

South Alabama Regional Planning Commission



Area Agency on Aging Area Plan

FY 2025 - 2029



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Section 1

Executive Summary

Background

The Area Agency on Aging was designated and implemented as a work program of the South Alabama Regional Planning Commission (SARPC) in 1972 and is designated by the State of Alabama and its Department of Senior Services (ADSS) 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 (OAA). The OAA requires each designated AAA 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 AAA operates within SARPC in cooperation with ADSS and the U.S. Administration on Community Living (ACL). 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 works with 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 include community and economic development, transportation planning, senior employment and the Area Agency on Aging.

The 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 age 60 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 system, pooling resources, and providing certain services, and 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. While all persons 60 years and older can access available services regardless of circumstances, preference for services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities. The greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic factors, to include populations ADSS and its AAA partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions, and living in rural locations throughout the state.

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 preference of older people and their family caregivers.

The AAA carries out its mission under the OAA by working with ADSS, ACL, other federal, national and state partners and the aging network. The OAA was passed by Congress in 1965 as a response to concerns by policymakers about a lack of community social services for older persons, and the Administration on Aging was created, later renamed to the Administration on Community Living to incorporate certain disability services. State Units on Aging were established by the Administration on Aging, and the Alabama Commission on Aging, renamed the Alabama Department of Senior Services (ADSS), was established. ADSS achieves its mission by contracting with the 13 regional Agencies on Aging in Alabama to provide services. Although older adults may receive services under many other federal programs, the OAA is considered a major vehicle for the organization and delivery of social and nutrition services to persons aged 60 and over and their caregivers.

ADSS administers core OAA statewide programs on aging and other related programs funded by ACL, the Centers for Medicare and Medicaid Services, the U.S. Department of Labor, the Alabama Medicaid Agency, and the State of Alabama. These programs are operated through SARPC and the other regional AAAs in conjunction with the Aging and Disability Resource Centers (ADRC) screening and counseling program called One Door Alabama. SARPC and the other AAAs act as local planning and service agencies with many state and local service providers. In addition, SARPC's AAA receives funding from other federal, state and national organizations to provide certain local services.

Current Status

The older adult population continues to grow as the youngest baby boomers reached age 60 in 2024. Alabama, like the rest of the U.S., continues to experience significant growth in its senior population, as between 2020 and 2040, census projections indicate the numbers of older Americans will grow to 1,144,172, a 34% increase that will result in more demand for support and services, The UAB Center for Business and Economic Research projects Alabama's older adult population will increase by 83% by 2040. In addition, there are more than 800,000 people with disabilities in Alabama, which is also anticipated to grow. There are an estimated 761,000 caregivers in Alabama, with 75% of care estimated to be provided by family and friends, often at significant hardship. In SARPC's region, Baldwin County has one of the highest percentages of older adults in Alabama.

One of the top ten causes of death in Alabama is Alzheimer's Disease. The Alzheimer's Association estimated there were 103,000 persons living with Alzheimer's who were age 65 and older. Racial and ethnic disparities also exist for Alzheimer's Disease and Related Dementia (ADRD) with the CDC reporting African American are two times, and Hispanics one and a half times as likely to develop ADRD than Caucasians. Other groups with higher rates are women, people with intellectual or developmental disabilities and American Indians. Alabama is reported to have the second highest Alzheimer's Disease mortality rate in the U.S. Social determinants of health have been identified as contributing to cognitive decline. Modifiable risk factors for dementia include depression, hearing loss, physical inactivity, poor diet and obesity, poor sleep quality, sleep disorders, tobacco use, traumatic brain injury and alcohol use. Efforts to prevent cancer, diabetes and cardiovascular disease may also reduce the risk of cognitive decline.

In SARPC's service area there are an estimated 16,615 adults 60+ and older below the poverty line, with 7,014 being minorities. Many underserved minority and rural populations have limited access to medical services to address health problems such as ADRD and chronic illnesses such as diabetes and cardiovascular disease. Lack of medical care, limited transportation resources, and access to nutritious foods are all components of the social determinants of health care affecting people living in poverty.

Provision of Aging Services

Home and Community Based Services (HCBS) are administered through AMA and ADSS and provided by SARPC and the other AAAs and the aging network. As the population ages and lives longer with disabilities, HCBS will be of continued and growing importance as Alabama and our service area experiences a dramatic demographic shift with older adults and persons with disabilities preferring to remain in their own homes and in the community, where they want to live, with the people they choose to live with, and with the ability to participate as fully as possible in their communities. In addition, with a significant loss of defined retirement plans, many older adults are reaching old age with limited incomes with approximately one third having social security as the only source of income. Planned services focus on implementing our mission to promote the quality of life and independence of older adults by 1) helping people stay at home through wellness programs and services that address Social Determinants of Health such as nutrition, transportation and HCBS; 2) assisting caregivers, including older relative caregivers and persons living with ADRD; 3) helping seniors remain independent, active and involved through senior centers, volunteer opportunities, employment and programs that promote social connections; and 4) helping seniors find needed resources through the ADRC such as benefit and financial assistance, elder rights and legal services, SHIP health insurance counseling, prescription assistance, recreation and transportation. The 2024 Needs Assessment conducted by ADSS in cooperation with the AAAs indicated the top four needs were Help Staying at Home, Concerns about Scams, Need for information on Medicare and Medicaid, and the availability of meals. The top seven most requested services through SARPC's ADRC for FY 23-25 in order of request were: Medicaid Waiver HCBS (5712), Meals (1896), Farmers Market Nutrition Program (1361), SNAP (969), Caregiver Assistance (879), Legal Assistance (635), SHIP/Medicare health insurance counseling (420), and SenioRx (101) prescription assistance. SARPC's AAA Advisory Council identified Digital Literacy as a priority need. SARPC's Area Plan addresses all these top needs identified by the 2024 Needs Assessment and callers into our office.

In addition, SARPC supports the State Plan goals of the Alabama Department of Senior Services to address the current health and social service landscape noting a rapidly aging population with high rates of ADRD, and caregiver burden. The 2025-2029 Alabama State Plan on Aging has the following five goals which will influence the development of the Area Plan:

- Goal 1: Provide strong and effective core Older Americans Act Services and other home and community-based services while strengthening oversight and quality management.**
- Goal 2: Plan for future emergencies, encouraging healthy and independent lives.**
- Goal 3: Reach and serve individuals with the greatest economic and social need.**
- Goal 4: Coordinate and maintain strong and effective home and community-based services for older adults and people with disabilities.**

Goal 5: Engage, educate, and assist caregivers regarding caregiving, caregiving rights, and resources in the service area and Alabama.

Section 2

Context

Public Input

Addressing the diverse needs of senior adults, individuals with disabilities, caregivers, and specific groups such as those with greatest economic and social needs, Medicare beneficiaries, and those with ADRD, is a complex task. Alabama and SARPC's region face several challenges related to the aging population. While addressing these challenges, it is crucial to focus on factors such as economic and social needs, with a specific focus on Social Determinants Of Health, particularly for low-income minority individuals and senior adults in rural areas. The vulnerability of individuals falling into multiple categories necessitates ongoing efforts to reach and assist them effectively.

The programs and services provided by SARPC'S AAA, its partners, ADSS and other State agency partners, are not only necessary to meet the current and future needs of senior adults, individuals with disabilities, and caregivers, but are even more essential due to experience gained during the COVID-19 pandemic. The pandemic reinforced the need for emergency services, such as meals and HCBS, in times of crisis, and the negative health and mental health impacts of social isolation, and the need for increased digital literacy among older adults. This knowledge is crucial as we prepare for potential future pandemics.

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

Results

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

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

- AAA Directors solicited input from the state plan advisory group, requesting insights into the top challenges to address in each service area across the state. The following chart illustrates the challenges reported.

Challenges

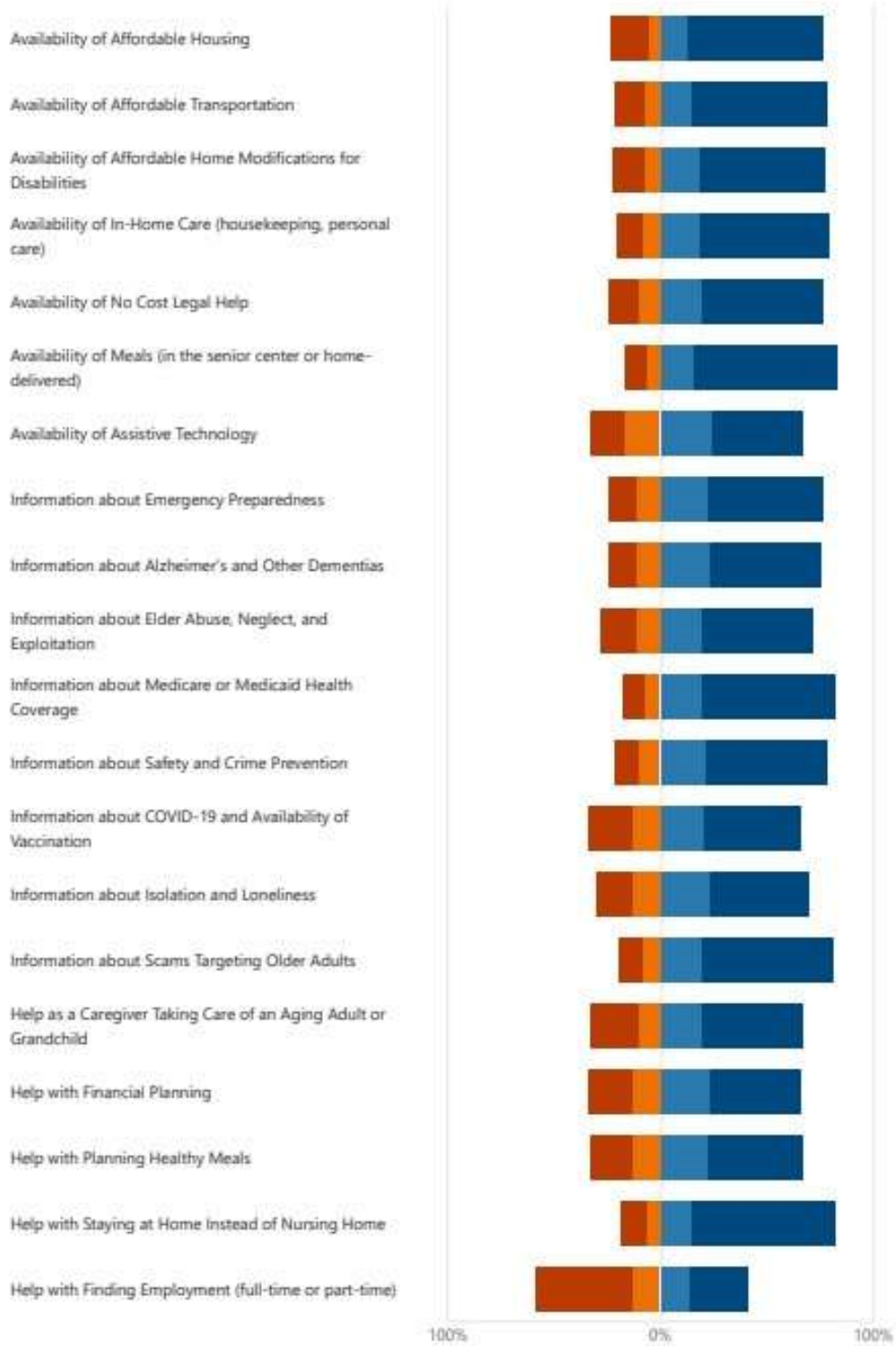
Funding	With an increasing senior adult population and their growing needs for care, funding has not kept pace with such growth, as is evidenced by growing wait lists for certain services.
Capacity to Provide Care	The service provider workforce in Alabama, and in the nation, is suffering due to several reasons that include hourly wages and burnout. Staff recruitment and retention within the aging network are proving more difficult today.
Increasing Population	The University of Alabama Center for Business and Economic Research projects that the senior adult population in Alabama will increase by 83% by the year 2040. Many of Alabama's senior population are low-income individuals residing in rural areas and they are living longer with more complex and chronic health conditions.
Public Emergencies	Because of the severity and impact of COVID-19, public emergencies are now listed as a challenge. This challenge is not exclusive to COVID-19, and Alabama's senior adults and people with disabilities, with the help of SARPC-AAA, ADSS and other agencies/organizations, must be better prepared and ready to face future challenges.
Resources	With the tremendous growth in the aging population, Alabama faces a challenge due to a lack of and strain on current resources that are needed to care for the population, including providing help for caregivers and finding volunteers. Transportation, housing, access to technology, technology literacy, and other resources or services are always mentioned when surveying about needs. And with the onset of COVID-19 in 2020 and now facing the residuals of the pandemic, more services are being provided through technology. However, for those with limited or no broadband access, barriers to different services exist.
Scams	Like most states, Alabama has no shortage of fraud and scams. In 2022, a report from the Federal Trade Commission (FTC) stated Alabamians lost over \$50,000,000 to fraudsters. When added to an estimated \$60 billion Medicare fraud there remains much to be done on fraud prevention and education
Social Determinants of Health (SDOH)	According to the Alabama Department of Public Health, SDOH plays a significant role in Alabama's citizens' health, well-being, and quality of life. SDOH contributes to health disparities and inequities. Income disparities, education, poverty, unemployment, food insecurity, housing, and family social support services must be addressed as a system to build environments that contribute to wellness and support opportunities for health choices.
Support for those with ADRD	Alzheimer's is the fastest-growing, most critical health crisis facing America. In a 2020 report, the Alzheimer's Association reported state statistics showing that 96,000 people aged 65 and older were living with Alzheimer's in Alabama with a future projection of 110,000 by 2025. Additionally, in Alabama 14.3% of people aged 45 and older had subjective cognitive decline.

- Needs Assessments were conducted among senior adults, people with disabilities, caregivers, and others interested in enabling individuals to live at home and in their communities for as long as possible. Older adults in SARPC's region were included in the Needs Assessment.

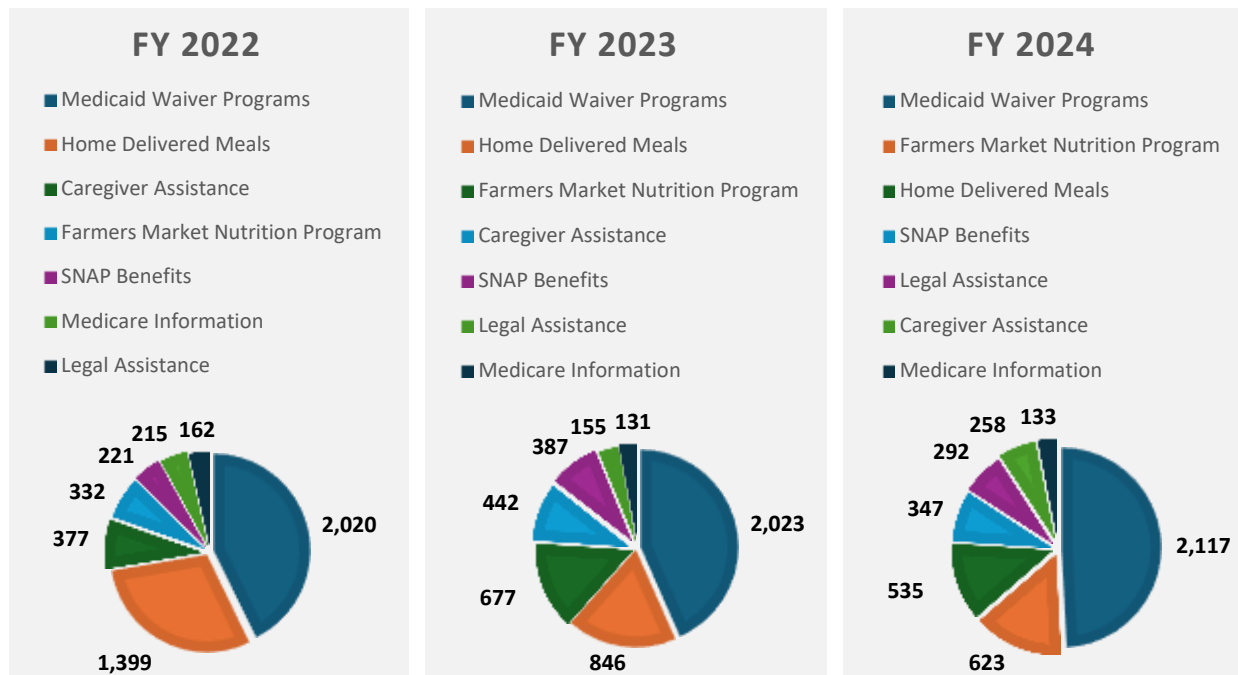
Needs Assessments Results

			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
\$1,255 or less	1124	Greater than \$1,255	2138
Age Range			
Under 60	414	60 or Older	2860
Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553
Are You a Person Living with a Disability?			
Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don't Know	686		

1 2 3 4



- Analysis was performed on the most requested services and topics during FY 22, 23, and 24.



