening and application assistance into the Aging and Disability Resource Centers and outreach activities of the Area Agencies on Aging in Alabama. SNAP application assistance and older adult enrollment in SNAP food assistance has significantly increased since the implementation of grant activities.



IRS Tax Counseling for the Elderly (TCE): SARPC has operated a federal funded TCE grant for over 25 years, being only one of about three dozen TCE grantees in the U.S. This program provides tax counseling and return preparation in Baldwin and Escambia counties to people who are 60 or older, utilizing trained volunteers who prepare the taxes, with training and technical assistance provide in conjunction with local IRS representatives.



Veteran Directed Home and Community Based Services: Funded through the VA health system, Veteran Directed Care gives Veterans of all ages the opportunity to receive the Home and Community Based Services they need in a consumer-directed way. This program is for Veterans who need personal care services and help with activities of daily living. Examples include help with bathing, dressing, or fixing meals. This program is also for Veterans who are isolated, or their caregiver is experiencing burden. Veterans in this program are given a budget for services that is managed by the Veteran or the Veteran's representative. With the help of a counselor at SARPC, Veterans hire their own workers to meet their daily needs to help them live at home or in their community, similar to the Medicaid Waiver Personal Choices Program. Veterans are approved through the local Veteran's Medical Center.



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

ADRC	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Strengthen ADRC to support adequate staffing levels and responsive community services through leveraging multiple funding sources such as Medicaid ADRC, State ADRC, NCOA, SNAP and AUM grants Integrate intake and education on multiple aging programs to provide person-centered No Wrong Door comprehensive services that includes special initiatives such as vaccine access and disaster services. Operate a Benefit Enrollment Center in collaboration with the National Council on Aging to increase outreach, education, application assistance and enrollment in available public benefits for older adults and persons with disabilities. 	<ul style="list-style-type: none"> SARPC will employ at least 5 persons to operate the Aging and Disability Resource Center for improved call response and robust person-centered services, 5% increase in ADRC clients by the end of plan period. Expanded access to aging programs and initiatives to allow persons to age in place more successfully with a higher quality of life. Improved economic security and food security of older adults through enrollment in public benefits.
MIPPA	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Promote availability and benefits of Medicare Savings Program and Low-Income Subsidy through integration of benefit outreach, education, application assistance and enrollment into all aging and disability programs and Benefit Enrollment Center, and through use of social media and targeted campaigns. Partner with SHIP volunteers and pharmacy students to educate Medicare beneficiaries on available free or low-cost preventative and wellness benefits through their Medicare plan. 	<ul style="list-style-type: none"> Improved access to health care and economic security for low income Medicare beneficiaries. The number of persons assisted with MSP/LIS applications and/or provided information on Medicare prevention and wellness benefits will increase by 5% by the end of the plan period.
SMP	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Partner with Alabama Securities Commission and/or Better Business Bureau and local law enforcement to host Fraud Workshops for older adults annually and highlight SMP program. Integrate Senior Medicare Fraud education and outreach into all aging programs and SHIP services to maximize persons reached and education provided, to include SHIP and RSVP volunteers providing SMP outreach. 	<ul style="list-style-type: none"> Medicare beneficiaries will gain improved ability to read their Medicare statements, spot mistakes and potential fraud, and gain knowledge on how to get assistance with questions about Medicare billing and how to report suspected fraud. Staff and stakeholder engagement will increase with improved outreach and education to beneficiaries on Medicare fraud and abuse.

SHIP	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Utilize available zip code data to identify service area locations with larger number of persons potentially eligible for MSP or LIS benefits but are unenrolled to target outreach, including social media campaigns. Engage the Baldwin and Escambia County Councils on Aging to provide SHIP counseling and Open Enrollment Medicare plan review Hold annual Medicare Update to increased stakeholders, including pharmacy students who can assist beneficiaries with Medicare plan selection and Medicare education. Integrate SHIP outreach into multiple aging programs and ADRC, utilize Legacy Leadership to recruit SHIP volunteers to support program outreach and education. 	<ul style="list-style-type: none"> Identify Medicare beneficiaries that are eligible but unenrolled in MSP or LIS and offer education and enrollment assistance. Increased number of persons receiving Medicare counseling by 5% during the plan period. Increase community stakeholders and volunteers that are available to provide Medicare beneficiaries with accurate Medicare information.
Disaster Preparedness	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> AAA disaster plan with emergency contacts updated and staff trained annually. AAA maintains a signed MOU with each county level EMA in the service area, and AAA mans FEMA disaster recovery centers to assist older adults. AAA participates in local VOADs in the service area and collaborates on disaster recovery efforts, and seeks out available grants to provide disaster assistance to older adults. 	<ul style="list-style-type: none"> Staff have adequate training for disaster response and service to clients impacted by disasters. AAA is an integral part of disaster response and is known to EMA and VOAD members Older adults have improved access to disaster services due to collaboration among stakeholders, grants and shared resources.
SenioRx	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> SARPC partners with Ozanam Charitable Pharmacy to provide free or low-cost medications through the pharmacy or patient assistance programs. SenioRx education provided with SHIP services and integrated into aging program outreach, education and referrals across programs and the ADRC. 	<ul style="list-style-type: none"> Increased numbers of eligible persons will be enrolled in free or low-cost pharmaceutical assistance programs with improved access to needed prescription medications and management of chronic medical conditions. Increased outreach, education and SenioRx services to older adults and persons with disabilities.

Medicaid Waiver (E&D, ACT, TA)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • SARPC will employ at least 8 Personal Choice counselors to strengthen consumer direction of home and community-based services to allow individuals to choose and hire their own worker. • Partner with ADSS and AMA to improve transition services from nursing facilities to the home, and to add transition services from hospital to home. • Maintain NCQA accreditation for LTSS to offer person-centered case management that meets national standards. • Increase the number of persons served through the Elderly & Disabled, Personal Choice and ACT Waiver programs in SARPC's service area; and advocate for additional service options such as assistance with home modifications, personal care/medical supplies and equipment, and for increase rates of pay for direct service workers at contracting Direct Service Providers. 	<ul style="list-style-type: none"> • Increased choice in how home and community-based services/LTSS will be provided, increase persons enrolled in Personal Choice option by 5% each year. • Increased access to home and community-based services for residents of nursing facilities. • Improved quality of care including assistance in obtaining needed medical and community services. • Increased numbers of older adults and persons with disabilities are able to receive home and community-based services and delay or avoid nursing facility or institutional care, increase number enrolled in Medicaid Waiver services by 5% a year.

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

ADRC-One Door	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">• SARPC One Door Alabama ADRC staff will be AIRS certified and ADRC staff and Medicaid Waiver case managers trained in person-centered approach and receive continuing education to update skills.• SARPC will employ consumer directed options in its Home and Community Based programs including the Medicaid Waiver, Veterans' Directed HCBS, Alabama Cares and homemaker programs.	<ul style="list-style-type: none">• People served through AAA programs will have improved ability to choose services that best meet their needs.• Through the Personal Choice program, Alabama Respite, Veterans Directed Home and Community Based Services, and other AAA services people will have increased ability to employ persons and agencies of their choice, with improved quality of life.

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 address issues elder abuse, neglect, and exploitation by supporting systems change and promotion of innovative practices in the field of elder justice

Elder Justice	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Participate in World Elder Abuse Awareness Day events in June, distribute Elder Abuse Toolkits in the service area, train staff on recognition and reporting of elder abuse, neglect and exploitation, and participate in state initiatives lead by the Alabama Council for the Prevention of Elder Abuse. • Employ an elder law attorney to assist with alternatives to guardianship such as powers of attorney and advanced health directives, to advise the Ombudsman Representative, to defend against guardianship and other related protections of individual choice and rights. • Support the Mobile County Volunteer Guardian program and state and/or local committee on guardianship issues. 	<ul style="list-style-type: none"> • Advocacy efforts and response to potential elder abuse will increase • Increased numbers of older adults will be educated and assisted with legal matters related to end-of-life planning, and protections to support personal preferences and individual rights. • Incapacitated persons will have appropriate designated surrogates to make decisions and advocate in their best interests, taking into consideration their preferences.

FOCUS AREA E: ADDRESSING CHALLENGES

SARPC will continue to work with federal, state and local organizations, leadership and community groups 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)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">• Operate a Dementia/Alzheimer's disease helpline to provide One Door ADRC access to information and services.• Participate in Dementia Friendly Alabama and Dementia Friendly Mobile projects.• Provide dementia/Alzheimer's disease education, support and respite, including access to skills-based training for caregivers through Trualta within the service area through the Alabama Cares program.	<ul style="list-style-type: none">• Families impacted by dementia and Alzheimer's disease will find it easier to obtain needed services and supports.• Awareness, support and services to those living with dementia/Alzheimer's disease will increase.• Increased caregiver support for families impacted by dementia.
Direct Service Provider Workforce	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">• Advocate with AMA to increase payment for direct service workers (CNA, homemakers) through Medicaid Waiver programs to improve recruitment and retention.• Increase enrollment in programs such as Personal Choice and Alabama Respite to allow families to negotiate pay rate with caregivers.	<ul style="list-style-type: none">• Improved direct service worker recruitment and retention.• Improved dependability and consistency in staffing for individuals receiving long term services and supports.

Caregiving	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Reach new caregivers and grandparent caregivers in need of services through outreach and ADRC. • Offer on-line tools to support caregivers not able to attend in-person educational and support groups. 	<ul style="list-style-type: none"> • Respite service provision will reflect outreach to new caregivers such that over the plan period more families are provided assistance. • Increase in caregivers provided education and improvement in caregivers' ability to manage responsibilities and stress.
Opioid Abuse	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Work with Alabama universities, state and local partners to identify the extent of opioid abuse, unmet needs and available interventions in the service area. • Keep up to date resource list of treatment providers and provide agency staff with education on opioid abuse. 	<ul style="list-style-type: none"> • Improved policy, programs, education and interventions to decrease opioid abuse. • Improved staff ability to recognize and provide appropriate referrals to older adults and persons with disabilities impacted by opioid abuse.
Population Increase	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • SARPC will inform local stakeholders about increase in older population and advocate for policies, programs and increased funding at state and local levels, including foundations, United Way and grant makers that support older adults' needs. • SARPC will advocate at federal level and in partnership with national organizations such as the National Association of Area Agencies on Aging/USAgings, National Council on Aging, AARP and American Society on Aging to support policies, programs and funding that help prepare for the large increase and needs of the older adult population, including home and community-based services. 	<ul style="list-style-type: none"> • Increased resources available to support needs of growing older adult population at local and state level, including more cost effective and consumer directed services such as home and community-based services. • Increased federal and national funding and programs to support services needed by the growing older adult population in the service area.

Covid-19	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide vaccine outreach and address barriers to vaccination such as education, help with on-line portals, location of testing, vaccination, and monoclonal antibody treatment sites, and address need of the homebound and for transportation, companionship services, etc. • Employ activity/recreational specialist to re-engage seniors at senior nutrition centers after long period of closures or reduced operations and attendance due to the COVID-19 pandemic. 	<ul style="list-style-type: none"> • Increased rate in vaccination among vaccine hesitant older adults and those who are homebound or have other barriers to vaccination. • Senior Centers remain viable and are not at risk of closure, with increased attendance compared to FY 21-22.
Social Isolation	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Begin new Circle of Friends program and provide short term case management and follow-up for individuals who are socially isolated and lonely. • Begin Friendly Visiting/Wellness Checks program utilizing RSVP volunteers to call older adults at-risk of social isolation and loneliness. 	<ul style="list-style-type: none"> • Socially isolated persons will experience less cognitive, health and mental health decline and improved quality of life. • At-risk elders will report more social connectedness and reduced loneliness.

FOCUS AREA F: QUALITY MANAGEMENT

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

GOAL 6

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

OBJECTIVE 6

Provide high quality, efficient services

Data Reporting/Information Technology	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Employ Data Management Specialist to train staff and contractors, manage accurate and timely data entry for aging programs, and support implementation of WellSky system. • SARPC employs/contracts with IT professional to oversee software and hardware systems, security and HIPAA compliance to maintain needed IT infrastructure. • Contract with public relations professional or firm to manage social media platform and assist with website upgrades as needed to provide widespread internet access to information on aging and disability services. 	<ul style="list-style-type: none"> • Improved accuracy and accountability for services provided under funded programs. • Protection of IT infrastructure to allow for ongoing program operations and security. • Increase public access to information on aging and disability resources in the service area; and increased sharing of information and interaction with the public.
Program Monitoring	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • For quality improvement and compliance, the Title III Program Coordinator will meet quarterly with AAA and AAA Fiscal staff to discuss progress toward goals in Area Plan and Annual Operating Elements. • Title III Program Coordinator performs annual assessment of contractors to review performance and provide technical assistance. 	<ul style="list-style-type: none"> • Program and fiscal oversight will improve service delivery and accountability for aging programs. • Improved contractor performance and compliance with policies and procedures that meet federal and state guidelines and meet identified needs of older adults.
Training	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • AAA staff will attend training provided by ADSS, AMA or ASN to support program operations and services. • SARPC will provide in-house trainings, and provide opportunities for staff to attend trainings provided by local, state, regional and national organizations to enhance staff skills and program management. 	<ul style="list-style-type: none"> • AAA staff will be better trained on providing services. • AAA staff will improve their skills and learn about emerging trends and new opportunities to serve older adults and persons with disabilities.

Closing Statement:

Shifts in agency operations are expected during the 2022-2025 Area Plan period as the Area Agency on Aging incorporates services and supports to address the impact of the COVID-19 pandemic and participates in national and state trends to provide person centered planning and increase the availability of home and community based services in the community. These efforts to address the preferences and needs of older adults and persons with disabilities reflect a trend to rebalance the long term care system to allow individuals the option to age in place in the community, and prevent or delay institutional placement. SARPC will also work in partnership with the Alabama Medicaid Agency, Alabama Department of Senior Services and Alabama's Integrated Care Network, to offer a Medicaid Hospital to Home program and other expansions of Medicaid funded Home and Community Based Services during the plan period. SARPC will build business acumen and retain accredited by the National Committee for Quality Assurance for LTSS case management to position itself strategically to serve an integral role in the provision of long term care services and supports in the community. SARPC's AAA will continue to serve as the One Door Alabama for older persons and persons with disabilities in South Alabama to receive services through our Aging and Disability Resource Center. Additionally, SARPC will continue to explore and develop funding streams that serve to maintain and expand Access to Services, Home and Community Based Services, Caregiver Services, Nutrition Services and Elder Rights and respond to social isolation in our service area.

Julie McGee

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ATTACHMENT A: AREA PLAN ASSURANCES

AREA PLANS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

and

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

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

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

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

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with

agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

and Community Service), in community service settings;

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

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

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

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

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

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

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

(l) 7 to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

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

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

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

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

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

and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to

remain in home and community-based settings;

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

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability

Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

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

(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) provide assurances that—

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section

307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response

agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

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

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

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

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

(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.

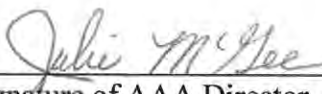
(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(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.

I have read the above Area Plan information ADSS extracted directly from the Older Americans Act (OAA) regarding submission of Area Plans.



