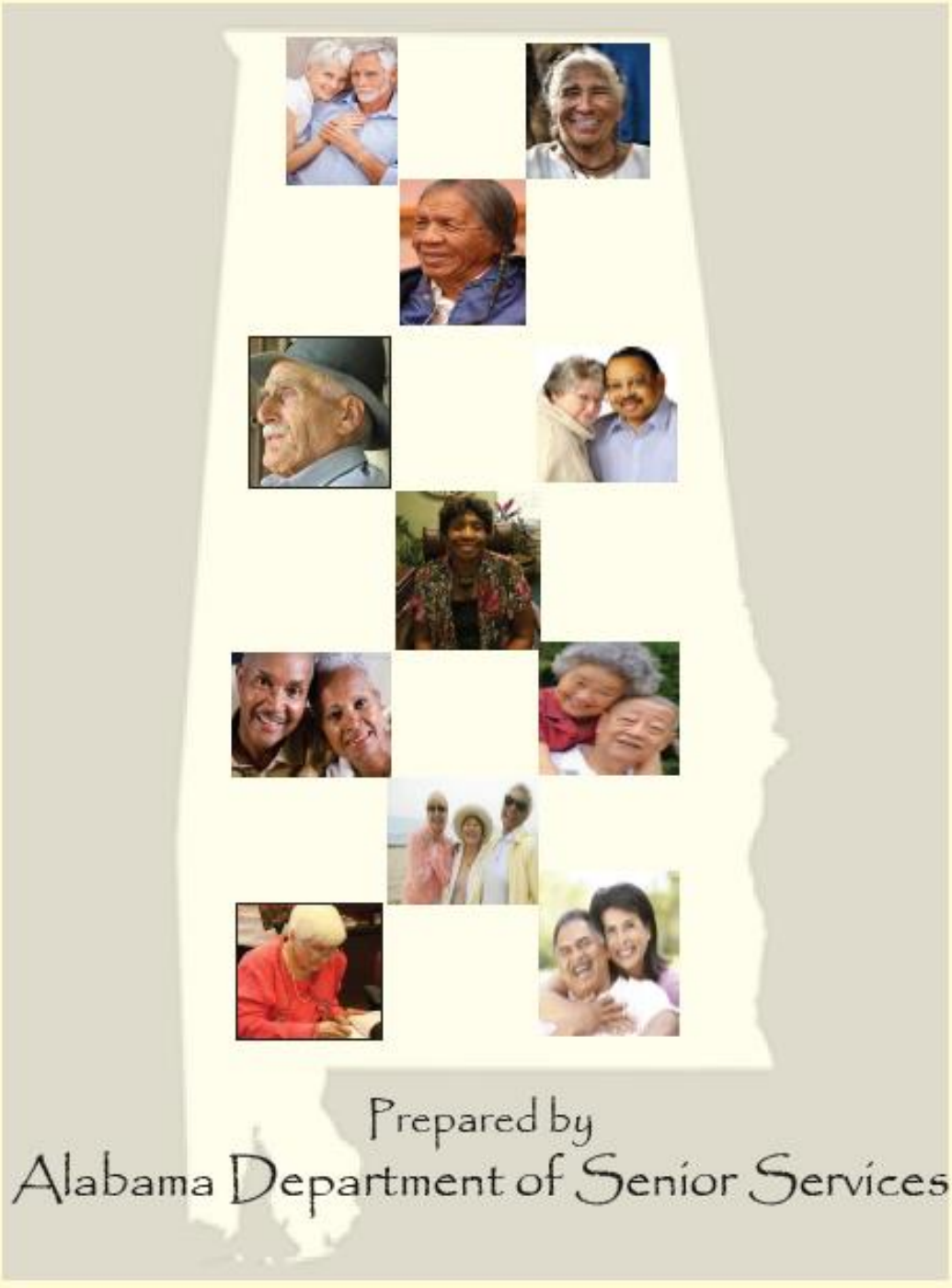
Alabama State Plan on Aging
Fiscal Years 2017-2020



Prepared by
Alabama Department of Senior Services

Neal Morrison, Commissioner
Alabama Department of Senior Services

Robert Bentley, Governor
State of Alabama

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STATE OF ALABAMA
DEPARTMENT OF SENIOR SERVICES
RSA Tower Suite 350
201 Monroe Street
P.O. Box 301851
Montgomery, AL 36130-1851

ROBERT J. BENTLEY
GOVERNOR

NEAL G. MORRISON
COMMISSIONER

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

July 1, 2016

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

Dear Mr. Miskis:

As the Commissioner of the Alabama Department of Senior Services, appointed by Governor Robert Bentley to be the Executive Officer for the State Unit on Aging, I hereby submit the State Plan on Aging for Alabama for the period of October 1, 2016, through September 30, 2020.

The enclosed plan describes the goals, objectives, and strategies to provide advocacy, planning, and services in our state to address choice and independence for senior citizens and persons with disabilities. Included is the verification of intent, assurances, and other requirements as outlined under the provisions of the Older Americans Act of 1965, as amended.

The Alabama Department of Senior Services and its various partners and stakeholders are committed to continuing progress to best meet the needs and preferences of our older population. If you have any questions regarding the 2017-2020 State Plan, you may contact me at 334-242-4985 or Julie Miller at julie.miller@adss.alabama.gov.

Sincerely,

Neal G. Morrison
Commissioner

Verification of Intent

The state plan on aging for the period October 1, 2016 - September 30, 2020 is hereby submitted for the state of Alabama by the Alabama Department of Senior Services. The state agency named above was given the authority to develop and administer the state plan on aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all state activities related to the purpose of the Act. This includes, but is not limited to, the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for seniors in the state.

This plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the plan upon approval of the U.S. Assistant Secretary for Aging.

The state plan hereby submitted was developed in accordance with all federal statutory and regulatory requirements.

This plan is based upon projected receipts of federal, state and other funds and thus is subject to change depending upon actual receipts and/or changes in circumstances. Substantive changes to this plan will be incorporated through amendments to the plan.

6-9-16 (signed)
Date

Neal G. Morrison, Commissioner
Alabama Department of Senior Services

I hereby approve this state plan on aging and submit it to the U.S. Assistant Secretary for Aging.

6/13/16 (signed)
Date

Robert Bentley, Governor
State of Alabama

Historical Overview

The Alabama Department of Senior Services (ADSS) was created in 1957 as the single state agency for receiving and disbursing federal funds made available under the Older Americans Act (OAA) of 1965 and to serve as the lead agency on programs for the aging population. In 2008, Section 38-3-8 of the Code of Alabama was amended to provide that ADSS is to administer programs and funds that are not the specific responsibility of another state agency under federal or state statutes. ADSS has an Advisory Board of Directors composed of 16 members as follows: two members of the Senate appointed by the President of the Senate; two members of the House of Representatives appointed by the Speaker of the House; nine members appointed by the Governor; and three ex officio members: Commissioner of the Alabama Department of Labor, the State Health Officer, and the Commissioner of the Department of Human Resources. The Governor appoints the Commissioner of ADSS, who is a member of the Governor's Cabinet. The Commissioner, subject to the merit system law, employs other personnel as may be necessary. ADSS provides guidance and monitoring to the 13 Area Agencies on Aging (AAAs), which act as grantee agencies serving their respective regions. The current Governor, Robert Bentley, is in his second term as Alabama's Chief Executive. His term will end in January 2019 and this State Plan will be in effect the first year of a new administration.

MISSION

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

VISION

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

Executive Summary

This plan was developed with information and research from current reports, feedback from citizens in local communities, taskforce groups and recommendations from AAAs, the Alabama Department of Senior Services (ADSS) staff, and the ADSS Advisory Board. The plan is being written during a time of historic change in Alabama's healthcare system. ADSS is in a leadership role as an active participant and stakeholder in the planning and policy development for these proposed changes.

ADSS is a freestanding planning, development, and advocacy State agency. The Department currently employs 44 individuals which include administrators, accountants, information technology specialists, registered dietitians, nurses, social workers, and clerical support personnel. ADSS administers the provisions of the OAA with the exceptions as provided in Ala. Code § 38-3-8, grants, other programs such as the Medicaid Home and Community-Based Waivers, and the state medication assistance program (SenioRx). The State aging network consists of nine Regional Planning Commissions, three independent AAAs, one county government, universities, non-profits, and over 700 service providers serving Alabamians age 60 and older.

According to the U.S. Census Bureau Data, March 2015, Alabama's population, age 65 and over, is 757,714 which represents 15.4 % of Alabama's total population; many of these individuals reside in rural areas. Between 2015 and 2040, Alabama's age 65 and over population is projected to increase by 82.6%, reaching over 1.2 million. This dramatic increase in the growing older population will require careful planning by the Governor's office, the Alabama Legislature, Alabama health and human service state agencies, local and municipal governments, non-profit organizations, and the business community. ADSS will facilitate the coordination of these entities in order to prepare for the demographic changes in the State with its aging population.

ADSS provides a variety of services and programs to meet its mission of serving the growing aging population. The OAA programs are thriving in communities with implementation of the 13 Aging and Disability Resource Centers (ADRCs) and approximately 350 senior centers. The ADRCs and senior centers are providing services such as congregate and homebound meals, transportation, homemaker, legal services, and various other supports to keep people at home living independently. The Medicaid Long Term Care Home and Community Based Services were expanded at ADSS and are serving a wide variety of clients who choose to remain in their

own homes or who choose to return to their homes from the long term care setting. Family caregivers are a priority at ADSS as evidenced by its partnership with Alabama Lifespan Respite and the passage of Senate Joint Resolution 73, which established a Caregiver Taskforce to document issues, study existing supports, and to make legislative recommendations for policy changes and financial support for caregivers.

The nature of Alabama's tax system results in a continual crisis year after year with funding, particularly with the General Fund, which funds Medicaid and most health and human service agencies. The state's economy is slowly recovering, but this does not help those agencies who are funded from the General Fund Budget. The revenue for the General Fund does not come in the form of sales and income tax. Revenue collections that benefit most from increased economic activity, in the form of sales and income taxes, are constitutionally earmarked to the Education Trust Fund and therefore, are not available in most instances for Health and Human Services and other general fund agencies.

ADSS and the aging network must participate in more collaboration and partnerships, private, faith-based and not for profit agencies to serve the growing population with fewer public funds. Partnerships will be one of the most important aspects of growing services for Alabama's growing aging population. ADSS leadership is working on several new projects bringing public, private, and non-profit agencies together to work on issues such as dental care, eye and vision care, technology training, and building more dementia friendly communities. These are exciting opportunities that will address some of the topics discussed in the Town Halls regarding the greatest needs of older adults.

ADSS staff will provide leadership and technical assistance to the local aging network to ensure quality management of all services through effective data collection, problem solving, and continuous improvement. This oversight and implementation of Aging and Disability services will concentrate on the following goals for Fiscal Years 2017 through 2020 to advance ADSS' vision for Alabamians:

ADSS GOAL 1.0: Older adults, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services.

ADSS GOAL 2.0: Empower older adults and individuals with disabilities to remain in the least restrictive environment with a high quality of life through the provision of options counseling, home and community-based services, and support for family caregivers.

ADSS GOAL 3.0: Empower older adults to stay active and healthy through Older Americans Act services, Medicare prevention benefits, recreation, job, and volunteer opportunities.

ADSS GOAL 4.0: Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect, and exploitation.

ADSS GOAL 5.0: Promote proactive, progressive management and accountability of State Unit on Aging and its contracting agencies.

The mission of ADSS is "to promote the independence and dignity of those served through a comprehensive and coordinated system of quality services".

FY 2017-2020 Alabama State Plan on Aging

In accordance with the Older Americans Act (OAA) of 1965, as amended, the Alabama Department of Senior Services (ADSS), as the designated State Unit on Aging, is required to submit a "State Plan on Aging" to the U.S. Administration on Aging (AoA). The Alabama Department of Senior Services administers long-term services and supports for older Alabamians and individuals with disabilities. ADSS provides person-centered, comprehensive, and coordinated services through its Mission, Vision, and Strategic Goals to support the intentions of the Older Americans Act and the Administration on Community Living.

Introduction

The State Plan describes ADSS' mission, vision, and purpose, and includes goals and strategies to achieve this vision. ADSS developed the State Plan on Aging in collaboration with the aging network, ADSS Advisory Board, other state agencies, and consumers. ADSS has opted to create a four year State Plan for the period October 1, 2016 (FY 2017) through September 30, 2020 (FY 2020). This Plan offers a broad vision of the ongoing operations in Alabama of the Older Americans Act, grants, and the changes taking form to transition Medicaid services to more community-based, holistic services with a managed care business model. ADSS will partner with sister agencies and local governments acting as advocates to ensure the needs of the populations we serve are met appropriately as Medicaid integrates Alabama's Health and Social Service networks into a new system of care.

Medicaid Systems Change

Medicaid in the State of Alabama encompasses more than a third of Alabama's General Fund budget and those expenditures will keep growing. Governor Bentley established the Alabama Medicaid Advisory Commission in October 2012 to evaluate the current status of Medicaid and to recommend various managed care options to overhaul the State Medicaid system to help funding concerns. Recommendations from the Alabama Medicaid Advisory Commission resulted in the Legislature passing Senate Bill 340 during the 2013 Session. This legislation restructures the delivery of medical services to Medicaid beneficiaries on a managed-care basis through Regional Care Organizations (RCOs) or alternate care providers. Since passage of the legislation, Governor Bentley, members of the Legislature, and Alabama Medicaid have divided RCOs into five regions across Alabama. The RCOs are designed to provide medical care to approximately 650,000 Medicaid recipients more effectively and more efficiently.

RCOs are locally-led managed care systems that will over time provide healthcare services to most Medicaid recipients at an established cost. These systems will work under supervision and approval of the Alabama Medicaid Agency. RCOs are unique Alabama entities. By law, they are non-profit organizations, incorporated in Alabama. They are governed by a board which includes both risk-bearing (12) and non-risk bearing (8) members. Risk bearers contribute cash, capital, or other assets to the RCO. Non-risk bearing members include statutorily-required appointments of five medical professionals who provide care to Medicaid recipients in the region in which the RCO operates. A start date for the RCOs to become fully operational has not been determined. Most healthcare services now covered by Medicaid will be RCO-covered services, as well. Some of the services to be covered by RCOs include hospital inpatient and outpatient care, emergency room services, primary and specialty care, services provided by a federally-qualified health center or rural health clinic, lab and radiology services, mental/behavioral health, eye care, and maternity care. Long term care, dental care, and pharmacy services are excluded now, but the legislation states they will be studied and continue to be administered through the current Medicaid system through October 1, 2018.

CMS recently approved the Section 1115 Demonstration Waiver to provide the funding needed to support the transition to RCOs. The five-year agreement will begin on April 1, 2016. CMS agreed to provide up to $328 million in federal money over three years to help RCOs start up and pay for projects that could boost access to medical care, improve its quality and reduce its cost. In addition, Alabama could qualify for up to an additional $420 million in federal money over a five year period to further support Alabama’s Medicaid transformation process. In total, Alabama could receive up to $748 million in federal money over five years to help start and improve its RCO program. Adequate state funding for RCOs must be budgeted to continue Medicaid transformation. It is projected that this transformation of the Medicaid system will be an investment in Alabama’s future that will lead to a more streamlined, consumer-friendly system that should save millions of dollars over the years.

Medicaid Health Homes

Alabama was one of nine states to start the Health Homes Program in 2012 with 21 counties participating. On April 1, 2016, this will become a statewide program. Not all Medicaid recipients qualify, but those who have or are at risk for certain health problems most likely will qualify. These include: asthma, diabetes, cancer, COPD, HIV, mental health conditions, substance abuse disorders, transplant needs, sickle cell anemia, a BMI over 25, heart disease, and hepatitis C. The Health Homes are designed to add an additional level of support to these high risk patients. Services are defined to include:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings
- Patient and family support
- Referral to community and social support services
- The use of health information technology (HIT) to link services where feasible and appropriate

Health Home services are provided by a designated provider, which may be a physician and/or physician practice, clinic, or other entity or provider such as a team of health professionals linked to a designated provider, or a community health team that meets all standards.

Long Term Managed Care Bill

On June 3, 2015, Governor Bentley signed into Law Act 2015-322 to amend the Alabama Code as it relates to Medicaid to establish governance and operation of Integrated Care Networks (ICNs). Integrated Care Networks will "provide for the delivery of medical care services to certain elderly and disabled Medicaid beneficiaries on a managed care basis through home or more statewide integrated care networks." ICNs are a system of a provider-driven programs for the Medicaid long term care population that would function similar to the RCOs. The ICNs are to be operational no later than October, 2018.

The ICN Law authorizes one or more ICNs. There are no designated regions at this time, but Medicaid will define areas to be served by ICNs by regulation. The number of ICNs will be determined by Medicaid. ICNs will cover the Medicaid beneficiaries currently receiving services in nursing homes and home and community-based waiver programs. ADSS is currently working closely with Medicaid as they develop these regulations and will continue to be a partner in this effort. ADSS and its partners will advocate for all managed care services to be person-centered.

Demographics

Alabama is home to an estimated 4.8 million people and ranks 23rd nationally in both total population and age 60 and older population. Alabama counties are experiencing a significant increase in the proportion of the population 60 and over as the wave of baby boomers born from 1946–1964 begin to enter retirement age.

Population Change:

Year	Total Population	Percent Increase in Total Population	65+ Population	Percent Increase in 65+ Population	65+ Population as Percent of Total Population
2010	4,779,736		657,792		13.8%
2015	4,931,768	3.2%	757,714	15.2%	15.4%
2020	5,096,521	6.6%	877,298	33.4%	17.2%
2025	5,244,137	9.7%	1,010,198	53.6%	19.3%
2030	5,373,294	12.4%	1,118,712	70.1%	20.8%
2035	5,486,147	14.8%	1,169,685	77.8%	21.3%
2040	5,587,919	16.9%	1,201,193	82.6%	21.5%

Note: These projections are driven by population change between Census 2000 and Census 2010. Recent data on births and deaths from the Alabama Department of Public Health are used to derive birth and death rates for the state and each county. Projections were revised in 2014 based on trends in population and development from 2010 to 2013.
Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, March 2015.