- Public meetings were held to gather comments from the public regarding needs/unmet needs. (See Attachment J for the public input)

Public Meetings		
Venue	Date	Attendance
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42
SARPC Training Room	6/12/2024	20

- Preference of services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities.

Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic factors, to include populations SARPC'S Area Agency on Aging (AAA), ADSS, and partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias) and living in rural locations throughout the state.

SARPC requires specific actions that each partner must use to target services to meet the needs of those in greatest social and greatest economic need, and the following actions are recommended to meet these needs:

- Focus on serving those who are considered low-income, minority, especially low-income minority older individuals, and those residing in rural areas, especially those who may be most isolated.
- Focus outreach efforts and services on counties that are the most rural in each partner service area where older individuals may be the most isolated.
- Focus outreach efforts on topics that may be relevant to older individuals and caregivers with the greatest economic and social needs (as defined above).
- Focus on community partnerships with social and religious organizations (tribes for those identified as Native American) that specifically serve those with physical and mental disabilities, language barriers, Native American identity, and chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias).
- Ensure SARPC's governing board and/or its AAA advisory council consists of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs provided under the OAA, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' healthcare (if appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan.
- Chronic conditions:
 - Cardiovascular (heart disease, stroke)
 - Metabolic and endocrine (diabetes, obesity, high blood pressure)
 - Respiratory (asthma, chronic obstructive pulmonary disease (COPD))
 - Musculoskeletal (arthritis, osteoporosis)
 - Mental health (depression, anxiety, bipolar, schizophrenia)
 - Neurological (Alzheimer's disease and other dementias, epilepsy, ALS, autism spectrum disorder)
 - Other (cancer, chronic kidney disease, HIV/AIDS)

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

Section 3

Stewardship and Oversight

Programs

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

OAA Core Programs

Title III-B Supportive Services	<ul style="list-style-type: none"> ▪ Access Services (transportation, outreach, information and referral, and case management) ▪ In-Home Services (homemaker, personal care, chore, and home repair/modification) ▪ Legal Assistance (related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination) ▪ Health Promotion: Non-Evidence Based 	
Title III-C Nutrition Services	<ul style="list-style-type: none"> ▪ Congregate Meals ▪ Home-Delivered Meals ▪ Liquid Nutrition Supplements 	<ul style="list-style-type: none"> ▪ Nutrition Education ▪ Nutrition Counseling
Title III-D Evidence-Based Disease Prevention and Health Promotion	<p>Evidence-Based programs approved by ACL:</p> <ul style="list-style-type: none"> ▪ Demonstrated through evaluation to be effective improving health and well-being ▪ Proven effective with older adult population 	<ul style="list-style-type: none"> ▪ Research results published in a peer-review journal ▪ Fully translated in one or more community sites ▪ Includes developed dissemination products available to the public
Title III-E National Family Caregiver Support Program (NFCSP)	<ul style="list-style-type: none"> ▪ Caregiver Information & Assistance ▪ Public Information Services ▪ Caregiver Support Groups ▪ Caregiver Case Management Assistance 	<ul style="list-style-type: none"> ▪ Caregiver Counseling ▪ Caregiver Training ▪ Caregiver Respite ▪ Supplemental Services
Title V Senior Community Service Employment Program (SCSEP)	<p>SCSEP helps low-income, unemployed individuals aged 55+ find work. To qualify:</p> <ul style="list-style-type: none"> ▪ Be an Alabama resident ▪ Be age 55 or older 	<ul style="list-style-type: none"> ▪ Be unemployed ▪ Have an income of less than 125% of the federal poverty level
Title VII Office of State Long-Term Care Ombudsman Program	<p>The Office of the State Long-Term Care Ombudsman program provides consumer advocacy protection services to:</p> <ul style="list-style-type: none"> ▪ Resolve residents' problems ▪ Protect residents' rights ▪ Ensure residents receive fair treatment and quality care 	<ul style="list-style-type: none"> ▪ Investigate and resolve complaints ▪ Educate residents, family and facility staff ▪ Provide information to the public ▪ Advocate to bring about change

ACL Discretionary Grant Programs

Lifespan Respite	<p>Provided through United Cerebral Palsy of Huntsville and Tennessee Valley, the grant objectives include:</p> <ul style="list-style-type: none"> ▪ Enhancing respite opportunities for all family caregivers ▪ Expanding existing support services to all caregivers ▪ Strengthening Lifespan Respite while building on quality indicators for a more formalized statewide sustainable respite and support services plan
State Health Insurance Assistance Program (SHIP)	<p>Alabama SHIP counselors and volunteers are committed to helping participants make informed choices with the following goals:</p> <ul style="list-style-type: none"> ▪ Client Contacts ▪ Outreach Contacts ▪ Contacts with Medicare beneficiaries under 65 ▪ Hard-to-Reach Contacts ▪ Enrollment Contacts
Medicare Improvements for Patients & Providers Act (MIPPA)	<p>Available to help eligible Medicare beneficiaries apply for cost-savings benefits:</p> <ul style="list-style-type: none"> ▪ Low-Income Subsidy (LIS) ▪ Medicare Savings Program (MSP)
Senior Medicare Patrol (SMP)	<p>Alabama SMP’s key objectives are to continuously work in three main areas:</p> <ul style="list-style-type: none"> ▪ Conducting outreach and education ▪ Engaging volunteers ▪ Receiving beneficiary complaints

State & Medicaid Funded Programs

State Funded

Aging & Disability Resource Center (ADRC)	<p>The ADRCs serve as centralized hubs for individuals seeking long-term support services (LTSS) and assistance with accessing resources. Each ADRC operates during normal business hours and offers:</p> <ul style="list-style-type: none"> ▪ Screening for programs and services ▪ Assisting with application processes ▪ Responding to inquiries and answering questions ▪ Referring applicants to relevant agencies ▪ Following up to provide support as needed
SNAP Outreach	<p>Provided through AL Department of Human Resources, adults aged 60+ receive screening, education and application assistance to improve participation rates and reduce food insecurity.</p>
SenioRx	<p>SenioRX provides medication assistance to help individuals manage chronic illnesses effectively. This program assists individuals who meet specific income criteria including:</p> <ul style="list-style-type: none"> ▪ Individuals aged 55+ with chronic medical condition and no prescription coverage ▪ Individuals of any age deemed disabled by the Social Security Administration ▪ Individuals who have Medicare but have reached the Medicare D coverage gap

Dementia Friendly Alabama (DFA)	DFA provides resources and tools to help persons with dementia and their care partners feel understood, seen, respected, supported and part of the community.
<i>Medicaid Funded</i>	
Alabama Community Transition Medicaid Waiver (ACT)	The ACT Waiver, also known as Gateway to Community Living, provides services to individuals with disabilities or long-term illnesses who currently reside in an institution and who desire to transition to a home or community-based setting.
Elderly and Disabled Medicaid Waiver (E&D)	The E&D Waiver is structured to offer services that enable older adults and/or individuals with disabilities who would otherwise require care in a nursing facility to reside in the community.
Hospital to Home (H2H)	ADSS administers the Alabama Medicaid Agency’s Hospital to Home (H2H) program. This program facilitates transitions from hospital settings back to the community. This program operates in collaboration with the Alabama Gateway to Community Living (GCL) and Alabama Community Transitions (ACT) programs, both of which are designed to assist individuals in transitioning from hospitals back to community living.
Personal Choices	The “Personal Choices” Medicaid Waiver program administered by ADSS presents and alternative for individuals enrolled in a Home-and Community-Based Waiver Service program. Through this initiative, participants receive a monthly allowance which they can use to determine their required services. They have the flexibility to hire caregivers or use allocated funds towards essential equipment purchases. Financial counselors are available to assist them through the process, aiding in budget development to effectively manage their allocated care funds.
Technology Assisted Medicaid Waiver (TA)	The TA Medicaid Waiver program is tailored for individuals 21 or older who have had a tracheostomy or who are reliant on ventilators and require skilled nursing services. The Waiver enables Medicaid-approved participants to continue receiving private duty nursing services, facilitating their ability to stay in their homes. The services covered under the TA Waiver include private duty nursing; personal care/attendant service; medical supplies and equipment; assistive technology; and respite care services (skilled and unskilled).
<i>Other Federally Funded Programs</i>	
AmeriCorps Seniors	The South Alabama RSVP (Retired Senior Volunteer Program) is a federally funded program provided through a grant from the U.S. Corporation for National and Community Service, that 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 value social connections that improve their quality of life.
IRS TCE Program	The Tax Counseling for the Elderly (TCE) program is IRS funded and 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. Volunteers receive small stipends.

Veterans Directed HCBS

Funded through the VA health system, Veteran Directed HCBS 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 and referred through the local Veteran’s Medical Center.

Data Collection (see Appendix 1 – AAA Impact Reports)

ADSS utilizes multiple data systems with the proprietary system, myADSS, which is an aging information management system. myADSS serves as the primary system where all other data feed into, ensuring quality data that is monitored either monthly or quarterly based on the program. ADSS offers continuous technical assistance to SARPC and its partner AAAs to ensure accurate data entry is completed by the required due dates.

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

- myADSS
 - Title III B, C, D, E
 - SHIP/MIPPA (SHIPMATES, interface with federal STARS)
 - Title VII Ombudsman (and SISO, NORS)
- FAMCare – Medicaid Division (interface with AIMS)
- GPMS – Title V SCSEP
- PeerPlace –Case management system
- SIRS – SMP
- RxAssist Plus – SenioRx (interface with AIMS)

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

In FY2024, SARPC achieved the following percentages compared to FY2023:

Consumer Summary	2023	2024
Total Clients	19,408	19,081
Total Registered Clients	16,724	16,298
% Minority Clients	50%	44%
% Rural Clients	16%	16%
% Clients Below Poverty	43%	45%
# of Persons Served at High Nutrition Risk	3,054	2,618

**Data reflects reduction in pandemic funding for home delivered meals.*

In 2024, the ADSS IT team began developing a new data system called myADSS, which became active in 2025. Improvements were made for ADSS program managers to contact the AAAs when there were concerns about data accuracy. Likewise, SARPC employs dedicated staff to work with contractors to improve accuracy.

Monitoring & Oversight (Remediation of Problem Areas / Continuous Improvement)

(See Appendix 2 – Monitoring Tools)

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

The assessment monitoring tools are used to facilitate SARPC staff's equitable evaluation of all contractors and enable contractors to identify areas for improvements. These monitoring tools are designed to ensure that SARPC meets its requirements in serving the needs of senior adults and others across all functional areas. They also ensure that all contractors are monitored consistently. This consistent monitoring helps identify and quantify consistent deficiencies for resource allocation purposes. All AAA programs managed by SARPC staff are also internally evaluated for compliance with state standards, goals and objectives, budgets, and data accuracy. Feedback from bi-annual on-site evaluations by ADSS and their quarterly review of data and budgets are also utilized to evaluate progress, data integrity and for continuous quality improvement.

Continuous Improvement

The SARPC team is dedicated to continuous improvement efforts. To this end, SARPC employs various methods to assess and implement changes within existing programs and services. Providing training and technical assistance to AAA program managers and contractors will be the primary approach through which SARPC aims to enhance services for older adults in our service area over the next four years. SARPC will work with ADSS and their evaluation and improvement program. Furthermore, by researching national trends and evaluation of services, SARPC, along with other state and local partners, will identify best practices and strategies to improve programs, services, and access to those services to promote wider adoption and improvement across the board.

Section 4

Goals, Objectives, Strategies, & Outcomes

The 2025-2029 SARPC Area Plan on Aging is designed to establish a comprehensive and coordinated support system of Long-Term Services and Supports (LTSS) and other programs serving South Alabama’s older adults, individuals with disabilities, and their caregivers. The Area Plan outlines goals, objectives, strategies, and projected outcomes across five focus areas: OAA core formula-based and other non-formula-based grant programs; preparedness and disasters; greatest economic and social needs; expanding access to Home and Community Based Services (HCBS); and caregiving.

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

OAA Core Formula-Based & Other Non-Formula Based Programs

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

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

	STRATEGY	PROJECTED OUTCOME
III-B	Provide a volunteer housecleaning service to help older adults live independently and stay in their own homes.	Improve ability to age in place by providing housekeeping services to low-income older adults with 2 or more ADLs. Reduce social isolation and associated health impacts among isolated older adults.
	Provide Circle of Friends volunteer-supported friendly calling program for phone visitation by matched friends to reduce social isolation in older adults who self-identify as isolated.	
III-C	Provide 25 senior nutrition centers, including a MOWA tribal senior center, and one home delivered only nutrition center in PSA locating centers to target those with greatest economic and social need.	Older adults at greatest economic and social need will have increased access to nutrition, education, and recreation services and socialization opportunities. Homebound older adults will have increased availability of nutritious meals and brief safety checks.
	Provide dedicated staff to manage regional Frozen Door to Door Meal Program, including waitlist, to maximize availability of home delivered meals to at-risk older adults.	

III-D	Additional AAA staff become Master Trainer for A Matter of Balance Fall Prevention Program and teach and oversee volunteer instructors.	Increase in availability in region of AMOB and Bingocize classes and increase participation rates among older adults.
	Additional AAA staff are trained to teach and train volunteers in Bingocize and oversee volunteer instructors.	
Title V	Callers into ADRC seeking employment for income support will be advised of SCSEP opportunities and referred as needed.	<p>Improve financial health, social connection and independence of older adults through participation in the workforce.</p> <p>Stabilize and increase participation in SCSEP through successful placements at both stations and unsubsidized employers.</p>
	SARPC will explore methods to strengthen SCSEP through work with ADSS, seek additional transportation resources for participants, recruit additional host agencies, provide additional participant training programs, and increase marketing of the SCSEP program.	

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

	STRATEGY	PROJECTED OUTCOME
VII	Provide training for residents, family members, facility staff and the community on Ombudsman services, residents rights and the Gateway program.	<p>Increase awareness of services provided by the LTC Ombudsman and Gateway programs as indicated by increased contacts and successful transitions.</p> <p>Increased knowledge of abuse, neglect, exploitation and how to recognize and report concerns for intervention.</p>
	Work collaboratively with the AL Dept of Public Health and State Ombudsman to address complaints and concerns regarding residents in LTC by receiving notifications from ADPH surveyors when they enter and exit LTC facilities.	

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

	STRATEGY	PROJECTED OUTCOME
ADRC	Integrated Benefit Enrollment Center within ADRC operations to strengthen One Door Alabama services.	<p>Older adults and people with disabilities who contact the AAA will receive comprehensive screening to include available public and private benefits to improve their financial security and independence.</p> <p>Increased outreach to people at greatest economic and social need through targeted campaigns by PR Specialist.</p>
	Employ PR Specialist to provide outreach and marketing of key ADRC services in the region through multiple sources.	
SHIP/MIP PA	Train county level Council on Aging staff to provide SHIP counseling to improve local access to SHIP services, and local assistance during Open Enrollment.	Increase in Medicare beneficiaries receiving assistance with Medicare, Medicaid benefits and assistance during Open Enrollment with plan evaluation and selection.

	Provide Medicare Savings Program screening and application assistance through both the SHIP program and the ADRC on a routine basis.	Increase Medicare beneficiaries who are screened and found eligible for a Medicare Savings Program or LIS and are successfully enrolled.
SMP	Provide at least one fraud summit annually in the region and promote new SMP Tracker app and SMP through outreach and marketing of AAA services.	Increase Medicare beneficiaries and caregivers' awareness of Medicare Fraud and related scams and how to make a report of suspected fraud.
	Provide at least one SMP staff/volunteer training annually	
SenioRx	Partner with Ozanam Charitable Pharmacy and Federally Qualified Health Centers to support access to SenioRx program.	Improve success of local SenioRx program in retaining clients, reaching new enrollees, and assisting with refills of medications. Increase in new enrollments in SenioRx program and assist more people in local community in obtaining needed medications.
	Explore working with disability attorneys to reach people with chronic health problems by providing affordable medications via SenioRx while they await disability determination and insurance coverage.	

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

	STRATEGY	PROJECTED OUTCOME
	Support Volunteer Guardianship Program in Mobile County to support vulnerable, incapacitated older adults. Provide Legal Services for the Elderly in the region to include support of the LTC Ombudsman and AL Cares programs.	Increased numbers of incapacitated older adults have vetted, responsible guardians to oversee their care. An Elder Law Attorney is routinely available for consultation to help identify and report exploitation and other forms of elder abuse and to secure appropriate interventions, improving outcomes for adults in need of protection.

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

	STRATEGY	PROJECTED OUTCOME
Dementia Services	Provide the Second Wind Dreams virtual reality experience to paid and unpaid caregivers, advocates, and interested people which simulates a person living with dementia and provides associated educational materials in a small discussion group setting.	Increased Alzheimer's education and understanding of the lived experience of people with dementia provided to paid and unpaid caregivers, staff and members of the public.

Provide dementia training at 3 Caregiver Colleges annually, one in each County in the region, and enroll caregivers in SARPC’s caregiver e-newsletters and constant contact blasts to support continued dementia and Alzheimer’s education and information on resources.

Caregivers of people with Alzheimer’s or related dementia will have increased education and knowledge of available prevention, detection, treatment and needed health and supportive services.