Signature of AAA Director
PRINT NAME Julie McGee



Date

ATTACHMENT B: ADVISORY COUNCIL/BOARD MEMBERSHIP

ADVISORY COUNCIL

OAA 306(a)(6)(D) The Area Agency on Aging (hereinafter "AAA") will 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, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

AAA: _____ 8 _____ Area Plan FY: 2022-2025

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Aikens, Ed				X			
Boudreaux, Aleta		X	X				
Boyle, Charlotte		X	X (ASHL)				
Brown, Sheila				X			
Burhans, Ann			X (ASHL)				
Chenoweth, Jill				X			
Childress, Kelly				X			
Davis, Linda	X		X (ASHL)				
Dorton, Dorothy				X			
Ellis, Jane			X				
Finlay, Robert				X			
Flora, Jim				X			
Gomez, Peggy			X				
Granata, Randy				X			
Hanks, Roma				X			
Ingram, Jean			X				
Chairperson							

ADSS 9/9/20

OAA 306(a)(6)(D)

The Area Agency on Aging (hereinafter "AAA") will 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, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

AAA: 8 Area Plan FY: 2022-2025

[illegible]

AREA AGENCY ON AGING ADVISORY BOARD 9-21					
Member	Title	Group	Address	Phone	Email
Aikens, Ed	Director of Community Housing	Housing First	279 N Washington Ave, Bldg B Mobile, AL 36603	(251) 654-7424	e.aikens@hfal.org
Boudreaux, Aleta	Coordinator	Citizens for a Better Grand Bay	11610 Hwy 90 Grand Bay, AL 36541	(251) 865-4010	aletabdrx@gmail.com
Boyles, Charlotte	Volunteer	Alabama Silver Haired Legislator	PO Box 801 Atmore, AL 36504	(251)368-1058	cboyle@hotmail.com
Brown, Sheila	Director	Escambia County Council on Aging	PO Box 668 Atmore, AL 36504	(251) 368-1032	sbrown@co.escambia.al.us
Burhans, Ann	District Chair	AL Silver Haired Legislature	4009 Old Shell Rd Apt E-1 Mobile, AL 36608	(251) 341-0148 (251) 463-7926	annburhans@aol.com
Chenoweth, Jill	President & CEO	United Way of Southwest AL	218 St Francis St Mobile, AL 36602	(251) 431-0106	jchenoweth@uwswa.org
Childress, Kelly	Director	Baldwin County Council on Aging	22251 Palmer St (PO Box 1070) Robertsdale, AL 36567	(251) 972-8506	kchildress@baldwincountal.gov
Davis, Linda	Director	Senior Companion Program	1150 Government Blvd. Room 103 Mobile, AL 36604	(251) 574-3232	linda_davis1@bellsouth.net
Do, Tuan (Dave)	Program Coordinator	Boat People SOS, Inc	13835 S Wintzell Ave Bayou La Batre, AL 36509	(251) 517-3011 X: 53105	tuan.do@bpsos.org
Dorton, Dorothy	Associate State Director -Community Outreach	AARP Alabama	400 South Union St Ste 100 Montgomery, AL 36104	(251) 222-9055	ddorton@aarp.org
Ellis, Jane	Senior Citizens Coordinator	City of Daphne	PO Box 400 Daphne, AL 36526	(251) 621-3703	jellis@daphneal.com
Flora, Jim	Advocacy	Independent Living Ctr	5310 Moffett Rd Ste 110 Mobile, AL	(251) 460-0301 X: 102	jimf@ilcmobile.org
Finlay, Robert	Director, Adult Protective Svcs	Mobile Co DHR	PO Box 1906 Mobile, AL 36633-1906	(251) 450-7146	Robert.Finlay@dhr.alabama.org
Granata, Randy L	Vice President, Population Health	Providence Hospital	6801 Airport Blvd Mobile, AL 36608	(251) 654-2236	Randy.Granata@asension.org

AREA AGENCY ON AGING ADVISORY BOARD					9-21
Member	Title	Group	Address	Phone	Email
Hanks, Roma	Professor & Chair, Dept of Sociology, Anthropology & Soc Work; Director, USA Programs in Gerontology; Academic/ Research Director, USA Ctr for Generational Studies	University of South Alabama	Dept of Sociology – HUMB #34 307 University Blvd. N. Mobile, AL 36688	(251) 460-6020	rhanks@southalabama.edu
Holmes, Shalandra	Social Worker	Little Sisters of the Poor	1655 McGill Ave Mobile, AL 36604	(251) 476-6335	ssmobile@littlesistersofthepoor.org
Ingram, Jean	1 st District Rep	National Silver Haired Congress	2520 Robin Hood Drive Mobile, AL 36605	(251) 478-0938	jeaningram@comcast.net
Jones, Vickery	Region III Community Services	AL Dept of Mental Health	3280 Dauphin St Bldg B Ste 100 Mobile, AL 36606	(251) 478-2773 (ext: 773)	vickeryjones@region3.mh.alabama.gov
Joshi, Sabrina	St Teresa of Calcutta Senior Ministry	Catholic Social Services	188 S Florida St Mobile, AL 36606	(251) 414-1550	shoshi@mobarch.org
Killingsworth, Stacey	Executive Director	RSVP Mobile	1150 Government St Ste 209 Mobile, AL 36604	(251) 574-7787	skillingworth@mobilel-county.net
Martin, Brad	VITA Program Coordinator	United Way or SW Alabama	218 St Francis St Mobile, AL 36602	(251) 433-3624	bmartin@uwsa.org
Murphy, Deanna	Executive Director	Via! Senior Center	1717 Dauphin St Mobile, AL 36604	(251) 470-5232	dmurphy@viamobile.org
Parker, Laura	Social Worker	Veterans Administration	28563 Canterbury Rd Daphne, AL 36526	(251) 219-3956	Laura.Parker@va.gov
Reinert, Beth	Volunteer	Dementia Friendly Mobile	2164 Venetia Rd Mobile, AL 36605	(251) 209-1555	pittman1212@comcast.net
Smith, Gwendolyn	Volunteer		2613 St Stephens Rd Mobile, AL 36617	(251) 605-0803	
Vines, Carolyn	Senior Services Coordinator	City of Orange Beach	P.O. Box 458 Orange Beach, AL 36561	(251) 981-3440	cvines@orangebeachal.gov

ATTACHMENT C: SARPC BOARD OF DIRECTORS - MEMBERSHIP

SOUTH ALABAMA REGIONAL PLANNING COMMISSION BOARD OF DIRECTORS

2021

(Updated 01/19/2021)

<p>Congressman Jerry Carl 1330 Longworth House Office Building Washington, DC 20515 chad.carlough@mail.house.gov</p>	<p>Honorable Jacquelyn Zeigler Alabama State Board of Education District 1 3071 Teal Ct. Mobile, Alabama 36695 jzeigler3071@gmail.com</p>
--	---

BALDWIN COUNTY	
<p>Commissioner Billie Jo Underwood Baldwin County Administration Attn: County Commission Office 22251 Palmer Street Robertsdale, AL 36567 bunderwood@baldwincountyal.gov</p>	<p>Mayor Robin LeJeune City of Daphne P.O. Box 400 Daphne, AL 36526 mayorlejeune@daphneal.com</p>
<p>Mayor Sherry Sullivan City of Fairhope P.O. Drawer 429 Fairhope, AL 36533 sherry.sullivan@fairhopeal.gov</p>	<p>Mayor Ralph Hellmich City of Foley P.O. Box 1750 Foley, Alabama 36536-1750 rhellmich@cityoffoley.org</p>
<p>Vice-Chairman-Mayor Charles Murphy City of Robertsdale P.O. Drawer 429 Robertsdale, AL 36567 charles.murphy@gulftel.com</p>	<p>Mr. Stanley Raye (Lee) Lawson Jr Baldwin County Economic Development Alliance Post Office Box 1340 Robertsdale, Alabama 36567 llawson@baldwineda.com</p>
<p>Dr. Phyllis P. French, ED.D 43860 Old Robinson Road Bay Minette, Alabama 36507 drphylldst@gmail.com</p>	

ESCAMBIA COUNTY	
<p>Commissioner Raymond Wiggins P. O. Box 848 Brewton, AL 36427 rwiggins@southernpine.org</p>	<p>Mayor Terry Clark City of East Brewton Post Office Box 2010 Easy Brewton, Alabama 36427 eastbrewton@gmail.com</p>
<p>Secretary-Treasurer Mayor Jim Staff City of Atmore Post Office Box 1297 Atmore, Alabama 36504 mayorstaff@cityofatmore.com</p>	<p>Mr. David Adams EMA Director, Escambia County Post Office Box 848 Brewton, Alabama 36427 dadams@co.escambia.al.us</p>
<p>Mr. Jess Nicholas Coastal Gateway Economic Development Alliance 1500 Belleville Avenue Brewton, Alabama 36426 wruzic@coastalgatewayeda.com</p>	

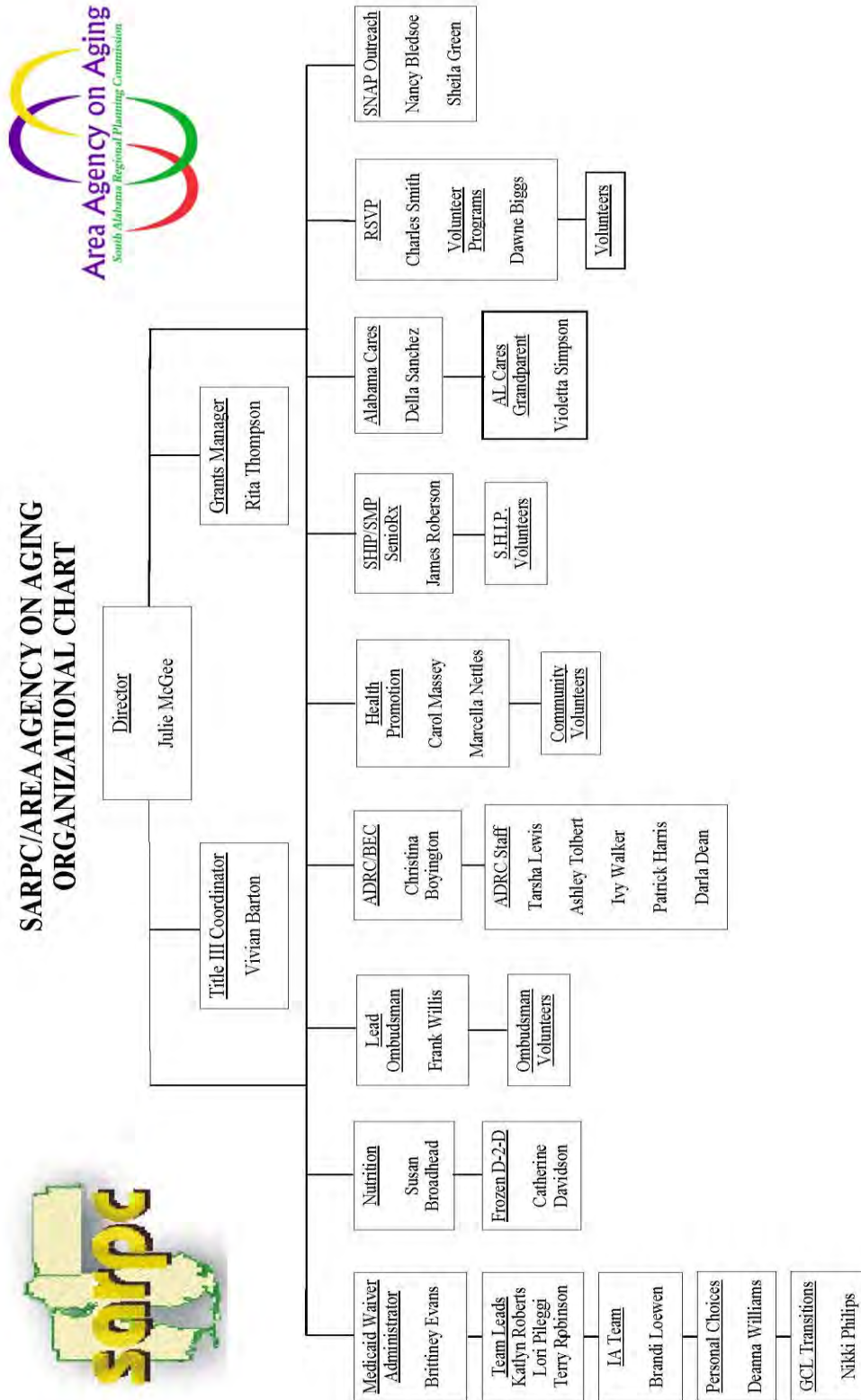
**SOUTH ALABAMA REGIONAL PLANNING COMMISSION
BOARD OF DIRECTORS**

2021

(Updated 01/19/2021)

MOBILE COUNTY	
Chairman-Mayor Sandy Stimpson City of Mobile Post Office Box 1827 Mobile, Alabama 36633 mayorstimpson@cityofmobile.org	Mayor Jimmie Gardner City of Prichard P.O. Box 10427 Prichard, AL 36610 j.gardner@thecityofprichard.org
Commissioner Merceria Ludgood President, Mobile County Commission Post Office Box 1443 Mobile, Alabama 36633 district1web@mobile-county.net	Mayor Howard Rubenstein City of Saraland 716 Highway 43 Saraland, AL 36571 hrubenstein@saraland.org
Mayor Mark Barlow City of Satsuma P.O. Box 517 Satsuma, Al. 36572 mbarlow@cityofsatsuma.com markbarlow63@gmail.com	Mr. John Murphy, Jr., PE Vice President Neel Schaffer, Inc. 5717 Long Meadow Drive Mobile, Alabama 36609 john.murphy@neel-schaffer.com
Mr. John C. Driscoll CEO/Executive Director Alabama State Port Authority Post Office Box 1588 Mobile, Alabama 36633 jdriscoll@asdd.com	Mr. David Rodgers, Vice President Economic Development Mobile Area Chamber of Commerce Post Office Box 2187 Mobile, Alabama 36652-2187 drodgers@mobilechamber.com
Mr. Rob Middleton, President Middleton Construction Post Office Box 91355 Mobile, Al 36691 rob@rm-const.com	Dr. Raoul Richardson, Senior V.P. Research & Development Baheth Research & Development Lab LTD. USA Technology & Research Park 650 Clinic Drive Bldg. 3 Suite 2300 Mobile, Alabama 36608 drraoulrichardson@outlook.com
Mr. Westly L. Woodruff, CPP President/CEO Muskogee Technology 601Muskogee Blvd. Atmore, Al. 36502 wwoodruff@muskotech.com	

ATTACHMENT D: AAA ORGANIZATIONAL CHART



09/03/2021

ATTACHMENT E: GRIEVANCE PROCEDURES

Client Grievance and Appeals Procedure

The following procedures are designed to aid you in resolving problems if you believe your rights have been violated, if you wish to appeal an agency decision (for non-acceptance for services or discharge for agency services), or if you have a complaint about services received from the **South Alabama Regional Planning Commission / Area Agency on Aging**. These procedures are for your convenience and are not designed to define or limit any legal remedies you may have. If you do have problems with **South Alabama Regional Planning Commission / Area Agency on Aging** services; however, you may wish to complete the following process:

First, define the problem. Writing it down may help you clarify your concerns. Ask yourself: *When did the problem occur?* (Include names, times and dates, if possible.) *Who else has observed the problem?* Ask questions of others who may be aware of the same situation.

Second, when you feel it is appropriate, attempt to resolve the problem informally with the **Area Agency on Aging's Regional Program Coordinator at (251) 433-6541 / 1-800-243-5463**.

Third, if your complaint has not been resolved within a reasonable period of time, but not later than 10 business days after you informally approach the staff member most involved, then you should submit a written complaint to the **Area Agency on Aging Program Coordinator at 110 Beauregard Street Suite 207, Mobile, AL 36633**. Please date all correspondence.

Fourth, if the Program Coordinator fails to respond to your concern, or if you are not satisfied with the Program Coordinator's response, then, within 10 working days (after you receive the Coordinator's response), submit a written statement outlining your concern to the **Area Agency on Aging Director**. The Area Agency on Aging Director will then review your concern and respond within 10 working days of receipt of your written concern.

Fifth, if you are not satisfied with the Area Agency on Aging Director's response, then you may appeal in writing to the **State Coordinator at the Alabama Department of Senior Services**. Submit your complaint to:

**Client Appeals
Department of Senior Services
P.O. Box 301851
Montgomery, AL 36130**

The State Coordinator will review and respond to your appeal in writing within 30 days of receipt of your written concern.

I have read and understand the Area Agency on Aging's appeals process.

Client Signature: _____ Date: _____

Responsible party signature (if appropriate): _____

AAA Grievance/Concern Form

Print or type your grievance. Keep a copy of the completed grievance form for your records.

You must initiate the grievance process within 10 days of the action or occurrence being grieved by notifying the Area Agency on Aging. It is helpful to document your initial concerns in writing below.

Date: _____

Person Reporting Grievance: _____

Statement of grievance or concern:

Grievant Signature: _____

For Area Agency on Aging office use only:

Contact Number: _____

Date of Actions or recommendations to be taken: _____

Results or Resolutions _____

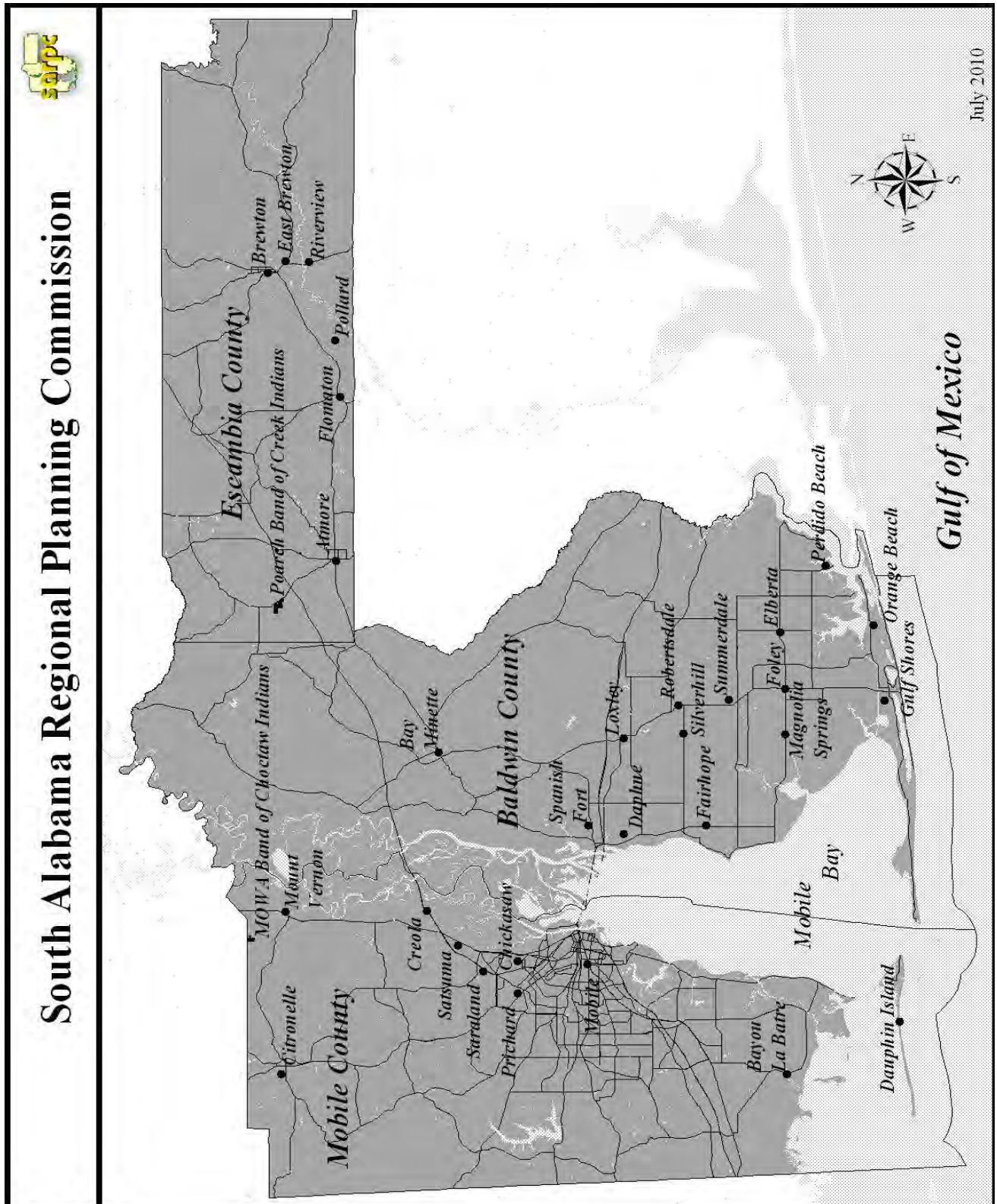
AAA Director **Date**

Coordinator **Date**

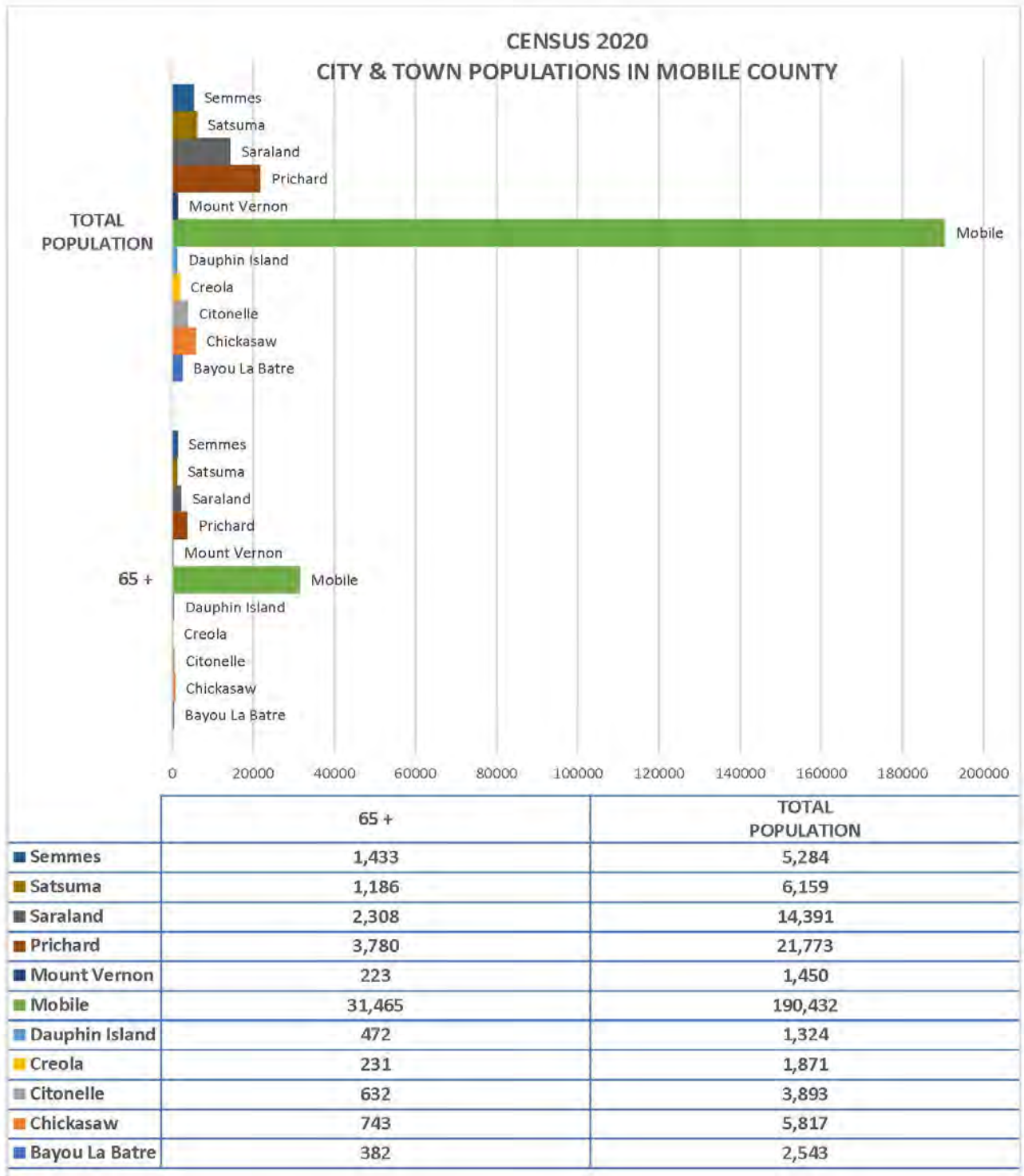
ATTACHMENT F: CONFLICT OF INTEREST POLICY

Conflicts of Interest. The Commission expects and requires all employees to avoid activities that are inconsistent with high standards of public service or that can undermine the public's trust, and thus are contrary to the best interest of the Commission. As a general rule, no Commission member or employee shall acquire a personal interest, either direct or indirect, which is incompatible or in conflict with his or her discharge of function, duty or responsibility to the Commission and the projects thereof. Employees must avoid the following conflict-of-interest situations or actions: (i) investments which might appear to be speculative in real property or business in the immediate vicinity of a Member Government project site; (ii) ownership exceeding one percent (1%) in a company holding or seeking a contract with a Member Government or the Commission; (iii) the use of one's position and influence to promote business with any company in which the employee has a financial interest; or (iv) the use of one's position to contract, or influence contracting, with businesses for personal gain to benefit friends, relatives, or associates.

ATTACHMENT G: PLANNING AND SERVICE AREA MAP

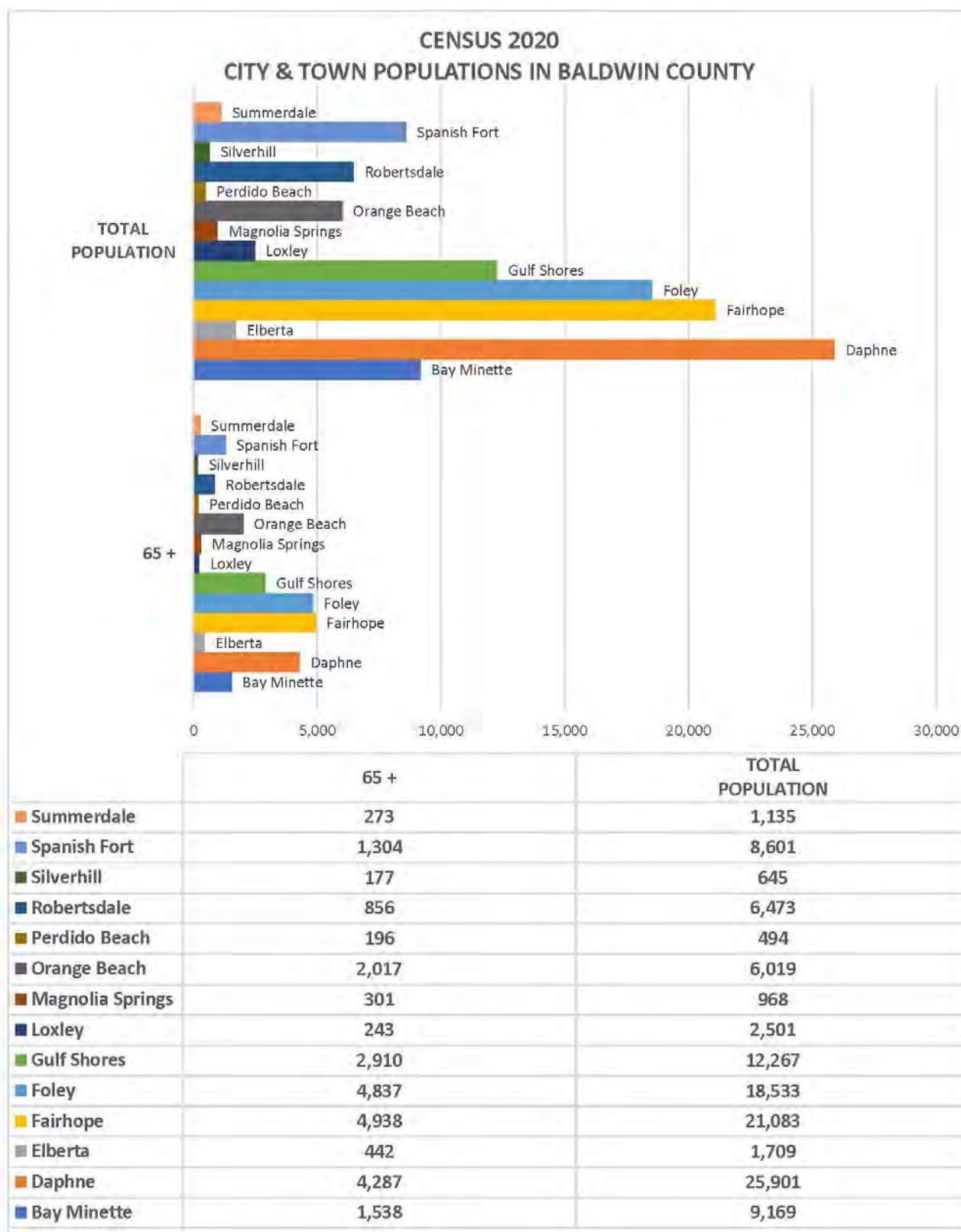


ATTACHMENT H: DEMOGRAPHICS OF PSA



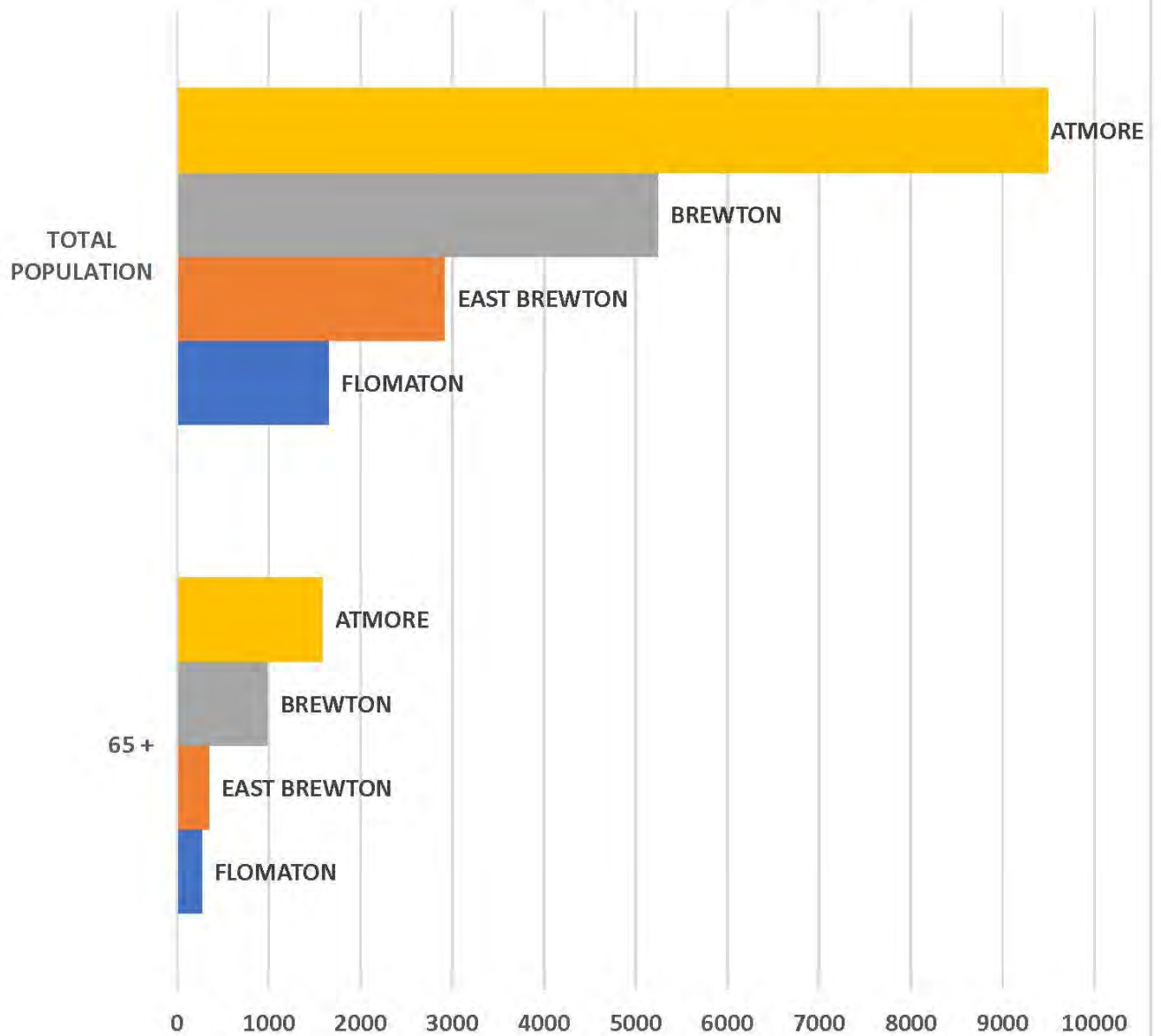
1

¹Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates



¹ Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

**CENSUS 2020
CITY & TOWN POPULATIONS IN ESCAMBIA COUNTY**



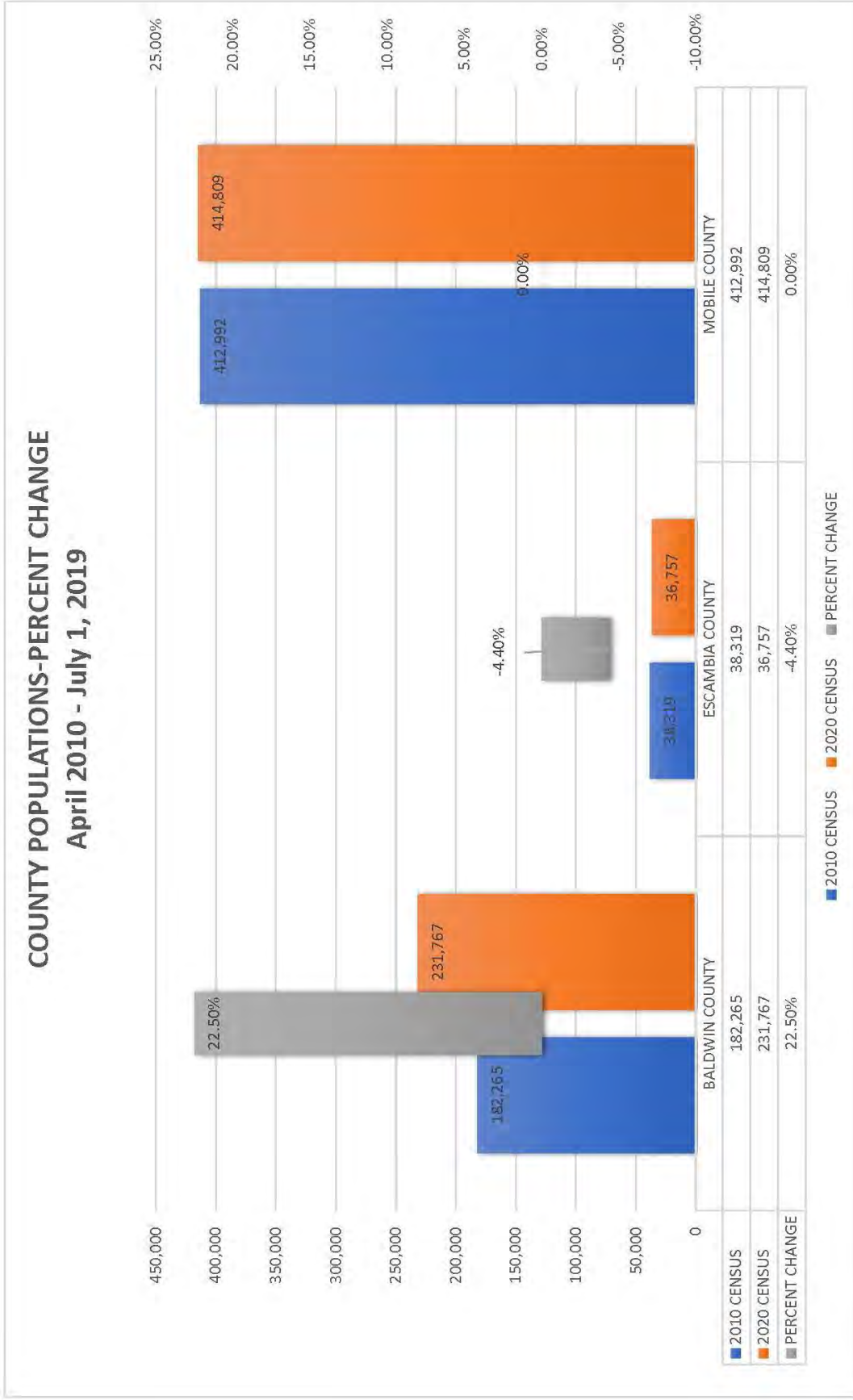
	65 +	TOTAL POPULATION
■ ATMORE	1,582	9,495
■ BREWTON	986	5,240
■ EAST BREWTON	349	2,917
■ FLOMATON	267	1,652