Between 2010 and 2040 the proportion of the population age 65 and over is projected to increase from 657,792 to over 1.2 million. This increase of 82.6 percent far outpaces the increase of the total population in the state of 16.9 percent during the same period. The projected growth of Alabama's aging population affirms the need to plan for the future as the demand for services continues to increase.

The Older Americans Act (OAA) states that funds should be directed to "older individuals with the greatest economic and 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)" [Section 305 (a)(2)(E)]. Many older Alabamians fall into more than one of these categories, making them particularly vulnerable.

Status of 60 and Older Population
(As a % of Age Group)

Characteristics	AL.	U.S
Rural	43%	23%
Living Alone	25%	27%
Veterans	21%	20%
With a Disability	38%	32%
Below 150% of the Poverty Level	23%	19%
Less than a High School Diploma	22%	18%
Language other than English	2.3%	15%

Source: 2010-2014 American Community Survey 5-Year Estimates

Minority Populations

Alabama enjoys a diverse cultural population and ADSS has and will continue to focus efforts on engaging all individuals to be recipients of our services. In Alabama unfortunately there are health disparities that exist both in access to care and the quality of care received by minorities. These health disparities are important to address because they often mean decreased quality of life, social inequity, loss of economic opportunities, and shorter life expectancy. ADSS staff works very closely with multiple agencies, including the Alabama Department of Public Health's Office of Minority Health, to reach targeted minority populations to share resources, co-train, and reach any underserved populations. The Governor has also made this a priority in the 2015-2019 Strategic Plan and in March 2016 signed an Executive Order creating the Governor's Office of Minority Affairs. This office will be responsible for advising the Governor on issues as they relate to minorities, including women. ADSS will coordinate issues with this office to advocate for improved quality of life for minorities in the areas of health, housing, employment, economics, empowerment, and criminal justice for aging minority populations and older women. ADSS will designate a staff person to coordinate and collaborate resources, training, advocacy, and benefits counseling working through the ADRCs for outreach to various minority populations.

Hispanic or Latino

The trend in Alabama has been a large increase in the Hispanic or Latino populations over the past 15 years. This population increased by over 150% between 2000 and 2010. This was the fourth greatest percentage increase in the Hispanic or Latino population among all 50 states. Alabama's actual Hispanic or Latino population in 2000 (73,946) exceeded projected totals developed by the U.S. Census Bureau for the year 2025, by nearly 13,000. In 2010 the Hispanic or Latino population in Alabama was 185,602. In 2014 it was 191,838, according to the 2010-2014 American Community Survey 5-Year Estimates, which is an increase of 3.6%. The Alabama Hispanic or Latino population is young in age. The median age of Alabama's Hispanic or Latino population is 24.9 years compared to 35.8 years for Alabamians and 25.8 years for the national Hispanic population. Although Hispanic or Latino individuals over age 60 in Alabama

remains relatively low in number, ADSS will continue to work with the Alabama Department of Public Health and the Hispanic Interest Coalition of Alabama targeting outreach to the Hispanic or Latino Populations to direct these individuals to the ADRC for assistance. The ADRCs will work with these agencies to provide and receive training, share referrals, provide benefits counseling, and assistance with interpretation.

Asian

Alabama's Asian population has the largest increase of any race. Asian populations increased by more than 71% between 2000 and 2010. A large number of Asians are employed in professional occupations, such as college professors or physicians. Others specialize in more labor intensive industries. Approximately one half of the Vietnamese Alabamians live in Mobile County with over one forth living in the City of Bayou La Batre, which is a large fishing town where older adults receive services from the South Alabama Regional Planning Commission (SARPC).

American Indians

Only two of the nine Indian Tribes in Alabama live on reservations. One Tribe, the Poarch Band of Creek Indians, is federally recognized and operates as a sovereign nation with its own system of Government and by-laws. The Tribe operates a variety of economic enterprises, which employ hundreds of area residents. Currently, the Tribe has approximately 570 individuals who are over the age of 65.

The Poarch Creek Indians built a state of the art assisted living facility. The Lavan Martin assisted living facility offers one and two bedroom units to Tribal members, first generation, and Tribal spouses who need assistance.

The Poarch Creek senior center is open to citizens 55 years and over from the tribal community as well as surrounding areas. The program provides both congregate and homebound meals. The seniors are active and have fundraisers throughout the year to assist with trips and other recreation. They participate in activities such as Senior Olympics, Senior Appreciation Day, Tribal Council Appreciation Day, and other fun and educational activities. Currently there are plans with South Alabama Regional Planning Commission (SARPC) to open another center in 2016. The Tribe in collaboration with SARPC receives funding from Title III for transportation and they also participated in Caregiver Colleges which will continue in the future. SARPC, in partnership with the RSVP program, provides tax counseling annually on the reservation. The Tribe is an active partner in Alabama, contributing to economic, educational, social, and cultural projects benefiting both tribal residents and other residents of the state. ADSS and the AAAs will continue to work on more partnerships and opportunities to increase health and educational supports for the recognized Tribes and other American Indians in Alabama communities. The ADSS Title III program served 130 American Indians in 2015.

Other Target Populations

Alzheimer's and Dementia Initiatives

The 2015 National Alzheimer's Report revealed there were 87,000 Alabamians diagnosed with Alzheimer's disease. There is a projected increase of 26.4 % in the number of individuals who will be diagnosed between 2015 and 2025. These individuals have approximately 301,000 caregivers who annually provide 342 million hours of unpaid care at a value of over four billion dollars. In Alabama there are 1,357 Alzheimer's Specialty Care Beds in assisted living facilities that are privately funded and do not receive any Medicare or Medicaid dollars.

In 2014-15 ADSS contracted with Alabama State University, Center for Leadership and Public Policy to implement the Alabama Dementia Initiative (ADI). The ADI consisted of the following initiatives: (1) ten caregiver dementia workshops were offered across the state, (2) a demographic analysis, (3) demonstration grants, (4) a statewide Dementia Conference, and (5) development of a Dementia Caregiver Resource Guide.

In 2016 a new demonstration project, "Dementia Friendly Communities" began the first stages of implementation in Montgomery, Alabama with the Central Alabama Aging Consortium as the planning agency. In a dementia friendly community, various parts of the community come together to create a dementia friendly culture. It is a planning process to start with four phases which are: (1) Convene, (2) Engage, (3) Analyze, and (4) Act. The process takes approximately one year to become fully implemented. A dementia friendly community is a culture where the caregivers and the person with dementia feel respected, supported, and included in everyday life. Dementia friendly communities train staff at shops, restaurants, grocery stores, banks, churches, local governments, and even doctors' offices to understand dementia through awareness education and in some cases specialized training. ADSS anticipates the project will be well received and will advocate for funding to expand this concept statewide. The aging network also continues to conduct Virtual Dementia Tours statewide and to utilize materials and toolkits that were developed with various grant funding.

The Alabama Legislature established the Alzheimer's disease Taskforce which met from 2012 – 2015 to develop a State Plan for Alzheimer's disease and Other Related Dementias in Alabama. The Taskforce was charged to address the following issues:

- Assess the impact of Alzheimer's disease and other related dementias on Alabamians
- Examine the service delivery system including healthcare manpower and resources for those Alabamians with Alzheimer's disease and other related dementias
- Develop strategies to respond to the crisis caused by Alzheimer's disease and other related dementias

The Taskforce presented a plan detailing recommendations in four areas: (1) Service Delivery System, (2) Education, (3) Certification, and (4) Financial. The plan can be found at www.act.alz.org.

Caregivers

According to the Alabama Lifespan Respite, there are an estimated 1.3 million caregivers in Alabama. These caregivers provide approximately 800 million hours of unpaid care at home. The market value of this unpaid homecare is over eight billion dollars per year. Caregivers are the backbone of our health care system. See Appendix E and G for more information.

ADSS, AARP, and Alabama Lifespan Respite Network worked in partnership to draft and gain passage of Senate Joint Resolution 73 to establish a Family Caregiver Taskforce. This Taskforce is charged with developing a white paper on Alabama Caregiving to submit to the Governor, Legislature, and other public policy professionals. The Taskforce will meet every quarter and submit the white paper in the 2017 Legislative Session. This Taskforce completed a Strengths Weakness Opportunities Threats (SWOT) analysis in the first meeting and is working collaboratively on gathering resources, reviewing research documents, and developing solutions to improve caregiving issues for Alabamians.

Veterans

According to the Department of Veterans Affairs (VA), there are 413,618 veterans in Alabama. 96,479 veterans in Alabama receive disability compensation or pension payments. For fiscal year 2014 Alabama's total VA expenditures were $3.2 billion, with the majority being compensation and pension at $1.875 billion, followed by medical care at $1.021 billion. Veterans over the age of 65 account for 40.5% of Alabama's veteran population. ADSS, the aging network, the Alabama Cares program, and the Alabama Lifespan Respite program are working with the Veterans Health Centers Caregiver Support programs to coordinate services and supports. Alabama is proud of its service men and women who fought bravely for our freedom and safety and strive to understand all service benefits and supports to direct Veterans to the right resources and benefit specialists. The Governor is also addressing services for Veterans in his 2015-2019 Strategic Plan. One AAA/ADRC received the ACL training and is in the process of becoming a Veterans Directed Home and Community Based Service (VD-HCBS) provider. As the VA increases its capacity to serve more veterans with this program in the state, more AAAs/ADRCs are interested in participating. The Consumer Directed HCBS program, Personal Choices, is expanding statewide which will hopefully open up more opportunities for these partnerships for VD-HCBS. The ADRCs statewide served approximately 271 veterans in FY 2015.

Older Americans Act Programs

Older Americans Act services are available statewide. These services are provided through the aging network which consists of 13 Area Agencies on Aging and over 700 local service providers. The individuals served are often frail, lower income, live in isolation and are at risk for more costly long term care. These services include information and assistance, case management, transportation, legal assistance, congregate and home-delivered meals, evidenced based health programs, Ombudsman, and in-home services. See Appendix G for detailed description of programs.

Elder Justice

Act 2012-495 was passed by The Alabama Legislature to officially create the Council for the Prevention of Elder Abuse, hereafter called Council, to provide for its membership and duties, to allow for the adoption of rules for internal operations, and to establish a lead agency for the council. The Act required the Council to develop a long-range plan to be reviewed semi-annually, addressing the needs of those at risk for elder abuse and exploitation. The Council is required to annually provide a report at the beginning of the legislative session to the Governor and Legislature addressing progress achieved on the long-range plan. The Council also participated in the needs assessment. The long range plan and needs assessment is attached in Appendix E.

Discretionary Grants

Lifespan Respite Grant

In 2014, ADSS was awarded a three year competitive grant from ACL, in partnership with Alabama Lifespan Respite Resource Network™ (Alabama Respite), a program of United Cerebral Palsy of Huntsville and Tennessee Valley, Inc. (UCP), Alabama Lifespan Respite Coalition (Coalition), and the ADRCs. The grant proposed to continue building a capacity of integrated and sustainable Lifespan Respite programs across the state. The primary goal is "to provide a streamlined, coordinated, and person-centered approach to meet the respite care needs of Alabama family caregivers of children and adults regardless of income, race, ethnicity, special needs, or situation." To accomplish this goal, the project partners will achieve five key objectives: (1) Continue to enhance and build the capacity of the Alabama Respite through the Sharing the Care (STC) faith-based initiative, (2) Utilize new and existing collaborative partners to increase training opportunities, (3) Cross-train ADRC Specialists to make resource availability more streamlined, comprehensive, person-centered, and responsive to the needs of caregivers, (4) Expand respite to gap populations through mini-grants, and (5) Advocate for a formalized statewide Caregiver sustainability strategic plan to address support services such as Education and Respite.

Project Outcomes:

- A white paper on "Caregivers in Alabama" and a sustainability strategic plan for community-based respite and caregiver support initiatives
- Increased respite and education for caregivers

- "No Wrong Door" options and benefits counseling for caregivers through ADRCs
- Increased faith-based caregiver/respite initiatives to provide community-based services and supports
- A coordinated approach to assisting caregivers in our long-term care community-based programs

State Health Insurance Assistance Program/MIPPA Grants

The State Health Insurance Assistance Program (SHIP) is intended to strengthen the capability of States to provide all Medicare eligible individuals with information, counseling, and assistance on health insurance matters. This grant from ACL helps ensure that Alabama will have a network of staff and volunteers to provide accurate and objective health insurance information and assistance to Medicare beneficiaries in making informed health coverage decisions. SHIP counseling also helps the beneficiary to understand related rights and protections under their Medicare Coverage. The Medicare Improvements for Patients and Providers Act (MIPPA) is a grant provided by ACL. The purpose of the MIPPA grant is to support outreach and assistance efforts directed toward Medicare beneficiaries with limited incomes. The specific target population for MIPPA is Medicare beneficiaries who may be eligible for low-income subsidy (LIS) or Medicare Savings Program (MSP).

Currently, there are 706,624 Medicare beneficiaries in Alabama enrolled in both Medicare Part A and Part B who are 60 or older and 241,676 who are under age 65, many who require some assistance and counseling with their benefits and plans. The total Medicare spending in Alabama is $8,042,000. According to the Alabama Medicaid Agency (AMA) there are 65,744 Qualified Medicare Beneficiaries (QMB) eligible for benefits as of June 2015, an increase of 2.7% over 2014. AMA information states there were 55,448 Specified Low-Income Medicare Beneficiary (SLMB) eligible individuals as of June 2015, an increase of 5.3% over 2014. According to the Alabama Department of Public Health (ADPH), Alabama's elderly population is expected to grow by 82.4% between 2010 and 2040, adding 542,061 older adults to the state's population and therefore increasing the demands annually for the Medicare Programs.

ADSS has a unique partnership with the Auburn University, Harrison School of Pharmacy (HSOP) for the SHIP and MIPPA programs. The project has two objectives, one with SHIP funds, and one with MIPPA funds. The SHIP HSOP project objective is to train pharmacy students to work during open enrollment as certified SHIP Counselors at enrollment events. This student training program is extremely well received by all partners and ADSS intends to expand the program over the next several years due to the success.

Alabama's MIPPA funding objective is to create a statewide education and outreach campaign to enhance awareness of Alabama's local ADRCs and SHIP programs. Over the past three years ADSS has had a unique partnership with HSOP utilizing MIPPA funds. In 2015, the partnership expanded to include a new on-line continuing education pharmacist training system. This will ensure that the rural, underserved areas of the state will have access to professionals with a knowledge base and awareness of SHIP and other core benefit programs offered through the ADRCs. ADSS expects to expand this beneficial program to more counties, partner with other programs and considers it a successful program for the MIPPA grant.

Senior Medicare Patrol Grants

The Senior Medicare Patrol (SMP) program is federally funded through ACL. SMP staff and volunteers build and expand the capacity of a trained, professional, statewide network of SMP volunteers.

This program is designed to detect and prevent healthcare fraud, errors, and potential abuse. Medicare beneficiaries are at greater risk for fraud than the average population and SMP volunteers are utilized to increase awareness of Medicare and Medicaid fraud prevention, identification, and reporting. The SMP program responds to and resolves inquiries and reports or refers documented complaints in a timely manner to proper authorities. Reporting outcomes is required by the U.S. Health and Human Services, Office of Inspector General for tracking, cost avoidance, savings, and recoveries of the Medicare and Medicaid programs. Alabama SMP is also responsible for improving coordination of similar projects with other federal, state, and local officials. Alabama SMP will develop new outreach and training materials targeting rural, low-income, homebound, minorities, individuals with disabilities, and individuals living in long term care settings. Alabama SMP will ensure the federal volunteer-risk management protocols are utilized to protect Medicare beneficiaries and the integrity of the program, expand the volunteer base across all 67 counties, establish a statewide fraud taskforce, and conduct state and local Fraud Summit events to better educate the public.

Description of Alabama's Person Centered Long-Term Care Support Systems

The Alabama Medicaid Agency was awarded a Money Follows the Person Rebalancing Demonstration grant from Centers for Medicare and Medicaid Services in October 2012. For Alabama, this program is called the "Gateway to Community Living." Working in partnership with other long term care providers and stakeholders the services and supports for transition of individuals from long term care settings to community living are as follows:

- Transition coordination that assists those who choose to participate with development and implementation of an individualized transition plan
- Assistance with costs related to transition such as utility and rent deposits
- Advocacy to increase the availability and easy access of safe, accessible housing, and assistive technology resources
- Resources for the promotion of employment opportunities
- Option of Self Directed Care

ADSS provides assistance through the ADRCs, Long Term Care Ombudsman program, and targeted case management through the HCBS waivers for transition services as partners in the Gateway to Community Living Program.

Aging and Disability Resource Centers

The vision for Alabama's ADRCs is to provide a single, "no wrong door" access point for information, long term care options, benefits counseling, referral, and follow-up for consumers of all ages, incomes, disabilities, and their families. In April 2014, the program went statewide with all 13 AAAs. ADSS streamlined the process with a universal intake tool that screens all individuals for benefits, services, and community supports. ADRCs also offer assistance with

enrollment, counseling, referral, and follow-up to ensure the individual's needs are met. This universal intake tool is updated annually. The AAAs/ADRCs invested in software to help make this process more efficient and to capture important documentation. This process was developed as a collaborative partnership of health and human service agencies. The Medicaid Long Term Care Division approved all processes and provided funding to help support the process.
In 2015, with grant funding the ADRCs were branded as AccessAlabama and in 2016, the State is marketing the ADRC as such. Individuals can call 1-800-243-5463, email from website, or walk-in for assistance. Some AAAs/ADRCs are providing satellite ADRCs in local communities on scheduled days. ADRCs are joint partnerships where ADSS incorporates evidence-based programs and person-centered business practices into the daily operations of State, ACL/OAA, and Medicaid funded programs.

Through coordinated and streamlined access points, services and supports will be organized around the needs of the individual rather than the settings where care is delivered. ADSS and its stakeholders believe that older adults, individuals with disabilities, and their caregivers should have access to reliable information. This person-centered approach allows individuals the opportunity to make decisions regarding long-term care supports and obtain access to services which enable choices for independence. Alabama's AAAs/ADRCs are structured to fulfill the various needs of the consumer by being comprehensive, all-inclusive, preventive, person-centered, and holistic. Appropriate follow-up is necessary to ensure the individual's needs are met and is a requirement of Alabama ADRCs.