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

	STRATEGY	PROJECTED OUTCOME
Data Reporting (IT)	SARPC works with ADSS staff on IT reporting updates, new definitions, system limitations or errors and modifications to myADSS, and will advocate for improvements needed in state data collection systems that present local challenges or inadequate data or reports. SARPC will work with AI Dept of Human Resources to implement new statewide partner on-line SNAP application that allows AAAs to access client applications to assist with submissions and successful enrollments.	Improved functionality and efficiency of data systems and accurate reporting of program participants and services to improve operations and accountability. Improved success of AESAP/SNAP applications submitted by AAA.
	Work with the AL Association on AAAs on review of needed data systems not provided by state agencies such as the Peer Place case management system, FamCare for Medicaid Waiver, etc. and work with sister agencies and contractors on needed training, improvements or new system purchases. Work with a4a on requests to state agencies on needed improvements or replacement of legacy systems that are no longer adequate or require duplicative data reporting among commonly used statewide systems.	Improvements in data reporting systems results in improvements in program operations, allowing for adjustments to program design or reallocation of resources to better meet Area Plan goals and the needs of the community.
Training	SARPC provides on-going training to all Title III nutrition center contractors, monthly oversight, and data corrections when indicated, given the challenges center managers experience with service definitions and data management. SARPC participates in ADSS provided training and state monitoring activities.	Improved data to assess outcomes and performance, budgeting and expenditure across all programs to improve quality and accountability.
	SARPC trains all non-nutrition providers at time of contract awards on service descriptions, data management and myADSS system and annually during assessments, and as needed in review of quarterly data.	Area Agency on Aging staff and contractors will be current and compliant with regulations, with strong tools to monitor performance.
Monitoring	Continue monthly/quarterly desk review process for each OAA program, state program, and other grant programs that include regular reviews of budgetary spending.	Improved performance through monitoring for continuous quality improvement, reporting and budget compliance, and progress toward goals of the Area Plan to include reaching older adults at greatest economic and social need to improve performance.
	Annual desk review or in-person monitoring (Field visits in alternating years) to ensure contractor compliance, including targeting demographics and expenditure review. Annual review of contracts to assess contractors service delivery in comparison to priorities under Area Plan.	

Preparedness, Response, & Recovery

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

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

	STRATEGY	PROJECTED OUTCOME
	Provide Circle of Friends program in the region to match screened volunteers with isolated older adults for friendly visits by phone.	Decrease the negative health and mental health impacts of social isolation among older adults.
	Train senior center managers on the negative health and mental health impacts of loneliness and encourage them to encourage participation in the centers and reach out to former participants and the homebound.	

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

	STRATEGY	PROJECTED OUTCOME
	Provide ongoing education to SARPC AAA and MW staff, ADRC, and caregivers about resources to acquire assisted technology through the AL Dept of Rehabilitation Services STAR program	Older adults and caregivers will have increased access to needed assisted technology for greater independence.
	Collaborate locally with Goodwill Gulf Coast and Easter Seals to advise seniors on availability of free and loaner assisted technology and mobility supports.	Increased independence and reduced falls among older adults who gain access to free or low cost assistive technology.

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

	STRATEGY	PROJECTED OUTCOME
	SARPC updates regional local disaster plan annually and provides copies to staff and ADSS.	Better prepared to respond to emergencies and disasters in the service area to assist older adults and people with disabilities. Better prepared to maintain program operations and services during emergency conditions.
	SARPC provides annual disaster training to all AAA and MW staff and participates in local VOAD committees and select training courses.	

Equity

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

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

	STRATEGY	PROJECTED OUTCOME
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Requests for proposals from potential contractors must describe plan to target older adults with the greatest economic and social needs. Awards consider extent proposed services reach target populations. Collaboration with Native American Indian Tribal Nations located in service area is among targeting criteria.	Increased access to Older American Act funded services for older adults at greatest economic and social needs as described in Area Plan.
Expand training available through intranet and HR platform to provide easily accessible continuing education to new and existing employees to improve staff understanding and response to the needs of the vulnerable populations we serve, such as culturally competent care, trauma-informed care, person-centered care, and other related practices.	Reduced disparities in service access and outcomes among the underserved.

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

STRATEGY	PROJECTED OUTCOME
MW, Alabama Cares and ADRC staff participate in AMA and ASN provided training, CEU opportunities, conferences, webinars and on-line staff training resources on person-centered thinking training.	Staff are competent in person-centered care processes which improve LTSS assessments and participant experience.
Person-centered thinking training offered to all AAA staff on-line to improve agency services to the public.	Those assessed for services are more empowered to make their own choices.

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

STRATEGY	PROJECTED OUTCOME
Collaborate with Medicare and Medicaid health plans, HCBS network, and discharge planners to provide select services that address social determinants of health, such as home delivered meals, social isolation interventions, identify transportation services, and financial and medication assistance.	Access to available services will contribute to health improvements among older adults and people with disabilities.
Partner with community-based organizations to support a robust array of affordable services needed by older adults and people with disabilities to address social determinants of health.	Social service and other community-based organizations will increase responsiveness and service delivery for older adults who need services to support positive health outcomes.

Expanding Access to HCBS

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

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

STRATEGY	PROJECTED OUTCOME
Ongoing targeted marketing and outreach to staff, residents and families of residents regarding availability of transition services through Gateway to Community Living program.	Improved ability of people on Medicaid to successfully transition to home and

Ongoing targeted marketing and outreach to hospitals and discharge planners in the service area about Hospital to Home program operated through SARPC to provide individuals on Medicaid the ability to return home and receive home and community-based services post-discharge from a hospital.

community-based services and leave institutional care at a nursing facility.

Improved ability of people on Medicaid to reduce hospital stays and avoid or delay nursing home placements by receiving immediate care at home.

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

	STRATEGY	PROJECTED OUTCOME
	<p>ADRC accepts and screens all calls for Medicaid Waiver Services providing robust assessment and needed referrals. Peer Place tracks callers throughout the referral process, and AAA staff and MW manager can view individuals’ services and referral history. Request additional ADRC staff to address large MW call volume.</p> <p>New staff orientation includes services available through AAA and MW. Annual training of MW staff by ADRC is provided to improve coordination of services between aging and MW.</p>	<p>Improved access to affordable services for individuals seeking Medicaid HCBS through the provision of accurate information on services and income support available to enhance independence and the ability to remain in home and the community.</p> <p>Improved access to needed wrap-around community services for individuals receiving Medicaid Waiver HCBS to support independence and health.</p>

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

	STRATEGY	PROJECTED OUTCOME
	<p>Apply for grant funding from national organizations, other federal grants, local foundations, other state agencies and local government to expand needed services.</p> <p>Utilize volunteer programs to offer select community services such as tax counseling and preparation, social isolation programs involving friendly callers, housecleaning services, SHIP and SMP volunteers, etc.</p>	<p>Funding obtained from AmeriCorps (CNCS), National Council on Aging, AARP Foundation, ADHR, AUM, performance contracts from Mobile County, City of Mobile, etc. Funding awards allows the provision of new or expanded services beyond available OAA funding.</p> <p>Volunteers provide unpaid services for new programs or expand access to existing services for older adults.</p>

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

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

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

	STRATEGY	PROJECTED OUTCOME
	SARPC contracts with Alabama Lifespan Respite to provide respite vouchers for caregivers enrolled in the Alabama Cares Program as a personal choice option.	Alabama Lifespan Respite provides majority of SARPC’s Title III E respite services to allow caregiver-directed respite.
	Maintain collaboration among Alabama Cares, ADRC and AL Lifespan Respite by providing ALR resources to caregivers to increase awareness and connect caregivers with caregiver services and training.	Improved education about supportive services that are available to help caregivers with the challenges they encounter.

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

	STRATEGY	PROJECTED OUTCOME
	Utilize the Alabama Lifespan Respite on-line, nationally recognized, provider training for unskilled, in-home respite providers.	Increased access to trained direct care workforce to support family caregivers.
	Provide free training and certifications for housekeepers through the American House Cleaners Association to support volunteer-based housekeeping services and access to services.	Increase access to trained, certified housecleaners for low-income older adults with disabilities, decreasing demands and stress on caregivers.

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

	STRATEGY	PROJECTED OUTCOME
	SARPC employes staff to provide focused service provision on Older Relative Caregivers of children and the National Technical Assistance Center on Grandfamilies and Kinship Families is utilized to improve services for ORC families.	Improved support provided to Older Relative Caregivers.
	Utilize National Technical Center on Grandfamilies and Kinship Families to improve support for caregivers providing care due to the addiction of parents, supported by the Opioid Settlement grant.	Improved support provided to Older Relative Caregivers due to the addiction of child’s parent(s).

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

	STRATEGY	PROJECTED OUTCOME
	In addition to maintaining a Title III-E contract for the provision of person-centered respite care with Alabama Lifespan Respite, SARPC will provide periodic email blasts, social media posts and e-newsletters to caregivers in the region on ALR services such as emergency respite and training resources.	Improved access to needed caregiver support in the region by accessing ALR services and supports.
	Caregiver Colleges and shared resources provided to the Poarch Creek Indian Tribe’s senior and caregiver programs to include resources available through Alabama Lifespan Respite.	Annually SARPC’s AI Cares program hosts a caregiver event at the Poarch Creek reservation in conjunction with their Title VI program.

Attachment A – Verification of Intent

Attachment B – Area Plan Assurances

Older Americans Act of 1965 (2020 Reauthorization)

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

(I) 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)(l) 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)(l) 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)(l) 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 PLANS information ADSS extracted directly from the Older Americans Act (OAA) of 1965 (2020 Reauthorization) regarding content and submission of Area Plans on Aging.

This document to be signed below pertains to the FY2026-2029 Area Plan on Aging.

Julie McGee
Signature of AAA Director

8/25/2025
Date

Julie McGee
PRINT NAME

Attachment C – Board of Directors

SOUTH ALABAMA REGIONAL PLANNING COMMISSION BOARD OF DIRECTORS

2023-2024

(Updated 06/3/2025)

Congressman Barry Moore

1330 Longworth House Office Building
Washington, DC 20515
Phone: (202) 225-4931
Fax: (202) 225-0562
chad.carlough@mail.house.gov

PROXY for Congressman

Elizabeth Roney
District Director
251 609 2794 direct
251 605 3734 cell
elizabeth.roney@mail.house.gov

Honorable Jacquelyn Zeigler (Jackie)
Alabama State Board of Education District 1
3071 Teal Ct.
Mobile, Alabama 36695
251-605-5139
jzeigler3071@gmail.com

BALDWIN COUNTY

Commissioner Charles F. Gruber
Chairman, Baldwin County Administration
Baldwin County (Foley) Satellite
Courthouse
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Foley, Alabama 36535
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cgruber@baldwincountyal.gov

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mayorlejeune@daphneal.com

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sherry.sullivan@fairhopeal.gov

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Vice-Chairman-Mayor Charles Murphy
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Mr. Stanley Raye (Lee) Lawson Jr
Baldwin County Economic Development
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Director of P & T Educational Services LLC
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251-937-4965 (Home)
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mayor@cityofspanishfort.com

Mayor Robert Craft
City of Gulf Shores
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mayor@gulfshoresal.gov

ESCAMBIA COUNTY

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eastbrewton@gmail.com

Interim Mayor Shawn Lassiter
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shawnl@cityofatmore.com

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Centerfire Economic
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jnicholas@centerfireeconomic.com

MOBILE COUNTY

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mayorstimpson@cityofmobile.org

Commissioner Merceria Ludgood
President, Mobile County Commission
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district3web@mobilecountyal.gov

Mayor Jimmie Gardner
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j.gardner@thecityofprichard.org

Mayor Howard Rubenstein
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[hrubenstein@saraland.org](mailto:h rubenstein@saraland.org)

Mayor Mark Barlow
City of Satsuma
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251-675-1440
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markbarlow63@gmail.com

Mr. John Murphy, Jr., PE
Vice President
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251-605-6400 cell
JM1998@comcast.net.

Mr. Westly Woodruff
Director of Sustainability
Wind Creek Hospitality
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wwoodruff@WindCreek.com

Mr. David Rodgers, Vice President
Economic Development
Mobile Area Chamber of Commerce
Post Office Box 2187
Mobile, Alabama 36652-2187
251-431-8657
drodgers@mobilechamber.com

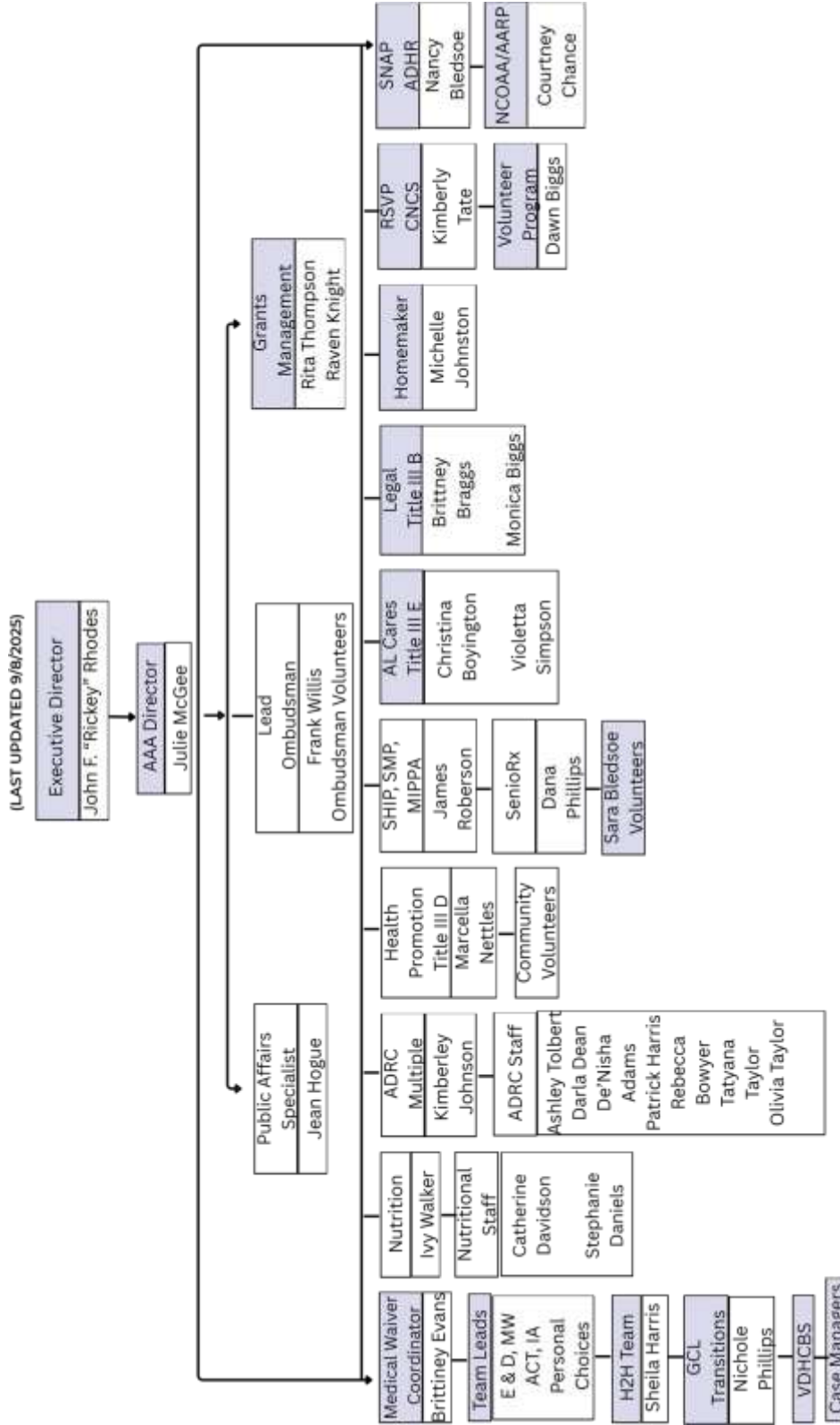
Mr. John C. Driscoll
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Alabama State Port Authority
Post Office Box 1588
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251 217-9600 cell 251-508-6828
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Mr. Rob Middleton, President
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251 661-1637 office
251 377-3600 cell
rob@rm-const.com

Attachment D – AAA Organizational Chart

SARPC Organizational Chart



Attachment E – Grievance Procedure

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): _____

Attachment F – AAA Conflict of Interest Policy

CONFLICT OF INTEREST POLICY

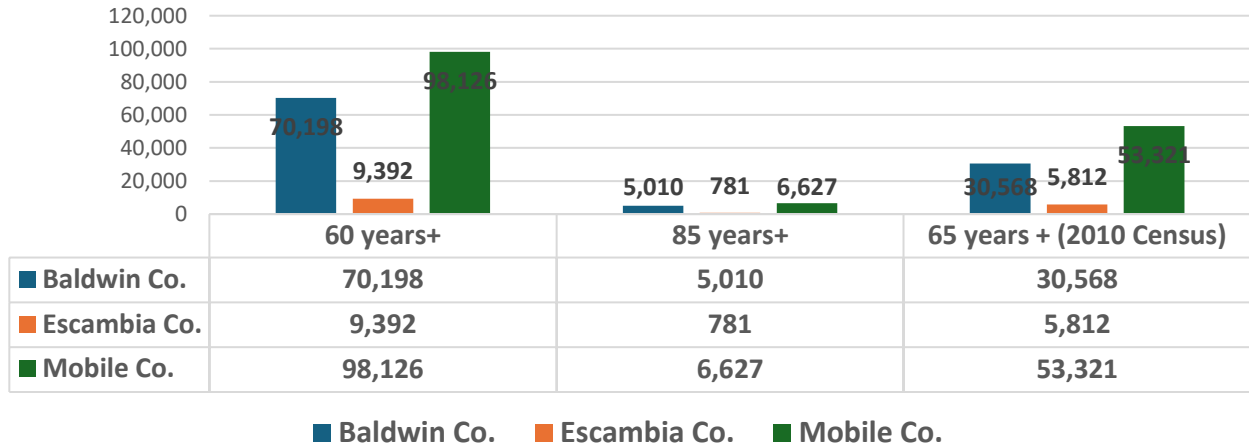
The Commission expects and requires all employees to avoid activities that are not consistent with high standards of public service or that can undermine the public's trust, and thus are contrary to the best interest of the Commission. As a general rule, no Commission member or employee shall acquire any personal interest, either directly 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 seeding a contract with a Member Government or the Commission; (iii) the use of one's position and influences 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 business for personal gain or to benefit friends, relatives, or associates.