¹ Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

REGIONAL POPULATIONS 60 YEARS AND OLDER 65 YEARS AND OLDER July 2019

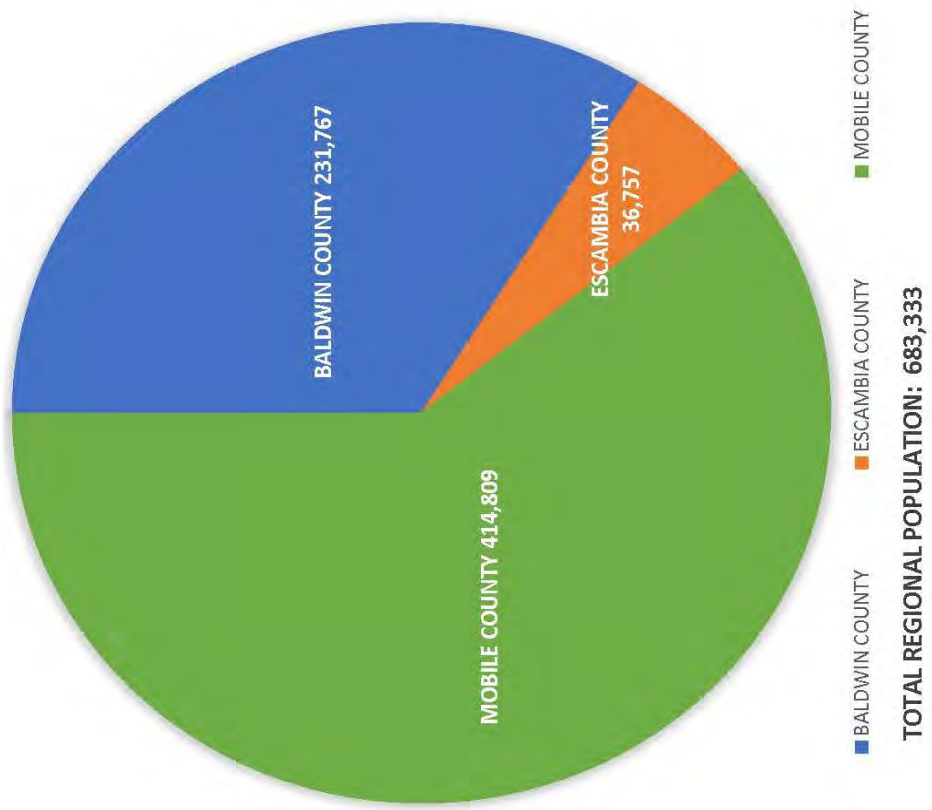


¹ Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

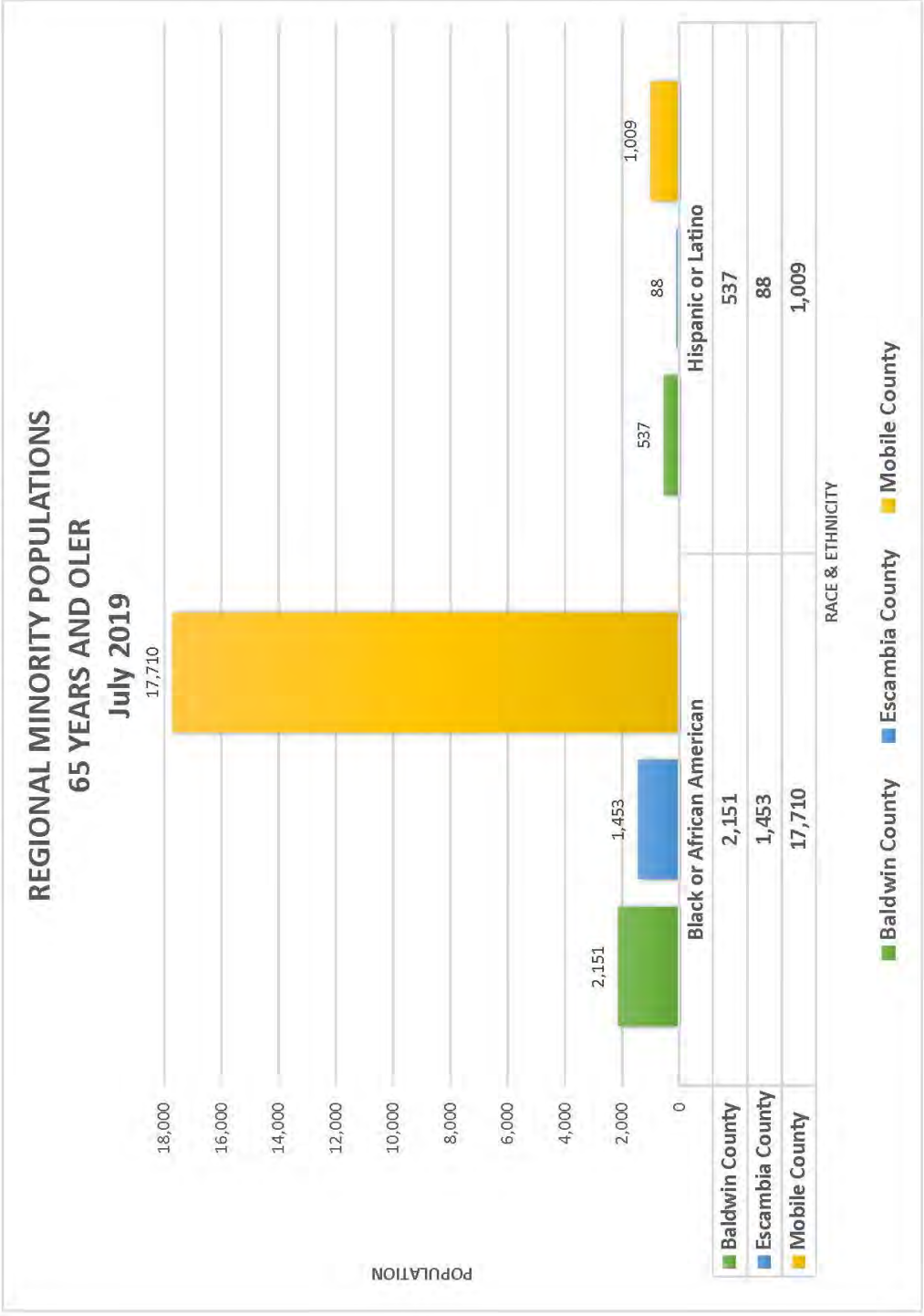


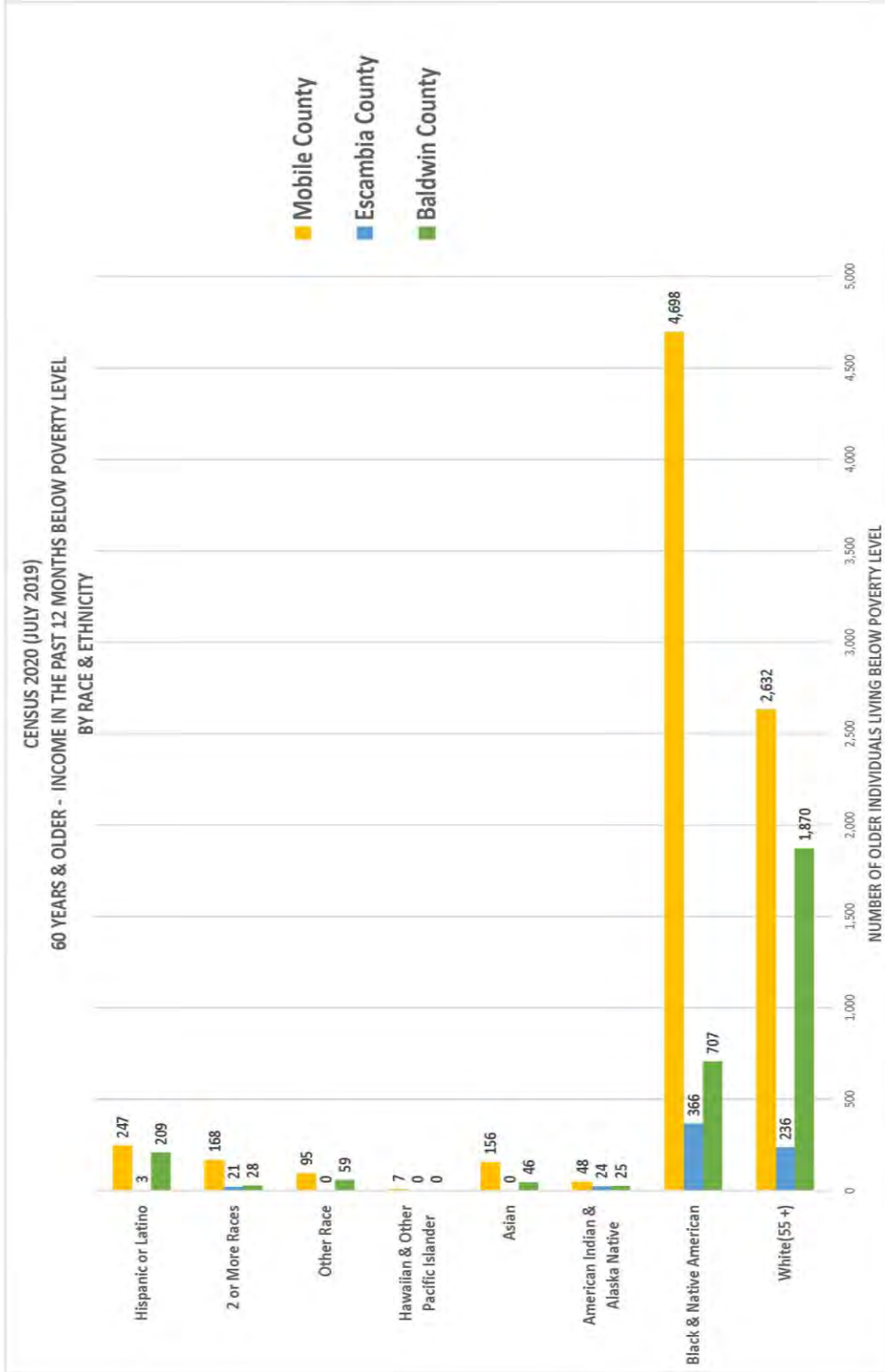
¹ Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

REGIONAL POPULATION BY COUNTY
CENSUS - APRIL 1, 2020

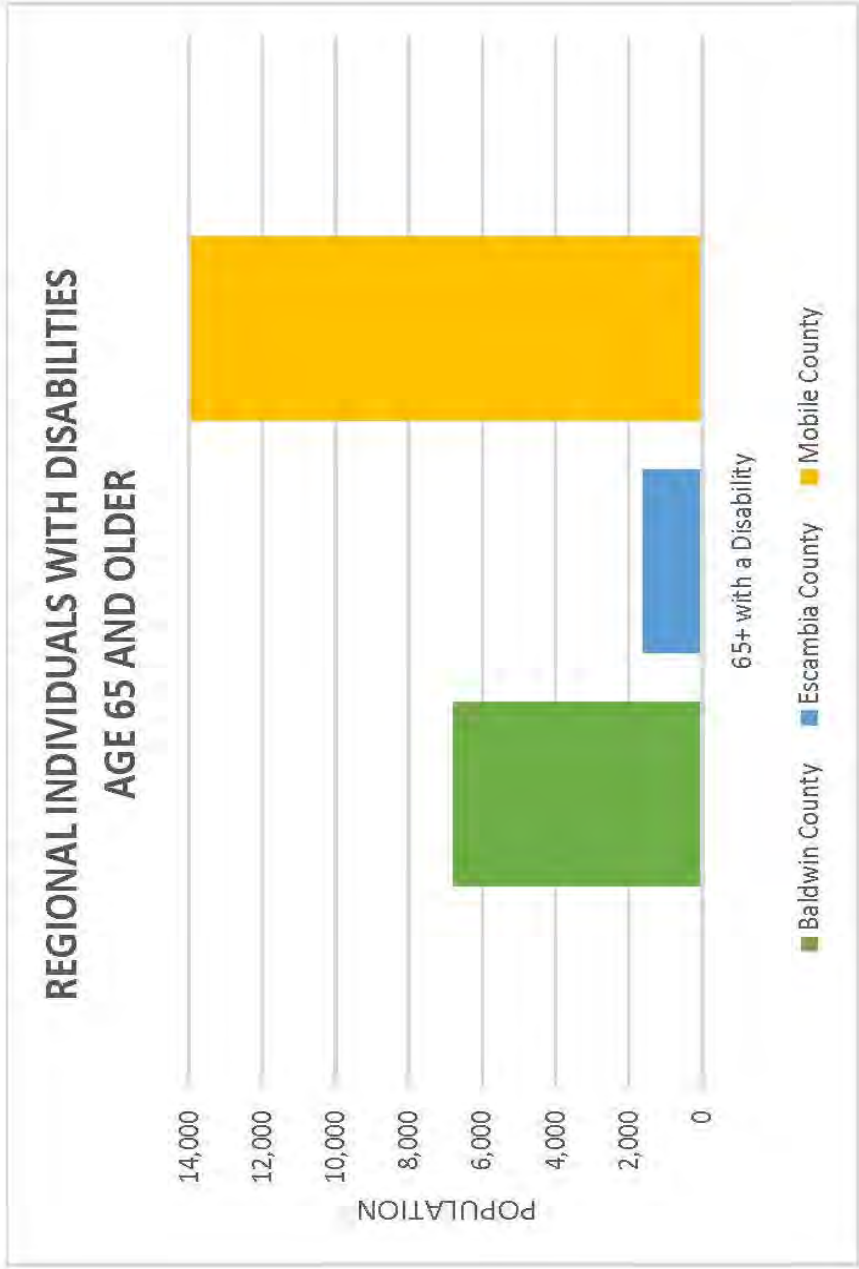


¹Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates





¹ Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates



i

i Source: U.S. Census American Community Survey 2019: ACS 5-Year Estimates

SARPC Regional County Population Aged 65 and Over 2000-2010 and Projections 2020-2040

	<i>2018 series</i>								
	Census 2000	Census 2010	2020	2025	2030	2035	2040	Change 2010- 2040	
								Number	Percent
Baldwin	21,703	30,568	47,034	56,876	66,159	72,875	78,769	48,201	157.7
Escambia	5,236	5,812	6,802	7,324	7,529	7,404	7,405	1,593	27.4
Mobile	47,919	53,321	68,695	78,836	86,072	88,252	88,908	35,587	66.7

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

Population Data by PSA

PSA	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
SARPC	162,998	15,655	37,634	35,145	6,599

(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>

**South Alabama Regional Planning Commission - Area Agency on Aging
FY 18-20 Estimated Performance Indicator**

*NonMedicaid Programs

Name	Title	FY2018		FY2019		FY2020	
		Clients	Units	Clients	Units	Clients	Units
Support Services	Title III B						
	Assisted Trans	24	713	84	1,318	56	680
	Case Management	1,104	1,676	1,625	2,501	2,018	2,864
	Consumable supplies	0	0	0	0	792	1,308
	Homemaker	30	1,305	31	1,914	28	1,970
	Homemaker Delivery			0	0	335	515
	Legal	564	693	455	614	151	280
	Transportation	521	64,044	501	60,881	475	33,245
Nutrition	Title III C						
	Congregate (including SS)	2,019	171,455	1,901	168,857	1,810	181,682
	Home Delivered all (including SS)	1,818	293,248	2,045	358,227	2,593	402,570
	Transportation HDM	1,167	174,977	1,238	197,863	1,124	195,374
Wellness	Title III D						
	MOB	92	526	105	655	66	360
	CDSMP	64	257	66	277	60	246
Alabama Cares	Title III E						
	Caregiver Access	430	1,804	363	1,253	306	3,284
	Grandparent Caregiver Access	25	49	85	250	125	1,082
	Caregiver Ed.	402	1,727	361	2,631	467	5,663
	Grandparent Caregiver Ed.	25	61	85	430	177	1,633
	Respite	106	12,633	103	9,961	151	17,096
	Supplemental	5	53	3	33	10	160
Ombudsman	Title VII	19	39	15	16	42	42
ADRC		3,285	3,326	3,430	3,460	3,712	3,747
SMP							
SHIP		8,027	9,032	7,203	8,694	6,217	7,676
Disaster							
SenioRx		1,832	22,541	1,780	20,128	1,612	18,054
Total unduplicated clients		15,339		15,061		14,752	

**South Alabama Regional Planning Commission - Area Agency on Aging
FY 18-20 Estimated Performance Indicator - Medicaid Waiver Program**

Name	Title	FY2018		FY2019		FY2020	
		Clients	Units	Clients	Units	Clients	Units
Medicaid Waiver (direct services)							
	E&D	763	1,225,605	826	1,169,241	921	1,154,820
	ACT	20	36,705	18	49,650	19	43,845
	TA	5	13,035	7	20,910	7	16,065
Total unduplicated clients		788		851		947	

ATTACHMENT I: CONTRACTORS / PARTNERS

Contractors / Partners with SARPC/AAA:

Title III Contractors	
AHEPA 310 Apartments	Escambia County Commission
Alabama Pecan Festival	Town of Flomaton
City of Atmore	City of Mobile
Baldwin County Commission	Town of Mount Vernon
City of Bay Minette	MOWA Band of Choctaw Indians
City of Bayou La Batre	City of Prichard
City of Chickasaw	Poarch Band of Creek Indians
Citizens For A Better Grand Bay	City of Saraland
City of Citronelle	Town of Summerdale
City of Creola	Via! Senior Citizens Services, Inc.
City of Daphne	Vaughn Senior Center
Dearborn YMCA	Volunteers of America Southeast, Inc
Dumas Wesley Community Center	UCP of Huntsville & Tennessee Valley
City of East Brewton	ADT Security Services, Inc.