The population to be served at AccessAlabama will be persons age 60 and older, individuals of all ages with physical, intellectual, and developmental disabilities, their caregivers, and the provider networks providing healthcare and other supports to these individuals. Funding is received from Medicaid to cover the screenings. Additional costs are covered by other fund sources including State funding. In FY15, there were 19,310 individuals screened through the ADRC with an additional 30,441 contacts made on their behalf for follow-up. Of these individuals, 2,696 reported having a severe disability which includes 362 reporting a dementia diagnosis. There were 5,162 individuals under the age of 60 requesting assistance and 12,531 over the age of 60. In addition, 3,726 caregivers received information and assistance at some point in the process. Many caregivers chose to receive services through the Title III E caregiver program or Alabama Lifespan Respite Resource network.

Medicaid Waiver Programs

ADSS provides services through the following Medicaid Home and Community Based Waiver programs. In 2015, ADSS received the management of two new waivers. These programs provide services to individuals whose needs would otherwise require care in a nursing facility. The services provided through these programs allow individuals to remain in the community.

- **Elderly and Disabled Waiver Program-**provides services to the elderly and those with disabilities. Case managers work with clients to develop a plan of care based on the client's medical needs. Depending upon their plan of care, individuals in this program may receive personal care, homemaker, respite, adult day health, companion services, or home-delivered frozen meals. ADSS currently has 7,300 individuals on this program and

will continue to increase that number with targeted outreach and Gateway to the Community.

- **HIV/AIDS (530) Waiver Program-**provides services to individuals age 21 and over who are diagnosed with HIV/AIDS and related illnesses. Services include personal care, homemaker, respite, companion services, and/or skilled nursing care depending upon the client's need. There are currently 46 clients served in this program and the program continues outreach to these individuals.
- **Personal Choices Program-**Alabama's option for self-directed home and community-based services. It is designed to offer the elderly and individuals with disabilities more choices and flexibility in the type of care they receive. Clients enrolled in the program are able to use their budgets to get the personal care they need and also save for other items that improve their health. Currently the program is available in 10 counties and approximately 115 individuals are enrolled in the program. The program was recently approved by CMS for statewide expansion. The program will be phased in regionally and will be statewide in 2017.
- **Alabama Community Transition (ACT) Waiver Program-** designed to provide services to individuals with disabilities or long term illnesses who live in a nursing facility and desire to transition to the home or community setting. The Plan of Care and Case Management services are based on individual client's needs. The individual must have been in the nursing facility for 90 days or more and is expected to move into the community within 180 days after application date. ADSS is the operating agency for the ACT program and works with Medicaid Transition Coordinators to facilitate transition of clients from the nursing home back into the community. This program was transferred to ADSS on April 1, 2015. Currently there are 48 individuals being served in this program and it continues to expand under ADSS operation.
- **Technology Assisted Waiver for Adults-**provides services to individuals 21 years of age or older with complex skilled medical conditions who are ventilator dependent or have a tracheostomy and who would otherwise require care in an long term care setting to remain in the community. The Plan of Care and Case Management services are based on individual client's needs. ADSS provides targeted case management for the TA program. This program was transferred to ADSS on April 1, 2015 and is approved to serve 40 individuals. Services include private duty nursing, personal care/attendant service, medical supplies, assistive technology, and targeted case management (TCM). There are currently 28 individuals on this program and outreach is ongoing to expand waiver services to eligible individuals.
- **Living at Home Waiver for Persons with Intellectual Disabilities-**operated by the Department of Mental Health and is approved to serve 5,260 participants. The Alabama Department of Mental Health also operates another Living at Home Waiver for those individuals with intellectual and developmental disabilities who would otherwise need more intensive and costly services in an intermediate care facility. This waiver is approved to serve 569 participants. The Alabama Department of Mental Health is a lead agency in providing person-centered planning and is implementing a consumer-directed program for its waiver participants.
- **State of Alabama Independent Living (SAIL) Waiver-** serves adults with specific medical diagnoses who are at risk for nursing home type care in a long term care setting. The SAIL waiver is operated by the Alabama Department of Rehabilitation

Services and is approved to serve up to 660 individuals. The SAIL waiver has a consumer-directed option which is being expanded to all counties in Alabama in 2016.

Documentation of Needs

Town Hall Meetings

ADSS leadership decided that a Town Hall venue was a great way to collect grassroots information on what older adults believe are their greatest needs. Going directly to the people proved to be more effective and efficient than a paper survey. The majority of Alabama participants do not have access to a network or computer to complete an on-line survey. ADSS decided it was important to engage the participants and other people of interest in the documentation of needs before the writing of the plan and also to solicit feedback in person. There were well-publicized town hall meetings at central locations in the seven congressional districts of the state. The lowest attendance was around 30 people with the highest being over 100. All participants were highly engaged in this process. This format was well received and the participants felt empowered. The meetings were good for morale and a good venue to share important information. The responses collected were overall somewhat different than what was expressed in the past with the exception of transportation which remains one of the top concerns in this state. At the end of each meeting, there was a brainstorming session to address what the greatest needs and concerns were among the group, then participants discussed what is working and what is not and ADSS encouraged communication about solutions to resolve issues. At the end each group determined their top ten issues for senior citizens and individuals with disabilities for their community. The top issues were somewhat consistent themes throughout the state. See Appendix E for a more detailed summary of Town Hall meetings.

Top issues by percent of responses total:

- Transportation–100%
- Healthcare Issues–100%
- Food/Nutrition Security Issues-100%
- Housing–86%
- Access to Information–86%
- Lack of Financial Resources–86%
- Insurance Issues–71%
- Elder Abuse/Financial Exploitation–71%
- Advocacy–71%
- Technology–71%

Focus Groups on Caregiving

To document and understand the needs of Alabama Caregivers, ADSS and the Alabama Research Institute on Aging (ARIA) of the University of Alabama partnered to conduct a series of focus groups with family caregivers. See Appendix E for a detailed summary.

Sixty-three caregivers participated in the focus groups of which 77% were current caregivers and 23% were former caregivers. The demographics of the group consisted of 56% African

American, 43% white and 1% reported other race. During discussions the most commonly cited issues facing family caregivers were financial burden, need for respite, and concerns about the caregiving workforce. Although caregiving stress was discussed specifically by only three groups, it was a strong underlying theme in all six discussions. Before any discussions were held with the focus groups, participants were asked to give their opinions on the top 10 issues facing Alabama caregivers.

Top issues by percent of responses total:

- Financial burden–83%
- Respite care–83%
- Workforce/paid care–83%
- In-home care–65%
- Long term care planning–65%
- Access to information–50%
- Stress–50%
- Caregiver support services–50%
- Environmental support–50%
- Other specific needs–50%

Information and suggestions received from the various meetings and focus groups that address statewide needs will be incorporated into the objectives and strategies to address issues as they relate to our State Plan goals for 2017-2020.

Challenges and Opportunities

There are multiple challenges for Alabama to adequately fund services to reach the growing aging population, especially the targeted groups. Alabamians age 60 and older are number six in the country in terms of food insecurity and poverty level. Various concerns regarding nutrition, transportation, socialization, and healthcare are increased issues for the individuals who are in the rural areas of the state as there are a lack of resources to help support their independence. ADSS is challenged and charged to find creative and non-traditional methods to serve these individuals.

Recruitment of retirees and professionals to Alabama is an opportunity worth time and investment to help improve the financial condition of the State. Alabama's cost of living makes it an affordable place for those who are looking for a high quality of life. The median sale price for homes in Alabama is 31% less than the national average and property taxes in Alabama are some of the lowest in the country. The beautiful mountains, small southern towns, and white sandy beaches, combined with the low cost of living, makes Alabama attractive to retirees. Retirees who relocate to Alabama have on average $60,000 annual income and assets of $350,000 which has an impact on small communities in Alabama. Over the past few years there has been an increase in military retirees relocating to Alabama. This makes Alabama one of the top five states for attracting military retirees who are looking for job opportunities as second careers. Several publications cited specific Alabama cities as best places to retire because they are veritable tax havens for retirees. Furthermore, Alabama as a whole does not tax Social Security benefits and has property tax breaks for those over age 65. Recruitment of retirees from other

states could impact small communities by recruiting part-time professionals and volunteers who are interested in giving back to their communities and experiencing meaningful work.

Challenge: Alabama is the nation's sixth poorest state. According to the Census (ACS), the median household income for Alabama was $42,830 in 2014, which is $10,827 lower than the national average. The current median family income for Alabama is $53,764. Real median family income peaked in 2008 at $59,675 and was $5,911 (9.91%) lower in 2014. The current per capita income for Alabama is $23,606. Real per capita income peaked in 2005 at $25,662 and is now $2,056 (8.01%) lower in 2014. From a post peak low of $23,525 in 2012, real per capita income for Alabama has now grown by $81 (0.34%). White's saw the largest percentage point increase among racial or ethnic groups living in poverty regardless of income, from 11.3% in 2000 to 20.3% in 2010. African Americans continue to be most likely to live in poverty areas regardless of income, with 50% of all individuals living in areas the Census Bureau deemed as poverty areas. These areas lack transportation, adequate access to nutritious food, and healthcare resources.
Opportunity: ADSS maintains a very positive relationship with the Department of Human Resources and receives funding to expand food assistance outreach in the 13 AAAs. The aging network will continue to do outreach and advocate for State, local, and other fund sources to improve the access to food, including assisting older adults with the Alabama Elderly Simplified Application for food assistance. Alabama has a very strong, well organized Food Bank program that works in partnership with the ADRCs and the aging network.

Challenge: More than one-third of Alabamians live in concentrated "poverty areas," according to research recently released by the Census Bureau. Poverty areas are census tracts which have a twenty percent poverty level or higher. Children and the elderly are the individuals who suffer the most from poverty. Adequate access to nutritious food for three meals per day was expressed by older individuals and AAA staff as a very important need among our expanding aging population. Disability is also a very important factor for food insecurity. Food insecurity means that an individual, at some time during the year, lacked adequate food due to insufficient money or other resources for food. This results in disrupted eating patterns and reduced food intake which also includes a reduction in the quality and quantity of food. Not only does this increase the prevalence of chronic health conditions which are high among Alabama's poor, but it also means many of our older and disabled adults are not getting enough to eat or are obese due to the wrong types of food which are more inexpensive and accessible. Participants in all of the seven town hall meetings saw food insecurity as an issue for their community.
Opportunity: The aging network has a long term relationship with the Alabama Farmers Market Authority where the ADRCs assist at risk older adults during the eligibility period to receive vouchers for fresh, nutritious, locally grown fruits, vegetables and herbs from local farmers markets and roadside stands.

Challenge: An increase in weather related situations and declared disasters in Alabama have caused multiple issues, for citizens, cities, counties, and the state agencies who serve individuals during these emergency situations. Participants in town hall meetings expressed their concerns regarding the increase in these situations and their ability to remain safe and secure.
Opportunity: ADSS has a very positive relationship with the Alabama Department of Public Health. In the next planning session Public Health will partner with ADSS to train center

managers and participants on safety issues as it relates to inclement weather and other potential emergency situations. ADPH will also continue to provide small grants to help participants with supplies such as weather radios, flashlights, heaters, and fans.

Challenge: Public transportation is an ongoing challenge for Alabama. Inadequate transportation keeps thousands of Alabamians from meeting basic needs such as traveling to work, healthcare appointments, socialization, or the grocery store. Participants expressed in town hall meetings that this was their number one issue.
Opportunity: Many local communities recognize the great need for a coordinated transportation system for individuals who are aging and disabled. ADSS will take the lead in asking the legislature to establish a Transportation Coalition to increase the availability and to ensure greater access to transportation for those in the rural and urban areas. ADSS will encourage the participation of outside non-governmental partnerships to help create a more comprehensive system of various transportation resources to meet the healthcare, nutritional, and social needs of these populations who traditionally do not have many of their needs met due to transportation. ADSS and the aging network will advocate to strengthen and expand the existing rural transportation system.

Challenge: Alabama has a lack of affordable, safe housing for the poor and middle-income elderly and individuals with disabilities regardless of their age. In addition, in the past decade Alabama experienced multiple disasters leaving people with uninhabitable and damaged homes. During town hall meetings affordable, safe, and respectful housing was expressed as a need by all regions. This lack of affordable housing makes it difficult for some individuals to continue to live in the community and increases the likelihood that many who are in long term care settings are unable to move back into the community when they choose to do so.
Opportunity: In 2012, the Alabama Legislature passed legislation establishing the Alabama Affordable Housing Trust Fund and in 2014 the Landlord Tennant law was updated to provide more rights for tenants and stricter responsibilities for landlords. In addition, in 2015 the Governor established the Long-Term Community Recovery Taskforce to address housing and other issues as it relates to rebuilding communities after a disaster. ADSS recognizes that housing is important for the quality of life, safety, and healthcare of the people we serve. Therefore, the agency will dedicate staff time and resources to participate on taskforce committees and provide advocacy to establish housing alternatives and a central depository of resource identification as it relates to housing and housing maintenance.

Challenge: The Long-Term Care Ombudsman program is no longer receiving Civil Monetary Penalty (CMP) funds to assist with programs, training and projects. This created a short fall of funding to continue operating the program with the staff and resources available since 2003.
Opportunity: Many outside partners are very supportive of the Ombudsman program and see the benefits, therefore, they are willing to help advocate for long term sustainable funding. ADSS will continue to build a group of stakeholders to help advocate for additional funding to sustain the program at its current level of activity.

Challenge: There were 164,516 crimes reported in 2014 which is a 5% decrease from 2013. Trends show a reduction of crime rates from 2010 to 2014. Of those 27,893 individuals arrested in 2014 for serious crimes in Alabama 512 were over the age of 60. Fortunately, statistics show

that Alabama is becoming a safer place to live. However, our seniors are expressing that they are fearful for their safety in their homes, neighborhoods, places of worship, and even their senior centers.
Opportunity: Through the partnerships established with stakeholders on the Council for the Prevention of Elder Abuse ADSS has the opportunity to make larger impacts on advocating for stricter laws for crimes against the elderly and for more law enforcement education on elder rights and crimes against the elderly. ADSS in collaboration with Public Health and the Alabama Law Enforcement Agency is planning to provide safety and active shooter training to older adults addressing their concerns as expressed in public hearings. These trainings will take place in the senior centers in 2016 and 2017. During the course of the next four years ADSS will provide training on fire safety in collaboration with the State Fire Marshalls Office as it is also a concern for Alabamians over the age of 60.

Challenge: Alabama has a shortage of doctors, nurses, healthcare aides and other professionals to provide adequate healthcare to Alabamians.
Opportunity: ADSS will continue to work with other state departments as stakeholders and partners to promote workforce development for those who are 55 and older. Additionally, ADSS will advocate for workforce development and recruitment of Geriatric and Family Practice doctors, nurses, healthcare aides, and other specialty care professionals to serve rural and urban aging and disabled populations to meet their current and future healthcare needs. The Department of Public Health as well as participants in town hall meetings state that this is the number one health concern for those over 60. Addressing these healthcare concerns is necessary in order to maintain a good quality of life for the people we serve.

Goals, Objectives, Strategies, and Outcomes

The following goals and objectives are how ADSS plans to implement the State Plan and to address the above mentioned special populations, community concerns, and state challenges. Appendices address the OAA Core programs, State programs and the Alabama health and human services network. ADSS sees the current environment of change as an opportunity to restructure business models, streamline access to services, and expand partnerships to enhance future growth of programs and to incorporate new programs to address the needs expressed by town hall participants.

ADSS GOAL 1.0: Through a No Wrong Door system, older adults, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services.

OBJECTIVE 1.1: The Alabama Department of Senior Services (ADSS) will continue to provide a single, coordinated system of information and access for all persons seeking long-term services and supports, regardless of age, disability, or income through its 13 Aging and Disability Resource Centers (ADRCs).

STRATEGIES:

- ADSS will provide leadership, guidance, and training to the Area Agencies on Aging (AAAs) to ensure best practices for a "No Wrong Door" system called ADRC.
- ADSS will work as a partner with the Alabama Medicaid Agency to continue providing a "no wrong door" entry to services and supports in partnership with stakeholders such as the Department of Mental Health, Department of Rehabilitation, Department of Human Resources, local providers and ADRCs. These partnerships will continue communication to share resources, cross train, and coordinate activities and referrals.
- ADSS and ADRCs will provide entry to long-term care services and supports for all OAA programs, State Health Insurance Assistance Program (SHIP), SenioRx, Medicaid Waiver Home and Community Based Programs, and other local and state aging and disability programs.
- ADSS and local ADRCs will continue to develop outreach plans and partnerships for all supports and services, including private pay, Mental Health, Rehabilitation, disability partners, Veterans Affairs, hospitals and local agencies that target other OAA priority populations.
- ADSS through the ADRCs will utilize hospital discharge planners as collaborative partners to educate consumers and caregivers on alternative care options, local resources, and prevention of re-hospitalization.
- ADSS will formulate effective staff training, public education, and advocacy initiatives that promote person-centered services and supports to individuals.
- ADSS and local AAAs will market the availability of ADRCs as a trusted place for individuals to seek information, options counseling, and long term services and supports.
- ADSS and AAAs will establish partnerships with the Regional Care Organizations.
- ADSS will continue to work with Medicaid and other state partners in the design/development of the Integrated Care Network for long term care services.
- ADSS will continue to monitor ADRCs for effectiveness, efficiency, and accountability.

OUTCOMES for Goal One:

- Each year ADRC contacts will increase by 10%. Expected impacts are that consumers and families will have more access to information and services to make informed choices for their long term care.
- One new partnership each year will be established to cross train and enter into informal agreements for referrals to and from the ADRC.
- ADSS and AAA staff will be trained on the new philosophy and changes in provision of care for Medicaid services as they evolve ensuring appropriate and reliable information is communicated to the population we serve.
- More underserved populations will receive services, counseling and long term care supports.

ADSS GOAL 2.0: Empower older persons and individuals with disabilities to remain in the least restrictive environment with a high quality of life through the provision of options counseling, home and community-based services, and support for family caregivers.

OBJECTIVE 2.1: ADSS will strengthen the capacity of the aging network and partners to help individuals of all ages and incomes to remain in their own home or community setting of their choice and to have access to flexible, person-centered services.