Attachment G – Planning & Service Area Map

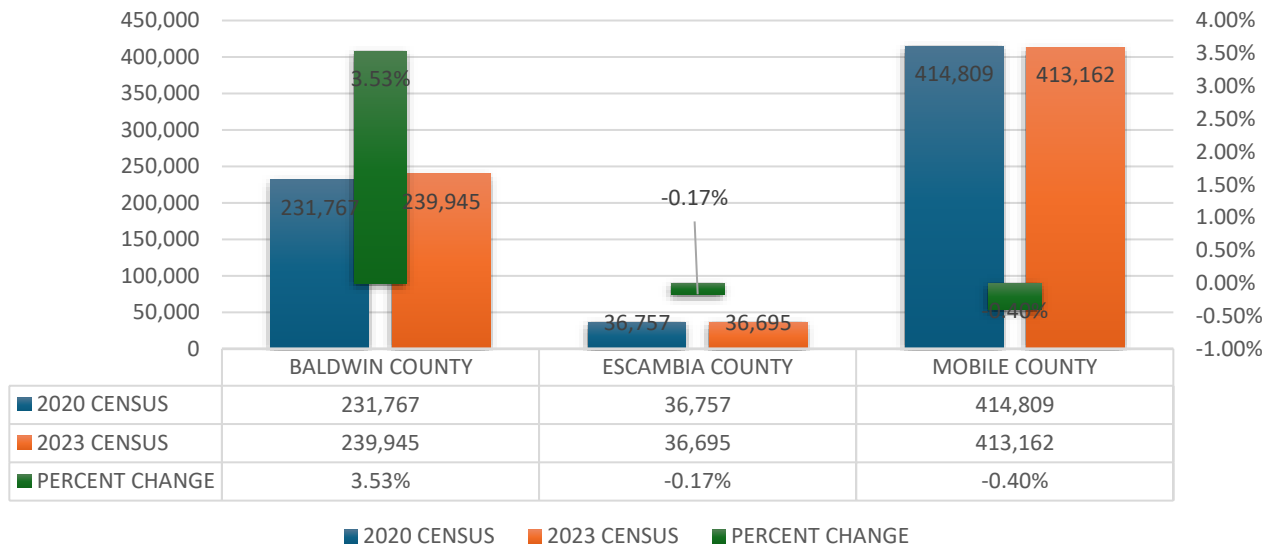


Attachment H – Demographic Trends

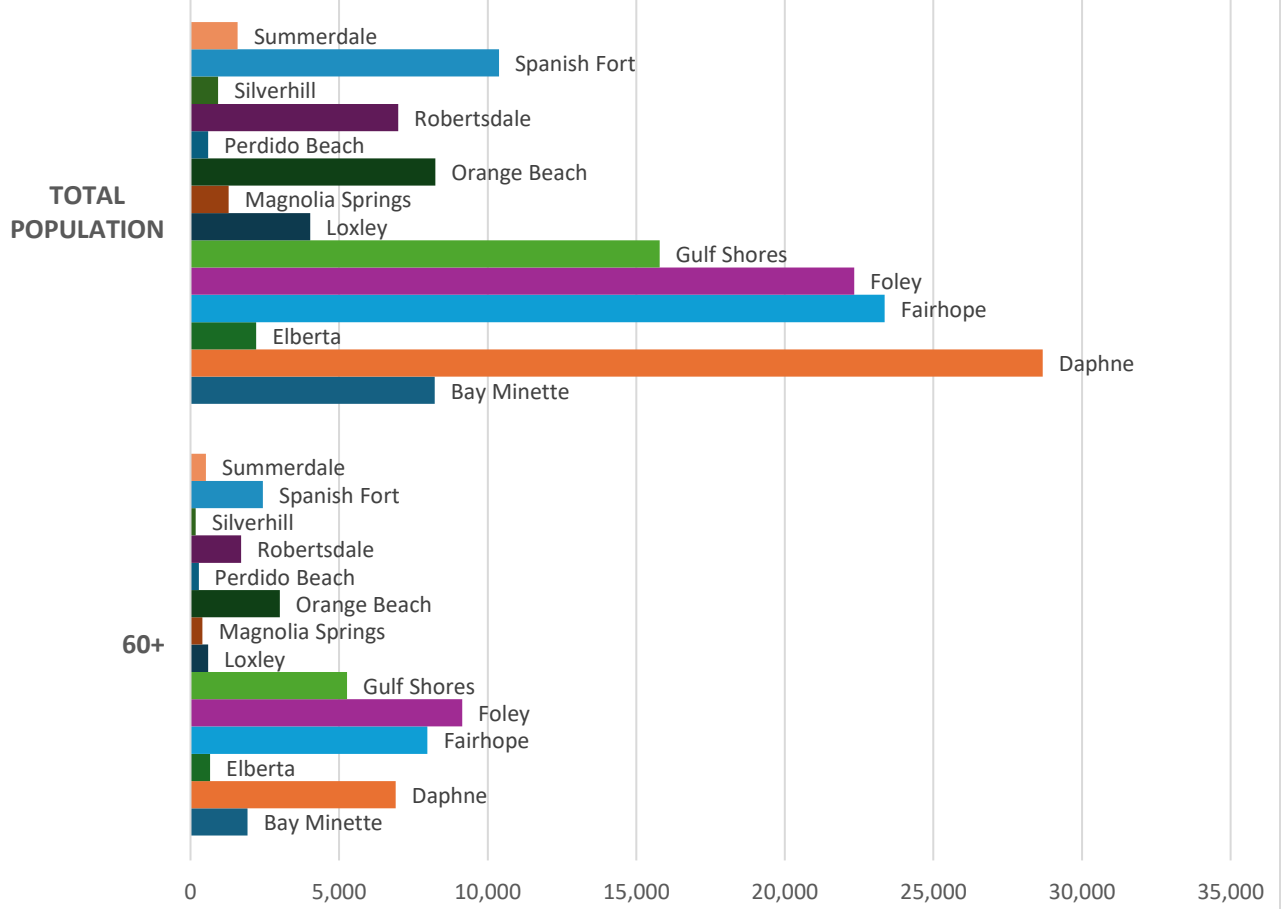
REGIONAL POPULATIONS 60 YEARS AND OLDER 85 YEARS AND OLDER 2019 - 2023



COUNTY POPULATIONS - PERCENT CHANGE 2020 - 2023

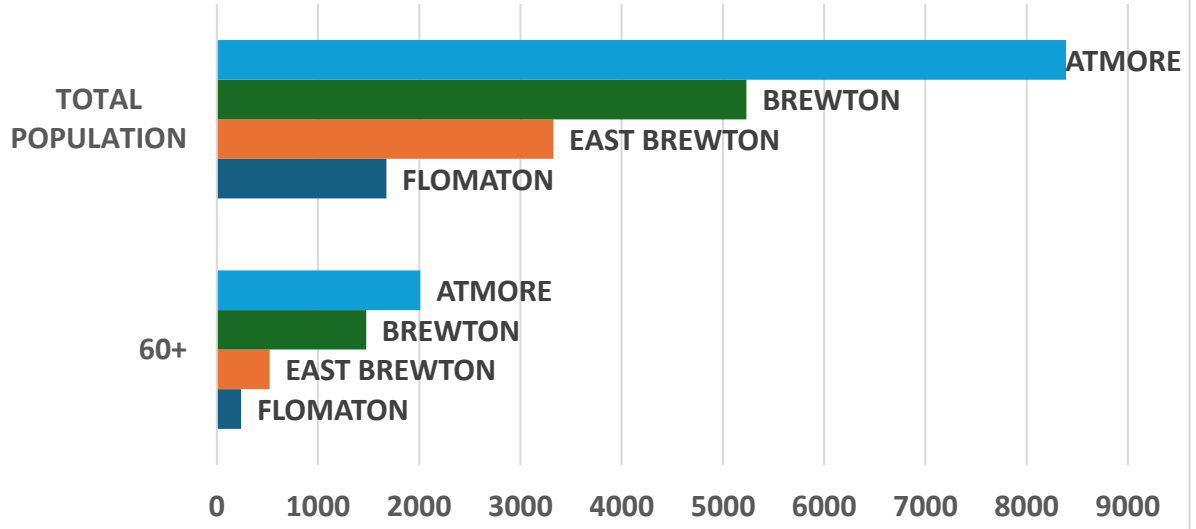


CENSUS 2019 - 2023 CITY & TOWN POPULATIONS IN BALDWIN COUNTY



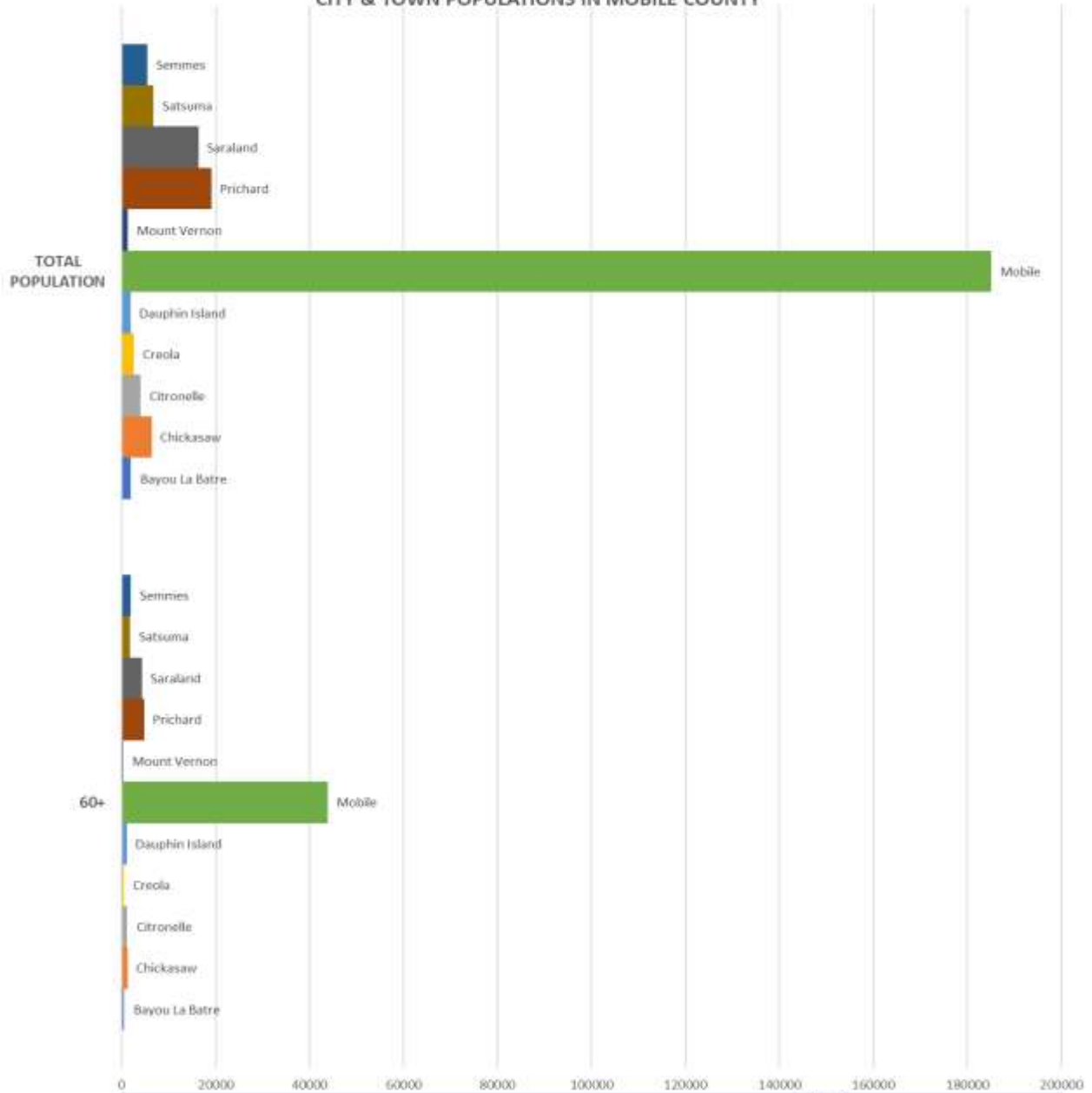
	60+	TOTAL POPULATION
Summerdale	516	1,589
Spanish Fort	2,439	10,377
Silverhill	178	929
Robertsdale	1,698	6,985
Perdido Beach	277	595
Orange Beach	3,009	8,244
Magnolia Springs	405	1,278
Loxley	596	4,029
Gulf Shores	5,267	15,785
Foley	9,144	22,330
Fairhope	7,975	23,360
Elberta	658	2,209
Daphne	6,906	28,673
Bay Minette	1,923	8,215

**CENSUS 2019 - 2023
CITY & TOWN POPULATIONS IN ESCAMBIA COUNTY**



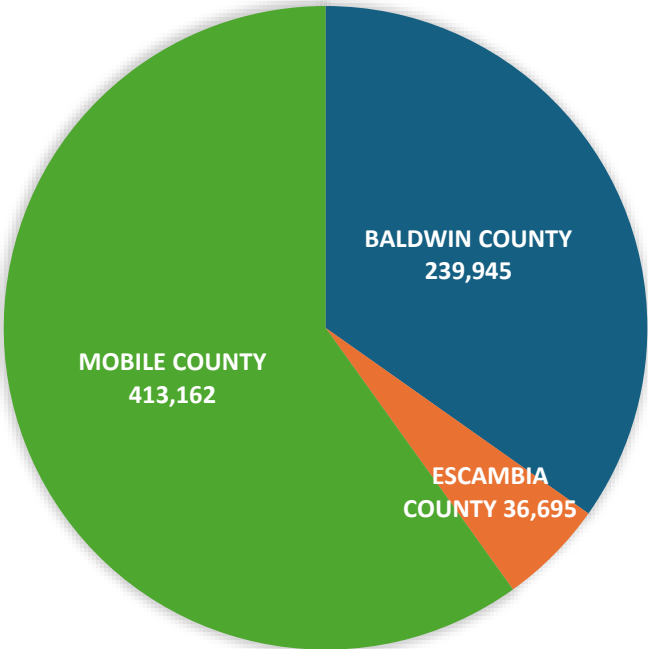
	60+	TOTAL POPULATION
■ ATMORE	2,012	8,389
■ BREWTON	1,475	5,232
■ EAST BREWTON	520	3,325
■ FLOMATON	241	1,675

**CENSUS 2019 - 2023
CITY & TOWN POPULATIONS IN MOBILE COUNTY**



	60+	TOTAL POPULATION
Semmes	1,867	5,404
Satsuma	1,701	6,784
Saraland	4,273	16,304
Prichard	4,799	19,121
Mount Vernon	325	1,339
Mobile	43,831	185,097
Dauphin Island	1,024	1,944
Creola	530	2,489
Citronelle	1,160	3,918
Chickasaw	1,212	6,367
Bayou La Batre	482	1,977