Medicaid Waiver / Direct Service Providers	
Alabama Medicaid Agency	PREFERRED CARE AT HOME OF SOUTH AL
ADDALE	SAAD
ADDUS	SUNBRIDGE
AROUND THE CLOCK	TENDER LOVING CARE SITTERS
HELP AT HOME MOBILE	FAVOR HOME HEALTHCARE
HELP AT HOME EVERGREE	

Non-Title III Contracts and MOU/MOAs
Alabama Department of Human Resource
Auburn University at Auburn
National Council on Aging
National Association of Area Agencies on Aging
IRS
Corporation for National and Community Service
Alabama Association of RSVP Directors
Mobile County Commission
Alabama Tombigbee Regional Commission - ATRC
Central Alabama Aging Consortium - CAAC
East Alabama Regional Planning & Development Commission - EARPDC
Lee-Russell Council of Governments - LRCOG
Middle Alabama Area Agency on Aging – M4A
Northwest Alabama Council of Local Governments - NACOLG
North Central Alabama Regional Council of Governments - NARCOG
Southern Alabama Regional Council on Aging - SARCOA
South Central Alabama Development Commission - SCADC
Top of Alabama Regional Council of Governments - TARCOG
United Way Area Agency on Aging of Jefferson County - UWAAA
West Alabama Regional Commission - WARC

ATTACHMENT J: EMERGENCY / DISASTER PLANS

Revision History, Distribution, Acknowledgements

Revisions:

8th revision, August 2021 (update of staff/ph #s)
7th revision, June 2020 (update of staff/ph#s; COVID-19/Pandemic info)
6th revision, August 2017 (update of staff ph #s: May 2018)
5th revision, March 2016
4th revision, August 2014
3rd revision, May 2012
2nd revision, June 2010
1st revision, July 2009

Original version, August 2007

Keep a history of any revisions

DISTRIBUTION

One copy of this version of the Disaster Planning Manual are to be distributed to each staff person to be kept at their desk. Additional copies for those people are available on request.

Copies of this Disaster Planning Manual, clearly labeled, are to be kept in the Executive Director, Assistance Director, Director Administrative Services, Area Agency on Aging Director, Disaster Resource Coordinator, and Disaster Response Coordinator's offices.

- Copies are to be distributed to the Alabama Department of Senior Services.

Chapter 1: Agency Roles Related to Disasters

Introduction

South Alabama Regional Planning Commission

The South Alabama Regional Planning Commission provides general support and assistance to member governments following disasters such as hurricanes, tornadoes and fires. SARPC provides specific programs and services through the Governmental Planning Department, Employment and Economic Development Department and Area Agency on Aging, which are exclusively tailored to address the needs of member governments and citizens within the region with disaster recovery.

Jointly, the South Alabama Regional Planning Commission and the Area Agency on Aging assist older adults age 60+ in accessing available disaster related services; and to take applications for assistance that may become available through funds awarded to the Area Agency on Aging. The availability of funds and services is dependent on discretionary funding from the U. S. Administration on Aging and the Alabama Department of Senior Services. The Area Agency on Aging may also accept disaster funds from other local, state, federal or private sources.

Area Agency on Aging Disaster Recovery Services

The Area Agency on Aging staff operates from the Disaster Recovery Centers authorized after hurricanes or other disasters by the Emergency Management Agency. Services typically provided may include tree and debris removal; emergency home repairs; replacement of medications, glasses, dentures or other medical supplies lost or damaged in the disaster; and in-home services to allow caregivers to address hurricane recovery needs.

AAA Disaster Mission Statement

The Area Agency on Aging (AAA) is recognized in Mobile, Baldwin, and Escambia Counties as a source of information for older adult resources. The AAA's primary mission during a disaster is to maximize community access for older adults to critical resources. We will do so by adapting our normal information gathering and services delivery procedures to meet the circumstances of specific disasters. Emerging needs will be evaluated and prioritized to reflect time sensitive and disaster specific issues while maintaining normal services as much as possible. The AAA will aggressively seek new and updated information and actively disseminate such information to individuals, agencies, organizations, the media, and the general public affected by the disaster.

In order to fulfill this mission, the AAA will work with staff to secure their physical safety and well-being and will include staffs' concerns for their families and homes in its emergency response plans. All staff will be trained and prepared to operate under emergency/disaster response conditions.

ADSS Role on Disasters

Alabama Department of Senior Services

Alabama Department of Senior Services Protocol

Alabama Department of Senior Services (ADSS) will utilize all forms of communication available during the pre-, intra-, and post-activities of a disaster/crisis.

During the pre-declaration of a disaster/crisis, ADSS will contact the Area Agency on Aging (AAAs) in the projected impact areas and AAAs adjacent to the impact area within 72-hours of the threat, if time permits, but no less than 24-hours, to review their Disaster Plans. Those AAAs in the projected impact area will begin notification of at-risk clients and their caregivers. AAAs are to contact the aging network, local Emergency Management Agency (EMA); and if, FEMA has already established Disaster Recovery Centers (DRCs), AAAs should be prepared to provide staff to support. AAAs located adjacent to the projected impact areas should be prepared to provide support and/or assistance to the impacted AAAs. During all phases of the disaster, record keeping duties are required. This is an essential task, not only for seeking future reimbursement but invaluable for mitigating future damages or loss.

In the intra-phase of the declaration (actual disaster), AAAs will provide any relevant or useful information available to ADSS and supporting AAAs. This information will be developed from your recordkeeping (staff time/overtime, supplies, senior contacts, type/amount of service provided, resource inventory used, intake forms for all seniors, contracted services, personal expenses, phone logs, etc...) Within the first 24-hours of an emergency, AAAs should be able to assess the crisis; determine the type, scope and location of damage; and provide ADSS with information to begin the process of contacting AoA for disaster grant funds.

Disaster Assumptions

It is assumed that the likelihood of a major disaster affecting Mobile, Baldwin, and Escambia Counties is very great. Help from emergency services may not be available for up to 72 hours or more. The Area Agency on Aging (AAA) may experience extensive damage, resulting in injuries, property loss, or loss of critical services (telephones, utilities, and roadways). This could result in a disruption or complete interruption of the AAA services upon which our clients depend.

This Emergency Plan will help our staff to prepare for and quickly begin recovery from an emergency or disaster. Planning, practice and revisions of this Emergency Plan are essential to prevent injury, loss of life and to be able to continue providing important client services.

The AAA emergency plan priorities will be best realized if and only if the AAA staff member has prepared his/her home, family, and self for an emergency before a disaster strikes.

The AAA may be impacted by disasters of varying magnitudes. Emergency activation should be appropriate to the level of the disaster. Levels are defined as follows:

Stage One Event - Minimal Impact

A Stage One event has little impact on the AAA operations beyond possibly activating the emergency phone tree and issuing a disaster message for the staff and public. Some Stage One events may be federally declared disasters. An example would be the El Niño flooding in the winter of 1998.

Stage Two Event -Moderate Impact

A Stage Two event is expected to have a moderate impact on the AAA operations. This type of event includes declared disasters such as earthquakes, wild fires, Category 1 hurricanes, tornadoes, or localized flooding. There could be limited deployment of staff to off-site locations if requested by the Director of the AAA.

Stage Three Event- Major Impact

A Stage Three event has a potential major impact on the AAA operations. A Stage Three emergency will be a large, federally declared disaster such as the September 11th incident, Hurricane Katrina, or a major civil disturbance. Many of the AAA staff will be deployed to disaster operation sites for extended periods. We will work closely with the Disaster Relief Centers, county, city, EMA or FEMA. Bulletins to the AAA staff and public messages will be extensive, require frequent up-dates in the first period, and continue to be issued for many months. Normal operations will be degraded to a significant extent. Expected operational duration for the AAA is several months.

A Stage Four--Catastrophic Impact

A stage four event will have a catastrophic impact on communities in Mobile, Baldwin or Escambia Counties and will severely affect AAA operations. The emergency needs of the community can be expected to exceed the capacity of local resources, including those of the AAA, and local emergency management organizations. Significant resources from other counties and agencies will be needed for the AAA to meet its disaster responsibilities. Examples of a potential State Four Emergency is: Pandemic Flu.

Chapter 2: Pre-Disaster Preparation

Pre-Disaster Preparedness Checklist

Before a disaster

- Educational flyers distributed to the elderly
- Update and backup AIM, Peer Place; FamCare files
- Identify alternative locations for the AAA office and SAIL/Senior Centers
- Locate supplemental meals from other regions of the state
- Notify out of town AAA staff driving SARPC vehicles to return if possible
- Organize and train volunteers (RSVP) to work in the Disaster Recovery Centers and Information and Assistance (I&A)
- Train SAIL/Senior Center Managers on disaster procedures
- Keep updated Directory of Senior Resource Guide in disaster folder
- Coordinate with Mobile, Baldwin, and Escambia County Emergency Management Planning Committees and the County Voluntary Organizations Active in Disasters Committees
- Update information in AIMS system on client's risk status and need for assistance, i.e. Elderly & Disabled Medicaid Waiver clients
- SAIL Center managers identify high risk homebound elderly that may need assessment and possible assistance prior to and after the disaster
- Coordinate efforts with Via Center & Connie Hudson Mobile Regional Senior Center
- Ombudsman contacts critical long-term care facilities regarding facility disaster plan
- All AAA Program Coordinators to complete Disaster Preparedness Checklists to promote disaster readiness

Training and Orientation

The Disaster Resource Coordinator will design and conduct training exercises and staff orientations annually. These trainings will include:

- a) Special exercises to implement recommendations of an After-Action Report.
- b) Orientation for new staff on the AAA Disaster Planning Guidelines.
- c) Providing all new staff with copies of this Disaster Planning Guidelines Manual as part of their initial AAA materials.
- d) Annual HIPAA training for all AAA staff.
- e) Protocols during an emergency or disaster.
- f) Providing HIPAA training and confidentiality agreement to all volunteers.

Disaster Recovery Database Maintenance

The AAA will maintain a database of known disaster recovery resources:

- The database will include resources of governmental agencies and nonprofit organizations with a defined disaster mission.
- The database will be updated at least once each year
- The database is updated when there is a disaster warning or at the onset of an event
- All records are checked for accuracy
- Information specific to an event, such as the location of emergency shelters, are entered at the onset of the event
- Additional information is entered into the database as it becomes available

The Disaster Resource Coordinator and the Disaster Response Coordinator will maintain hard copies of this information. The Disaster Resource Coordinator will be responsible for maintaining this database.

AAA Program Checklists for Disaster Preparedness

All Staff Checklist

- ☐ Update client/ program information in AIMS; PeerPlace; FamCare
- ☐ Current home phone, cell phone and emergency contact information given to SARPC and AAA for phone trees
- ☐ Update SARPC/AAA Identification badge
- ☐ Secure all office equipment and furniture
- ☐ Back-up hard drive computer files. SARPC/AAA will be responsible for 'Share Drive' backup by I/T – Security Officer ('Share Drive' is set to back up on the main server every hour))
- ☐ Prepare hard copies of your program information to take with you.

AAA Director Checklist

AAA Director _____

First Designee _____

Second Designee _____

The Area Agency Director is responsible for the following in an emergency. (Check off each item when completed or determined inapplicable in this event.)

- ☐ Assess the level of disaster based on the best information available
- ☐ Initiate an event log of actions, beginning with notification of the emergency.
(Document the *who, what, where, when, & how much* of all actions requested and/or taken.)
- ☐ Gather & brief Disaster Response Committee as needed
- ☐ Schedule Staff meetings to obtain briefings from Program Coordinators.
- ☐ Develop the framework for the Emergency Plan: assess the situation, define the problems, and establish the priorities for action (refer to Agency Priorities in the Mission Statement, page 4.) Include:
 - _____ Estimates of the Effect of the Emergency on Clients & Services
 - _____ Needs Assessment
 - _____ Estimate of Incident Duration
 - _____ Activation of the Emergency Team Center
 - _____ Overall Strategy
- ☐ Direct staff to perform checklist functions.
- ☐ Brief the Board of Directors when necessary.
- ☐ Determine availability of:
 - Personnel – Team Staffing
 - Relief Personnel
 - Special Equipment
 - Care & Shelter of Staff, Volunteers, & Mutual aid staff

☐ Establish liaisons as needed-

- ADSS
- AOA
- FEMA
- Cities
- Counties
- VOADs

Other agencies or service providers _____

☐ Evaluate progress of emergency efforts. Review and revise the Operational Plan as needed,
every
_____ 4 hrs. _____ 8 hrs. _____ 24 hrs.

☐ Ensure that the Agency Status Report is sent to ADSS at least once a day until the emergency has subsided.

☐ Approve requests for purchasing and release of resources

☐ Authorize or personally release information to the public

☐ Check MOU agreements with other agencies and services

☐ Check AIRS, United Way and seek updated information on potential cost reimbursements

☐ Direct deactivation plans & release personnel from the DRCs

☐ Recheck this list periodically and review the Emergency Plan

☐ Disseminates emergency/disaster preparedness information to AAA Staff

☐ Request disaster emergency information from ADSS, AoA, FEMA, or EMA

Disaster Resource Coordinator

The Primary responsibility of the Disaster Resource Coordinator is to train staff and disseminate information throughout the year on disaster preparations. The Coordinator is also responsible for initiating and maintaining the disaster activity log and gathering information from all sources available including Emergency Management Agency offices and media. The Coordinator works to obtain personnel and materials needed for disaster recovery work through established contacts with government agencies, the Leadership Institute Volunteers, private sources, and VOAD agencies.

- ☐ Contact volunteers 72 hour prior to the event for stand by status.
- ☐ As soon as possible after an emergency has been declared, the Disaster Resource Coordinator will contact other agencies, such as VOAD, to open lines of communication.
- ☐ Contact volunteers when the DRCs open to the public.
- ☐ Prepare Disaster Activity Log

The disaster activity log is a detailed record of the agency's disaster activities. It includes a record of:

1. Meetings held at the agency
2. Phone conversations with outside agencies in which requests are made or agreements about disaster work are reached
3. Actions initiated by the AAA Director and staff

The log is the basis for the After-Action Report, and potential press release materials, and is the basis for a defense in a liability action against the agency.

Alabama Caregivers Programs Checklist

The primary responsibility of the Alabama Cares Coordinator is to complete an Emergency Preparedness checklist on each client. The coordinator also completes contact information on service providers.

Client information should contain:

☐ Priority Status

Correct and updated in AIMS; Peer Place, FamCare

☐ Client and emergency contact information

Address current in AIMS; Peer Place, FAMCare and in office files.

Home, cell and other phone number(s) are current in AIMS; Peer Place, FamCare and Office files.

Home, cell and other emergency contact numbers updated in AIMS; Peer Place, FamCare and office files.

Caregiver and/or other emergency contact name(s) updated in AIMS; Peer Place, FamCare and office files.

☐ Client's Emergency Plan

Current directions to client's home on Caregiver Intake form and AIMS; Peer Place., FamCare

Evacuation plans listed on Caregiver Intake form.

☐ Hurricane Preparedness Information

Client received disaster/preparedness information.

Client received emergency checklist information.

☐ Influenza Preparedness and Germ Prevention Information

Client received information about the influenza, germ prevention, and pandemic influenza.

Flu information should be distributed throughout October and November and completed by December 1st. Hurricane information should be distributed to all consumers by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly by December and June.

Grant Specialist Checklist

The Grant Specialist, in coordination with the Chief Fiscal Officer, is responsible for:

- ☐ All disaster-related financial and cost analysis.
- ☐ Tracking all expenditures with special attention to possible reimbursable items.
- ☐ Determining the need for security of records.
- ☐ Maintaining personnel time records.
- ☐ Maintaining current posting on all charges or credits for fuel, supplies, and services.
- ☐ Preparing contracts for goods and services.
- ☐ Overall management and direction of compensation claims.
- ☐ Maintaining a log of all injuries sustained.
- ☐ Handling claims other than injury.

AAA Office Manager/AAA Office Contact Checklist

The primary responsibilities for the AAA Office Manager are to assist in securing all field files, computer files, computers, copy machines, faxes, and other critical office machines.

- ☐ Move items into a secure area away from windows.
- ☐ Move all files and equipment from the first floor to the second floor.
- ☐ Assist staff with downloading computer information onto laptops..
- ☐ Oversee the security of employees' personal objects, particularly hanging ones, in their immediate work areas.
- ☐ Ensure that staff has all information in hand relating to the emergency event.
- ☐ Assist in determining staff's personal plans regarding evacuation, caring for someone else, etc.
- ☐ Ensure that staff has a copy of an accurate phone tree.

If an employee becomes aware that an item of furniture or equipment is not adequately secured s/he should notify the Office Manager.

Ombudsman Checklist

The primary responsibility of the Ombudsman is to maintain current contact information on each facility.

☐ Facility Address and contact information

Facility address is current in AIMS/SISOR and in office files.

Facility phone numbers are current in AIMS/SISOR and office files.

☐ Current Emergency Contact Information

Facility's upper management emergency contact number(s) updated.

Information has been updated and correct in office files.

☐ Assess facilities and residents after emergency event. Check for evacuation locations.

☐ Compile list of evacuees from other regions or states with name, previous address, family contacts, payee status and special needs.

SNAP Outreach Coordinator Checklist

SNAP Outreach Coordinators primary responsibility is to maintain current contact information on clients and volunteers. In the event of disaster SNAP Coordinator will be available at Disaster Relief Centers (DRC) opened by FEMA.

Current Emergency Contact Information

SNAP Coordinator will maintain current client and volunteer's contact information such as i.e., emails addresses and cell phone numbers. Coordinator will maintain communications with clients and volunteers regarding cancellations and updates regarding all Area Agency on Aging pending events as needed.

Coordinators will provide disaster information/fliers to clients and volunteers as needed.