STRATEGIES:

- Through the ADRC, assess the needs and preferences of individuals, provide options counseling, assistance with applications, arrange for services, and link to local provider organizations. Facilitate follow-up to ensure the individual's needs are met.
- Strengthen partnerships with other state agencies to ensure current information is available to expedite referrals to other waiver programs and state services.
- Establish relationships and partnerships with various public and private organizations to enhance and increase resources to assist older individuals with dental, hearing, and vision care.
- Expand the consumer direction program, Personal Choices, to a statewide program. Increase the ability for consumers who receive other Medicaid services to self-direct their care where appropriate.
- Continue the partnership with Medicaid and actively participate in "Gateway to Community Living", providing transition services for individuals living in nursing homes who choose to move into the community. Increase the number of consumers who wish to transition from institutional facilities back into the community through services provided under the ACT Waiver program.
- Continue partnership with Auburn University, Harrison School of Pharmacy (HSOP) to utilize students as SHIP Counselors during Medicare open enrollment.
- Expand partnership with HSOP to train community based pharmacists and work in collaboration to seek grant funds to increase the program to collaborate with other ADSS programs.
- Advocate for more physicians and other healthcare providers to provide access to community-based healthcare and to accept Medicare and Medicaid in rural, underserved areas.
- Promote and encourage more opportunities for older adults to have access to computers and provide education on how to utilize technology.
- Advocate for enhanced coordination and financial support for the expansion of transportation services for individuals who are aging and/or disabled.
- Advocate and provide awareness of the importance of community-based, faith-based, and volunteer programs to help sustain individuals in their homes independently.

OBJECTIVE 2.2: Expand nutrition options for nutritionally insecure older adults.

STRATEGIES:

- Advocate for securing funds to increase capacity of the statewide meal program to serve more individuals.
- Continue partnership through the ADRCs with the Alabama Department of Human Resources to conduct outreach for the Food Assistance program and provide assistance with the Alabama Elderly Simplified Application process.

- Encourage the AAAs to find local resources to increase transportation services to senior centers, grocery stores, food banks, and farmers markets.
- AAAs/ADRCs will work collaboratively with the State Farmers Market to assist qualifying seniors with Farmers Market Food vouchers.
- Encourage the aging network to expand the meal program by offering the option of private pay and sponsored meals.
- Educate the general public, through various venues, about the opportunity to sponsor meals for older adults and ways they can provide food in local communities to the older adults with food insecurity.
- Provide nutritional counseling to older adults who have chronic illness and/or are at risk of poor nutritional health.
- Continue to utilize the SenioRx program for persons requiring liquid meal replacements and supplements by applying for free assistance.
- Encourage expansion of partnerships with the South Alabama Regional Planning Commission (SARPC) to coordinate efforts of the Poarch Creek Tribal Council to provide nutrition services targeting frail elders.
- Advocate for underserved populations, including American Indians, Hispanic or Latino and Asian individuals in poverty zones to gain access to more community-based programs such as expansion of food banks, faith-based food pantries, community gardens, and stores on wheels.

OBJECTIVE 2.3: Provide a statewide, comprehensive, and coordinated approach to meet the diverse needs of family caregivers.

STRATEGIES:

- Utilize caregiver training programs developed through Alzheimer's Demonstration grants, Lifespan Respite, REST, and Chronic Disease Self- Management Education CDSME/Living Well Alabama. The ADSS and aging network will coordinate and expand educational programs and support groups for caregivers.
- The aging network and partners will continue to provide Virtual Dementia Tours in local communities.
- ADSS, AAA Caregiver programs, and Lifespan Respite will expand partnerships with public, private, and faith-based organizations, including the Veterans Administration.
- Caregivers will have access to Medicare information and counseling through professionally trained SHIP and ADRC program staff and volunteers.
- ADSS will continue to enhance the capacity of Alabama Respite through continued partnerships established through the ACL Lifespan Respite grant.
- Support reauthorization of the Older Americans Act and expansion of Federal and State resources to address unmet needs for caregivers.
- Continue the Caregiver Taskforce meeting four times per year. Utilize information from the Caregiver Task Force to advocate for expansion of state program support for caregivers.
- Provide education to public policy makers on issues of caregiving utilizing the White Paper developed by the Caregiver Taskforce and educate them on the economics of caregiving.

- Advocate for employment support and tax breaks for family caregivers.
- ADSS, AAAs, and Alabama Lifespan Respite Network will continue to seek and support applications for grants through the federal government, foundations, and non-profit organizations to improve the operations and services of the State Unit on Aging and the aging and disability network.
- Provide training toolkits on legal and end of life issues.

OBJECTIVE 2.4: Continue to provide OAA core services to enable older adults to reside in the community of their choice and enhance their quality of life through supportive services.

STRATEGIES:

- Target OAA core services to below-poverty clients, individuals with dementia, and persons at risk for nursing home placement.
- Meet Department of Labor core performance measures each year for Title V Senior Community Service Employment Program (SCSEP) and expand employment options for those over age 55.
- Increase community education on legal issues, such as powers of attorney, wills, elder rights and end of life issues.
- Work in conjunction with the Alabama Housing Coalition, Disabilities Leadership Coalition, and the Independent Living Organizations to support affordable housing options and to provide up-to-date housing information to consumers. All will advocate for more affordable housing in safe, accessible neighborhoods.
- The ADRC will provide a menu of private pay and cost sharing service options to reduce waiting lists and increase access to OAA services.
- ADSS and the aging network will advocate for more community-based transportation options for seniors and individuals with disabilities to include transportation for shopping, healthcare, religious activities, and recreation.

OBJECTIVE 2.5: Update annually Emergency/Disaster plans and provide training to staff, providers, and consumers on responding to pre- and post-disaster declarations and safety prevention.

STRATEGIES:

- Review and update annually all Emergency/Disaster plans on state and local levels. Update all Emergency/Disaster call lists as needed.
- Partner with State Emergency Management Agency (EMA) and the Alabama Department of Public Health (ADPH) to provide on-going disaster training to health and human service providers.
- Coordinate implementation of partnerships with local EMAs and ADRCs to provide mutual aid, communication, and partnerships for pre- and post-disaster assistance during emergency/disaster-related situations.
- Apply annually for Public Health Disaster grants. Distribute funds to AAAs and monitor grant activity outcomes.
- Provide on-site assistance and resource development to state and local entities, as requested, during emergency/disaster situations.

- Continue to seek resources to provide training, resource materials, services, and supplies, pre- and post-disaster, for consumers.
- Establish partnerships to provide education to older adults on fire prevention and safety.
- Partner with ADPH to provide training on safety prevention to include "active shooter training" to prepare older adults for unforeseen events and to reduce stress and worry from fear of what might happen at home or in a community setting after several national tragic events.

OUTCOMES for Goal Two:

- A minimum of 57,000 unduplicated individuals age 60 and older will receive Title III services each year to help keep individuals in their homes.
- A minimum of 2,000,000 congregate meals will be served each year with Title III funds to increase nutritional intake and provide socialization for clients attending centers.
- A minimum of 2,300,000 home delivered meals will be served each year with Title III and Medicaid Waiver funds to maximize client's independence and ability to remain in their homes.
- Personal Choices program will be expanded statewide by 2018 resulting in clients having the ability to self-direct their care. By 2019, 10% of participants receiving services through the Medicaid Home and Community Based programs will be self-directing their care.
- 5,000 individuals will receive transportation services each year resulting in greater access to socialization, nutrition, and healthcare.
- ADSS will receive disaster grants annually in the amount of $25,000 to provide education and supplies to older adults.
- A minimum of 9,000 individuals will receive Medicaid Waiver Services to help them remain at home versus a nursing home.
- Annually a minimum of 165 individuals age 55 and over will be enrolled in the SCSEP to learn new job skills to help them find gainful employment.
- A minimum of 4,500 caregivers will receive access to information and assistance annually to help them make informed decisions and receive needed supports and services.
- Annually a minimum of 107,000 hours of respite care will be provided to caregivers to help them get a break from their caregiving responsibilities.
- A minimum of 5,000 hours of counseling and education will be provided to caregivers to assist them with stress reduction and advanced education.

ADSS GOAL 3.0: Empower older adults to stay active and healthy through Older Americans Act services, Medicare prevention benefits, recreation, job, and volunteer opportunities.

OBJECTIVE 3.1: Provide information and evidenced based programs to help individuals who are aging and/or have a disability to maintain good physical and mental health status and delay the need for supportive services.

STRATEGIES:

- Continue partnership with ADPH, AAAs, Lifespan Respite, and JBS Mental Health Authority to expand the Stanford Chronic Disease Self-Management Education

(CDSME), called "Living Well Alabama" statewide. Continue to encourage participation in "Living Well Alabama" for caregivers.

- Expand outreach to target individuals who need assistance with gaining access to prescription medications and link them to the SenioRx program for free medication assistance.
- Continue to encourage AAAs to establish relationships with the Poarch Creek Tribal Council and other Indian organizations to advocate for mutual partnerships providing evidenced-based programs to improve health outcomes.
- Partner with American Association of Retired Persons (AARP), Retired Senior Volunteer Program (RSVP), and Retired State Employees Association (RSEA) to develop volunteers to assist with evidenced-based programs.
- Provide outreach and education to Medicare beneficiaries on their Medicare preventive services and encourage beneficiaries to utilize these benefits.
- Partner to provide a variety of programs such as PEARLS and Matter of Balance.
- Advocate for more dental, vision, and hearing resources for older individuals.
- Partner with UAB School of Dentistry to provide dental screenings and referrals.
- Encourage aging network providers to offer more physically and mentally stimulating activities to the senior center participants and to offer more diverse choices in social activities.
- Provide more education to staff and caregivers on care transitions and the importance of education, communication, and cross training between care transition environments.
- Work together with Universities and Post-Secondary Education to provide outreach and access to educational opportunities, including, but not limited to, computer and other technology classes.
- Continue and expand the "Dementia Friendly Communities" project.
- Educate and advocate for more businesses to hire those age 55 and older in meaningful jobs.
- Provide meaningful volunteer opportunities and increase volunteer participation of those age 55 and older.
- Increase socialization and educational opportunities for older adults.

OUTCOMES for Goal Three:

- A minimum of 500 individuals will participate annually in evidenced-based healthcare programs and will be more empowered to self-manage their daily living and healthcare needs, preventing premature hospitalizations and institutionalizations.
- A minimum of 30,000 Medicare counseling sessions will be provided to improve health and safety for Medicare beneficiaries.
- A minimum of 7,500 individuals will receive ongoing assistance quarterly to receive medication assistance to help them sustain and improve their health.

ADSS GOAL 4.0: Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect, and exploitation.

OBJECTIVE 4.1: Strengthen authority and capacity of the Office of State Long-Term Care Ombudsman program for advocacy and education and maximize program services to meet the needs of persons who live in long-term care facilities (nursing homes, assisted living, specialty care assisted living, and boarding homes).

STRATEGIES:

- Increase Long-Term Care Ombudsman program advocacy and education on long-term care issues to public officials, state and local agencies, and the general public.
- Work with Office of State Long-Term Care Ombudsman Program Advisory Council members to reach out to elected officials to advocate on behalf of the program, and secure sustainable state funding.
- Recruit and train additional Ombudsman volunteers.
- Advocate for more options for long term care and environments embracing culture change philosophies.
- Encourage assisted living and nursing home providers to engage residents in more physically and mentally stimulating activities to improve their emotional and mental health status.
- The Director of the Office of State Long-Term Care Ombudsman program will continue to be an active participant with the Council for the Prevention of Elder Abuse and serves on committees and supports other educational and advocacy initiatives.
- Work with the Alabama Medicaid Agency's Gateway to the Community Living program to transition eligible residents of long-term care facilities back into the community setting and provide quality assurance for the transition.
- Provide outreach and training to the community on "Gateway to Community Living".
- Advocate for adequate, sustainable funding for the Ombudsman program.

OBJECTIVE 4.2: ADSS will coordinate with DHR and other entities to prevent elder abuse, neglect, and exploitation by supporting systems change and promotion of innovative practices in the field of elder justice.

STRATEGIES:

- Work collaboratively with the Dept. of Human Resources Adult Protective Services to promote the use, at all levels, of the reporting system to track outreach, training, education, and referral activities related to abuse, neglect, and exploitation.
- Increase Title III Legal Assistance service units by increasing legal assistance and education on Powers of Attorney and end of life issues.
- Support efforts by the Council for the Prevention of Elder Abuse to address the need for funding that will support necessary services and supports to prevent abuse.
- Support background checks on home care providers.
- Advocate for certification and official guidelines for Adult Day Cares.
- Utilize qualified professionals to train state and local staff.
- Provide materials and training to older adults on self-advocacy.

- Continue to develop promotional campaigns and outreach materials to increase awareness and prevention of elder abuse, neglect, and exploitation. Provide education and distribution of the Elder Abuse Protection Toolkit targeting financial exploitation and abuse.
- Develop partnerships to advocate for Elder Abuse Prevention education and activities within the Poarch Band of Creek Indian Tribal Council and the Alabama Indian Affairs Commission.
- Solicit financial support from stakeholders and other entities to build the capacity of the Council for the Prevention of Elder Abuse.
- Take the lead in planning, promoting, and conducting World Elder Abuse Awareness Day (WEAAD) events in the month of June.
- Expand the Elder Justice Professional Speaker's Bureau and advertise speaking opportunities.
- Conduct a review of the Elder Justice Long-Range Strategic plan on an annual basis and report to the Legislature.
- Increase volunteerism, education, and outreach specific to Medicare fraud, waste, and abuse and other consumer protection issues in collaboration with the Senior Medicare Patrol (SMP) program. Expand the number of retired professionals to serve as SMP volunteers.
- All staff, with the exception of the Long Term Care Ombudsman program, at ADSS and in the aging network will be required as mandatory reporters to take APS mandatory online training.
- ADSS staff and community ombudsmen are required to immediately report suspected abuse, neglect, and exploitation to DHR pursuant to Ala. Code § 38-3-8 (9) and § 22-5A-4 (2).

OUTCOMES for Goal Four:

- The Ombudsman program through its outreach efforts and education to public officials, state and local agencies, and the general public will secure adequate funding to sustain the Ombudsman program by Fiscal Year 2018.
- The Ombudsman program will provide an average of 4,000 consultations to individuals and facilities per year resulting in increased education, more effective communication, and possible resolutions.
- Through the Ombudsman program's advocacy and education on long-term care issues, residents, family members, facility staff, caregivers, and the community-at-large will have increased knowledge of elder rights, the prevention of elder abuse, and the Office of State Long-Term Care Ombudsman program.
- Increased collaboration with DHR/Adult Protective Services, Public Health Licensure and Certification and Law Enforcement will result in better reporting and outcomes for those abused, neglected and exploited.
- Older adults will be prepared to advocate for themselves.
- The SMP program will provide at least one fraud prevention educational event annually in all 13 AAA regions to educate individuals on healthcare fraud.
- Volunteers for the SMP program will increase by 10% annually to help increase fraud education and prevention in hard to reach locations.

- World Elder Abuse Awareness events will be expanded annually, increasing partnerships and reaching more individuals and public officials with outreach and awareness.
- More diverse partnerships and funding opportunities will become available for the Elder Justice Council.
- Advocacy will result in increased laws and policies to protect the rights and dignity of older adults.

ADSS GOAL 5.0: Promote proactive, progressive management, and accountability of State Unit on Aging and its contracting agencies.

OBJECTIVE 5.1: Expand and improve the department's information technology (IT) infrastructure, security standards, and data collection and reporting capabilities to improve safety, performance, and accountability.

STRATEGIES:

- Continue to upgrade IT systems and software to meet the needs of the aging and disability networks.
- Continue to modernize and streamline data collection and reporting processes for AAAs fiscal and program reports through enhanced IT capabilities.
- Streamline state and local fiscal and program reports to improve the department's monitoring process for accountability and audit purposes.
- Continue to enhance existing security of systems currently in place and provide ongoing training of staff to ensure protection of all confidential data and to protect the integrity of the equipment and day to day operations.
- ADSS will provide training to AAA staff on new software applications

OBJECTIVE 5.2: Continue to enhance the department's web applications to provide information, education, online documents, other resources, and benefits to all Alabamians.

STRATEGIES:

- Provide ongoing training for IT staff to develop, maintain, and update network databases and user-friendly web applications for agency staff, the aging and disability networks, and the general public.
- Collaborate with all divisions to ensure the department's system needs are met in order to fulfill its responsibilities and mission.
- Work with other health and human service agencies to implement improvement plans and inter-operability to enhance delivery of services and resources.

OBJECTIVE 5.3: Provide effective and accountable leadership, supporting a person-centered culture for management of operations and customer service.

STRATEGIES:

- Advocate to maintain adequate staffing levels to ensure the department meets all federal and state mandates.

- Provide succession training and mentorship to train new leadership before department employees retire. Continue provision of opportunities for professional development and cross-training of staff at all levels.
- Simplify processes, improve communication, and analyze data to improve performance and accountability at all levels.
- All Policies and Procedures will be reviewed annually and updated as necessary.
- Expand training for all ADSS and aging network staff on program guidelines and person-centered concepts for systems change.
- Align and train staff to successfully partner with new RCOs.
- Foster good employee morale through team building activities, supportive work environments, recognition and opportunities for growth.
- Maintain and provide ongoing improvement of fiscal audit and monitoring practices.
- Utilize consumer feedback to drive and support policy changes.

OBJECTIVE 5.4: Provide innovative training to the aging and disability networks and other stakeholders through regional workshops, on-line seminars, conferences, and other staff development opportunities.

STRATEGIES:

- Provide training through various media to train AAAs and network providers on best practices, innovative service delivery models, and evidence-based programs to improve capacity of aging and disability programs and services.
- Work in collaboration with other health and human service agencies to streamline training and share resources for training development and implementation.
- For SHIP and MIPPA programs, develop more training to address accurate reporting. Monitor activity to ensure outreach and enrollment is reaching the difficult to serve populations who would benefit particularly from enrollment in low income subsidy programs.
- Develop training modules for new leaders and program staff entering the aging network.
- ADSS will serve as a training site for internships with various universities to learn about the services and supports provided in the aging network.

OUTCOMES for Goal Five:

- ADSS and AAA staff will be provided IT Security Policy annually to ensure all policies are understood and practiced.
- All programs will provide training at least annually to increase knowledge and professionalism of ADSS and aging network staff.
- ADSS programs will provide IT staff information quarterly to update and improve the public's access to accurate and helpful information.
- All division heads will meet monthly to discuss areas of coordination to improve department communication.
- Monitoring tools and processes will be reviewed annually and changes will be made to improve the process.
- Consumer feedback will be reviewed and analyzed annually to improve services and supports for the people served and to assist with future planning.