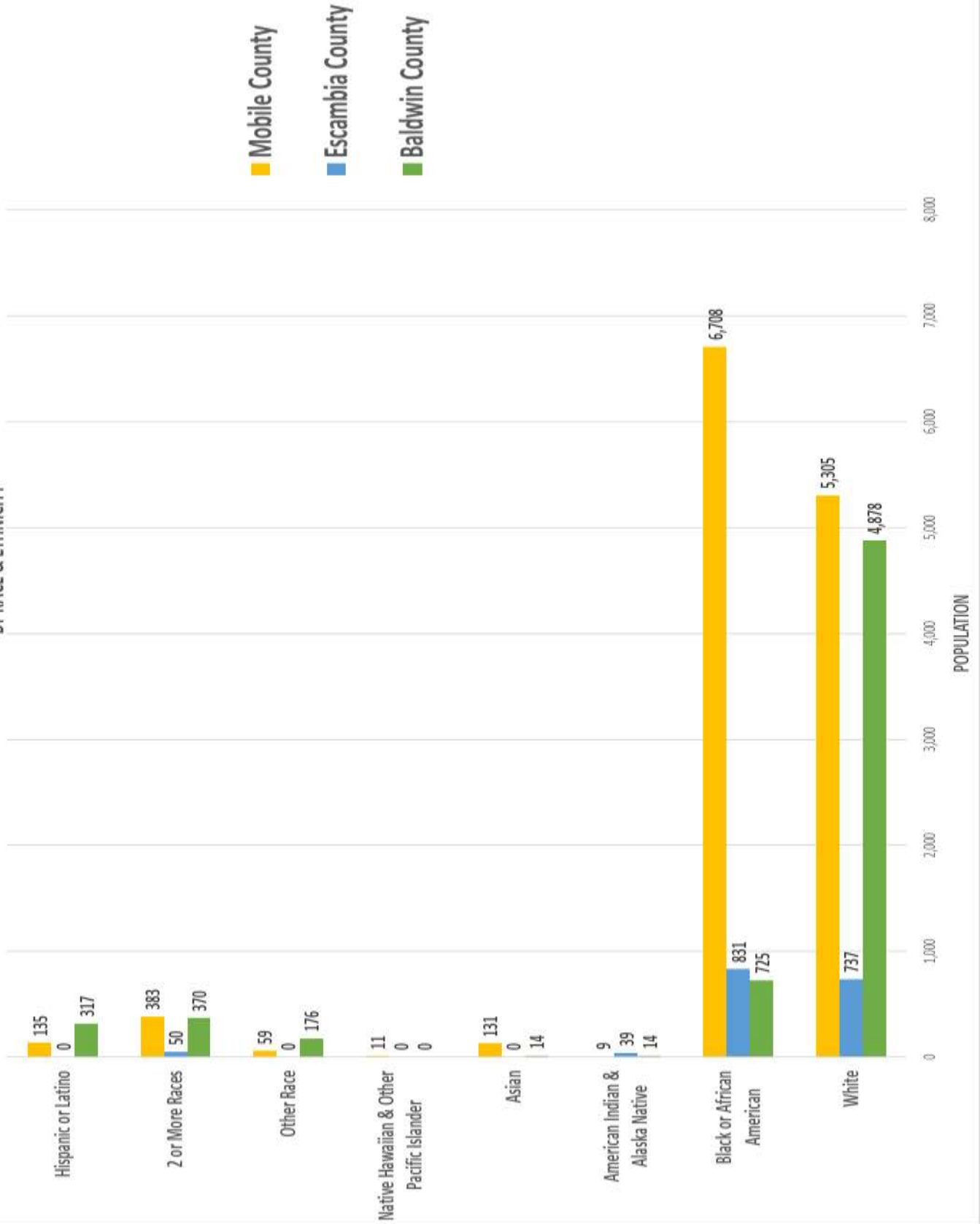
**REGIONAL POPULATION BY COUNTY
CENSUS - 2023**

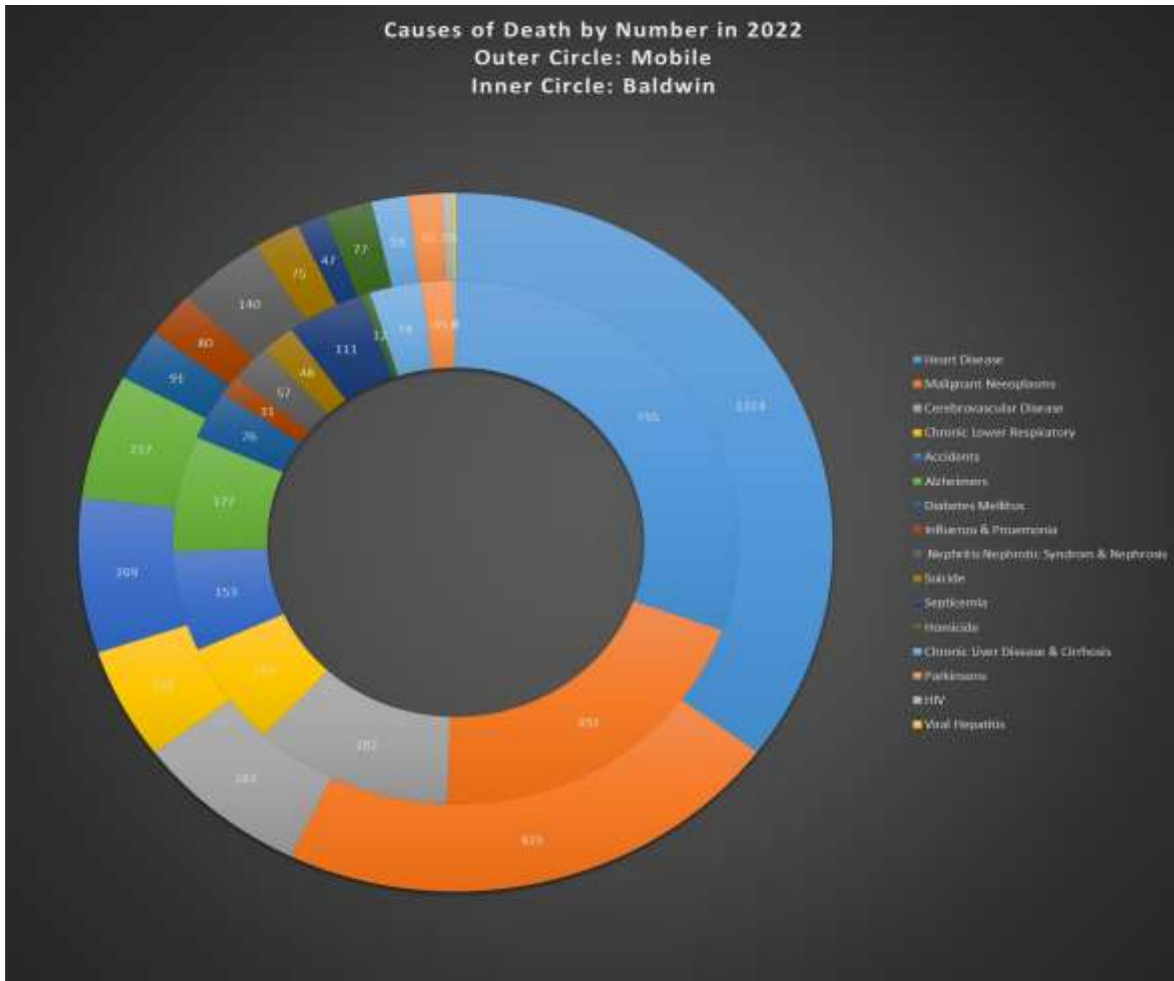


■ BALDWIN COUNTY ■ ESCAMBIA COUNTY ■ MOBILE COUNTY

TOTAL REGIONAL POPULATION: 689,802

CENSUS 2019 - 2023
 60 YEARS & OLDER - INCOME IN THE PAST 12 MONTHS BELOW POVERTY LEVEL
 BY RACE & ETHNICITY



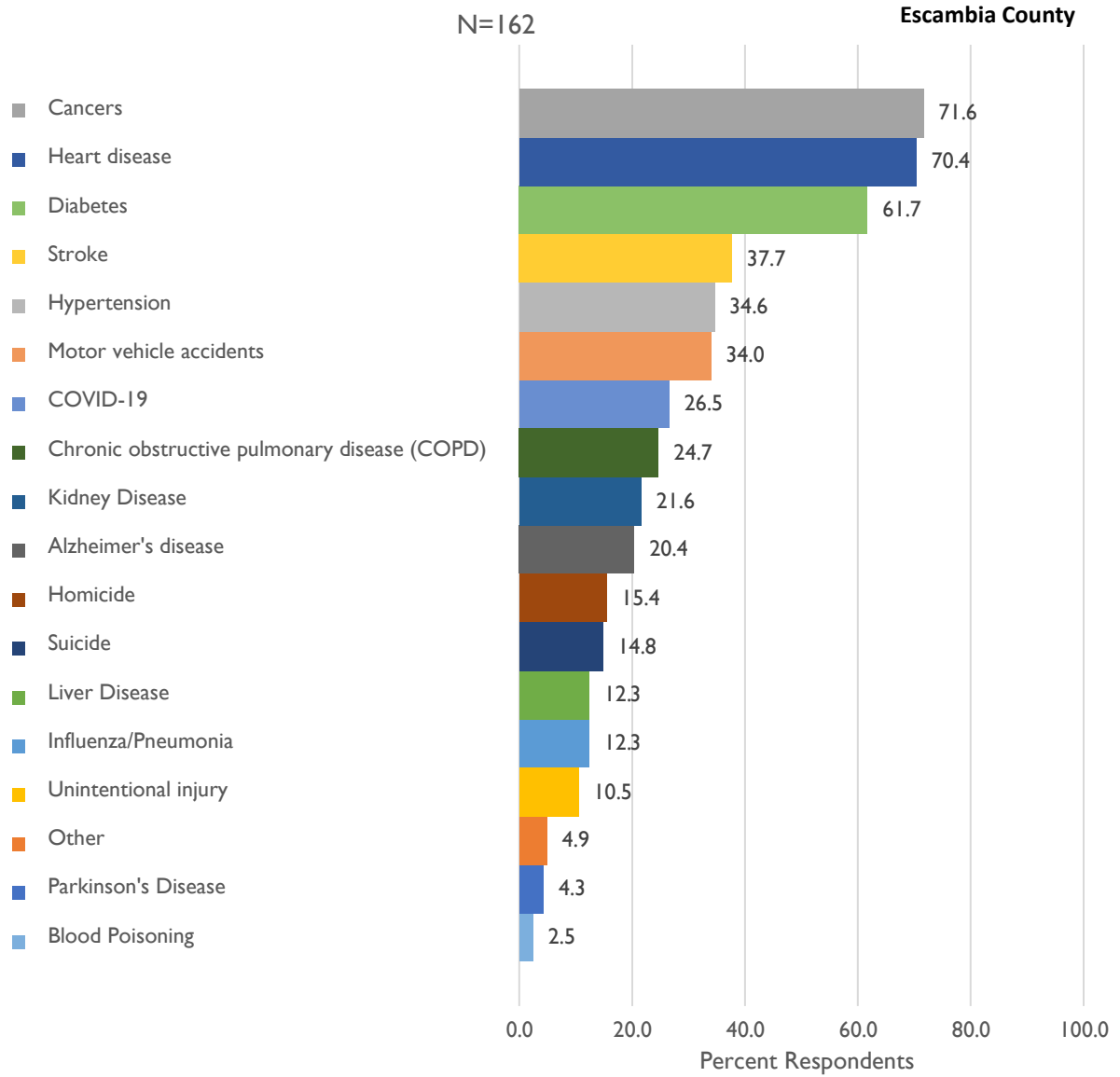


<i>Health Leaders Survey</i>	<i>Community Survey</i>
<ol style="list-style-type: none"> 1. Mental health services. 2. Alcohol or drug abuse treatment. 3. Services for the elderly. 4. Preventative healthcare (routine or wellness check-ups). 5. Alternative therapies (acupuncture, herbals, etc.) 6. Specialty medical care (specialist doctors) 	<ol style="list-style-type: none"> 1. Mental health services. 2. Specialty medical care (specialist doctors) 3. Services for the elderly. 4. Women’s health. 5. Primary medical care (primary doctor or clinic). 6. Preventative healthcare (routine or wellness check-ups).
	2

¹ https://www.infirmarhealth.org/documents/content/2025-2027-CHNA-Report_021625.pdf

² https://www.infirmarhealth.org/documents/content/2025-2027-CHNA-Report_021625.pdf

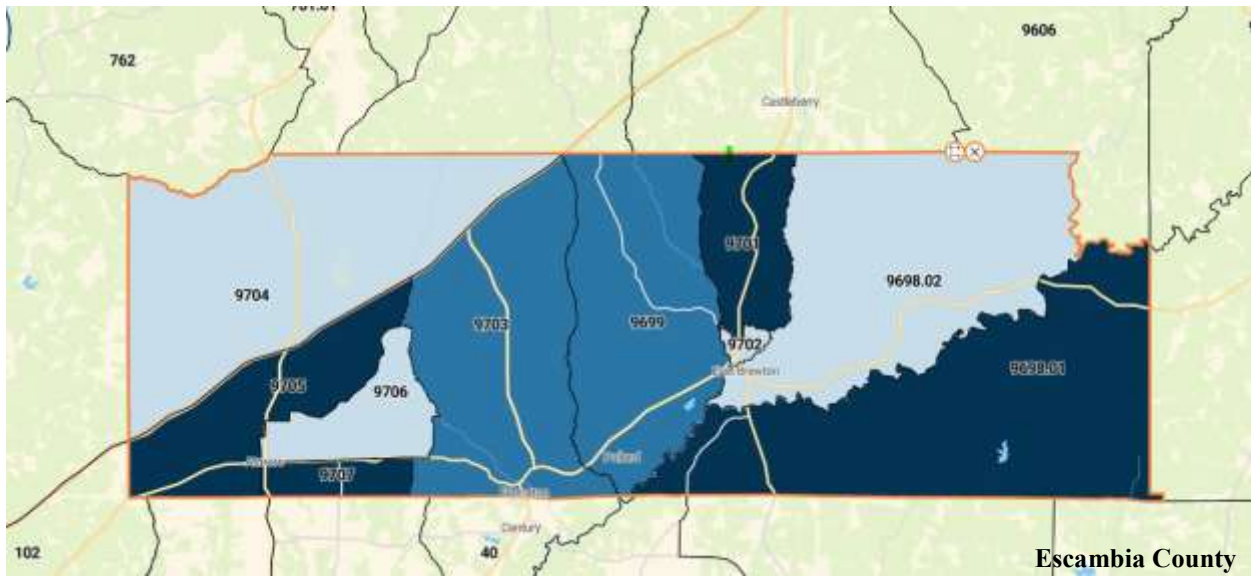
Causes of Death and Illness in the Community



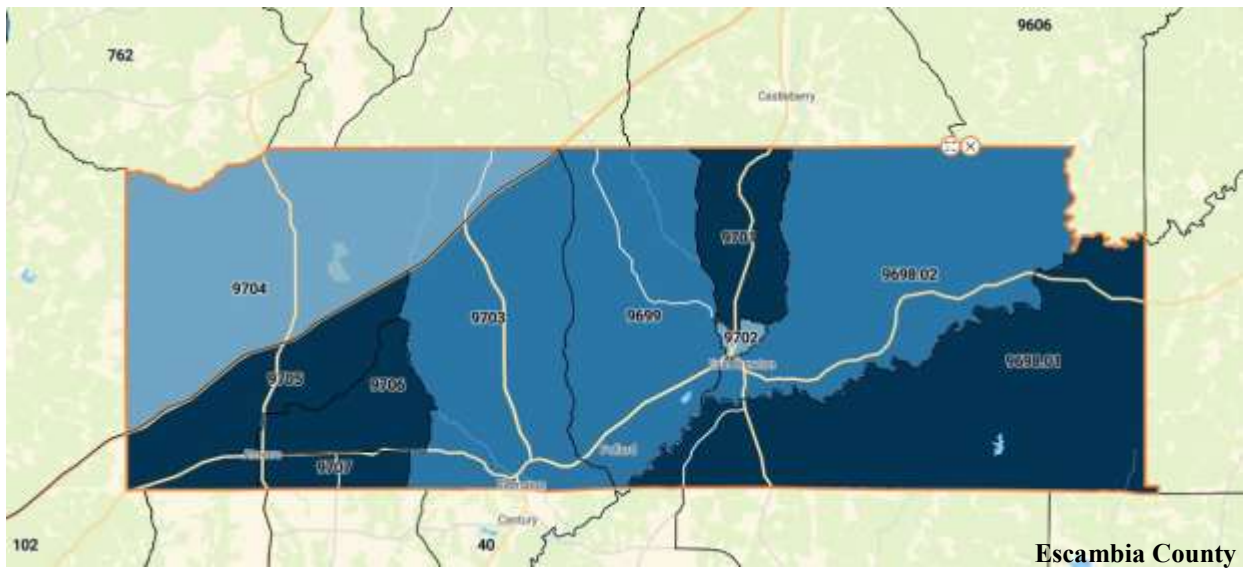
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.³

³ https://www.atmorehealth.org/docs/Atmore_CHNA_%281%292022.pdf

Estimated percentage of Residents 65 years and older by Census Tract (2016-2020)⁴



Estimated percentage of Residents with Disability by Census Tract (2016-2020)⁵



⁴ https://www.atmorehealth.org/docs/Atmore_CHNA_%281%292022.pdf

⁵ https://www.atmorehealth.org/docs/Atmore_CHNA_%281%292022.pdf

Alzheimer’s Dementia Prevalence Estimates in 2020*

County	Prevalence	Number of Persons Aged 65+
Baldwin	10%	4,900
Escambia	12.5%	900
Mobile	12.6%	8,900

*Klodian Dhana et al.