Elderly and Disabled Medicaid Waiver Checklist

The primary responsibility of the Medicaid Waiver Coordinator is to contact all direct service providers to ensure at risk clients have been contacted and are secure. The Medicaid Waiver Coordinator directs Medicaid Waiver Case Managers to secure files and medical assessments.

The Medicaid Waiver Coordinator ensures that Medicaid Waiver Program Case Managers complete an emergency/disaster preparedness checklist on their clients including:

☐ **Priority Status and Labels**

Case Managers update priority statuses in AIMS and FamCare on Service Providers Authorization Forms, and in all office and field files or cases.
Case Managers place priority labels on client's office and field files.
Secure Special Needs Evacuation Registry for Medicaid Waiver Clients.

☐ **Client's Address and Contact Information**

Case Managers update addresses for all clients in AIMS and FAMCare, Peer Place on all office and field files.

Case Managers update client's home, cell and other phone numbers in AIMS and FamCare, on Service Providers Authorization and in office and field files for all cases.

☐ **Current Emergency Contact Information**

Case Managers update home, cell and other emergency contact numbers in office and field files (see # 2).

☐ **Client's Emergency Plan**

Case Managers update client's emergency plans in AIMS on directions section of HCBS forms, on Service Providers Authorization, in narratives, office and field files for all cases.

☐ **Emergency/Disaster Preparedness Information**

MW Coordinator has given case managers emergency/disaster preparedness information.
MW Coordinator has given case managers emergency kit information.
MW Coordinator requested that case managers distribute emergency/disaster preparedness information to all consumers.

☐ **Influenza Preparedness and Germ Prevention Information**

MW Coordinator has given case managers information about influenza, pandemic influenza and germ prevention.
MW Coordinator requested that case managers distribute influenza preparedness and germ prevention information to all consumers.

The Medicaid Waiver Coordinator maintains copies of the designated service providers' emergency plans.

Flu information should be given throughout October and November and completed by December 1st. Hurricane information should be distributed to all consumers by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly by December and June.

E & D Medicaid Waiver Case Managers Checklist

The primary responsibility for the Medicaid Waiver Case Managers is to contact all clients to verify their emergency plan. Medicaid Waiver Case Managers will secure files and medical assessments. Medicaid Waiver Case Managers will provide the Medicaid Waiver Coordinator will complete aggregated checklist for each client.

☐ Priority Status

Correct and updated in AIMS; PeerPlace; FamCare.

Correct and updated on SPA.

Noted in *italicized* portion on the narrative.

Complete Special Need Evacuation Registry if applicable.

☐ Priority Labels

Current on office *and* field files.

☐ Client's Address and Contact Information

Address current in AIMS, FAMCare, Peer Place office *and* field files

Home, cell and other phone number(s) current in AIMS, Office *and* Field files.

☐ Current Emergency Contact Information

Home, cell and other emergency contact number(s) updated.

Caregiver and/or other emergency contact name(s) updated.

Updated on HCBS form in AIMS.

Updated in office *and* field files.

☐ Client's Emergency Plan

Current plan in the *italicized* portion of the narrative.

Current plan in the field file. (On address page.)

Written in the directions section on the HCBS form in AIMS.

Current plan in the office file.

Example: Mrs. Z will go to her sister's in Birmingham if there is a hurricane that is category 3 or above.

☐ Hurricane Preparedness Information

Consumer received disaster/preparedness information.

Consumer received emergency kit information.

☐ Influenza Preparedness and Germ Prevention Information

Consumer received information about Flu, pandemics and germ prevention.

Flu information should be given throughout October and November and completed by December 1st. Hurricane information should be distributed to all consumers by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly by December and June 1st.

Disaster Response Coordinator's Checklist
--

The Disaster Response Coordinator maintains current community resources in office files and a file prepared for an emergency/disaster situation. Program Coordinator has Long Term Recovery Committee member's current office phone and cell phone in both office files.

- ☐ Coordinate staffing of Disaster Recovery Centers
- ☐ Prepare multiple folders containing intake forms, office supplies, community resources and the Senior Resources Guide. Laptop will have backup copies of documentations needed.
- ☐ Communicate with AAA staff at DRCs daily.

Nutrition Program Checklist

The Nutrition Coordinator completes an emergency preparedness checklist on each SAIL Center.

☐ Priority Status Information for “At Risk” Clients

The Program coordinator ensures that center managers update lists of “At Risk” clients.
Program coordinator obtains updated list from each center manager.

☐ Priority Status and Labels

The program coordinator ensures information is current on liquid supplement and FD2D (frozen meals door to door) clients in AIMS and office files.

☐ Consumer Address and Contact Information

Program coordinator ensures that center managers update clients’ addresses in AIMS and office files.

Program coordinator ensures that the center manager’s current home, cell and other phone numbers are in AIMS and office files.

☐ Current Emergency Contact Information: Centers, Commissary and Alabama Department of Senior Services.

Home, cell and other emergency contact number(s) updated.

Information updated in office *and* field files.

Program coordinator ensures current contact information for: Center managers, Contractors, Valley Commissary and Valley Corporate Office.

Program coordinator ensures an alternate location to ship meals and provide aid during emergency/disaster situations.

☐ Center’s Emergency Plan

Current emergency/disaster plan is in office and field files.

Center manager has identified “At Risk” clients and has a list in files and in AIMS.

Program director has updated list of liquid supplements and FD2D consumers.

☐ Emergency/Disaster Preparedness Information

Center manager has received emergency/disaster preparedness information.

Center manager has received emergency kit information.

Program coordinator has requested that center manager disseminate emergency/disaster preparedness and emergency kit information.

☐ Influenza Preparedness and Germ Prevention Information

Center manager has received all ADSS provided health literature.

Program coordinator has requested that center manager disseminate this information.

Flu information should be given out in October and Hurricane information should be distributed by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly.

RSVP Checklist

The RSVP Coordinator is responsible for maintaining current contact information on volunteers and program staff.

☐ Current Emergency Contact Information

Volunteer's address, home, cell and other emergency contact number(s) have been updated in files.

☐ Emergency/Disaster Preparedness Information

Program Director distributes emergency/disaster preparedness information to volunteers.

☐ Influenza Preparedness and Germ Prevention Information

Program Director distributes information about influenza, pandemic flu and germ prevention to volunteers.

Flu information should be given out in October and hurricane information should be distributed by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly.

Senior Rx Program Coordinator's Checklist

The primary responsibility of the Senior Rx Coordinator is to maintain current contact information on staff and ensure its accuracy with the AAA/SARPC.

☐ Senior Rx Staff's Emergency Plans

Program Director has Senior Rx staff's current plans in office files and a file prepared for an emergency/disaster situation.

Example: Mrs. Z will go to her sister's in Birmingham if there is a hurricane that is category 3 or above.

Program Director has Senior Rx staff member's current phone, cell and emergency contact information in both office files and a file prepared for emergency and disaster information.

☐ Hurricane Preparedness Information

Program Director received and disseminated disaster/preparedness information to Senior Rx staff.

Program Director received and disseminated emergency kit information to Senior Rx staff.

☐ Influenza Preparedness and Germ Prevention Information

Program Director received information about influenza and germ prevention and disseminated it to Senior Rx staff.

Program director received information about pandemic influenza and disseminated it to Senior Rx staff.

Flu information should be given out in October and Hurricane information should be distributed by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly.

State Health Insurance Program Checklist (SHIP)

The SHIP Coordinators primary responsibility is to maintain current contact information on volunteers.

☐ **Current Emergency Contact Information**

Volunteer's address, home, cell and other emergency contact number(s) have been updated in files.

Program Director has a file containing volunteers' contact and emergency information that may be used in case of an emergency/disaster.

☐ **Emergency/Disaster Preparedness Information**

Program Director distributes emergency/disaster preparedness information to volunteers.

☐ **Influenza Preparedness and Germ Prevention Information**

Program Director distributes information about influenza, pandemic flu and germ prevention to volunteers.

Outreach Coordinator Checklist

Outreach Coordinators primary responsibility is to maintain current contact information on clients and volunteers. In the event of disaster Outreach Coordinator will be available at Disaster Relief Centers (DRC) opened by FEMA.

Current Emergency Contact Information

Outreach Coordinator will maintain current client and volunteer's contact information such as i.e., emails addresses and cell phone numbers. Coordinators will maintain communications with clients and volunteers regarding cancellations and updates regarding all Area Agency on Aging pending events as needed.

Coordinators will provide disaster information/fliers to clients and volunteers as needed.

ADRC Checklist

The ADRC Coordinator is responsible for maintaining current contact information on program staff.

☐ Current Emergency Contact Information

ADRC staff address, home, cell and other emergency contact number(s) have been updated in files.

☐ Emergency/Disaster Preparedness Information

All ADRC staff should have a full copy of the Disaster Preparedness readily available.

☐ Securing I&R Resources

I&R staff collect all written material concerning any names and phone numbers of resources currently available in the community. Secure all written information in a plastic container to take with you when we are instructed to leave the building.

Many resources are available on the internet at www.agingsouthalabama.org, however, should we be without electricity for any period of time, be sure you have several copies of the Senior Resource Directory available.

☐ Influenza Preparedness and Germ Prevention Information

Program Director distributes information about influenza, pandemic flu and germ prevention to volunteers.

Flu information should be given out in October and hurricane information should be distributed by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly.

AAA Legal Services Checklist

AAA Elder Law Attorney primary responsibility is to maintain current contact information on clients. In the event of disaster AAA Legal Services will be available at Disaster Relief Centers (DRC) opened by FEMA.

Current Emergency Contact Information

AAA Legal Services will maintain current client and contact information such as i.e., emails addresses and cell phone numbers. AAA Legal Services will maintain communications with clients regarding cases and updates regarding all Area Agency on Aging pending events as needed.

Legal Coordinators will provide disaster information/fliers to clients.

Chapter 3: AAA Emergency Plan

AAA Staff Disaster Guidelines

All AAA staff will conform to the SARPC Disaster Plan Guidelines found in the Index of this manual. SARPC will utilize its established telephone tree and/or SARPC group text messages for instructions on securing the building, equipment, files and commission vehicles and reporting to work after an event.

This plan will not tell us what to do minute to minute in an emergency or disaster. However, it is a system to best organize our resources and guide each person to the duties for which he/she will be responsible in the event of an emergency.

It is expected that each person will thoroughly understand his or her role and responsibilities in an emergency/disaster, before one occurs! To learn your emergency duties, please look at Chapter 5. This Emergency Plan will not answer every question or solve every problem that will be encountered in an emergency. It will need to be updated yearly and improved as needed. Everyone's input is vital toward the goal of making this Emergency Plan, in combination with the SARPC Disaster Plan, a tool that every AAA staff member will feel confident to use. This plan provides guidance to the AAA staff for the prevention and/or mitigation of damage to agency facilities, equipment, and personnel before, during and after a serious disaster event.

Activation Plan

This Emergency Plan will be activated when a disaster significant enough to cause widespread damage occurs, or when an Emergency significantly impacts the AAA's services or client population.

As soon as it is clear that an emergency event has occurred this emergency plan will be activated by the first of the following that is available to do so:

- SARPC Executive Director – Rickey Rhodes
- AAA Director - Julie McGee
- Disaster Resource Coordinator - Della Sanchez
- Disaster Response Coordinator – Darla Dean
- Field Services Coordinator – Susan Broadhead
- AAA Office Contact – Nancy Bledsoe
- Disaster Response Committee Member – Brittiney Evans

Activating the Emergency Plan: First Steps

Within the first 24-hours of an emergency, the Executive Director will assess the crisis; determine the type, scope, and location of damage; and provide AAA Director and/or ADSS with information to begin the process of contacting AoA for disaster grant funds.

1. _____ SARPC Executive Director advises AAA Director if building is safe to occupy
2. _____ If building is safe to occupy, the Executive Director will call the Emergency Activation Roster to report to work.
3. _____ The AAA Disaster Response Committee will begin to assess community situation by social media, text messages, _____ monitoring radio and television
4. _____ If telephones are operational, handle calls. Give out only confirmed information
5. _____ Begin Disaster Activity Log
 - Record calls made to Emergency Activation Roster or other staff
 - Record all contacts with other agencies
6. _____ Try to contact Alabama Department of Senior Services and report agency status
Voice: 334.242.5743
Fax: 334.242.5594

Name of person completing checklist: AAA Director or designee

Immediate Actions in an Emergency

- Activate Emergency Plan – Rickey Rhodes, Executive Director
- Emergency Group Notifications (text/emails) – Donnie Rowell
- Order & control evacuation if necessary – Rickey Rhodes, Executive Director
- Account for staff following evacuation - Rickey Rhodes, Executive Director
- Contact staff to assess their personal needs - Julie McGee, AAA Director
- Evaluate building for usability – Rickey Rhodes, Ex. Director
- If necessary, initiate plan to work from alternate location(s)–Rickey Rhodes, Ex Director
- Monitor media and emergency management sources to evaluate situation – Julie McGee, AAA Director
- Evaluate telephone system; restore or work around – Donnie Rowell, Information Systems Director
- Evaluate computer network; restore or work around – Donnie Rowell, Information Systems Director
- Retrieve and respond to messages on call-in line – Christina Boyington, ADRC Coordinator
- Coordinate with County EMA - Julie McGee, AAA Director
- Initiate contact with other key OEM and ADSS offices - Julie McGee, AAA, Director
- Develop staffing plan appropriate for needs in acute phase - Julie McGee, AAA Director
- Gather needed additional supplies and operational materials – Nancy Bledsoe, AAA Office Contact
- Gather disaster-related resource information - Della Sanchez, Disaster Resource Coordinator
- Prepare disaster resource bulletins - Della Sanchez, Disaster Resource Coordinator
- Disseminate bulletins to staff and other agencies – Della Sanchez, Disaster Response Coordinator
- Maintain record of disaster-related expenditures – Rita Thompson, Grants Manager
- Maintain disaster activity log – All AAA staff
- Develop plan for work in long-term recovery – Darla Dean, Resource Coordinator
- Declare end of acute phase for the AAA – Julie McGee, AAA Director
- De-activate the emergency plan – Rickey Rhodes, Executive Director.

Protocols during Disaster for Safety and Well-being of Staff and Families

The new SARPC Emergency Group Notification system of text/emails from Donnie Rowell is the first tool of communication of instructions for reporting to work after a disaster. The second notification protocol is to use the AAA phone tree. The AAA staff may be required to report in for disaster response activities before other SARPC staff members due to our mission of service to older adults.

AAA Staff report during an emergency situation

The Emergency Response Committee members should report to the AAA as soon as possible after becoming aware that an emergency situation exists and meeting their family and home emergency needs. Any person on the Emergency Response Committee who cannot respond within 6 hours should report in as soon as possible, using AAA Phone Tree, the staff report-in line, or the home or cellular phone of another person on the roster, as proves most effective in the situation.

All AAA staff who are not at work are responsible for contacting AAA to receive instructions about where and when to report for emergency response duty.

If it is not possible to get through to SARPC within one day because all local circuits are overloaded, staff should call the Alabama Department of Senior Service, Disaster Coordinator, Scott Stabler @ 1.800.243.5463 for instructions. Staff should leave a message detailing their situation and ability to respond and obtain available instructions.

If the telephone system is not functioning, personnel that are not on the emergency operations committee should not report to work until they are contacted.

The AAA Director or designee will attempt to contact each staff person on his or her home or cell telephone number.

It is the responsibility of staff members to ensure that their correct telephone number is on file with SARPC.

Any staff person not contacted within 24 hours after the onset of the event should continue to try to check in through the telephone system until successful.

Active Shooter / Workplace Violence – Protocol/Response

This emergency protocol will be activated when an Active Shooter or Workplace Violence situation occurs. Active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. Workplace Violence is characterized by actively threatening harm or physical violence towards another; or physically harming another person with a weapon, causing trauma to the person. These situations are ones with the possibility of significantly impacting the SARPC/AAA staff; on-site, at office complex/building.

Once a violent situation is recognized:

- 1) Run – if you can leave area/building do so quickly following emergency exit signs. Leave personal items behind. Keep hands visible after exiting the building.
- 2) Hide – ‘Shelter in Place’ – lock doors/block entry into area as much as possible. Silence phones. Stay away from windows.
- 3) Fight – as a last resort, and only if your life is in eminent danger; act with physical aggression – throw items, etc, to attempt to incapacitate the shooter/violent person.

As soon as it is clear that an emergency event is occurring, this emergency plan will be activated, by the first of the following actions that is available to do without harm coming to the person/staff:

- 1) Notifying front desk/reception – a code phrase will be alerted on the building phone system for staff to be notified in the building.
- 2) Notifying police/emergency personnel – Answer emergency personnel’s questions, as much as possible
- 3) Notifying other staff of emergency/violence happening – and exit as quickly as possible.
- 4) Remain calm upon exiting building; meet at designated area. **

*When notifying police, emergency personnel, front desk and other staff, be sure to be very accurate about location of violence/shooter; give good description; what is happening at location; possible victims, if known.

**After exiting the office building, staff should meet at a designated area at the far end of the main parking lot. Accounting for any staff that was known to be in the building at the time of the violent situation, but has not met at the designated area; notify the Executive Director or Department Directors.

COVID-19 / Pandemic – Protocol/Response

The 2019–21 coronavirus pandemic is an ongoing pandemic of coronavirus disease 2019 caused by a coronavirus. The outbreak was identified in Wuhan, China, in December 2019. The World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January, and a pandemic on 11 March.

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to serious illness. Symptoms may appear 2-14 days after exposure to the virus.

People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Or at least two of these symptoms:
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Children have similar symptoms to adults and generally have mild illness.