Closing Statement

To support the accountability of the State and Local planning process, at the conclusion of each fiscal year, ADSS prepares a state program report for ACL that identifies demographic characteristics of clients served, the number of service units delivered, expenditures, and program income. ADSS reviews this process annually and makes changes when necessary to simplify the process and increase the integrity of the data.

In Fiscal Year 2015, Alabama's aging network served an estimated 57,429 unduplicated clients for C-1, C-2, B, and D services using Title III federal funds and state and local match and approximately 105,000 unduplicated clients from all fund sources. Of these registered clients, 34% were minority clients, 30% were clients below poverty, 38% of minority clients were below poverty, and 50% were rural clients.

ADSS uses this State Plan as a blueprint to guide the Area Plan process and goals and objectives. State and Area Plans ensure services are adequately provided to the targeted populations and remain mission focused. The Area Plans will be due in August 2017 and will cover 2018-2021.

ADSS has extensive experience managing federal funds and grants, while adhering to all policies related to accepted program, financial, and personnel management practices. Combined with dedication, experience, and devoted staff, ADSS, along with its 13 AAAs and other partners, has the credibility and experience to provide services and supports that improve quality of life for Alabamians who are aging, those with disabilities and their caregivers. Under the leadership of the Governor's Office and the appointed Commissioner, ADSS will expand its opportunities for staff training, leadership development, and streamlined partnerships to implement a successful business model to lead the aging network forward during times of change, transition, and limited funds.

Appendix A

Assurances

Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall 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 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 who are victims of 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.

(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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall 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.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out 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;

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

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

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

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

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

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order

FY 2016 State Plan Guidance
Attachment A

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

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

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

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

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

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

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

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

Signature and Title of Authorized Official *Date*

Appendix B

Documentation of Assurances

FY 2016 State Plan Guidance
Attachment B
INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a) (2)(E)
Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

See State Plan pages 4, 5, 7, 14, 15,19,20,21. In addition all AAA's are required to address these targeted populations in their Area Plans and Annual Updates of the Plan.

Section 306(a)(17)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Each Area Plan is to attach a Disaster Plan including their local MOU with the Local Emergency Management Agencies. These plans include calling trees and other information which is to be updated annually in the Annual Operating Plan. Also, see Appendix F-2, page 105

Section 307(a)(2)
The plan shall provide that the State agency will:
(C*) Specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.*

Priority Services (Section 307(a)(2)(C) and Section 306(a)(2))

Sections 307(a)(2)(C) and 306(a)(2) require that a state agency provide assurances that a minimum percentage of each AAA's Title III-B allotment will be spent on the delivery of access, in-home, and legal services.

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

a. **Access:** **29.1% of FY 2016 Title III-B award**
b. **In-Home:** **2.5% of FY 2016 Title III-B award**
c. **Legal:** **6.7% of FY 2016 Title III-B award**

Section (307(a)(3)
The plan shall:
...
(B) with respect to services for older individuals residing in rural areas: **See below:**

FOR Fiscal years 2017 - 2020

STATE AGENCY: Alabama Department of Senior Services

Rural, according to the U.S. Census Bureau - United States Census 2010, encompasses all population, housing, and territory not included within an urban area. An urban area comprises a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with densely settled core. To qualify as an urban area, the territory must identified according to criteria must encompass at least 2,500 people; at least 1,500 of which reside outside institutional group quarters. The Census Bureau identifies two types of urban areas: 1) Urbanized Areas of 50,000 or more people; and 2) Urban Clusters of at least 2,500 and less than 50,000 people.

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

RURAL SERVICE COSTS IN DOLLARS

PSA	AAA Name	% of Rural Clients	ESTIMATED FY 17	ESTIMATED FY 18	ESTIMATED FY 19	ESTIMATED FY 20
01	Northwest	59.43%	787,749	795,626	803,583	811,619
02	West	53.10%	823,067	831,297	839,610	848,007
03	M4A	55.86%	1,632,441	1,648,766	1,665,253	1,681,906
03A	OSCS	11.05%	256,960	259,530	262,125	264,747
04	East	53.89%	2,049,581	2,070,077	2,090,778	2,111,686
05	South Central	72.06%	1,086,121	1,096,983	1,107,952	1,119,032
06	Ala Tom	76.83%	1,619,868	1,636,067	1,652,427	1,668,952
07	SARCOA	57.04%	2,413,904	2,438,043	2,462,424	2,487,048
08	South Ala	28.41%	1,265,562	1,278,218	1,291,000	1,303,910
09	Central	28.17%	542,502	547,927	553,406	558,940
10	Lee Russell	34.33%	395,775	399,733	403,730	407,768
11	NARCOG	57.47%	1,153,563	1,165,098	1,176,749	1,188,517
12	TARCOG	41.63%	1,409,039	1,423,130	1,437,361	1,451,734
TOTAL		**43.2551%**	**15,436,134**	**15,590,495**	**15,746,400**	**15,903,864**

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

Funds made available under this subtitle will not be used to supplant funds previously expended under any Federal or State law for this subtitle. ADSS requires each AAA to budget and expend, at minimum, FY 2000 expenditure amounts for Title III B Ombudsman, Title VII Ombudsman, and Title VII Elder Abuse.
Service Needs of Rural Alabamians (Section 307(a)(3) and Section 307(a)(10))

ADSS uses an IFF that is weighted in favor of older individuals living in rural areas. In addition, AAAs are encouraged to give a similar emphasis within the PSAs to those providers whose services will be of the greatest benefit to rural older persons. ADSS includes in its assessment procedures an emphasis on determining each AAA's effectiveness in targeting rural older persons. See state plan pages 9, 10,14, 16,17,19,27, Appendix G, pages 46, 47, 48.

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

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

Section 307(a)(10)

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

Section 307(a)(14)

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

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency*; See Appendix D, demographics pages 52-58

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

See State Plan pages 4, 5, 7, 14, 15,19,20,21 and Appendix D, demographics pages 52-58.

Section 307(a)(21)

The plan shall:

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

See State Plan pages 5, 6 and 20

Section 307(a)(29)

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

Each Area Plan is to attach a Disaster Plan including their local MOU with the Local Emergency Management Agencies. These plans include calling trees and other information which is to be updated annually in the Annual Operating Plan. Also, see Appendix F-2, page 105

Section 307(a)(30)

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

The Commissioner of Senior Services as a member of the Governor's Cabinet is a member of the Governor's Advisory Relief Team which works directly with the State Emergency Management Agency. In the event of inclement weather or any other potential pre/post disaster event the Team is informed by EMA on an hourly basis of the status of event. In the case of an actual emergency or disaster the team has morning and afternoon briefings. Staff also participate in the Alabama Emergency Preparedness and Response Plan and Quarterly FAND Task Force meetings with the Center for Emergency Preparedness.

Section 705(a)(7)
In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*
(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) of through (6) of this section are listed below)
In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

ADSS bi-annually conducts on-site program and fiscal monitoring per AAA and quarterly monitoring internally, based on AAA four-year Area Plans on Aging, fiscal year specific Annual Operating Plans, and monthly/quarterly performance reports. ADSS monitors each AAA AoA-funded activities to ensure compliance with applicable federal requirements and achievement of performance goals. Each program has annual definitions and enrolment forms which are updated and training is provided to the AAA Staff.

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

Town hall meetings were held in the 7 Congressional Districts. AAA Directors and their staff were asked for feedback in their Annual Operating Plans. Two Task Forces assisted with the planning process and feedback. The State Plan and Intrastate Funding Formula for fiscal years 2017-2020 will be addressed for public comments in a Public Hearing that will be held, Tuesday, April 19, 2016. Documentation is addressed in the state plan under appendix E, subsection 1, page 61-88 and Appendix F-sub-section 3, pages 106-110.

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

Addressed in State Plan, pages 10-11 and pages 17-19 under Aging and Disability Resource Centers, Alabama's No Wrong Door model.

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

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

ADDITIONAL STATE PLAN REQUIREMENTS (Section 705(a)(7))
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

Designation requirements addressed in ombudsman policies and procedures and through all ombudsman contracts and sub-contracts with designated entities.

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

As addressed in state plan on pages 8, 10,16,23,24,90,95,96, and 115, the Office of the State Long Term Care Ombudsman Program conducts state and local programs of services consistent with state law and the Elder Justice Council provides public education and advocacy.

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

The State Ombudsman Office has clear policies and procedures in place to report and refer any potential elder abuse and exploitation cases to the proper authorities. Also, the policies and procedures address receiving reports, consent, confidentiality, and disclosure. In addition, the Ombudsman Program is represented on the State-wide Elder Justice Council and local elder abuse task forces, such as, APS, State and Local Law Enforcement, State Medicaid Agency, Alabama Department of Public Health and other reporting agencies. The Ombudsman Program works closely with the state Legal Developer, and local legal providers to address all elder rights issues.

Appendix C

Intra-State
Funding
Formula

Background Information

In Fiscal Year 2012, ADSS collaborated with the AAAs to perform a comprehensive review of the Intrastate Funding Formula (IFF). This review was made in accordance with Section 305 of the Older Americans Act (OAA) of 1965, as amended (Public Law 89-73), and Title 45, Volume 4, Section 1321.27. This formula takes the following factors into account: 1) the geographical distribution of older persons in Alabama (i.e., age 60 and older), 2) older persons with the greatest economic and social needs, 3) low-income minority older individuals, and 4) older persons residing in rural areas.

Based on recommendations from an analysis of the OAA and 2010 Census Data performed by Alabama State University (ASU), ADSS's Commissioner determined that maintaining the existing IFF, utilized since 2005, would limit the State's ability in giving preference to serving persons age 60 and over that have the greatest economic and social need. Specifically, it was determined that removing the Hold Harmless provision (i.e. Fiscal Year 2003 NGA amounts) included in the formula would be more equitable to PSAs that have seen increases in their senior population as supported by census data. As a result, in ADSS' Fiscal Years 2014 – 2016 State Plan the IFF was designed to gradually eliminate the Hold Harmless Provision in four years using the percentages below:

Fiscal Year	Percent of Hold Harmless Provision
2013	100%
2014	75%
2015	50%
2016	25%
2017	0%

The gradual elimination of the Hold Harmless was designed to minimize the impact on those AAAs that would experience reduced funding, and to give adequate time to plan for sustainability or reductions of services.

The IFF used in the Fiscal Years 2014 – 2016 State Plan allocates any remaining funds after considering the Hold Harmless provision based on the five population-based factors identified in Table G-1. The Alabama Legislature in the 2013 Legislative session, and in subsequent sessions, included language in ADSS' budget directing ADSS to utilize the five population-based factors. Additionally, the Alabama Legislature mandated that the Hold Harmless provision be eliminated over a four year period.

For ADSS' Fiscal Years 2017 – 2020 State Plan the same IFF is utilized. Beginning with the first year of this State Plan (FY 2017), all Hold Harmless amounts would be eliminated. The remaining five population-based factors are solely used in the formula.

ADSS will access the Administration on Aging's special tabulations of U.S. Census Bureau 2010 census files to compile data for factors "Age 60+ Rural." To compile data for factors "Age 60+ Living Alone," "Age 60+Below Poverty" and "Age 60+ Below Poverty Minority," ADSS will access the Administration on Aging's special tabulations of American Community Survey (ACS) five-year files.

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

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

Title III Funds are allocated based on the following methodology. The Title III award is first reduced by the amounts used to administer the State and Area Plans. No more than five percent (5%) of Title III funds will be designated for State Plan Administration. Additionally, no more than ten percent of (10%) of funds remaining for the AAAs will be used for Area Plan Administration.

The remaining balance is allocated to the AAAs based on a formula that incorporates the five population-based factors and their corresponding weights. Each factor's weight is based on its proportional share of the five factors' statewide total. Table G-1 identifies these factors, their statewide totals, and the computations performed to develop their weights.

Table G-1
Five Population-Based Factors:
Computation of Factors' Weights

FACTOR	FACTOR'S STATEWIDE VALUE	COMPUTATION OF FACTOR'S WEIGHT	FACTOR'S RESULTING WEIGHT (%)
Age 60+[(1)]	966,440	= 966,440 / 1,776,443	54.40
Age 60+ Rural[(2)]	418,035	= 418,035 / 1,776,443	23.53
Age 60+ Living Alone[(3)]	243,400	= 243,400 / 1,776,443	13.70
Age 60+ Below Poverty[(4)]	104,425	= 104,425 / 1,776,443	5.88
Age 60+ Below Poverty Minority[(5)]	44,143	= 44,143 / 1,776,443	2.48
Total:	1,776,443		100.00

[(1)] ***Alabama 2009-2013: Table S21003 - Age***
[(2)] ***PSA-Level Census 2010*** - *2010 Decennial Census*
[(3)] ***2009-2013 ACS Special Tabulation on Aging - Table S21004 - Age by Sex by Living Alone***
[(4)] ***Alabama 2009-2013: Table S21055 - Poverty Status in the Past 12 Months for Individuals 60 Years and Over***
[(5)] ***Alabama 2009-2013: Table S21040 - Hispanic or Latino and Race by Poverty Status in the Past 12 Months for the Population 60 Years and Over for Whom Poverty Status is Determined***

Figure G-1 describes the IFF and contains each PSA's formula share.

Figure G-1
Description of the
Intrastate Funding Formula

Funding Portion = X[.5440(60+) + .2353(Rural) + .1370(Living Alone) + .0588(Below Poverty) + .0248(Below Poverty Minority)]
Where: X = Allocable amount (Title III award minus State and Area Plan Admin)

PLANNING AND SERVICE AREA (PSA)		FORMULA SHARE (%)
(1)	Northwest Alabama Council of Local Governments	6.179990
(2)	West Alabama Regional Commission	5.937033
(3)	Middle Alabama Area Agency on Aging	9.236491
(3A)	Office of Senior Citizens Services	11.081695
(4)	East Alabama Regional Planning and Development Commission	11.760467
(5)	South Central Alabama Development Commission	3.019799
(6)	Alabama Tombigbee Regional Commission	5.859743
(7)	Southern Alabama Regional Council on Aging	7.509444
(8)	South Alabama Regional Planning Commission	12.361725
(9)	Central Alabama Aging Consortium	6.060200
(10)	Lee-Russell Council of Governments	3.030269
(11)	North Central Alabama Regional Council of Governments	5.517824
(12)	Top of Alabama Regional Council of Governments	12.445319
	Total:	100.000000

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

Table G-2
Intrastate Funding Formula:
Description of Factors

FACTOR	DESCRIPTION
60+	Distribution among the 13 planning and service areas (PSAs) of the population of Alabamians who are at least 60 years old.
60+ RURAL	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and live in a rural area. Note: *Rural*, according to the U.S. Census Bureau – United States Census 2010, encompasses all population, housing, and territory not included within an urban area. An urban area comprises a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people; at least 1,500 of which reside outside institutional group quarters. The Census Bureau identifies two types of urban areas: 1) Urbanized Areas of 50,000 or more people; and 2) Urban Clusters of at least 2,500 and less than 50,000 people.
60+ LIVING ALONE	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and live alone.
60+ BELOW POVERTY	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and below poverty level.
60+ BELOW POVERTY MINORITY	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old, have minority status, and are below the poverty level.

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

PSA	AGE 60+[1]	AGE 60+ RURAL[2]	AGE 60+ LIVING ALONE[3]	AGE 60+ BELOW POVERTY[4]	AGE 60+ BELOW POVERTY MINORITY[5]
1	55,665	33,084	14,275	5,930	830
2	54,360	28,863	13,610	5,945	2,690
3	88,045	49,181	19,075	6,735	1,045
3A	126,185	13,945	34,405	13,650	8,675
4	106,320	57,293	27,405	13,405	4,495
5	23,425	16,880	6,970	3,820	2,550
6	43,885	33,716	12,555	8,210	5,729
7	67,460	38,481	16,990	7,585	2,885
8	132,465	37,634	30,650	12,995	5,855
9	64,115	18,061	16,525	5,635	3,320
10	30,220	10,376	7,425	3,660	2,150
11	50,225	28,866	12,430	5,435	1,065
12	124,070	51,655	31,085	11,420	2,854
Total:	966,440	418,035	243,400	104,425	44,143

[1] ***Alabama 2009-2013: Table S21003 - Age***
[2] ***PSA-Level Census 2010*** - *2010 Decennial Census*
[3] ***2009-2013 ACS Special Tabulation on Aging - Table S21004 - Age by Sex by Living Alone***
[4] ***Alabama 2009-2013: Table S21055 - Poverty Status in the Past 12 Months for Individuals 60 Years and Over***
[5] ***Alabama 2009-2013: Table S21040 - Hispanic or Latino and Race by Poverty Status in the Past 12 Months for the Population 60 Years and Over for Whom Poverty Status is Determined***

For each PSA, the Total Award for Fiscal Year 2017 equals the formula share (See Figure G-1) multiplied by the total federal award (i.e. $16,484,624) (See Table G-4, Column B).

The columns in Table G-4 are described below:

(A) Identifies each PSA's formula share based on the IFF.

(B) Identifies the total amount to be allocated to the PSA for services. Allocable amount is equal to Title III award minus State and Area Plan Admin (Estimate).

(C) Identifies each PSA's estimated Total Award for Fiscal Year 2017.

(D) Identifies each PSA's Total Award for Fiscal Year 2016.

(E) Displays the variance between each PSA's estimated Total Award for Fiscal Year 2017 and their Total Award for Fiscal Year 2016.