Number of people aged 60+ who are rural residents	52,987*
Number of people aged 60+ who live alone	39,150*

*2021 ACS 5-year estimate

Attachment I – Emergency/Disaster Plan

Revision History, Distribution, Acknowledgements

Revisions:

9th revision, May 2025
8th revision, June 2024
7th revision, June 2020
6th revision, August 2017 (update of staff ph #: 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 is 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 staff's 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 support for staff. 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 damage 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, wildfires, 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 AIMS files; PeerPlace; 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, Leadership Institute Volunteers) 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 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 for 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 hours prior to the event for standby 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 DRC's 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; PeerPlace.

Client and emergency contact information

Address is current in AIMS; PeerPlace and in office files.

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

Home, cell and other emergency contact numbers updated in AIMS; PeerPlace and office files.

Caregiver and/or other emergency contact name(s) updated in AIMS; PeerPlace and office files.

Client's Emergency Plan

Current directions to client's home on Caregiver Intake form and AIMS; PeerPlace.

Evacuation plans are 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 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.

Office Manager 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 or disks.
- 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.

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, 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, on all office and field files.
 - Case Managers update client's home, cell and other phone numbers in AIMS, 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 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, 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 sisters 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
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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.

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 sisters 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.

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.

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/Response Coordinator – Darla Dean
- AAA Office Contact – Nancy Bledsoe
- Nutrition Coordinator – Ivy Walker
- Alabama Cares Coordinator – Christina Boyington
- Medicaid Waiver Coordinator – 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 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

<h3>Immediate Actions in an Emergency</h3>

- 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 – Katelyn Roberts, Information Systems Director
- Evaluate computer network; restore or work around – Katelyn Roberts
- Retrieve and respond to messages on call-in line – Kim Johnson, 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, Office Contact
- 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, gather disaster-related resource information, prepare disaster resource, disseminate bulletins to staff and other agencies – 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

<p>Protocols during Disaster for Safety and Well-being of Staff and Families</p>

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 proved 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 are 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.

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
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NAME	TITLE	PHONE EXT.	CELL
Rickey Rhodes	Executive Director	467	251-421-9400
Julie McGee	AAA Director	423	251-377-8105
Katelyn Roberts	Information Systems Director	420	251-330-6990
Darla Dean	Disaster Resource/Response Assistant	428	251-586-3942
Kim Johnson	ADRC	404	251-518-2199
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:**

Todd Cotton, Acting Commissioner Alabama Dept of Senior Services 334-462-2109		
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
Darla Dean, Disaster Resource Coordinator Area Agency on Aging 251-706-4680 (O) 251-586-3942 (C)		

PRIMARY STAFF CELL PHONE CONTACTS

ADMINISTRATION

Rickey Rhodes, Executive Director
251-421-9400

Robbie Young, Administrative Director
251-978-9212

Tom Piper, Transportation Director
251-581-6379

Nicole Taylor,
Community Development Director
251-644-1047

Terry Robinson, SARPC Human Resources
251-689-6446

Katelyn Roberts, SARPC IT
251-402-3555

Julie McGee, AAA Director
251-377-8105

Rita Thompson, AAA Grant Manager
251-591-1978

Darla Dean, Disaster Response Support
251-586-9342

Nancy Bledsoe, Office Contact
251-459-3884

KEY PROGRAMS

MEDICAID WAIVER

Brittiney Evans
251-401-1752

NUTRITION

Ivy Walker
251-716-9648

ADRC

Kim Johnson
251-518-2199

ALABAMA CARES

Christina Boyington
251-709-5814

SHIP/SMP

James Roberson
251-648-0771

LEGAL

Brittney Braggs
228-235-7024

SENIORX

Dana Phillips
251-689-5772

OMBUDSMAN

Frank Willis
251-406-9232

RSVP

Kim Tate
928-830-2459

SILVER SWEEPERS

Michelle Johnson
251-408-1307

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

348 N McGregor Ave

Mobile, AL 36608

<http://www.mcema.net>

Jessie Peacock, 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>

**Todd Cotton, Acting Commissioner
Alabama Dept of Senior Services**

334-462-2109

334-242-5742

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>

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.

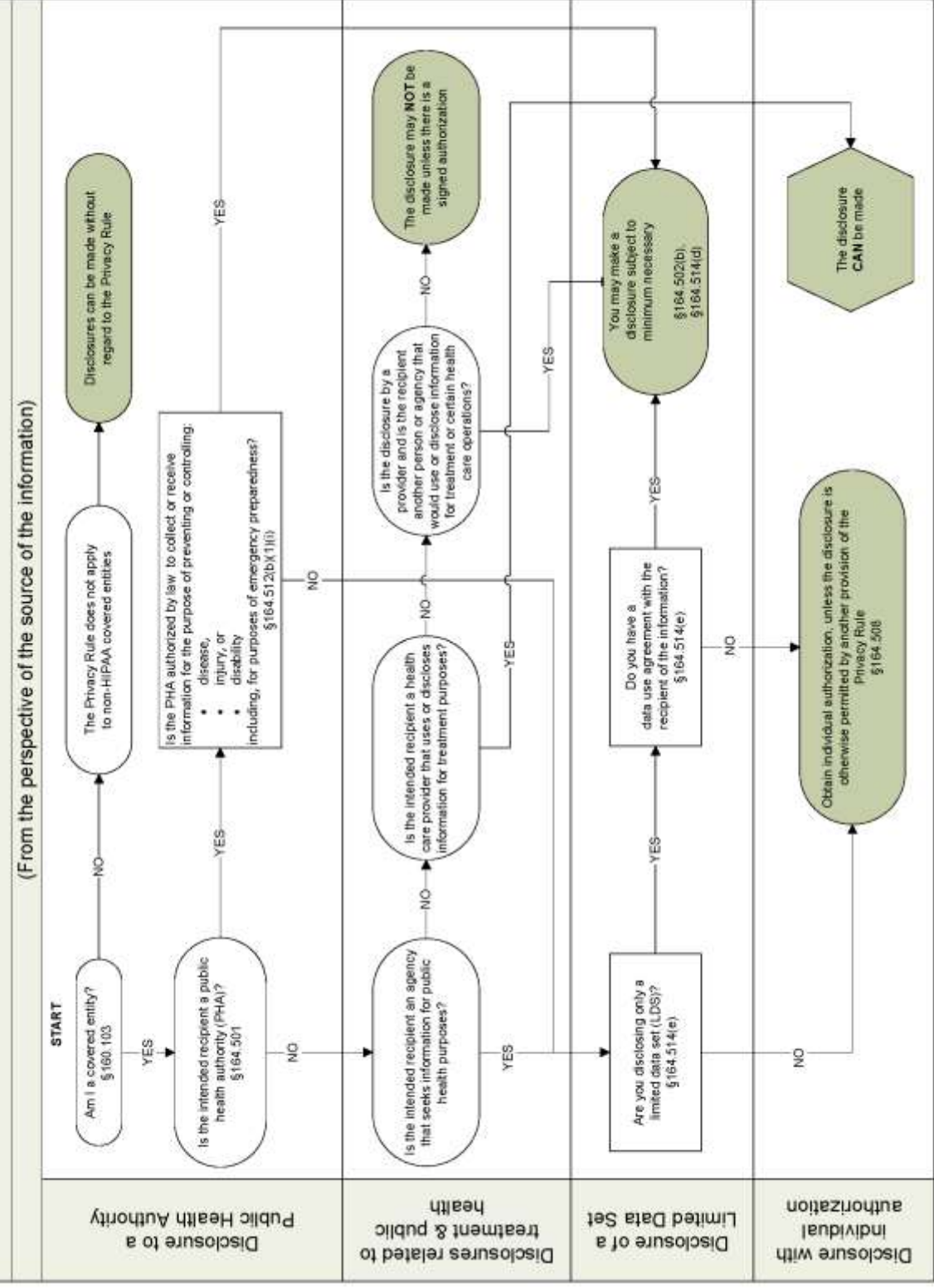
IMMINENT DANGER: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

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/

AT A GLANCE – May I disclose protected health information for public health emergency preparedness purposes?



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 complement 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 the 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 may be 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 completing 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 process the anger and disappointment of finding looters stealing your remaining possessions. It can also mean learning to discriminate against 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 reassembling 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.
- 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 applications and accessing help from other organizations 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 reviewed 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

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? (section)	YES	NO (if no, then explain in the notes)
Do you have insurance?	YES	NO
Have you contacted FEMA?	YES	NO
Are you living in your house now?	YES	NO
Do you have any urgent medical needs? (section)	YES	NO (if yes, then explain in the notes)
Do you have your medications?	YES	NO
Do you have clothes and shoes to wear? (section)	YES	NO (if no, then explain in the notes)
Do you have food to eat? (section)	YES	NO (if no, then explain in the notes)
Do you have a way to cook and cool food? (ie: power on?) (section)	YES	NO (if no, then explain in the notes)

Do you have transportation?

YES

NO

Does your phone work?

YES

NO

What help do you need? _____

Notes: _____

FEMA DISASTER RECOVERY LOG - AREA AGENCY ON AGING (SARPC)

Site Location: _____ AAAA Worker: _____ Date: _____

	Name (Last, First, MI)	DOB	Sex	County of Residence	FEMA #	Social Security# (last 4 only)	I&R	Screening & Assessment (in minutes)	Case Mgmt (in minutes)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

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

Attachment J – Needs Assessment & Public Input

Memo

To: Area Agency on Aging Advisory Council

From: Julie McGee, Area Agency on Aging Director

Date: June 12, 2025

Re: Annual Meeting 2025 – Important Announcement

The Annual Area Agency on Aging Advisory Council Meeting will be held Thursday June 12, 2025 from 10:00 AM until 1:00 PM in the 2nd floor training room at the South Alabama Regional Planning Commission at 110 Bearegard Street in downtown Mobile.

Meeting topic is to distribute Needs Assessment and obtain input on Community Needs for FY 2025-2029 Area Plan on Aging.

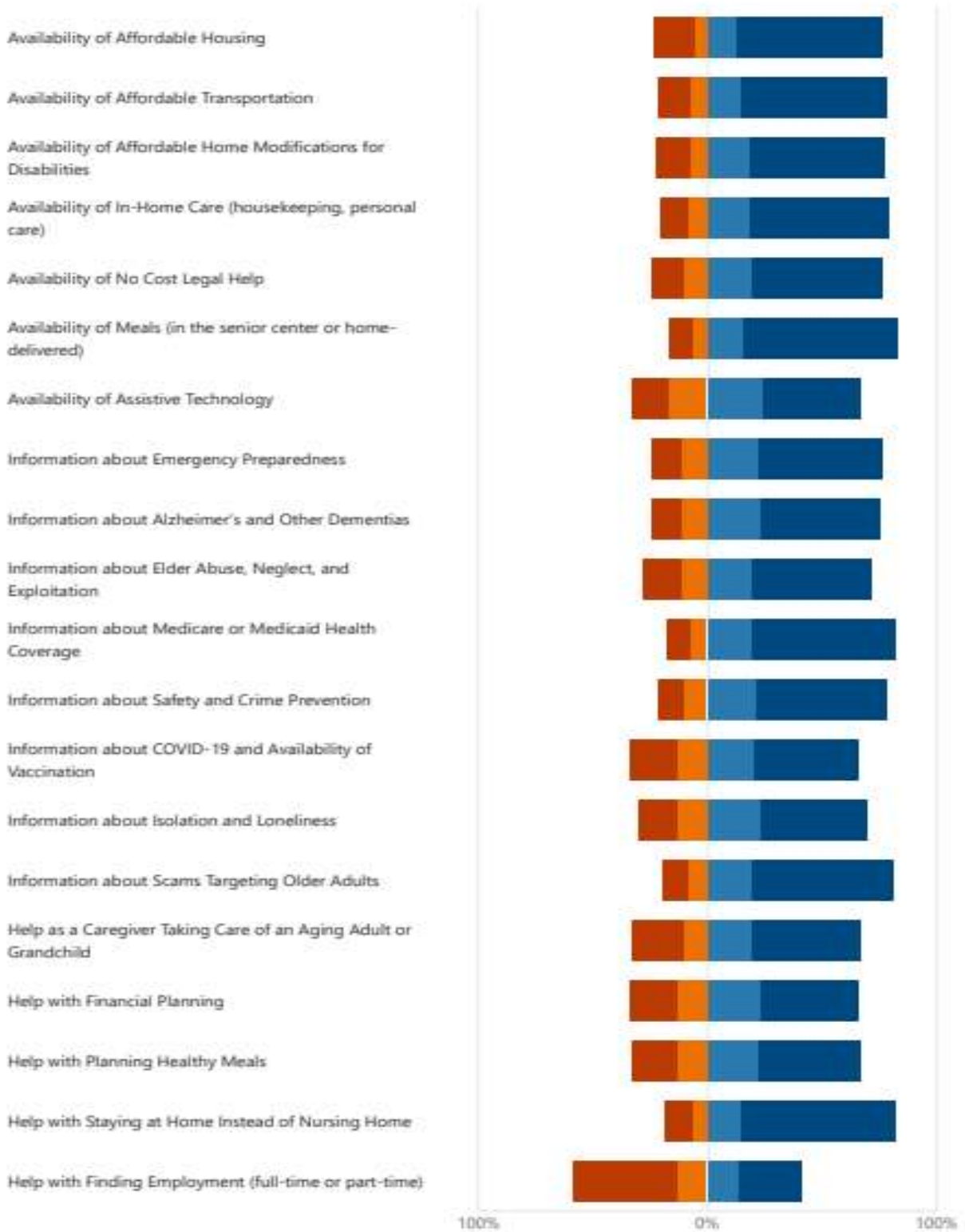
Lunch will be served. Please plan on attending. Guests are invited to join us in discussion of priority needs of older adults in our region.

Please RSVP regarding your attendance. I can be reached at jmcgee@sarpc.org or 251-706-4623.

Needs Assessments Results

			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
\$1,255 or Less	1124	Greater than \$1,255	2138
Age Range			
Under 60	414	60 or Older	2860
Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553
Are You a Person Living with a Disability?			
Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don't Know	686		

1 2 3 4



**Alabama Department of Senior Services
2025-2028 State Plan on Aging
Needs Assessment**

Make your voice heard by sharing what's important to you. We are seeking help from Senior Adults, People with Disabilities, Caregivers, and Others interested in people living at home for as long as possible. The information collected from this assessment will play an integral part in the development of the State Plan on Aging.

- Please choose your race (Choose one by placing an X in the box of your choice)

American Indian or Alaska Native	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
Asian or Asian American	<input type="checkbox"/>	Native American	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	White	<input type="checkbox"/>
Other	<input type="checkbox"/>		

- Please choose your ethnicity (Choose one by placing an X in the box of your choice)

Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino	<input type="checkbox"/>
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- Please choose your monthly income range (Choose one by placing an X in the box of your choice)

\$1,255 or less	<input type="checkbox"/>	Greater than \$1,255	<input type="checkbox"/>
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- Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	<input type="checkbox"/>	60 or older	<input type="checkbox"/>
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- Please choose your location (Choose one by placing an X in the box of your choice)

Rural	<input type="checkbox"/>	Non-rural	<input type="checkbox"/>
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- Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- If you are not able to take care of yourself, is there a family member or friend who would take care of you? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	------------	--------------------------

- Using the number scale below, please tell us the importance of each item by placing an X in the box you choose:

1=Not Very Important, 2=Somewhat Not Important, 3=Somewhat Important, 4= Very Important

	1	2	3	4
--	---	---	---	---

Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				
Information about Emergency Preparedness				
Information about Alzheimer’s and Other Dementias				
Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

June 12, 2025
AAA Advisory Council Open Meeting
Needs Assessment for Area Plan

The Needs Assessment developed by the Alabama Department of Senior Services was distributed to the 20 persons in attendance (AAA Advisory Members and guests) for completion and submission to ADSS. A discussion on needs was the major topic of the AAA Advisory Council meeting. Priority Needs expressed were:

Digital Literacy-most commonly expressed need
Help with Yard Work
Help with Home Repairs
Medicare Counseling

PUBLIC

MEETING

Calling All:

- Senior Adults
- People with Disabilities
- Caregivers

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the North Central Alabama Regional Council of Governments (NARCOG).



Wednesday, March 20, 2024
10:00 a.m. – 11:15 a.m.



For more information,
contact Nick Nyberg at
(334)242-5767

www.alabamaageline.gov

Cullman Senior Center
1539 Sportsman Lake Rd. NW
Cullman, AL 35055

PUBLIC MEETING

Calling All:

- **Senior Adults**
- **People with Disabilities**
- **Caregivers**

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the East Alabama Regional Planning and Development Commission (EARPDC).



Thursday, March 21, 2024
10:00 a.m. – 11:15 a.m.



For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

Lanett City Hall
401 N. Lanier Avenue
Lanett, AL 36863

PUBLIC

MEETING

Calling All:

- Senior Adults
- People with Disabilities
- Caregivers

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the Southern Alabama Regional Council on Aging (SARCOA).



Thursday, March 28, 2024
10:00 a.m. – 11:15 a.m.