OFFICE PROTOCOL

- 1). Masks for VACCINATED AND UNVACCINATED employees are MANDATORY in open areas and in offices occupied by two or more.
- 2). Public access is allowed but if possible meet in a safe area away from other staff.
- 3). Continue to disinfect work areas, use hand sanitizer and wash hands.
- 4). Stay home if sick, coughing, have fever, etc.

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

Work Place Procedures to reduce or minimize exposure or hazard.

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time allowing them to maintain distance from one another while maintaining a full onsite work week.

- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors.

Evacuation of Office Building Protocol

In the event of an emergency at office building, employees are alerted by:

- The sounding of an alarm (fire)
- Public address system announcement
- Verbal announcement

Announcements will signal/identify emergency situation (i.e.: earthquake, fire, general evacuation):

- Fire – fire alarm
- Active shooter – code “RED” announcement and fire alarm
- Inclement weather – text messages and emails (outside of work/work hours)
- Inclement weather – announcement and alarm (working hours/at office)

As soon as it is clear that an emergency event / fire is occurring, this evacuation plan will be activated, by the first of the following actions that is available to do without harm coming to the person/staff:

- 1) Notifying front desk/reception – an announcement will be alerted on the building phone system for staff to be notified in the building.
- 2) Pull fire alarm if fire is noted inside building. – Portable fire extinguishers are visible in hallways in workplace for employees to use; and can attempt to put out a small fire before exiting building.
- 3) Notifying police/emergency personnel – Answer emergency personnel's questions, as much as possible.
- 4) Notifying other staff of emergency and exit as quickly as possible. See announcement signaling listed above.
- 5) Visitors also should be accounted for following an evacuation and may need additional assistance when exiting.
- 6) Use all exit doors and exit stairwells. Refer to exit signs for exit locations/doors. Do not use elevators to exit 2nd or 3rd floors.

****Remain calm upon exiting building; meet at designated area****

*When notifying police, emergency personnel, front desk and other staff, be sure to be very accurate about location of crisis fire, violence/shooter; give good description; what is happening at location; possible victims, if known.

****After exiting the office building, staff should meet at a designated area at the far end of the main parking lot. Accounting for any staff that was known to be in the building at the time of the emergency/violent situation. AAA department should have ‘emergency buddies’; as it is the largest department. Name and head count by each Director of his/her department will be done at designated area; notify the Executive Director of unaccounted staff that has not met at the designated area.**

AAA Disaster Response Committee

The Disaster Response Committee is composed of all staff on the Emergency Operations Roster. Additional staff can be assigned to the committee by the AAA Director to enhance the capability of the Disaster Response Committee. The Committee will set regular times to meet each day. In the acute phase of an event, as many as 3 meetings per day may be necessary.

- ◆ The AAA Director or designee will prepare the agenda and facilitate the meetings.
- ◆ All available members of the Committee should meet. Those present will make decisions about emergency matters.
- ◆ Meetings should be brief and task-oriented.
At least once each week the meeting should consider longer-range (one month to six month) problems, needs, and opportunities rather than focusing strictly on immediate questions.

AAA Disaster Response Committee Emergency Operations Roster

NAME	TITLE	PHONE EXT.	CELL
Rickey Rhodes	Executive Director	467	251-421-9400
Julie McGee	AAA Director	423	251-377-8105
Della Sanchez	Disaster Response Coordinator	450	251-454-8700
Susan Broadhead	Field Services Coordinator	457	251-509-1690
Donnie Rowell	Information Systems Director	415	251-751-2506
Darla Dean	Disaster Resource Coordinator	428	251-586-3942
Christina Boyington	ADRC Services	404	251-709-5814
Nancy Bledsoe	AAA Office Contact	447	251-459-3884
Brittiney Evans	Medicaid Waiver Coordinator	409	251-401-1752
Rita Thompson	Grants Manager	443	251-591-1978

EMERGENCY CALL PLAN

**For Disaster Services or any other emergency services
the following person(s) should be contacted:**

Jean W. Brown Commissioner Alabama Dept of Senior Services 334-462-2109		Susan Broadhead, Nutrition Field Coordinator Area Agency on Aging 251-706-4680 (O) 251-509-1690 (C)
Scott Stabler, Program/Planning /Disaster Svcs Alabama Dept of Senior Services 334-242-5743 (main local ADSS number)		Kelly Childress, Director Baldwin County Council on Aging 251-972-8506 (O)
Rickey Rhodes, Executive Director South Alabama Regional Planning Commission 251-433-6541 (O) 251-421-9400 (C)		Sheila Brown, Coordinator Escambia County Council on Aging 251-368-1032 ext: 601 (O)
Julie McGee, Director Area Agency on Aging 251-433-6541 (O) 251-377-8105 (C)		Scott Stabler, State SCSEP Director 334-398-0091
Della Sanchez, Disaster Response Coordinator Area Agency on Aging 251-706-4680 (O) 251-454-8700 (C)		
Darla Dean, Disaster Resource Coordinator Area Agency on Aging 251-706-4680 (O) 251-586-3942 (C)		

Emergency Contact Information

Brian Hastings, Director of the Alabama Emergency Management Agency

205-280-2254

E-mail: info@ema.alabama.gov

<http://ema.alabama.gov>

Ronnie Adair, Mobile County EMA Director

251-460-8000

7350 Zeigler Blvd.

Mobile, AL 36608

<http://www.mcema.net>

Zachary M. Hood, Baldwin County EMA Director

251-972-6807 – South Baldwin

251-937-0317 – North Baldwin

251-990-4605 – Eastern Shore

251-580-1616 – Fax

23100 McAuliffe Dr

Robertsdale, AL 36567

E-mail: bcema@baldwincountyal.gov

David Adams, Escambia County EMA Director

251-867-0232 – Office

251-867-3772 – Fax

PO Box 848

Brewton, AL 36427

<http://www.co.escambia.al.us/emergency.html>

Jean W. Brown, Commissioner

Alabama Dept of Senior Services

334-462-2109

877-425-2243

800-243-5463

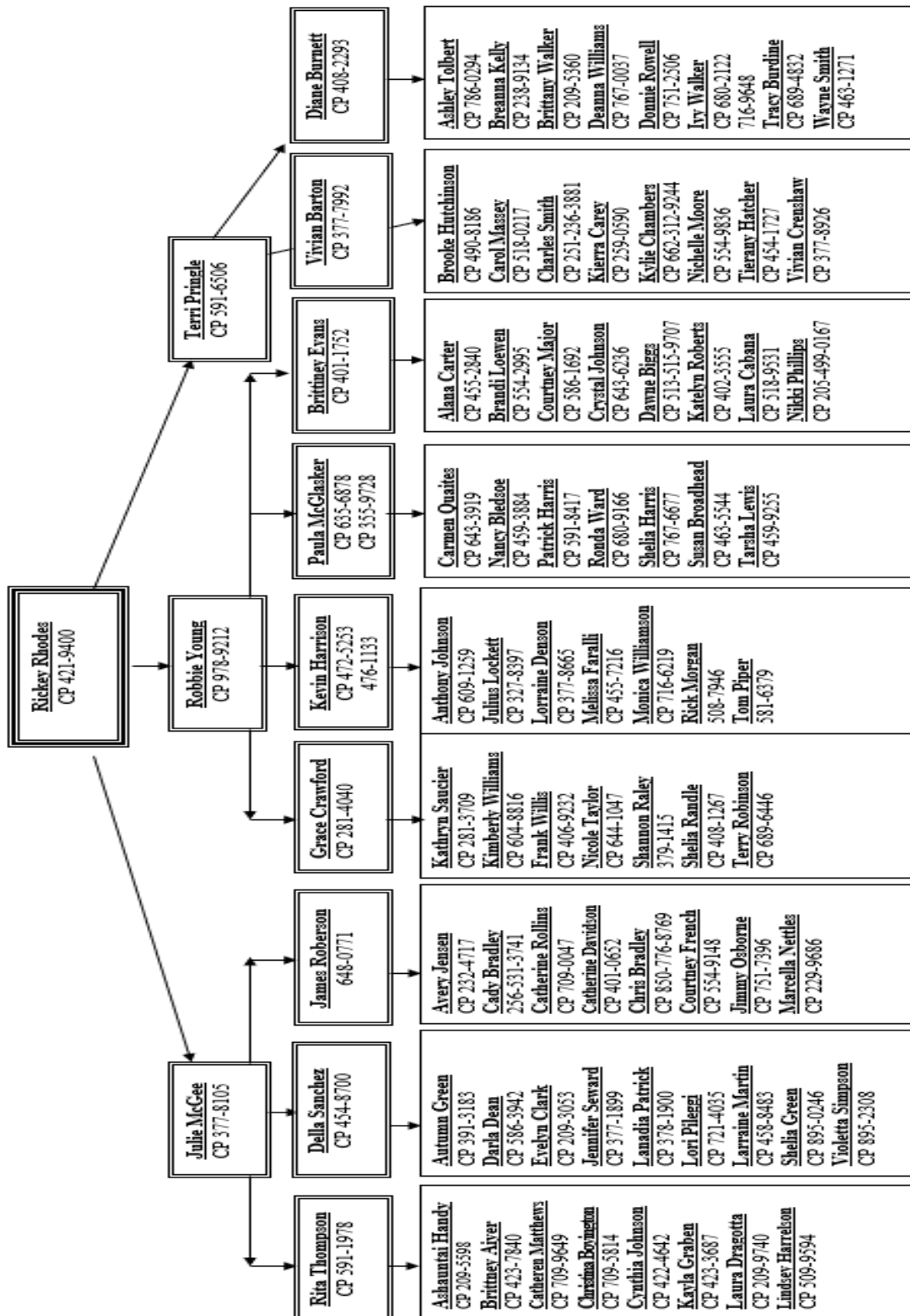
334-242-5594 – Fax

201 Monroe St Ste 350

Montgomery, AL 36104

<http://www.adss.alabama.gov/home.cfm>

SOUTH ALABAMA REGIONAL PLANNING COMMISSION TELEPHONE TREE EFFECTIVE **SEPTEMBER 2021**



The Executive Director will activate the Telephone Tree by making the first contacts. It is the responsibility of each person to contact his/her designated individuals. As an example Rickey Rhodes calls Julie McGee, who in turn calls Rita, Della and James. Rita then calls her contacts in the designated order. If a person is not available, contact the next person on the list. As an example, if Rita Thompson is not available, Julie McGee contacts Ashauntai Handy, who in turn contacts the remaining six people on her portion of the tree. Please make note of who was not contacted and notify the Executive Director.

HHS GUIDANCE ON HIPAA DURING EMERGENCIES

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

Sharing Patient Information

Treatment Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.

Public Health Activities The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

To a public health authority, such as the Centers for Disease Control and Prevention (CDC) or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR §§ 164.501 and 164.512(b)(1)(i).

At the direction of a public health authority, to a foreign government agency that is acting in collaboration with the public health authority. See 45 CFR 164.512(b)(1)(i).

To persons at risk of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification A covered entity may share protected health information with a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).

- The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

- In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

Imminent Danger Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j).

Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification Upon request for information about a particular patient by name, a hospital or other health care facility may release limited facility directory information to acknowledge an individual is a patient at the facility and provide basic information about the patient's condition in general terms (e.g., critical or stable, deceased, or treated and released) if the patient has not objected to or restricted the release of such information or, if the patient is incapacitated, if the disclosure is believed to be in the best interest of the patient and is consistent with any prior expressed preferences of the patient. See 45 CFR 164.510(a). In general, except in the limited circumstances described elsewhere in this Bulletin, affirmative reporting to the media or the public at large about an identifiable patient, or the disclosure to the public or media of specific information about treatment of an identifiable patient, such as specific tests, test results or details of a patient's illness, may not be done without the patient's written authorization (or the written authorization of a personal representative who is a person legally authorized to make health care decisions for the patient). See 45 CFR 164.508 for the requirements for a HIPAA authorization.

Minimum Necessary For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose. For example, a covered entity may rely on representations from the CDC that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have a virus disease is the minimum necessary for the public health purpose. Internally, covered entities should continue to apply their role--- based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties. See 45 CFR §§ 164.502(b), 164.514(d).

Business Associates A business associate of a covered entity (including a business associate that is a subcontractor) may make disclosures permitted by the Privacy Rule, such as to a public health authority, on behalf of a covered entity or another business associate to the extent authorized by its business associate agreement.

Safeguarding Patient Information

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

Other Information

Limited Waiver The HIPAA Privacy Rule is not suspended during a public health or other emergency; however, the Secretary of HHS may waive certain provisions of the Privacy Rule under the Project Bioshield Act of 2004 (PL 108---276) and section 1135(b)(7) of the Social Security Act. If the President declares an emergency or disaster and the Secretary declares a public health emergency, the Secretary may waive sanctions and penalties against a covered hospital that does not comply with the following provisions of the HIPAA Privacy Rule:

- the requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care. See 45 CFR 164.510(b).
- the requirement to honor a request to opt out of the facility directory. See 45 CFR 164.510(a).
- the requirement to distribute a notice of privacy practices. See 45 CFR 164.520.
- the patient's right to request privacy restrictions. See 45 CFR 164.522(a).
- the patient's right to request confidential communications. See 45 CFR 164.522(b).

If the Secretary issues such a waiver, it only applies: (1) in the emergency area and for the emergency period identified in the public health emergency declaration; (2) to hospitals that have instituted a disaster protocol; and (3) for up to 72 hours from the time the hospital implements its disaster protocol. When the Presidential or Secretarial declaration terminates, a hospital must then comply with all the requirements of the Privacy Rule for any patient still under its care, even if 72 hours has not elapsed since implementation of its disaster protocol.

HIPAA Applies Only to Covered Entities and Business Associates The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. Business associates also include subcontractors that create, receive, maintain, or transmit protected health information on behalf of another business associate. The Privacy Rule does not apply to disclosures made by entities or other persons who are not covered entities or business associates (although such persons or entities are free to follow the standards on a voluntary basis if desired). There may be other state or federal rules that apply.

HIPAA DISCLOSURE RULE FOR DISASTERS

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all of the following ways:

TREATMENT: Health care providers can share patient information as necessary to provide treatment.

Treatment includes:

- Sharing information with other providers (including hospitals and clinics),
- Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).

Providers can also share patient information to the extent necessary to seek payment for these health care services.

NOTIFICATION: Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

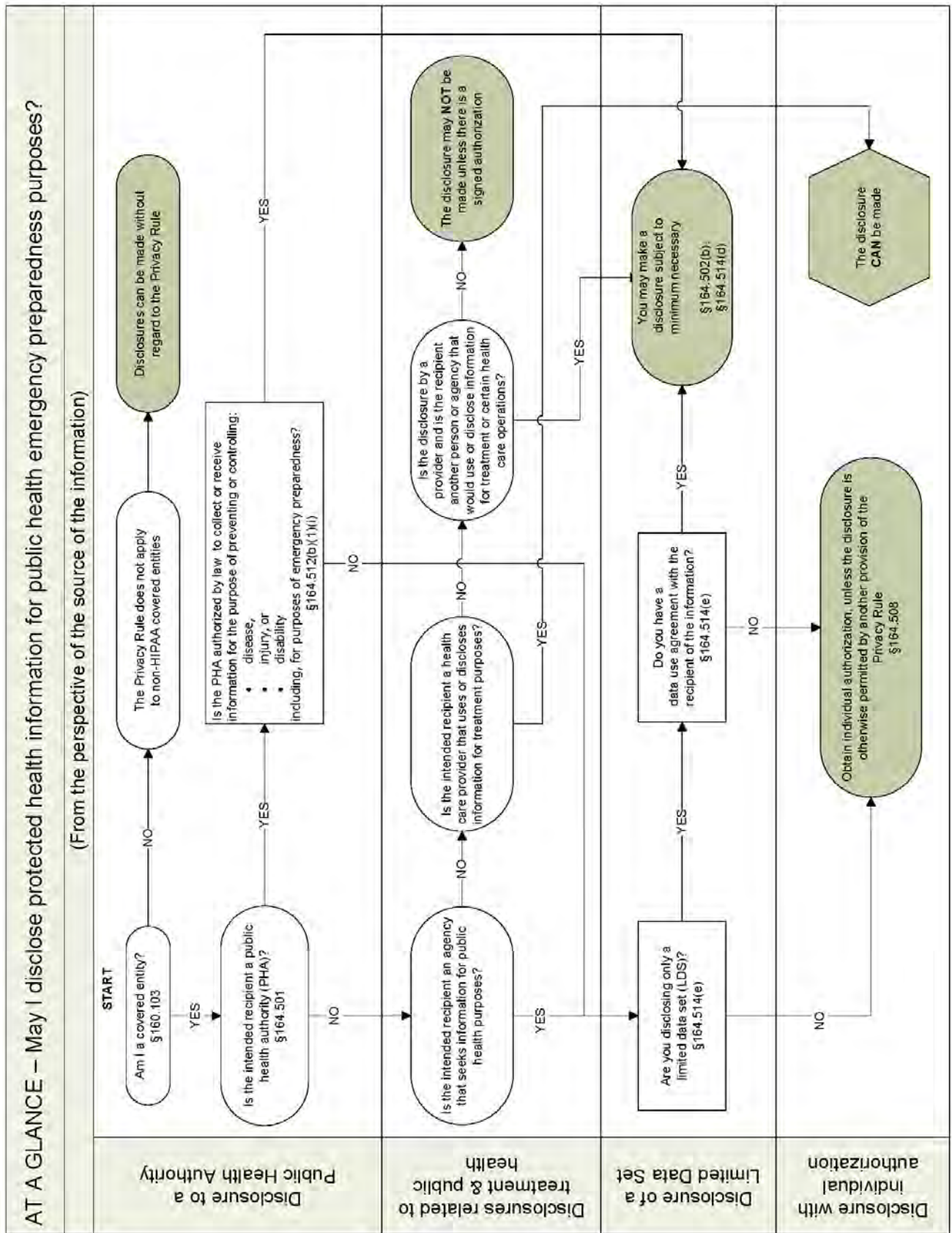
- Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
- In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY: Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

www.hhs.gov/ocr/hipaa/decisiontool/



Chapter 4: Disaster Response and Recovery

Disaster Response

Following a Natural Disaster Governmental Units will be contacted.