Table G-4
Allocation to PSA based on Intrastate Funding Formula:
Hypothetical Federal Awards FY 2017

PSA	TOTAL AWARD (ESTIMATE) (FISCAL YEAR 2017)				TOTAL VARIANCE (FY 2016 vs FY 2017 ESTIMATED)
	IFF FORMULA				
	FORMULA SHARE (%)	ALLOCABLE AMOUNT	ESTIMATED PSA ALLOCATION	FY 2016 ALLOCATION	
1	6.179990	$ 16,484,624	$ 1,018,748	$ 1,023,810	$ (5,062)
2	5.937033	$ 16,484,624	$ 978,697	$ 1,046,081	$ (67,384)
3	9.236491	$ 16,484,624	$ 1,522,601	$ 1,399,537	$ 123,064
3A	11.081695	$ 16,484,624	$ 1,826,776	$ 1,874,295	$ (47,519)
4	11.760467	$ 16,484,624	$ 1,938,669	$ 1,920,924	$ 17,745
5	3.019799	$ 16,484,624	$ 497,802	$ 602,591	$ (104,789)
6	5.859743	$ 16,484,624	$ 965,957	$ 1,126,670	$ (160,713)
7	7.509444	$ 16,484,624	$ 1,237,904	$ 1,259,552	$ (21,648)
8	12.361725	$ 16,484,624	$ 2,037,784	$ 1,927,077	$ 110,707
9	6.060200	$ 16,484,624	$ 999,001	$ 1,010,571	$ (11,570)
10	3.030269	$ 16,484,624	$ 499,528	$ 512,794	$ (13,266)
11	5.517824	$ 16,484,624	$ 909,593	$ 885,512	$ 24,081
12	12.445319	$ 16,484,624	$ 2,051,564	$ 1,895,210	$ 156,354
Total:	100.000000		$ 16,484,624	$ 16,484,624	
Column:	(A)	(B)	(C)	(D)	(E)

Notes:

1. Amounts include federal funding with required state match.
2. FY 2016 Allocation is the last fiscal year that Hold Harmless amounts are factored into the formula

Appendix D

Demographics

Appendix D: Demographic Information

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

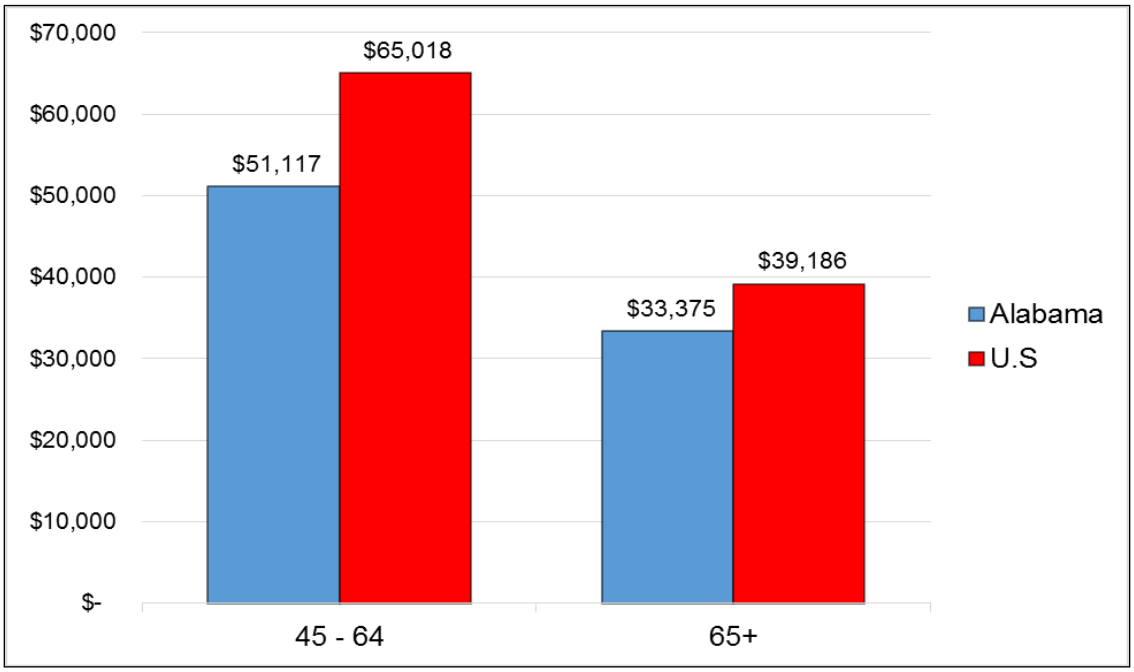
	2010[a]	2014[b]
White	79.5%	77.7%
African-American	18.6%	20.1%
American Indian / Alaska Native	0.4%	0.4%
Asian American	0.6%	0.7%
Native Hawaiian / Other Pacific Islander	0.0%	0.0%
Two or more races	0.7%	0.8%
Other	0.2%	0.2%
Hispanic	0.8%	1.1%
Total Over 60 Population:	933,919	1,044,134

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

Gender and Race	Age Group		
	45 – 64	65 – 74	75+
African-American men	20.5	16.2	14.9
White men	9.3	5.2	4.9
African-American women	24.7	21.6	29.4
White women	10.9	8.0	12.1

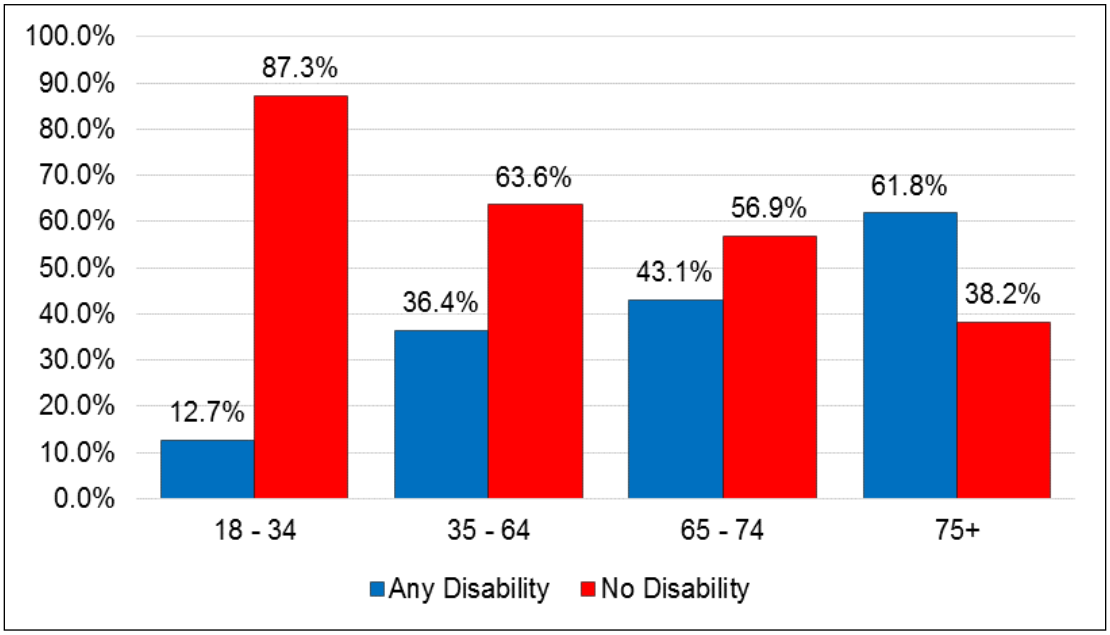
[a]U.S. Census Bureau, 2010 Decennial Census.
[b]U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

Figure 3
Median Household Income* for Persons Age 45+ (U.S. and Alabama)[a]



*Median household incomes reflect inflation-adjusted 2014 dollars.

Figure 4
Percent of Alabamians Below Poverty by Age Group and Disability Status[a]



[a]U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

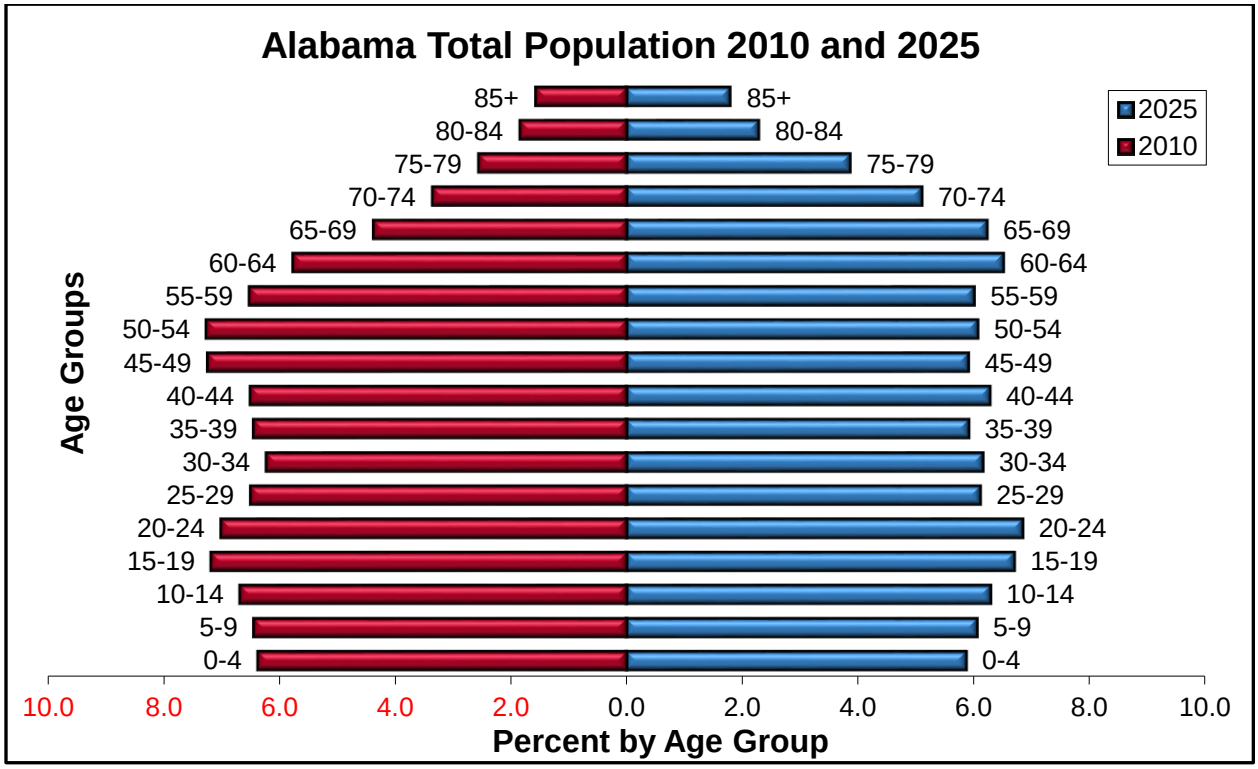
Table 4
Alabama County Population 2000-2010 and Projections 2015-2040

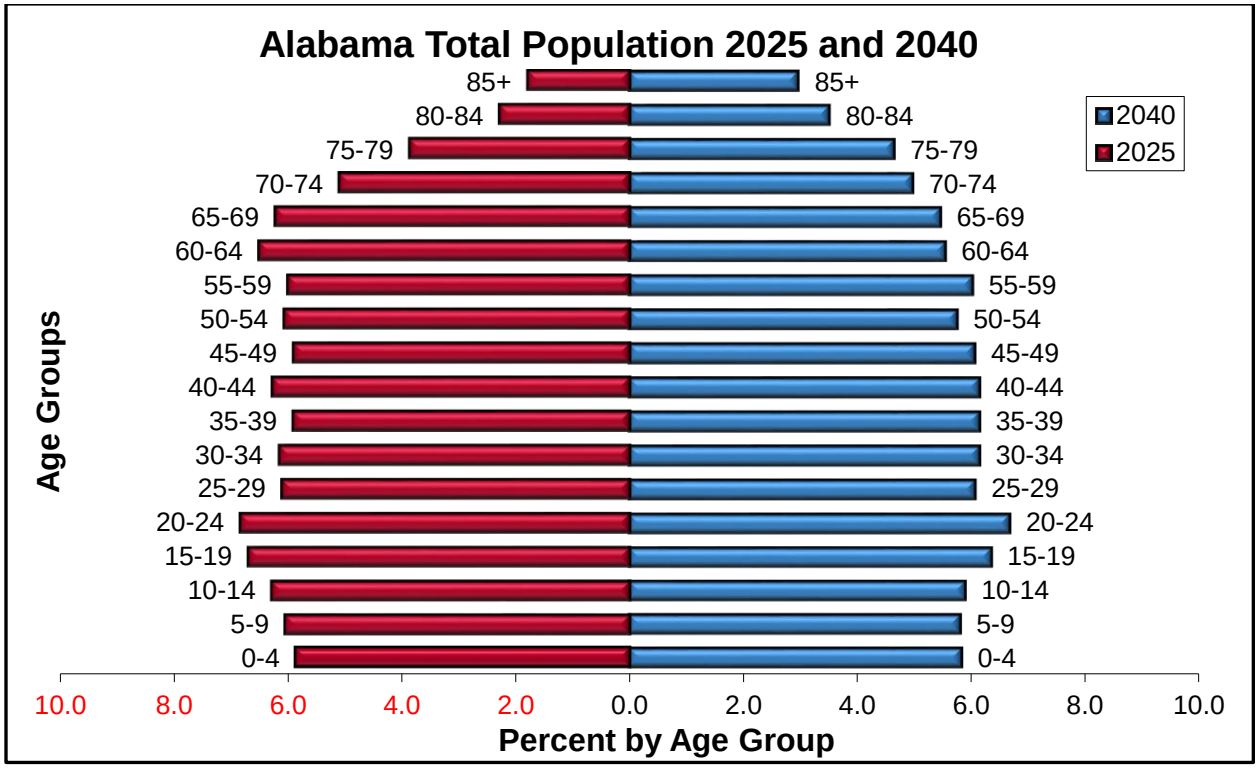
County	Census 2000	Census 2010	2015	2020	2025	2030	2035	2040	Change 2010 -2040 Number	Change 2010 -2040 Percent
Alabama	4,447,100	4,779,736	4,931,768	5,096,521	5,244,137	5,373,294	5,486,147	5,587,919	808,183	16.9
Autauga	43,671	54,571	56,223	60,715	64,927	68,883	72,735	76,356	21,785	39.9
Baldwin	140,415	182,265	204,543	225,564	245,841	264,992	283,120	300,466	118,201	64.9
Barbour	29,038	27,457	27,182	26,813	26,488	26,190	25,941	25,796	-1,661	-6.0
Bibb	20,826	22,915	23,367	23,737	23,971	24,095	24,134	24,091	1,176	5.1
Blount	51,024	57,322	58,466	61,077	63,398	65,432	67,294	69,058	11,736	20.5
Bullock	11,714	10,914	10,711	10,637	10,595	10,571	10,551	10,558	-356	-3.3
Butler	21,399	20,947	20,347	20,321	20,246	20,105	19,926	19,779	-1,168	-5.6
Calhoun	112,249	118,572	118,324	120,227	121,804	123,027	123,913	124,626	6,054	5.1
Chambers	36,583	34,215	34,637	34,354	34,051	33,657	33,205	32,713	-1,502	-4.4
Cherokee	23,988	25,989	26,756	27,356	27,725	27,883	27,875	27,771	1,782	6.9
Chilton	39,593	43,643	44,236	46,149	47,911	49,572	51,230	52,940	9,297	21.3
Choctaw	15,922	13,859	13,426	12,816	12,264	11,751	11,285	10,867	-2,992	-21.6
Clarke	27,867	25,833	25,765	25,052	24,386	23,737	23,125	22,555	-3,278	-12.7
Clay	14,254	13,932	13,817	13,661	13,453	13,206	12,923	12,631	-1,301	-9.3
Cleburne	14,123	14,972	15,354	15,634	15,817	15,907	15,945	15,950	978	6.5
Coffee	43,615	49,948	53,269	56,540	59,713	62,722	65,639	68,568	18,620	37.3
Colbert	54,984	54,428	54,720	54,682	54,493	54,137	53,705	53,246	-1,182	-2.2
Conecuh	14,089	13,228	12,886	12,543	12,163	11,728	11,259	10,797	-2,431	-18.4
Coosa	12,202	11,539	11,232	10,900	10,511	10,044	9,512	8,933	-2,606	-22.6
Covington	37,631	37,765	38,505	38,677	38,723	38,654	38,500	38,370	605	1.6
Crenshaw	13,665	13,906	14,196	14,369	14,491	14,582	14,670	14,764	858	6.2
Cullman	77,483	80,406	81,996	83,348	84,347	85,014	85,460	85,828	5,422	6.7
Dale	49,129	50,251	51,229	51,876	52,413	52,860	53,320	53,932	3,681	7.3
Dallas	46,365	43,820	41,463	41,103	40,776	40,454	40,131	39,858	-3,962	-9.0
DeKalb	64,452	71,109	71,996	75,419	78,686	81,779	84,859	87,961	16,852	23.7
Elmore	65,874	79,303	83,426	88,942	93,957	98,374	102,134	105,274	25,971	32.7
Escambia	38,440	38,319	38,281	38,173	37,956	37,677	37,435	37,286	-1,033	-2.7
Etowah	103,459	104,430	105,019	105,363	105,257	104,785	104,055	103,203	-1,227	-1.2
Fayette	18,495	17,241	16,832	16,384	15,922	15,436	14,968	14,542	-2,699	-15.7
Franklin	31,223	31,704	32,157	32,569	32,915	33,238	33,601	34,037	2,333	7.4
Geneva	25,764	26,790	27,284	27,722	28,038	28,235	28,363	28,469	1,679	6.3
Greene	9,974	9,045	8,722	8,431	8,156	7,880	7,606	7,337	-1,708	-18.9
Hale	17,185	15,760	15,807	15,882	15,366	14,882	14,327	14,411	-1,349	-8.6
Henry	16,310	17,302	17,760	18,161	18,455	18,626	18,750	18,839	1,537	8.9
Houston	88,787	101,547	107,711	113,561	118,840	123,492	127,573	131,211	29,664	29.2
Jackson	53,926	53,227	53,171	52,980	52,658	52,247	51,822	51,457	-1,770	-3.3
Jefferson	662,047	658,466	662,177	666,794	671,269	674,851	677,560	679,933	21,467	3.3
Lamar	15,904	14,564	14,421	14,020	13,588	13,160	12,766	12,398	-2,166	-14.9

Lauderdale	87,966	92,709	94,572	96,095	97,177	97,835	98,107	98,102	5,393	5.8
Lawrence	34,803	34,339	33,234	32,878	32,406	31,824	31,171	30,477	-3,862	-11.2
Lee	115,092	140,247	157,737	170,179	181,979	192,881	202,731	211,575	71,328	50.9
Limestone	65,676	82,782	93,509	102,063	110,191	117,749	124,739	131,174	48,392	58.5
Lowndes	13,473	11,299	10,629	10,141	9,752	9,428	9,158	8,947	-2,352	-20.8
Macon	24,105	21,452	19,246	18,633	18,070	17,557	17,060	16,590	-4,862	-22.7
Madison	276,700	334,811	355,475	381,416	406,169	429,473	450,956	470,624	135,813	40.6
Marengo	22,539	21,027	19,819	19,305	18,836	18,400	18,001	17,626	-3,401	-16.2
Marion	31,214	30,776	30,549	30,197	29,693	29,082	28,403	27,696	-3,080	-10.0
Marshall	82,231	93,019	96,108	101,576	106,779	111,785	116,726	121,698	28,679	30.8
Mobile	399,843	412,992	420,180	426,597	431,537	434,968	437,228	438,667	25,675	6.2
Monroe	24,324	23,068	22,487	21,851	21,192	20,512	19,801	19,105	-3,963	-17.2
Montgomery	223,510	229,363	233,033	237,348	241,629	245,423	248,408	250,716	21,353	9.3
Morgan	111,064	119,490	123,102	126,219	128,702	130,577	131,989	133,087	13,597	11.4
Perry	11,861	10,591	10,084	9,706	9,393	9,138	8,930	8,769	-1,822	-17.2
Pickens	20,949	19,746	21,327	20,975	20,619	20,252	19,870	19,490	-256	-1.3
Pike	29,605	32,899	34,108	35,097	35,925	36,687	37,390	38,035	5,136	15.6
Randolph	22,380	22,913	23,185	23,405	23,555	23,611	23,592	23,524	611	2.7
Russell	49,756	52,947	61,337	63,735	65,941	68,046	70,171	72,394	19,447	36.7
St. Clair	64,742	83,593	88,886	97,571	105,665	112,959	119,594	125,720	42,127	50.4
Shelby	143,293	195,085	213,585	235,482	254,859	271,314	284,635	295,029	99,944	51.2
Sumter	14,798	13,763	13,411	13,101	12,829	12,545	12,250	11,934	-1,829	-13.3
Talladega	80,321	82,291	83,262	84,011	84,410	84,508	84,423	84,257	1,966	2.4
Tallapoosa	41,475	41,616	41,656	41,943	42,061	42,015	41,827	41,570	-46	-0.1
Tuscaloosa	164,875	194,656	205,652	216,333	225,473	233,843	241,579	248,921	54,265	27.9
Walker	70,713	67,023	66,163	67,013	67,599	67,972	68,261	68,559	1,536	2.3
Washington	18,097	17,581	16,510	16,220	15,916	15,584	15,235	14,883	-2,698	-15.3
Wilcox	13,183	11,670	11,154	10,743	10,404	10,091	9,836	9,615	-2,055	-17.6
Winston	24,843	24,484	24,354	24,136	23,806	23,370	22,859	22,324	-2,160	-8.8

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, March 2015.