For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

Andalusia Senior Center
401 Walker Avenue
Andalusia, AL 36420

PUBLIC MEETING

Calling All:

- **Senior Adults**
- **People with Disabilities**
- **Caregivers**

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 State Plan on Aging by the Alabama Department of Senior Services (ADSS) in partnership with the West Alabama Regional Council (WARC).



Friday, April 5, 2024
10:00 a.m. – 11:15 a.m.



For more information, contact
Nick Nyberg at (334)242-5767

www.alabamaageline.gov

McAbee Senior Center
3801 Loop Rd.
Tuscaloosa, AL 35404

Appendix 1 – AAA Impact Reports FY 22-24

SARPC - AAA
IMPACT REPORT
 FY 2023




 **19,422**
 Unduplicated Older
 Adults & Caregivers

 **26**
 Senior Nutrition
 Centers

556,729
 Hot & Home Delivered Meals
\$3,021,875 **5%** ↑
 Funds Spent on Meals


 **804**
 Unduplicated
 Caregivers - Services
240 Caregiver Respite
 Services

SHIP **7,514**
 Received
 Medicare
 Assistance

 **61**
 NHFs/ALFs served
 by Ombudsman


RSVP **12,003**
 Volunteer Hours
 **106**
 Volunteers

 **2,828 206%** ↑
 Medicaid Waiver
 Clients

ADRC **9,533**
 Times Assistance Provided
 **4,608**
 Unduplicated Callers

Rx **\$17,838,006**
 SenioRx Savings
11,958 238% ↑
 SenioRx Meds/Refills
1,320 # Clients Served

Benefits Enrollment -
 Statewide Partnerships

 **29,886**
 Received Benefits
\$151,314,542
 Total Benefits

Reflects 15 month grant period

 **TAX** **\$1,905,813**
 TCE Program Tax Refunds
3,047
 # Clients Served

AGENCY GROWTH INDICATORS OVER 100%

Includes Medicare Waiver



**Total
Number
Served**

FY 2023
16,738
FY 2011
8,179



**Agency
Budget**

FY 2023
\$21,666,414
FY 2011
\$8,997,153



**Agency
Staff**

FY 2023
98
FY 2011
32

Demographic Highlights



2020 Census Population Data

Mobile County 60+/99,356 Seniors
Baldwin County 60+/74,445 Seniors
Escambia County 60+/9,283 Seniors



**REGION
TOTAL
183,084**



In our region, 65+ and older remains the fastest growing population.



In our region, 35.4% of households that receive SNAP have one or more persons 60 years and older. In FY 2023, AAA helped 260 seniors receive \$327,600 in SNAP benefits.



Alzheimer's disease is the sixth leading cause of death in the state, with 54.3 deaths per 100,000 people. 385 million hours of unpaid care is provided by Alzheimer's caregivers



In our region, 34.9% of Seniors have a disability.

Impact Report FY 2024

Area Agency on Aging



Unduplicated Older Adults & Caregivers

19,081



26

Senior Nutrition Centers

Hot & Home Delivered Meals
454,468

Funds Spent on Meals
\$2,429,472



Caregiver Respite Services
666

Unduplicated Caregivers - Services
556



70

NHFs/ALFs/Memory Care served by Ombudsman



Received Medicare Assistance
8,606



RSVP

Volunteer Hours
13,339

Volunteers
113



Medicaid Waiver Clients
3,081

Personal Choices Elderly & Disabled Alabama Community Transition



ADRC

Times Assistance Provided
10,312

Unduplicated Callers
4,693



SenioRxSavings
\$11,188,721

SenioRx Meds/Refills
12,714

Clients Served
1,202



Benefits Enrollment - Statewide Partnerships

Received Benefits
25,316

Total Benefits
\$98,538,500




of Returns
2,784

TCE Tax Refunds
\$1,915,000

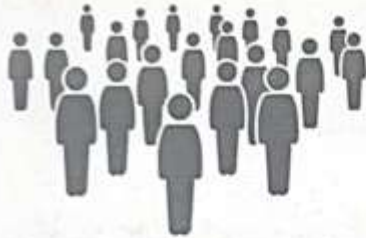
Prep Fees Saved
\$556,800

Agency Growth Indicators

Includes Medicare Waiver

 Over 100%

Number Served



FY 2024 FY 2011
19,081 **8,179**

Agency Budget



FY 2024
\$20,411,077
FY 2011
\$8,997,153

Agency Staff



FY 2024 FY 2011
105 **32**



2020 Census Population Data

Mobile County 60+/99,356 Seniors
Baldwin County 60+/74,445 Seniors
Escambia County 60+/9,283 Seniors

 **Region Total: 183,084**

33% of households that receive SNAP have one or more persons 60 years and older. In FY 2024, AAA helped 315 seniors receive \$370,584 in SNAP benefits, averaging \$98 per month.



38.4% of Seniors have a disability.
Americas Health Rankings



65+ and older remains the fastest growing population.



Alzheimer's disease is the 7th leading cause of death in Alabama, with 42.2% deaths per 100,000 people. Alzheimer's caregivers provide 387 million hours of unpaid care.

Alzheimer's Association - Alabama/CDC

Appendix 2 – Title III Contractor & Monitoring Tools

As per the requirements of the Older Americans Act (OAA) and the Alabama Department of Senior Services (ADSS), the South Alabama Regional Planning Commission (SARPC) has a plan in place for putting out a yearly Request for Proposal (RFP) as follows:

1. In the late spring, the Grants Manager updates the application for Title III Funds and the spreadsheet for the requested Budget. She then sends them to AAA Director to approve.
2. After approval by the AAA Director, the Grants Manager puts in a deadline (usually a month) sends a bulk email to our current contractors. Instructions are given along with a statement telling them to call or email if they have questions or problems. (2025 forms are attached.)
3. The notice is then posted on the SARPC and AAA Websites with links to the forms along with announcements being put on all AAA social media sites.
4. As applications and budgets are returned, the Grants Manager creates a spreadsheet showing the amount of Title III funds requested as well as the contractor's match – cash and in-kind – of all subcontractors. New applicants are reviewed by the AAA Director and the Grants Manager – how they plan to spend funds and their mission statement as well as references are gone over carefully.
5. The Grants Manager then gets with the AAA Director to discuss any changes from prior years and gets permission to get new contracts together. Contracts are signed by both the AAA Director and the SARPC Executive Director before being mailed out with a grant award letter signed by the AAA Director.
6. The Grants Manager starts reaching out to those current subcontractors who haven't submitted a request for the upcoming fiscal year. Subcontractors operating a meals senior center are reminded that meals are tied in with their contracts.
7. The Grants Manager keeps of list of subcontracts sent out, the date of putting in the mail, and the date they were returned.
8. Files are kept in the Grants Manager's office for each subcontract, their application, donation records, and any other correspondence.

SARPC is required by both to OAA and ADSS to audit our subcontractors yearly to ensure they are spending funds as per their application and that they have the proper backup as reported on a monthly Report of Expenditures.

1. Early in the new fiscal year, the Grants Manager picks a month to audit. She has an audit form provided by Fiscal at ADSS to use. (Copy of current years audit form is attached.)
2. Following the month selected to audit, the Grants Manager sends out the audit form in a mass email to all subcontractors to fill out and return along a copy of the month being

audited report and all back-up – GL reports and/or copies of invoices – that prove they actually spent the funds reported.

3. These reports are reviewed by the Grants Manager. There is a spreadsheet with tabs for each subcontractor where the original report is entered and what the backup shows for expenses. Any deviation is noted.
4. After audits are reviewed, the Grants Manager goes in person to meet with City Clerks or owner of the organization receiving Title III funds. If there are discrepancies, they are discussed.
5. The audits package is put in the subcontractor's file.

**FY 2026
Application for Title III Funding
Area Agency on Aging
South Alabama Regional Planning Commission**

The following information is required to be considered for Title III funding for FY 2027 (October 1, 2026 to September 30, 2027). ***Failure to provide information will delay your application or cause it to be denied.*** (You may use this document to fill in the information requested.)

1. Legal Name of Organization:
2. Are you considered a minority organization? (Definition of a minority organization is [1] Private, non-profit with at least 50.1% minority staff, or [2] private, for profit that must have at least 50.1% of their stock owned by minorities; or in a partnership with at least 50% controlled by a minority individual.)
3. Main contact person:
4. Email for main contact:
5. Name and Title of person authorized to sign contracts for organization:
6. Mailing address:
7. Telephone:
8. Fax:
9. Organization mission statement:

10. Describe proposed activities and/or services, how many persons will be served, and how these services address priority needs and target populations of Title III of the Older Americans Act. (Priority Title III services include nutrition, senior centers, recreation, health promotion, transportation, outreach, information and assistance, caregiver support and respite, in-home services, and legal assistance). Title III services are restricted to persons age 60 and older, their caregivers or persons with Alzheimer's Disease. Title III Services are targeted to individuals with greatest economic and social need. This includes low-income individuals, low-income minority individuals; older individuals living in rural areas, older individuals with limited English proficiency, and older individuals at risk of institutionalization, particularly those with disabilities and those with Alzheimer's Disease and related disorders and their family caregivers.) Include the estimated number of the targeted population you plan to serve.
11. Describe your agency's experience in proposed service area, how you will deliver quality services, and the degree of partnerships and pooling of resources and services utilized to deliver the proposed service.
12. **Provide budget for Title III Federal funds and Contractor's match on the Excel spreadsheet provided. You are required to have 10% match to be eligible for Title III funds. This is a Federal requirement.**
13. Provide a budget narrative. Every item must be explained in detail. Personnel data must include job title, percentage of salary/fringes to be charged to the grant. Utilities must include what service and percentage charged to the grant. If match is in-kind match, it will have to be documented and a detailed explanation must be included as to how you arrived at your in-kind amount.

Applications must be submitted no later than Friday, June 19, 2026. If this is your first time to apply, please submit the following with your application: current certificate of insurance, W-9, business license, and if appropriate your letter from the IRS for non-profit status.

Email applications should be submitted to: vmoore@sarpc.org

Mailed applications must be submitted to Julie McGee, Director, Area Agency on Aging at the following address:

South Alabama Regional Planning Commission
ATTN: Ms. Julie McGee, Director
Area Agency on Aging
P.O. Box 1665
Mobile, AL 36633

Please feel free to email or call (251-706-4654) Valerie Moore, Grants Manager with any questions, concerns, or to request technical assistance.

Appendix 3 – Title III Contractors

SARPC Title III Contractors FY 2026

AHEPA 310 Apartments
Laura Nettles, Manager
2550 Hillcrest Road
Mobile, AL 36695
251-660-1783
Provides transportation services

Alabama Pecan Festival
Billy Bolton, Exec. Director
296 Brandy Run Road
Mobile, AL 36608
251-401-5555
Operates a senior nutrition center, providing congregate meals, outreach, I&R, recreation and other services

City of Atmore
Jim Staff, Mayor
P.O. Box 1297
Atmore, AL 36504
251-368-2253
Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation and other services

Baldwin County Commission
ATTN: Matthew P. McKenzie, Chairman
312 Courthouse Sq., Ste. 12
Bay Minette, AL 36507
251-937-0264
Operates multiple senior nutrition centers, county aging center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

City of Bay Minette
Robert A. "Bob" Wills, Mayor
301 D'Olive Street
Bay Minette, AL 36507
251-580-1619
Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

City of Bayou La Batre
Henry D. Barnes, Sr., Mayor
13785 South Wintzell Avenue
Bayou La Batre, AL 36509
251-824-2171
Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

City of Chickasaw
Barry Broadhead, Mayor
224 N. Craft Hwy.
Chickasaw, AL 36611
251-452-6450
Provides transportation services

Citizens For A Better Grand Bay
ATTN: Aleta Boudreaux
P.O. Box 274
Grand Bay, AL 36541
251-656-4576
Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

City of Citronelle
Jason Stringer, Mayor
19135 S. Main Street
Citronelle, AL 36522
251-7973
Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

City of Creola
Don Nelson, Mayor
P.O. Box 490
Creola, AL 36525
251-675-8142
Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, and other services

City of Daphne
Robin LeJeune, Mayor
P.O. Box 400
Daphne, AL 36526
251-621-9000
Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

Dearborn YMCA
Georgia Baker, Interim CEO
321 N. Warren Street
Mobile, AL 36603
251-432-4768
Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

Dumas Wesley Community Center
Kate Carver, Director
126 Mobile Street
Mobile, AL 36607
251-479-0649

Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

City of East Brewton
Terry Clark, Mayor
P.O. Box 2010
East Brewton, AL 36427
251-867-6092

Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

Escambia County Commission
Ron Cink, Administrator
P.O. Box 848
Brewton, AL 36427
251-867-0231

Operates multiple senior nutrition centers, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

Town of Flomaton
James Johnson, Mayor
P.O. Box 632
Flomaton, AL 36441
251-296-2431

Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

City of Mobile
TBD, Mayor
P.O. Box 1827
Mobile, AL 36633-1827
251-208-7395

Operates multiple senior nutrition centers, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

Town of Mount Vernon
Eric Peoples, Mayor
1565 Boyles Avenue
Mt. Vernon, AL 36560
251-829-6632

Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

MOWA Band of Choctaw Indians

ATTN: Lillie Steiner

1080A Red Fox Road

Mt. Vernon, AL 36560

Operates a senior nutrition center, providing congregate meals, outreach, I&R, recreation and other services

City of Prichard

Jimmie Gardner, Mayor

P.O. Box 10427

Prichard, AL 36610

251-452-7857

Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

Poarch Band of Creek Indians

Tim Speegle, Chief Financial Officer

5811 Jack Springs Road

Atmore, AL 36502

251-368-9136

Provides transportation services to a nutrition center for home-delivered meals

City of Saraland

Dr. Howard Rubenstein, Mayor

716 Highway 43

Saraland, AL 36571

251-675-5109

Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

Via! Senior Citizens Services, Inc.

ATTN: Deanna Murphy, Director

1717 Dauphin Street

Mobile, AL 36604

251-478-3311

Operates a multi-purpose center; provides outreach, health screenings, education services, recreation, special events, respite/caregivers day out, in-home services, transportation, and other services. Directs Volunteer Guardian program for Mobile Probate Court.

Town of Summerdale

David Wilson, Mayor

P.O. Box 148

Summerdale, AL 36580

251-989-6202

Operates a senior nutrition center, providing congregate meals, outreach, I&R, recreation and other services

Volunteers of America Southeast, Inc.

ATTN: Deanna Ferguson

1204 Hillcrest Road

Mobile, AL 36695

Operates a senior nutrition center, providing congregate and home-delivered meals, outreach, I&R, recreation, transportation, and other services

Appendix 4 - Administration

Area Plan Required Information

Alabama’s Area Agencies on Aging (AAAs) must include the following information in the organizations Area Plan:

Greatest Economic and Social Need

(2) That the area agency shall identify populations within the planning and service area at greatest economic need and greatest social need, which shall include the populations as set forth in the § 1321.3 definitions of greatest economic need and greatest social need.

Preference of services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities.

Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic factors, to include populations ADSS and its Area Agency on Aging (AAA) partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions (listed below with special emphasis on those living with Alzheimer’s disease and other dementias) and living in rural locations throughout the state.

Assessment and Evaluation

(4) Assessment and evaluation of unmet need, such that each area agency shall submit objectively collected, and where possible, statistically valid, data with evaluative conclusions concerning the unmet need for supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers. The evaluations for each area agency shall consider all services in these categories regardless of the source of funding for the services; (4) Public participation specifying mechanisms to obtain the periodic views of older individuals, family caregivers, service providers, and the public with a focus on those in greatest economic need and greatest social need.