1. Local Officials (Mayor) contact the Governor with an assessment of the situation
2. Governor determines whether to request a Federal Disaster Declaration from Regional FEMA
3. Regional FEMA office transfers request to National FEMA for Presidential Declaration

Area Agency on Aging

1. Local AAA notifies ADSS within 24 hours with an assessment of the situation.
 - ◆ Geographical scope of disaster
 - ◆ Number of elderly affected
 - ◆ Type of loss and amount of damage suffered by elderly
 - ◆ Kinds of special short term and long term needs
 - ◆ Lack of basic services involved
2. ADSS reports findings to Regional AoA. ADSS works with Alabama Emergency Management Agency, other State disaster relief agencies and FEMA to assess impact on, and needs of elderly
3. Regional AoA reports all findings to Regional FEMA. Regional AoA determines adequacy of resources and negotiates for additional resources.
4. AoA Field Liaison staff complements staff of Regional AoA, ADSS, and AAA. AoA conveys information to FEMA, HHS, national voluntary organizations and Congress for special needs of the elderly.
5. Area Agency on Aging staff will become a part of the EMA and FEMA Teams
6. AAA staff continues to assess the impact of the disaster on elderly persons through a staff/Leadership Institute volunteer's network.

Do not jump in. Other agencies will handle initial steps.

- ◆ Basic life saving efforts
 - ◆ Restoration of communication
 - ◆ Restoration of transportation
7. Contact the SAIL/Senior Center Managers in Mobile, Baldwin and Escambia Counties to obtain status reports on each Center regarding time and efforts required to resume regular operations.

8. Contact FEMA Disaster Recovery Centers to arrange AAA participation at DRCs and obtain EMA and FEMA referrals of elderly persons.
9. New needs/services will arise. Be prepared to shift priority resources and/or redirect resources to areas of need
10. Coordinate meals with other meal providers
 - ◆ Contact Red Cross ◆ Feeding the Gulf Coast/Churches
 - ◆ Salvation Army
11. Identify key contact persons from all other disaster relief organizations through EMA and FEMA. Contact Power and Water Utilities, Post Offices, Sheriff's Department, Senior Centers, Churches, Etc. to request referrals if necessary.
12. Disaster Recovery Centers will be staffed to help guide older adults through the process of obtaining assistance, i.e. Insurance, FEMA, SBA, Red Cross, Emergency Food Stamps, Legal Assistance, Tax information, etc.
13. Maintain contact with media to provide information on AAA services available, potential problems and frauds and to encourage people to initiate a recovery process.
14. The AAA will have access to all un-obligated Title III finds through SARPC, which may be reimbursed by ADSS Disaster Funds. All AAA expenditures incurred during and after normal working hours must be documented. The SARPC accounting department will provide the appropriate forms for such documentation.
15. Complaints regarding services will be addressed through the AAA grievance policy.

Emergency/Disaster Related Services and Assistance

- ❖ Legal Services
- ❖ Benefits/Insurance Counseling
- ❖ Meals- Congregate and Home Delivered
- ❖ Case Management- Coordination of multiple services for individual older person
- ❖ Information and Referral
- ❖ Outreach/Advocacy
 - Identifying and informing seniors about programs and services (with special attention to frail and isolated seniors)
 - Encouraging the delivery of services to elderly disaster victims
 - Interviewing clients and assessing needs
- ❖ Transportation
- ❖ In-Home Services/Chore Services
- ❖ Homemaker and home health aides
 - Visiting and telephone reassurance
 - Chore maintenance
 - Minor home modification
 - Personal care services
 - Handyman/Clean-up/Debris removal
- ❖ Specialized assistance in Disaster Recovery Centers

Chapter 5: 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 victims as they progress through the center. The staff should establish a contact with other agencies at the centers to learn of their resources. The staff should ensure that other agency representatives at the center are aware of some of the special problems older persons often have during and after a disaster. The AAA staff will also interview elderly victims and ascertain their needs.

I. Description

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

- A. To register applicants for disaster assistance 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 potential disasters.

II. Purpose

Disaster Recovery Centers represent a transition from initial disaster response activities, such as disseminating information concerning available assistance programs and processing of registrations and applications, 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 the Centers or by tele-registration, who have specific questions about program eligibility, pending applications for assistance, or responses they have received to their applications.

III. Types of Services at Centers

- A. Small Business Administration (SBA) - Providing low interest rate loans for home/personal property losses and 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 Service (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 vouchers and clothing immediately following the disaster.

Other agencies and volunteers as are necessary and available will also be represented.

Area Agency on Aging Deployed To the Disaster Recovery Centers

The AAA staff and trained volunteers will conduct the intake and referral procedures at the DRC. Rapid changes and updates occur everyday. It is our responsibility to provide the most current information for resources.

All workers at the DRC are required to thoroughly complete the ADSS Client Enrollment Form. All intake and referral should be conducted in a professional manner. The following guidelines should be used:

- Use Positive Techniques for the Intake Process.
- Be aware of communication differences.
- Be a good listener.
- 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.
- Make sure that every client obtains a FEMA number. Assistance cannot be provided without a FEMA number.
- Give out Senior Resource Guides and circle important numbers for the client.
- If client only speaks a foreign language, call for interpreters through FEMA or available Language Lines.
- Determine if the request for help is a NEED or a PROBLEM!
- You are gathering information to give to a case manager. The case manager will determine what services are available and will contact the client at a later date. Do not make promises.
- Notify the AAA Director, Disaster Response Coordinator and DRC staff of an emergency situation, i.e. temporary housing, food, etc....

Conditions at the DRC maybe hot and noisy. Bring your lunch, beverages, and a comfortable cushion for your chair. Most facilities have standard folding chairs. Occasionally, lunch will be provided by other volunteer agencies.

A field office folder will be provided for each AAA table at each DRC. This folder will contain intake forms, important referral information and office supplies. Cell Phones will be provided at each disaster relief center.

Unique Needs of the Elderly

Traumatic Events May Create Unique Needs in the Elderly

Special reasons and concerns may affect the elderly as follows:

- 1. Delayed Response Syndrome** – Older persons may not react to a situation as fast as younger persons. In a disaster, this means that Disaster Recovery Centers may need to be kept operational longer if older persons have not appeared. It also means they may not apply for benefit within specified time limits.
- 2. Sensory Deprivation** – Older persons' sense of smell, touch, vision and hearing may be less acute than that of the general population. The older person may not hear what is said due to a hearing loss. Diminished sense of smell may mean that he or she apt to eat spoiled food.
- 3. Memory Disorder** – Environmental factors or chronic diseases may affect the ability of the older persons to remember information or to act appropriately.
- 4. Chronic Illness and Medication Use** – Most older people have arthritis; this may prevent them from standing in line. Medications may cause confusion. These and other similar problems may increase the difficulties in obtaining assistance.
- 5. Generational Differences** – Depending on when the individuals were born, people may have differing values and expectations. This becomes important in service delivery since what is acceptable to an 80 year-old person may not be acceptable to a person 60 years of age.
- 6. Multiple Loss Effect** – Many older persons have lost spouse, income, home and/or physical capabilities. For some persons, these losses compound each other. Disasters sometimes provide a final blow, making recovery difficult for older persons.
- 7. Unfamiliarity with Bureaucracy** – Older persons often have not had any experience working through a bureaucratic system. This may be especially true for older women who had a spouse who dealt with these areas.
- 8. Literacy** – Many older persons have lower education levels than the general population. This may present difficulties in completion of applications or understanding directions.
- 9. Language and Cultural Barriers** – Older persons may be limited in their command of the English language, or their ability to understand an instruction is diminished by the stressful situation. Failure to communicate can result in increased apprehension and confusion in the mind of the older person. There is a critical need to be sensitive to language and cultural differences. This means the older person in this category will need special assistance in applying for disaster benefits.
- 10. Loss of Independence** – Older persons may fear that they will lose their independence if they ask for assistance. The fear of being placed in a nursing home may be a barrier to accessing services.

Chapter 6: Long Term Recovery

The Psychology of Recovery

Recovery from a natural disaster includes more than finding a place to stay and acquiring new belongings. It means understanding the rules concerning when and how you can clean up your home, coping with television cameras and sightseers who drive by and stare and processing the anger and disappointment of finding looters stealing your remaining possessions. It can also mean learning to discriminate the hucksters from the helpers, the good guys from the bad, at a time when you are vulnerable.

Recovery also means negotiating with insurance companies and contractors, filling out seemingly endless forms and moving from one temporary home to another. It also means coping with life's everyday problems while in a very unsettled position. As one survivor who had spent four months in several different locations put it, "As a displaced person, I felt I didn't belong anywhere. I was constantly in limbo and couldn't seem to get even the basic things done."

Recovery also encompasses the re-establishment of an emotional equilibrium. All survivors, regardless of age, are affected. And, when a small community is struck by calamity, a significant number of persons become hidden victims. While many survive ostensibly appearing unscathed, friends, neighbors and family may not have been so lucky. However, as the reverberation continues, it leaves a rupture in community life and many become secondarily affected by another's tragedy. Nearly everyone is emotionally affected to some degree.

Usually following disaster, a community is awash with professional caregivers eager to help people begin re-assembling their lives. While most are well intentioned, not all are trained in outreach, crisis counseling and debriefing techniques so essential to the recovery process. As survivors struggle to cope with terror and loss, they can benefit greatly by counseling from persons skilled in disaster response.

Types of tasks the AAA may do in recovery

- Long-term disaster recovery work will be based on the AAA financial grants and other external funds.
- A temporary staff may be assigned to off-site locations for an extended time. It will be necessary to provide them with logistical support and supervision. It will be essential to maintain the disaster activity log and cost accounting functions as long as the AAA is doing any significant amount of disaster-related work. Staffing will be 7 days/week from the time the DRC opens until it closes
- Staff assists seniors with FEMA application and accessing help from other organization such as Food Stamp Office, SBA Loans, etc
- Staff assists seniors with their emergency medical, social, and/or personal needs.
- Staff will conduct the initial assessment for long term recovery or special needs
- Intake, Information and Assistance, Referral and Case Management Disaster Assistance
- Staff can assist seniors with immediate assistance such as transportation or offer proper resources
- AAA staff participates in Long Term Recovery Committees
- AAA may be awarded disaster assistance funding to provide rental and utility assistance, home repair, medical assistance, assistance with home furnishings, in-home services, debris removal and related services. The direction of this function will be dependent on the magnitude of the disaster and the amount of awarded funding.

Long-term off site staffing at the Disaster Relief Centers will generate after action reports. An After Action Report (Index) will be prepared after every emergency mobilization. The After Action Report will be review after the relief operation is terminated.

INDEX

AAA Daily Log of Disaster Related Activities

AAA Grievance/Concern Form

AAR – After Action Report

Operations Overview

Exercise Goals and Objectives

Emergency Assistance Needs Intake Form

FEMA Disaster Recovery Log

Glossary

HIPAA Disclosures

ATTACHMENTS

ADA Guidelines for Local Governments

Volunteer Manual / Instructions

SARPC Internal Disaster Plan

Daily Activity Log of Disaster Related Activities
--

DATE	NAME	COMMENTS

AAA Grievance/Concern Form

Print or type your grievance. Keep a copy of the completed grievance form for your records.

You must initiate the grievance process within 10 days of the action or occurrence being grieved by notifying the Area Agency on Aging. It is helpful to document your initial concerns in writing below.

Date: _____

Person Reporting Grievance: _____

Statement of grievance or concern:

Grievant Signature: _____

For Area Agency on Aging office use only:

Contact Number: _____

Date of Actions or recommendations to be taken: _____

Results or Resolutions

AAA Director

Date

Coordinator

Date

After Action Report

SARPC/AAA disaster preparedness involves a cycle of outreach, planning, capability development, training, exercising, evaluation, and improvement. Successful exercises lead to an ongoing program of process improvements. This report is intended to assist agencies striving for preparedness excellence by analyzing exercise results and:

- Identifying strengths to be maintained and built upon.
- Identifying potential areas for further improvement.
- Recommending exercise follow-up actions.

The suggested actions in this report should be viewed as recommendations only. In some cases, agencies may determine that the benefits of implementation are insufficient to outweigh the costs. In other cases, agencies may identify alternative solutions that are more effective or efficient. Each department should review the recommendations and determine the most appropriate action and the time needed for implementation.

Key strengths identified during this operation include:

- a)
- b)
- c)
- d)
- e)

Through the exercise, several opportunities for improvement in the AAA's ability to respond to a disaster/emergency incident were identified. Major recommendations include:

Operation Overview

The Introduction describes the exercise, identifies the agencies/organizations that participated in it, and describes how it was structured and implemented.

OPERATION NAME:

LOCATION:

SCENARIO:

FOCUS:

___ Response ___ Recovery ___ Prevention

EVENT DATE:

PARTICIPATING ORGANIZATIONS:

Co-Sponsors:

State Agencies

- State Department of Public Health
- State Emergency Agency

Federal Agencies

- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- U.S. Department of Homeland Security, Office for Domestic Preparedness

Contract Support (If Applicable):

- (Name of Consulting Firm)

Participants:**Federal Agencies**

- AoA
- FEMA
- HHS
- Centers for Disease Control and Prevention
- U.S. Marshal Service

State Agencies:

- AL Department of Senior Services
- Attorney General Office
- Department of Public Health
- State Emergency Management Agency
- Department of Transportation
- National Guard

Local Agencies:

- Fire Department
- Police Department
- Public School District
- County Health Department
- County Sheriff's Office
- Mobile, Baldwin, Escambia Emergency Management Agency
 - VOAD
 - American Red Cross
 - Ozanam Pharmacy
 - Salvation Army
 - University of South Alabama

International Agencies:

- None

NUMBER OF PARTICIPANTS: FUNDING SOURCE:

•

FUNDING SOURCE:

PROGRAM:

CLASSIFICATION:

Exercise Goals and Objectives

Part 2 lists the goals and objectives for the operation. These are developed during the exercise planning and design phase and are used to define the scope and content of the exercise, as well as the agencies and organizations that will participate.

The AAA established the following goals and corresponding objectives for this operation:

TEST AND IMPROVE THE DISASTER PLANNING GUIDELINES OPERATING PROCEDURES FOR A DISASTER/EMERGENCY.

Objectives 1: Demonstrate the ability of the AAA Disaster Response Committee.

Objectives 2: Demonstrate the ability to coordinate public information among multiple federal, state, and local agencies, including rumor control, to effectively notify, and warn.

Objectives 3: Demonstrate the ability to effectively communicate and coordinate among state and local agencies through established emergency response protocols including the utilization of local and state emergency operations centers.

Recommendations and Improvements

- 1.
- 2.
- 3.

Develop and Implement Protective Action Decisions

Conclusion

SOUTH ALABAMA REGIONAL PLANNING COMMISSION/AREA AGENCY ON AGING
Emergency Assistance Needs Intake Form

Date: _____ FEMA# _____

Name: _____ Date of Birth: _____

Address _____

Phone: _____ Alternate Phone: _____

City: _____ County: _____ Zip: _____

RACE: a. African- American b. Hispanic c. American Indian/Native Alaskan d. Asian/Pacific Islander
 e. Caucasian f. other _____

Spouse/Caregiver Name: _____ # of people in household _____

How was your property affected by the storm? (Damage to house)

Is your home safe to live in?	YES	NO (if no explain in the notes section)
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Do you have insurance?	YES	NO
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Have you contacted FEMA?	YES	NO
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Are you living in your house now?	YES	NO
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Do you have any urgent medical needs?	YES	NO (if yes explain in the notes section)
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Do you have your medications?	YES	NO
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Do you have clothes and shoes to wear?	YES	NO (if no explain in the notes section)
--	-----	---

Do you have food to eat?	YES	NO (if no explain in the notes section)
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Do you have a way to cook and cool food? (ie: power on?)	YES	NO (if no explain in the notes section)
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Do you have transportation?	YES	NO
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Does your phone work?	YES	NO
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What help do you need? _____

Notes: _____

Glossary of Acronyms Used In This Manual

Please take a few moments to review the terms.

AAA	Area Agency on Aging
AAR	After Action Report
ADSS	Alabama Department of Senior Services
AIRS	Alliance of Information & Referral Systems
AoA	Administration on Aging
ARC	American Red Cross
CAO	Chief Administrative Officer (either county or city)
CBO	Community Based Organization
DRC	Disaster Response Committee or Disaster Recovery Center
EC	Emergency Coordinator
EMA	Emergency Management Agency
EM	Emergency Manager
EMS	Emergency Medical Service(s)
EOC	Emergency Operations Center
EOM	Emergency Operations Manual
ESF	Emergency Service Function
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
GIK	Gifts in Kind
I&R	Information and Referral
ICS	Incident Command System
JIC	Joint Information Center
CO	County
CY	City
LM	Logistics Manager
MOU	Memorandum of Understanding
NVOAD	National Voluntary Organizations Active in Disaster
OA	Operational Area (Standardized Emergency Management System, a county and all its governmental entities including cities and special districts-)
OEM	Office of Emergency Management
OES	Office of Emergency Services
PA	Public Announcement
PIO	Public Information Officer
PR	Public Relations
SPT	Special Projects Team
TDD	Telecommunications Device for the Deaf
VOAD	Voluntary Organizations Active in Disaster