Figure 5
Population Pyramids





Source: Center for Business and Economic Research, 2012

Table 6
Number of Alabamians by Age Group, Gender, and Disability Status[a]

	Any Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Independent Living Difficulty	Self-Care Difficulty
Men:	2,289,780	2,289,780	2,289,780	2,139,309	2,139,309	1,724,861	2,139,309
No disabilities	1,921,907	2,168,860	2,227,147	1,991,549	1,957,087	1,611,362	2,072,227
With disabilities:	367,873	120,920	62,633	147,760	182,222	113,499	67,082
Under 18	30,054	3,978	3,734	23,865	3,697	0	3,946
18-34	44,328	6,302	6,933	29,367	9,696	18,320	7,551
35-64	162,431	42,736	28,057	60,572	92,274	50,881	29,121
65-74	69,331	33,527	11,370	16,905	38,946	18,956	10,918
75+	61,729	34,377	12,539	17,051	37,609	25,342	15,546
Women:	2,477,603	2,477,603	2,477,603	2,336,914	2,336,914	1,935,675	2,336,914
No disabilities	2,069,028	2,393,556	2,400,480	2,187,794	2,071,917	1,762,586	2,248,120
With disabilities:	408,575	84,047	77,123	149,120	264,997	173,089	88,794
Under 18	20,399	2,896	3,675	13,730	3,935	0	2,738
18-34	40,212	4,275	7,777	24,128	11,366	13,835	4,706
35-64	175,578	23,514	31,454	62,274	122,043	69,381	33,242
65-74	68,964	16,535	11,016	16,412	50,416	25,382	13,496
75+	103,422	36,827	23,201	32,576	77,237	64,491	34,612
Total:	4,767,383	4,767,383	4,767,383	4,476,223	4,476,223	3,660,536	4,476,223
No disabilities	3,990,935	4,562,416	4,627,627	4,179,343	4,029,004	3,373,948	4,320,347
With disabilities:	776,448	204,967	139,756	296,880	447,219	286,588	155,876
Under 18	50,453	6,874	7,409	37,595	7,632	0	6,684
18-34	84,540	10,577	14,710	53,495	21,062	32,155	12,257
35-64	338,009	66,250	59,511	122,846	214,317	120,262	62,363
65-74	138,295	50,062	22,386	33,317	89,362	44,338	24,414
75+	165,151	71,204	35,740	49,627	114,846	89,833	50,158

[a]U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates

Appendix E

Documentation of Needs

Documentation of Needs

Leadership at ADSS decided that the Town Hall venue was a better way to collect grassroots information on what seniors feel like are their greatest needs. In the past ADSS conducted surveys and had public hearings after the plan was in final draft. This planning phase the agency decided it was important to change processes to engage the participants and other people of interest in the process early and, also, to solicit feedback in person as opposed to sending out a survey. There was a well-publicized meeting at a central location in the seven congressional districts of the state. The lowest attendance was around 30 people with the highest being over 100. The individuals who attended the meetings were engaging and participated in the process. This format was well received from the responses and the seniors felt empowered. The meetings were good for morale and a good venue to share important information. There was a brainstorming session to address what the greatest needs and concerns were among the group, then we discussed what is working and what is not and encouraged communication about solutions to resolve some issues. At the end the group determined their top ten issues for senior citizens and people with disabilities for their community. Detailed results are attached showing the responses from each region along with the format setting the stage for participants to become engaged in the process. The AAA Directors and their staff also followed a similar process and their information will be utilized in their area plans along with the information from the Town Hall meetings. The AAA Documentation of Needs was very similar to the issues addressed in all venues. The Elder Rights Council followed a similar process, but the duration of the meeting was much shorter.

ADSS partnered with the University of Alabama to conduct Caregiver Focus groups in six of the seven regions. The Caregiver Task Force also conducted a SWOT analysis as a needs assessment on Caregiving that is attached and will be utilized in a white paper to be developed for the FY17 Legislative Session.

Appendix E

Sub-Section 1

Town Hall Meetings

State Plan Town Hall Meeting
Auburn United Methodist Church
The Epworth Center
137 South Gay Street
Auburn, AL
September 30, 2015 @ 9:30 A.M.

Agenda
Introductions/Welcome
State Plan Process
Greatest Needs
What is working?
What is not working?
Suggestions for improvement
Top 10-Prioritize
Comments

Top Needs/Concerns

Transportation
- Need other needs where we need transportation store-Dr.
- Vans-space between seats not enough-very uncomfortable
- Can driver load bus early so leave on time
- Like to ride bus- some people will not move no place to sit
- Need more seating space
- Transportation for recreation-7 days a week
- Would like field trips/not enough money for other transportation
- Bus cost
- Also you can only bring 2 sacks of groceries back

Employment
- Many seniors would like to work and they are dependable
- Can still think and function
- More SCSEP type programs to employ
- "volunteer-no because we are retired"
- There are companies who would hire experienced seniors- is there a way to connect?
- Seniors will help at senior center when needed

Community Support and Healthcare
- Dr. not accepting new patients on Medicaid
- Isolated seniors at home who want to come to centers but need some assistance with ADLs who can help.
- Updated booklet about services-what we have for self service
- All senior centers to train staff-CPR-etc. other issues in case of emergency

- Do not know how to speak to their doctor. Ask questions. How to get homecare. What they can choose-who pays? A list of questions to help talk to doctor/educator.
- Better access/motivation for more rural health clinics (monthly) or home visits. Mobile clinics.
- Medicare will not pay for medicine doctor prescribed- a way to get help with meds not covered.
- Some medication are over 150-200 dollars a month
- Dental services- transportation big issue for healthcare
- Eye care
- Hearing
- Assistance with incontinence supplies
- Diabetic supplies and shoes
- Verizon online in county- free phone only 250 minutes- have to drive into town to get service- what good is that?

Housing

- Communicate LTC choices with family
- Make your own choices
- Live alone- for safety-low income-need security and medical alerts- a way to pay for them
- More housing-affordable- less scrutinized by credit
- Limited income and trying to keep maintain up
- Not enough housing to accommodate elderly and disabled
- Public housing (475 at 1BR) ½ of income-long 203 waiting list
- More subsidized housing
- 2 story-afraid to live on 1st floor- pests
- Paying heat/power bills
- Competition for senior specific sub-housing not with all multi-generational-safety
- A way to check on people by themselves-many found dead
- A nurse checking on people
- Security in home and training on how to use app

Financial

- Need more subsidized services
- Not right insurance for medications
- Cannot get free bank statements for application for MWS, etc.
- Banks charge surcharges online
- More fraud training on how to use banking systems-specific and broad
- Not complicated training
- Bring these training sessions to seniors
- Better balancing of food stamp benefit $17.00-21.00 a month
- Financial help to get house fixed
- What will $10 a month buy in groceries?

Social Services

- More social workers
- Training, communication with computers
- TV-to learn what grandchildren know- email, family, etc.
- At senior center access to computer, news, etc.
- More than computer at centers
- Liaison with senior center to help center manager to help the seniors to call
- Needing help with buying medication

Legal Issues/Elder Rights

- Yes have issues
- Need to get message that it is ok to call

Other

- You have help but not always-lack of volunteers
- How can ADSS help when being harassed (senior bullying)
- Send request: state plan to centers
- Center close to park-uncomfortable- safety issues
- Plan/training
- Smith station- sometimes police say we should lock the door
- Safe areas for senior centers

Top 10 Issues

1. Access to healthcare
2. Housing
3. Transportation
4. Safety
5. Food/nutrition
6. Legal assistance
7. Home healthcare
8. Being informed about different programs and what is available
9. Train staff in senior center
10. Training seniors on computer and other electronic devices more computers in center

State Plan Town Hall Meeting
Central Baldwin County Annex
22251 Palmer Street
Robertsdale, AL 36567
October 9, 2015 @ 10:00 a.m.

Agenda

1. Introductions/Welcome
2. State Plan Process
3. Greatest Needs
4. What is working?
5. What is not working?
6. Suggestions for improvement
7. Top 10-Prioritize
8. Comments

Greatest Needs/Issues for seniors?

- Food Assistance- not enough money
- Ability to reach DHR on phone- especially the hotline. Access to a live person who can assist.
- Client has wrong birthday difficult to fix to help them get Public Benefits
- Transportation- rural, especially for those who are disabled
- BRATS Transportation-not conducive for seniors
- Companion services for those going to Dr. appointment or minor surgery who do not have family.
- People in between waiver-takes time-lost out there 60-90 days or longer if deeming
- Dialysis-transportation-caregiver needs assistance to help with Transporting
- Assisted transportation-need more for escort to Dr. or minor surgery, etc. No family or family works.
- Many seniors have no family or transportation: during disaster need assistance
- Need affordable adult day care
- Many people cannot afford the good services or sitter services even if the service is there
- Frozen meal program needs to be expanded
- A lot of problems with transition from Hospital to nursing home or Nursing Home to Hospital: especially with dementia. Often discharged too soon and Nursing Home says they do not have a bed and the family has to work.
- Issues hospital discharge to home: gap in time for appropriate service such as home health.
- Boarding homes not safe. They are thriving epidemic
- No resources for products such as ensure, adult diapers, other supplies that are not affordable. Agencies see numbers increasing for people trying to get assistance with supplies.
- Boarding homes are often mentally ill and elderly
- Nursing home sends patient out for a psychological examination-Nursing home will not take back because of Psych diagnosis- no safe discharge plan for hospital or nursing home.

- When you apply for Nursing home MCD-and you are still in the home it takes too long to get approved. Not an easy process- needs standardization. A big issue when there is no family to assist
- Lack of quality/immediate Geriatric Psychological services and doctors.
- Better Adult Protective Services-greater need for more workers. They are in home such a short time that their ability to determine competence is in accurate. They do not have the resources to help anyone
- DHR says "Nothing they can do because the individual has not been adjudicated non-competent".
- New ACT waiver the case workers are four hours away and they have staff who are not aware of the resources/housing in the local area. Because of this no one gets to go home. Process not set up for success.
- Affordable housing
- Safe housing
- Public or elderly housing the managers are not taking care of maintenance
- Many seniors do not have enough money to meet today's needs or the growing needs for basic services like meals . . . transportation, etc.
- Medicare Part D or doctors on Medicare Advantage-companies drop the drugs mid-year! Then seniors go without their medicine.
- Hospital-people with dementia/cognitive-discharged home alone with no one to help take care of them. And with chronic condition/like ostomy bag. Hospital should have to tell someone and not just send them home alone. Also, hospital should alert someone if the caregiver is in the hospital to make sure the person at home (especially mentally challenged) are taken care of.
- Older Intellectually Disabled children are living longer and their caregivers are aging.
- OAA-Reauthorization!

What is not working?

- Not enough assisted transportation
- Not enough daycare and caregiver has to work
- Medicare rights with discharge. Patients and caregivers unaware of process.
- Not enough affordable living options for those with dementia
- Landlord / tenant Laws not working
- People are unaware of their tenant rights
- Medicare Part D enrollment
- Not enough funds for current services, much less expansion
- Awareness: There are resources/changes we might not be aware of
- Care providers might need to go into the home like navigators. Many people and caregivers need their health care in their home.
- DHR- low funds, antiquated law, not enough staff, budget over the past few years has caused no protective services to be paid for such as daycare, home care and homemaker.
- Education/access to information- for clients and providers

What is working?

- Frozen meals program works to reach otherwise underserved people, but not utilized enough due to funding
- Process for premature or inappropriate discharge, but people do not know MCR rights or how to appeal a discharge
- Good providers of services for people who can afford them, but lack of appropriate services for those who can not

Solutions

- Assisted transportation- shift budgets to provide more funding for escorts/companions
- More funds for transportation and a coordinated approach to transportation
- Try to get transportation for those with no family for disaster – have a plan ahead of time
- Adult daycare-MCR/MCD supplement
- MCR enrollment would work better if with SSN, we could see that they have a penalty- that would help to give the right amount they have to pay when we are providing assistance.
- More Home and Community Based Services and choices for services
- Communities to get together 1-2 times a year to share resources we might not be aware of
- When someone is discharged from Hospital/Nursing Home they could be provided with a navigator to provide guidance- help after discharge
- DHR-abolished and privatized

Top 10

1. Increase Food assistance for Seniors
2. Technology is exceeding ability/user friendly technical training
3. More frozen meals for people who are isolated/unable to cook
4. Transportation
5. Hosing/affordable and safe
6. Not so long waiting periods Medicaid Waiver/Interim services while going through application process
7. Appropriate hospital discharge to home/nursing home with services
8. Part D revisions/difficult to navigate/penalty issues
9. More home and community based services. Seniors do not have access to affordable services to stay at home.
10. Education/Access to Information to make informed choices (seniors and providers)

State Plan Town Hall Meeting
Central Baldwin County Annex
22251 Palmer Street
Robertsdale, AL 36567
October 9, 2015 @ 10:00 a.m.

Agenda

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- Transportation- rural, especially for those who are disabled
- BRATS Transportation-not conducive for seniors
- Companion services for those going to Doctor appointment or minor surgery who do not have family.
- People in between waiver-takes time-lost out there 60-90 days or longer if deeming
- Dialysis-transportation-caregiver needs assistance to help with Transporting
- Assisted transportation-need more for escort to Dr. or minor surgery, etc. No family or family works.
- Many seniors have no family or transportation: during disaster need assistance
- Need affordable adult day care
- Many people cannot afford the good services or sitter services even if the service is there
- Frozen meal program needs to be expanded
- A lot of problems with transition from Hospital to nursing home or Nursing Home to Hospital: especially with dementia. Often discharged too soon and Nursing Home says they do not have a bed and the family has to work.
- Issues hospital discharge to home: gap in time for appropriate service such as home health.
- Boarding homes not safe. They are thriving epidemic
- No resources for products such as ensure, adult diapers, other supplies that are not affordable. Agencies see numbers increasing for people trying to get assistance with supplies.
- Boarding homes are often mentally ill and elderly

- Nursing home sends patient out for a psychological examination-Nursing home will not take back because of Psych diagnosis- no safe discharge plan for hospital or nursing home.
- When you apply for Nursing home MCD-and you are still in the home it takes too long to get approved. Not an easy process- needs standardization. A big issue when there is no family to assist
- Lack of quality/immediate Geriatric Psychological services and doctors.
- Better Adult Protective Services-greater need for more workers. They are in home such a short time that their ability to determine competence is in accurate. They do not have the resources to help anyone
- DHR says "Nothing they can do because the individual has not been adjudicated non-competent".
- New ACT waiver the case workers are four hours away and they have staff who are not aware of the resources/housing in the local area. Because of this no one gets to go home. Process not set up for success.
- Affordable housing
- Safe housing
- Public or elderly housing the managers are not taking care of maintenance
- Many seniors do not have enough money to meet today's needs or the growing needs for basic services like meals . . . transportation, etc.
- Medicare Part D or doctors on Medicare Advantage-companies drop the drugs mid-year! Then seniors go without their medicine.
- Hospital-people with dementia/cognitive-discharged home alone with no one to help take care of them. And with chronic condition/like ostomy bag. Hospital should have to tell someone and not just send them home alone. Also, hospital should alert someone if the caregiver is in the hospital to make sure the person at home (especially mentally challenged) are taken care of.
- Older Intellectually Disabled children are living longer and their caregivers are aging.
- OAA-Reauthorization!

What is not working?

- Not enough assisted transportation
- Not enough daycare and caregiver has to work
- Medicare rights with discharge. Patients and caregivers unaware of process.
- Not enough affordable living options for those with dementia
- Landlord / tenant Laws not working
- People are unaware of their tenant rights
- Medicare Part D enrollment
- Not enough funds for current services, much less expansion
- Awareness: There are resources/changes we might not be aware of
- Care providers might need to go into the home like navigators. Many people and caregivers need their health care in their home.