Services

(5) The services, including a definition of each type of service; the number of individuals to be served; the type and number of units to be provided; and corresponding expenditures proposed to be provided with funds under the Act and related local public sources under the area plan;

Service	Definition
Personal Care	Assistance (personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person’s

	<p>home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs).</p> <p>Example: dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, continence, feeding, or walking to assist with personal care needs.</p>
Homemaker	Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.
Chore	Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework.
Adult Day Care/Health	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. [OAA, Section 321(a)(5)(B)]
Case Management	Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as screening and assessing needs, providing options counseling, coordinating services, and providing follow-up as required. Short-term case management is used to stabilize individuals and their families in times of immediate need before they have been connected to ongoing support and services. It may involve a home visit and more than one follow-up contact.
Legal Assistance	Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the OAA, Sections 102(a) (23 and 24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling, or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law.
Information and Assistance (I&A)	A service that: provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and serves the entire community of older individuals, particularly with greatest social and economic need and at risk of institutional placement.
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential participants or their caregivers and encouraging their use of existing services and benefits.
Public Education	Providing opportunities for individuals to acquire non-nutrition related knowledge, experience, or skills. This service may include workshops designed to increase awareness on various topics, such as crime or accident prevention, continuing education, or legal issues. Workshops may be designed to teach participants a

	specific skill in a craft, job, or occupation if the participant does not expect to receive wages or other stipends.
Marketing	<p>An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach.</p> <p><u>Examples:</u> Newspaper Ad/story – 1 unit / Estimated audience (Clients) = 1,500 Newsletter – 1 unit / Estimated audience (Clients) = 200 Billboard ad – 1 unit / Estimated audience (Clients) = Number of passerby’s the billboard company estimates (number must not exceed 10,000 in MyADSS, i.e., if billboard company states passerby’s = 50,000 please still enter only 10,000) Social Media Post – 1 unit / Estimated audience (Clients) = Number of followers of social media page</p>
Congregate Meals (may include grab and go meals)	<p>Congregate meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes ... provided under Title III, part C–1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person, except where:</p> <p>(i) If included as part of an approved State plan ... or State plan amendment ... and area plan or plan amendment ...and to complement the congregate meals program, shelf-stable, pick-up, carry- out, drive-through, or similar meals may be provided under Title III, part C–1;</p> <p>(ii) Meals provided .. shall:</p> <p>(A) Not exceed 25 percent of the funds expended by the State agency under Title III, part C–1, to be calculated based on the amount of Title III, part C– 1 funds available after all ...are completed;</p> <p>(B) Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C–1, to be calculated based on the amount of Title III, part C–1 funds available after all transfers ...are completed.</p> <p>(iii) Meals ...may be provided to complement the congregate meal program:</p> <p>(A) During disaster or emergency situations affecting the provision of nutrition services;</p> <p>(B) To older individuals who have an occasional need for such meal; and/or</p> <p>(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. §1321.87(a)(1)</p>
Home-Delivered Meals	<p>Home-delivered meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes ... provided under Title III, part C–2 by a qualified nutrition service provider to eligible individuals and consumed at their residence or otherwise outside of a congregate setting, as organized by a service provider under the Act. Meals may be provided via home delivery, pick-up, carry-out, drive-through, or similar meals. § 1321.87 (2)</p>
Liquid Nutrition Supplement	<p>A Liquid Nutrition Supplement provided alone and not a part of the meal is considered “other nutrition services” under Title III-C. It can be reported on the State Program Report (SPR) under “consumable supplies.”</p>
Transportation Subservice (Home-Delivered Meals)	<p>This unit of transportation may apply to meals of any type delivered to the participant’s residence from the senior center or other drop-off point.</p>

	If the AAA pays to deliver a frozen meal pack, it is one unit of transportation per delivery and per person, but not per meal.
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (§1321.87(a)(3). (SPR/OAAPS 2021)
Nutrition Counseling	Nutrition Counseling is a service provided under Title III, parts C–1 or 2 which must align with the Academy of Nutrition and Dietetics. Congregate and home-delivered nutrition services shall provide nutrition counseling, as appropriate, based on the needs of meal participants, the availability of resources, and the expertise of a Registered Dietitian Nutritionist. §1321.87(4)
Health Promotion: Evidence-Based	Evidence-based disease prevention and health promotion services programs are community-based interventions as set forth in Title III, part D of the Act, which have been proven to improve health and well-being and/or reduce risk of injury, disease, or disability among older adults. All programs provided using these funds must be evidence based and must meet the Act’s requirements and guidance as set forth by the Assistant Secretary for Aging. See link under Notes. October 1, 2016, Title III-D funds will only be able to be used on health promotion programs that meet the highest-level criteria.
Health Promotion: Non-Evidence Based	Health promotion and disease prevention activities that do not meet ACL/AoA’s definition for an evidence-based program as defined. These activities may include health risk assessments, routine health screenings, physical fitness or group exercise programs, art therapy, music therapy, counseling regarding social services and follow -up health services, or other non-evidence-based programming (recreation / i.e., games and crafts).
Caregiver services for both Caregivers of Older Adults and Older Relative Caregivers	
Caregiver Information & Assistance Non-Registered Caregiver Aggregate	A service that provides the individual with current information on opportunities & services available to the individuals within their communities; assesses the problems & capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults. Note: <i>PeerPlace interface will automatically capture one unit of Caregiver I&A in AIMS when a caregiver participant is screened & referred to the CARES program</i>
Public Information Services Non-Registered Caregiver Aggregate	A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is not tailored to the needs of the individual caregiver.
Caregiver Support Groups Non-Registered Caregiver	A service led by an individual who meets requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purpose of Title III-E funding, caregiver support groups would not include “caregiver education groups,” “peer-to-peer support groups,” or other groups

Aggregate	primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required.
*Caregiver Case Management Assistance Registered Caregiver	A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.
*Caregiver Counseling Registered Caregiver	A service designed to support caregivers & assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed trained to work with older adults and families and specifically to understand & address the complex physical, behavioral, and emotional problems related to their caregiver roles. Includes counseling to individuals or group sessions.
*Caregiver Training Registered Caregiver	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to caregiving. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line; and be provided in individual or group settings
*In-Home Respite Registered Caregiver/Care Recipient	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
*Out-of-Home Respite (Day) Registered Caregiver/Care Recipient	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps) where an overnight stay does not occur.
Out-of-Home Respite (Overnight) Registered Caregiver/Care Recipient	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
Other Respite Registered Caregiver/Care Recipient	A respite service provided using OAA funds in whole or in part, which does not fall into the previous defined respite service categories.
Supplemental Services Registered Caregiver/Care Recipient	Goods and Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, DME, emergency response systems, legal and/or financial consultation, transportation, and nutrition services. For caregiver age 60+, care recipient must be unable to perform two (2) ADLs.

Service	FFY2026 Estimated Persons Served	FFY2026 Units
Personal Care	5,197	904,397
Homemaker	7,365	1,204,600
Chore	80	773
Adult Day Care/Health	14	2,997
Case Management	35,031	111,824
Legal Assistance	4,863	11,738
Information and Assistance (I&A)		430,684
Outreach / Public Education / Marketing (Other Services)	2,558,427	
Congregate Meals (may include grab and go meals)	16,924	1,572,240
Home-Delivered Meals	22,393	4,899,322
Transportation		213,908
Nutrition Education		66,646
Nutrition Counseling	114	169
Health Promotion: Evidence-Based	9,006	
Health Promotion: Non-Evidence Based	1,071,585	
Caregivers of Older Adults		
Caregiver Information & Assistance	37,584	922
Public Information Services	119,159	2,220
Caregiver Support Groups		461
Caregiver Case Management Assistance	4,856	52,238
Caregiver Counseling	2,243	21,221
Caregiver Training	1,410	13,053
In-Home Respite	684	102,739
Out-of-Home Respite (Day)	113	20,177
Out-of-Home Respite (Overnight)	1	216
Other Respite		
Supplemental Services	483	
Older Relative Caregivers		
Caregiver Information & Assistance	10,845	2,189
Public Information Services	22,264	1,042
Caregiver Support Groups		400
Caregiver Case Management Assistance	383	3,770
Caregiver Counseling	267	1,727
Caregiver Training	248	1,341
In-Home Respite	21	2,412
Out-of-Home Respite (Day)	56	11,217
Out-of-Home Respite (Overnight)		
Other Respite		
Supplemental Services	134	

FY 26 Title III Estimated Expenditures										
	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	222,548	34,545	273,653	523,227	612,678	61,157	381,881	-	35,363	2,145,051
West	242,180	40,040	553,352	634,763	435,640	24,507	320,426	7,879	38,110	2,296,898
M4A	167,185	29,995	1,085,623	1,239,946	1,401,573	118,902	540,802	7,315	61,415	4,652,756
United Way	380,905	65,877	971,070	981,848	1,831,268	84,886	573,338	16,023	89,280	4,994,494
East	325,231	67,758	1,857,735	1,335,858	2,898,960	95,511	507,897	17,963	8,363	7,115,276
South Central	192,022	20,376	254,255	510,981	829,438	23,076	117,511	5,258	14,737	1,967,654
Ala Tom	269,294	22,414	403,292	752,413	854,742	15,115	117,450	6,224	28,686	2,469,630
SARCOA	254,294	35,225	2,091,178	1,359,015	1,920,535	42,262	330,458	7,205	31,729	6,071,901
South Ala	322,406	63,550	1,326,978	2,070,087	1,482,748	116,946	717,335	7,748	14,033	6,121,832
Central	341,779	16,688	480,665	999,878	1,061,948	44,282	283,832	4,350	23,705	3,257,127
Lee Russell	228,782	24,690	514,841	324,130	293,410	2,863	110,491	3,091	13,499	1,515,797
NARCOG	138,651	10,229	851,304	1,073,740	1,252,958	38,047	304,217	5,969	16,414	3,691,530
TARCOG	612,755	85,265	2,209,739	1,708,715	1,801,326	85,645	518,285	8,685	38,117	7,068,532
	3,698,034	516,652	12,873,685	13,514,600	16,677,224	753,200	4,823,922	97,711	413,450	53,368,478

Funds Distribution

(6) Plans for how direct services funds under the Act will be distributed within the planning and service area, in order to address populations identified as in greatest social need and greatest economic need, as identified in § 1321.27(d)(1);

OAA funds allocations is completed utilizing the Intrastate Funding Formula (IFF). ADSS requires specific actions that each AAA partner must use to target services to meet the needs of those in greatest social and greatest economic need, and the following actions are recommended to meet these needs:

- Focus on serving those who are considered low-income, minority, especially low-income minority older individuals, and those residing in rural areas, especially those who may be most isolated.
- Focus outreach efforts and services on counties that are the most rural in each partner service area where older individuals may be the most isolated.
- Focus outreach efforts on topics that may be relevant to older individuals and caregivers with the greatest economic and social needs (as defined above).
- Focus on community partnerships with social and religious organizations (tribes for those identified as Native American) that specifically serve those with physical and mental disabilities, language barriers, Native American identity, and chronic conditions (listed below with special emphasis on those living with Alzheimer’s disease and other dementias).
- Ensure that the AAA partner governing board and/or advisory council consists of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs provided under the OAA, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans’ healthcare (if appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan.

Chronic conditions:

- Cardiovascular (heart disease, stroke)
- Metabolic and endocrine (diabetes, obesity, high blood pressure)
- Respiratory (asthma, chronic obstructive pulmonary disease (COPD))
- Musculoskeletal (arthritis, osteoporosis)
- Mental health (depression, anxiety, bipolar, schizophrenia)
- Neurological (Alzheimer’s disease and other dementias, epilepsy, ALS, autism spectrum disorder)
- Other (cancer, chronic kidney disease, HIV/AIDS)

Minimum Proportion

(8) Minimum adequate proportion requirements, as identified in the approved State plan as set forth in § 1321.27;

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

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

Expansion of Congregate Meals Program

(10) If the area agency requests to allow Title III, part C–1 funds to be used as set forth in § 1321.87(a)(1)(i) through (iii), it must provide the following information to the State agency:

- (i) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor impact on congregate meals program participation;*
- (ii) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;*
- (iii) Description of the eligibility criteria for service provision;*
- (iv) Evidence of consultation with nutrition and other direct services providers, other interested parties, and the general public regarding the need for and provision of such meals; and*
- (v) Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties.*

ADSS intends to implement shelf-stable/pick-up meal flexibility at congregate meal sites in accordance with the regulatory updates recently issued by ACL and under the following policies and procedures:

Congregate (C-1) grab and go meals can be used on a limited basis for eligible participants who are determined by the Area Agency on Aging (AAA) to be unable to eat meals in a congregate setting.

Meals must complement the congregate meals program and can be shelf-stable, pick-up, carryout, drive-through, or similar meals provided under the ENP of Alabama.

The AAA has a choice of whether to use grab and go meals.

The AAA using grab and go meals must include this as a written part of their approved area plan or plan amendment. The AAA will monitor the use of grab and go meals and provide proof of monitoring to ADSS upon request.

Grab and go meals shall not exceed 25% of the Title III, part C-1 funds expended by ADSS and/or by any AAA according to ADSS fiscal records.

Special functions or trips where meals are consumed as a group away from the senior center are congregate meals and shall not count as grab and go meals.

Participants who pick up meals but congregate virtually and consume the meal together shall not count as a grab and go meal.

Grab and go meals are any C-1 meal (hot, picnic, shelf-stable, or frozen) that is not consumed in a congregate setting.

Ineligible people should not be served grab and go meals.

Criteria for assessing participants for grab and go meals: Eligible Congregate participants qualify for the grab and go meals service if any of the following exists:

- A. During disaster or emergency situations affecting the provision of nutrition services. For example, a center must close for situations such as bad weather, water service disruption, public health emergency, and participants cannot congregate to eat.
- B. Older individuals who have an occasional need for such a meal. For example, a participant who has a doctor's appointment and cannot stay to eat at the center, severe weather, local funeral, food bank pick-up days, providing childcare, or lack of transportation. Other examples include a congregate participant is sick, and a meal is picked up by the participant (or their agent) or delivered to the participant. Grab and go meals consumed offsite longer than three consecutive weeks by a congregate participant could be considered C-2 meals and funded with C-2 funds.
- C. Older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. Consuming a meal in the congregate setting causes a socialization impairment. Example: A person may have swallowing, chewing, other medical, mental, or hygiene issues that would cause them difficulty eating with others. Participant with compromised immune

system & needs to avoid crowds, participant with a rigid eating schedule with conditions like Crohn's disease, participant with chewing or swallowing problems.

D. Other unusual circumstances, approved by the SUA and AAA that would prevent a participant from eating in a congregate setting.

Procedure:

Eligible congregate participants with a regular need for grab and go meals will be assessed and pre-approved by the AAA before being served. (See Criteria for assessing participants for grab and go meals and check "Grab and Go" on the ENP Enrollment Form).

Eligible congregate participants with an occasional need for grab and go meals should be approved by the AAA prior to being served.

The senior center shall document the number of C-1 grab and go meals served each day on the item delivery ticket (IDT) under GNG (grab and go).

C-1 grab and go meals shall be documented on the meal accounting and reporting system (MARS) meal ticket each day under Served Grab N Go.

On the MARS meal ticket, (meals served congregate + meals served grab and go = people eligible congregate).

*If a AAA chooses not to use grab and go meals, any C-1 meal not consumed in a congregate setting will have to be paid with C-2 funds. Congregate clients who receive a grab-and-go meal paid for with C-2 funds may not necessitate the ADL/IADL requirement since they are not considered a home-bound participant.

Services Specific to Conditions

(c) Area plans shall incorporate services which address the incidence of hunger, food insecurity and malnutrition; social isolation; and physical and mental health conditions.

Each of Alabama's Area Agencies on Aging (AAA), through their Area Plans, provide OAA services that encompass the factors listed in the statute.

Self-Direction

(d) Pursuant to section 306(a)(16) of the Act (42 U.S.C. 3026(a)(16)), area plans shall provide, to the extent feasible, for the furnishing of services under this Act, through self-direction.

Each of Alabama's Area Agencies on Aging (AAA) provide a minimum of one (1) service program utilizing self-direction practices.

Coordination of Goals/Objectives

(e) Area plans on aging shall develop objectives that coordinate with and reflect the State plan goals for services under the Act.

ADSS engages in regular communications with the AAA Director's to ensure the Area Plans will mirror the goals and objectives of the State Plan with guidance detailing for the AAAs to create the strategies and projected outcomes for each goal and objective. Annually ADSS works with the AAAs through an Annual Operating Plan process to detail progress and next steps toward achieving the strategies developed in the Area Plans.

Title VI Coordination

*(a) For planning and service areas where there are Title VI programs, the area agency's **policies and procedures**, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the area agency's aging network, including service providers, will coordinate with Title VI programs to ensure compliance with section 306(a)(11)(B) of the Act (42 U.S.C. 3026(a)(11)(B)).*

*(b) The **policies and procedures** set forth in paragraph (a) of this section must at a minimum address:*

- (1) How the area agency's aging network, including service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III;*
- (2) The communication opportunities the area agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;*
- (3) The methods for collaboration on and sharing of program information and changes, including coordinating with service providers where applicable;*
- (4) How Title VI programs may refer individuals who are eligible for Title III services;*
- (5) How services will be provided in a culturally appropriate and trauma-informed manner; and*
- (6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils as set forth in § 1321.63.*

ADSS is committed to facilitating collaborative efforts between Title III and Title VI programs in Alabama to best serve all older adults in the state. Collaboration with Tribal Organizations and Title VI programs is woven throughout the administration of Older American Act programs. The needs assessment for the 2025 – 2028 State Plan was intentionally inclusive of older native Americans in to best understand the needs of all older adults on the state. ADSS will continue to support, encourage, and pursue strategies to increase these collaborations between Title III and Title VI programs. AAAs, the Alabama Indian Affairs Commission (AIAC), and Tribal Organizations will be provided with information about the updated Title VI requirements in Section 1322 of the OAA.

ADSS will work with the AAAs and AIAC to communicate these opportunities and program information and changes where applicable including:

- Strategies for outreach to elders and family caregivers;

- How title VI programs may refer individuals; and
- Opportunities to serve on advisory councils, workgroups, and boards, when applicable.

ADSS will work with the AAAs, AIAC, and Tribal Organizations to understand how Tribal Organizations define their targeted populations of greatest social and economic need, and how to provide collaborative Title III programming in a culturally appropriate and trauma-informed manner. Multiple strategies are added to Objective 1.1 Title VI. Coordination also includes preparation for emergencies and disaster management. Strategies are added to Objective 2.3 to enhance this collaboration.