- DHR- low funds, antiquated law, not enough staff, budget over the past few years has caused no protective services to be paid for such as daycare, home care and homemaker.
- Education/access to information- for clients and providers

What is working?

- Frozen meals program works to reach otherwise underserved people, but not utilized enough due to funding
- Process for premature or inappropriate discharge, but people do not know MCR rights or how to appeal a discharge
- Good providers of services for people who can afford them, but lack of appropriate services for those who can not

Solutions

- Assisted transportation- shift budgets to provide more funding for escorts/companions
- More funds for transportation and a coordinated approach to transportation
- Try to get transportation for those with no family for disaster – have a plan ahead of time
- Adult daycare-MCR/MCD supplement
- MCR enrollment would work better if with SSN, we could see that they have a penalty- that would help to give the right amount they have to pay when we are providing assistance.
- More Home and Community Based Services and choices for services
- Communities to get together 1-2 times a year to share resources we might not be aware of
- When someone is discharged from Hospital/Nursing Home they could be provided with a navigator to provide guidance- help after discharge
- DHR-abolished and privatized

Top 10

1. Increase Food assistance for Seniors
2. Technology is exceeding ability/user friendly technical training
3. More frozen meals for people who are isolated/unable to cook
4. Transportation
5. Hosing/affordable and safe
6. Not so long waiting periods Medicaid Waiver/Interim services while going through application process
7. Appropriate hospital discharge to home/nursing home with services
8. Part D revisions/difficult to navigate/penalty issues
9. More home and community based services. Seniors do not have access to affordable services to stay at home.
10. Education/Access to Information to make informed choices (seniors and providers)

Demopolis State Plan Town Hall Meeting
Theo Ratliff Activity Center
306 1st Avenue
Demopolis, AL 36732
October 22, 2015 @ 10:00 a.m.-11:30 a.m.

Agenda
Introductions/Welcome
State Plan Process
Greatest Needs
What is working?
What is not working?
Suggestions for improvement
Top 10-Prioritize
Comments

Top Needs/Concerns

- Copayments on medicine
- Funds decreased for senior programs
- Advocacy for seniors-know how
- Concerned about cuts-senior centers especially homebound
- Need for grocery stores into their communities- walk easily accessible
- Transportation:
  To all locations
- Less timeline have to stay at doctor's office- long wait all day
- People have to spend money to transport especially when far away (Mobile, Birmingham)
- State should provide buses to transport
- Disability-SSI cuts off at certain point
- No COLA yet other increases in insurance
- Cancer free faith in God
- Increase in food cost-have to choose between meds
- More support groups for seniors/caregivers
- Good assistance-too low $15 average with no increase (some will not apply)
- Why do young people get more in food assistance- formula changed
- Looks like after being in workforce they disregard us-we worked to make country
- Those under 65 (not on Medicare) can't afford insurance
- People who do not qualify for benefits-they still struggle- retirement income means they cannot qualify and it does not meet needs especially those who worked minimum wage- 50s 60s-cannot get help struggle
- More senior discounts utilities, insurance
- Governor Legislature not covering ACA or covering increase senior services budgets
- Medicaid will change because Alabama does not participate in
- Better streets with accommodations for seniors/disability ACA
- Housing
- Money in drug rehab with younger people-kids not working-seniors left out

- More senior housing not mixed subsidized-lots
- Safe housing
- Mobile medical units in rural areas
- Light/power, etc.-no money to help people who need
- Access to information/benefits, reliable information (wrong information is worse than no information)
- Seniors need three meals a day
- Needs during disaster-non-perishable foods
- Call system to alert inclement weather
- Fire safety
- Where are storm shelters located
- Homeless-people
- Domestic abuse
- Elder abuse-financial exploitation
- Medicaid process too long and not so difficult
- Hospital/nursing home-discharge home without help
- More local areas to dine/eat because of travel
- Equitable treatment of all seniors statewide

What is working?

- Families help
- There are shelters
- Weather alert-free on phone
- Gateway to community
- Financially not work-not all treated the same

What is not working?

- no transportation for people with not family
- programs are abused-keep others from getting help
- don't know where shelters are

Solutions/Suggestions

- Change food assistance formula for seniors
- Urge legislators, governor to participate in AAA Care Act and to keep funding ADRC/AAA programs.
- Mobile medical units/cheaper
- Rolling stores back into rural communities
- Adequate funding
- More connection/streamlining of services/less duplication/single place
- Raise your own good
- Good jobs for young people so they could stay home and make a decent living and take care of family
- Higher education in counties so children would not have to move. More industry.

Top 10 Issues

1. Cost of all goods and services without a cola increase
2. More information
3. Safe and secure affordable housing
4. Adequate funding for senior services/Medicaid
5. Good medical care-nutrition-mobile health
6. Elder financial abuse and more prosecution of abusers
7. Transportation
8. Access to food-grocery-dining-etc.
9. Copays for Medicine
10. Help with utilities

State Plan Town Hall Meeting
Florence Senior Center (The Club)
450 Country Club Road
Florence, AL 35630
October 27, 2015 @ 10:00 A.M.

Agenda
Introductions/Welcome
State Plan Process
Greatest Needs
What is working?
What is not working?
Suggestions for improvement
Top 10-Prioritize
Comments

Top Needs/Concerns

- How long before the new Senior Center is built?
- Transportation is needed to:
- Attend scheduled appointments.
- Attend church, get groceries, and to shop in general (additional buses are needed).
- To get to places due to lack of family support (nearby) and limited income.
- Transport seniors who live in rural areas (expand transportation to rural residents).
- Additional Respite funding for needed caregiver support.
- Continue funding (level funding) without additional cuts to the budget.
- Increase Food Assistance (Food Stamps).
- Nutrition meals at senior centers; per elderly person more food choices/less white carbs.
- Prescription assistance is needed due to co-pay increases.
- Seek resources who will donate medicine (i.e. pharmaceuticals/reps could leave Med. samples).
- Education/training on accessible equipment (i.e. wheelchairs, door entrances, ramps, etc.) for individuals with disabilities.
- Calls to SenioRx staff are not answered ("not getting through; phone just rings")
- Lack senior activities in local community; how to locate activities.
- Need a community resource to learn where activities for seniors exist.
- Free fitness programs.
- Geriatric doctors.
- Lower property taxes.
- Computers for all senior centers.
- Computer classes at senior centers.

What is working?

- Current Senior Center at the Club (because of the Directors at the Senior Center and
- Recreation Department).
- Exercise program at the Senior Center.

- Senior discounts (food/local restaurants, shopping places, and museums).
- Seniors are taking less medicine due to participating in the fitness programs at the senior center.
- New Wal-Mart is conveniently located in the local community.
- Computers are available to seniors at the senior center, local library, and Northwest College.
- An upcoming computer training is offered to seniors at no cost.
- Free Tax Preparation services are offered to seniors.

What is not working?

- Lack of transportation in rural areas.
- Having to pay for transportation or for someone to transport with limited income.
- Need for ADRC education/training for seniors.
- Low senior participation at senior center.
- Lack of free computer resources.
- Lack of support from Florence's Mayor (mayor needs to know what's going on locally; not just at the state level) and others on committee at the Club Senior Center. Support benefits everyone in the community; not only seniors.

Solutions/Suggestions

- Additional computer classes due to quick fill up or scheduling conflicts for seniors.
- Upon request, library staff might offer computer classes in the community.
- Large companies or local municipalities may donate computers upon request.
- Seek donations

Top Ten Issues

1. New Senior Center.
2. Transportation.
3. No additional cuts to budget; need level funding to help Senior Centers remain operational; no cost of living increase.
4. Additional Respite Care funding for caregivers.
5. Senior rate for ambulance services.
6. Education/training on accessible equipment (i.e. wheelchairs, door entrances, ramps, etc.) for those with disabilities.
7. Medication management and assistance.
8. Need balanced nutritional meal absent of white carbs at senior centers.
9. Increase in activities for seniors (Master Games should be held in local community due to transportation barriers.
10. Eliminate tax on groceries for seniors.

State Plan Town Hall Meeting
Guntersville Senior Center
1503 Sunset Drive
Guntersville, AL 35976
November 5, 2015 @ 10:00 A.M.

Agenda
Introductions/Welcome
State Plan Process
Greatest Needs
What is working?
What is not working?
Suggestions for improvement
Top 10-Prioritize
Comments

Top Needs/concerns

- Need for more seniors to come to senior center and get involved in activities
- Affordable housing-no beds available in nursing home/assisted living in Marshall County that is affordable
- LTC-nursing home-state gets all the money assets 6000 MT
- Updated emergency and disaster plan-plan place-weather etc.
- Housing-senior apartments that are not income based but is affordable
- LTC costs- consulting an Elder Law Attorney
- Senior center meals should have a better nutritional value- less salt and sugar- not enough veggies
- Jobs available to those over 50/disabled
- Glencoe-142 carbs in one meal: processed-not healthy
- Need to know what help-where to get the help-screened
- Rural-emergency –no transportation if storm or other emergency, doctor, store
- Jobs for seniors
- Access to senior resources in the state/region discussed ADRC
- Assistive devices for hearing and lower costs for hearing-Hearing-cannot hear at center-sound system- cannot get hearing aid with money
- Medications not covered by the Insurance picked (how to choose)
- Deductibles- Part D- cost more-plans change- and then meds not covered
- Geri-Mental health services in the community
- Family do not help (case management for people who do not have family need help but not DHR)
- Aging staff understaffed-hard to get help
- Affordable household repairs
- Waiting list: community action-long waiting lists to get services through local agencies (CASA) after approval of assistance
- Tornado shelters-senior centers are shelters for locals-would like to have a call when inclement weather-awareness of the options-and how to sign up for oxygen

- Elder Abuse supports-mental, physical, financial
- Continued adequate funding for services
- Services for elders in donut hole
- Food assistance ($15 month not worth it)- high cost of food
- More information on homebound meals
- Helps for shut ins
- Dental care/vision care
- Lack of treatment after hospital
- Increase in personal allowance in nursing home
- Services for elders in between too much and too little income (ER not admitted and sent home without help)
- Reports on unsuitable meals through senior center
- Weatherization qualified-but on waiting list-no contact 11 ½ months
- Home repairs
- Public unaware of VA benefits access-VA need staffing increase to provide information/assistance in the local areas
- Home health-advocate personal care allowance to increase- more information (how to get glasses)-hospital discharged-dying- no adequate discharge plan- people go home sick

What is working?

- Getting information from Elder Law Attorney
- Church who help including with transportation
- Rural
- During inclement weather senior centers are open as shelters
- Church programs- who give food bank
- Weatherization-checking on people
- Guardianship programs-GAP-DHR-Marshall County
- Auto call for weather alert to have updates for senior center
- Food stamp applications through ADRC-short form
- Farmers market vouchers
- Guardianship programs (GAP)

What is not working?

- Weatherization-up to four years
- Why so long community action
- Transportation
- Med/Part D plans not cover adequately
- Hospital-discharged with appropriate services to home

Solutions/Suggestions

- More income-based housing like some-less just seniors-less lower cost all inclusive
- Reach seniors door to door
- We should check on our elder friends, neighbors, employee/co-worker, etc.
- Education more about meal process and how to make

- Access to better communication
- More funding for SC/outreach
- Access to better communication

Top 10 Issues

1. Funding
2. Housing
3. Food issues
4. Transportation
5. Lack of information on all programs for seniors
6. Dental/vision/hearing
7. Mediation issue/insurance
8. Jobs/financial
9. Mental health medical health/LTC
10. Emergency preparedness

State Plan Town Hall Meeting
Tom Harbin Agriculture Center
816 Airport Road
Luverne, AL 36040
November 19, 2015 @ 10:00 A.M.

Agenda
Introductions/Welcome
State Plan Process
Greatest Needs
What is working?
What is not working?
Suggestions for improvement
Top 10-Prioritize
Comments

Top Needs/Concerns

- Food
- Transportation-have to stay-outside city limits-only Luverne doctors (has to be in time from)-healthcare, grocery, meds-have to work/shop in city-out of city-dialysis-no caregiver problem
- Money for medicine
- Need someone to help with bills, etc. get turned around
- Better health insurance
- Hard to navigate health insurance
- Homebound need sitters
- Need help cooking because they forgot how-hard by self-hard to do for one
- More hot meals delivered (more per day)
- More people served meals and frozen meal routes (limit now)
- Many times those who go to center-do not have meal at home
- Caregivers need help: keeping patient housekeeping
- Housekeeping as older
- Home maintenance
- Weatherization-2 years on wait list
- Organizations/churches let seniors know about giving food, etc. (DHR did separate but did not notify senior centers)
- Do not know where to get info
- Dental care
- Vision
- Hearing
- Hospital-lady has to pay for-help people disabled need help at home
- Life alerts-many cannot pay
- Disaster-centers shelters-how to get there or who to check on them (color code a public building)

- Seniors get less food assistance than any other age group
- Need phone service
- Computers at the center
- Have computer at center but no internet
- Would like computer/smart phone training
- Co-pays are an issue-can't pay on fixed income and premium
- Why confined every day to center
- Caregiver not family-bathroom not available
- Crenshaw County does not have a FM stand. Peddler does not come to center.
- Handicapped people cannot see the menu at grocery store, etc.

What is working?

- center works

What is not working?

- weatherization program- limited-long wait list
- food assistance: inequity for seniors- 10-15 seniors- those who can work
- budgets
- transportation (limits)
- Visual/mobility- at restaurants- large print menu- at store (no price on the food-cannot see the prices on the shelves- contact Nancy King-Retail Rest. Assoc.
- people who are not disabled-park in handicap spaces

Solutions/Suggestions

- get on church, etc. contact list
- weather, etc.- phone call list
- notify/advocate for local transportation
- be a good neighbor
- day to take the seniors

Top Ten Issues

1. Transportation
2. Getting enough good
3. Dental, Vision and hearing
4. Better health insurance (not on Medicare)-co-pays/choice
5. Home maintenance/weatherization
6. Services in the home
7. Home phone access/cell/medical alert-emergency
8. Access to information
9. Affordable and safe housing
10. No broadband in rural county

Appendix E

Sub-Section 2
Caregiver

Caregiver Focus Groups

Auburn Caregiver Focus Group
Auburn United Methodist Church
The Epworth Center
137 South Gay Street
Auburn, AL
September 30, 2015 @ 12:00 P.M.

Top 10 Caregiver Issues

1. Affordable sitters and respite care (current cost $10.00 to $16.00 hour).
2. Pros/cons licensed versus non-licensed help.
3. More access to information about supports/services for caregiver.
4. More knowledge about durable medical/right choices to make for long term.
5. Elder care laws-knowledge of.
6. When competent versus non-competency- when you need to make decision- need to be informed early on how to plan for caregiving and end of life decisions?
7. Having to be parent to parent- education, support, having the right information to make informed choices.
8. Communication with family members- the talk (like conversation project).
9. Employment money grows thin.
10. Financial-difficult things you never thought of like having to pay for supplies like depends.

Bessemer Caregiver Focus Group
Exeter-Fairfax Senior Center
1500 Exeter Avenue South
Bessemer, AL 35020
October 16, 2015 @ 12:00 P.M.

Top 10 Caregiver Issues

1. Must have paid caregivers who have patience/caring disposition.
2. Medical equipment that might not be covered by Medicare or Medicaid: bed, tub. There are no rentals.
3. Taking time off-respite (long-term not temporary [a real break]) but more than 4-8 hours more than 5 days respite.
4. Enough money to care for someone at home- as nursing home- hire help- equipment, pay for supplies, etc.- Consumer-directed care- same money in home as Nursing Home- long-term help not temporary help (Alzheimer's/Dementia long-term care) state not doing enough.
5. Home care-extended-medical home model- come to home (often take 2-3 hours to get ready to leave home).
6. 1 on 1 support partner - not just support group.
7. Respite/companion service just to get day to day errands, responsibilities done-not the same as a personal break (especially for 24hr -Dementia patient).
8. Advocacy for caregivers.
9. Senior companion program in all 13 areas.
10. Personal Choices program statewide.

Demopolis Caregiver Focus Group
Theo Ratliff Activity Center
306 1st Avenue
Demopolis, AL 36732
October 22, 2015 @ 12:00 P.M.

Top 10 Caregivers Issues

1. Stress and stress relief.
2. Being alone not having support.
3. Lack of rest.
4. Family other members- lack of attention for care received- Care Receiver only wants 1 person. More family contributions to help loved ones.
5. Need a little relief - A break (Respite)-Support Groups.
6. Have to have patience/adjust to their ways.
7. Have to change lifestyle completely, need accommodations.
8. Funding to help caregiver (cost what make to pay someone to stay).
9. Home health-dependable-healthcare at home-more government benefits-expanded to help keep at home.
10. Accessible housing/equipment such as walk-in bath (Medicare does not cover)-prevent falls-caregiver health safety.

Florence Caregiver Focus Group
Florence Senior Center (The Club)
450 Country Club Road
Florence, AL 35630
October 27, 2015

Top 10 Caregiver Issues

1. Lack of information to caregiver resources.
2. Lack of planning (need to plan) to prepare to be a caregiver.
3. Finding Respite support when needed (i.e. to go to the grocery store).
4. Financial planning is needed to be a caregiver (could enable caregiver the financial ability to care for a loved one).
5. Individual or way to identify a resource to care for loved ones' pet.
6. Lack of instructions on how to care for a loved one or use equipment when they leave hospital or doctor's appointment.
7. Lack of services for those who do not qualify for Medicaid services due to income above poverty level.
8. Education/training for caregivers in the areas surrounding: Dementia/Alzheimer's, financial planning, community resources (i.e. farmers market).
9. Lack of workers who are trained to care for individuals with Dementia/Alzheimer's.
10. Additional Caregiver support for those with no family (i.e. personal shopper, social contact/friendly visitor).

Troy Caregiver Focus Group
November 30, 2015
Troy, AL

Top 10 Caregiver Issues

1. Caregiving is very stressful.
2. Lack of trust from the one being cared for ("Mom is always looking for her purse").
3. Caregiving is time consuming. Respite Care is needed (for those not in enrolled in the program) and additional Respite support needed "for caregivers when they need it" (expressed by currently enrolled caregivers).
4. Swapping caring roles is a challenge. Traditionally, the parent cared for the child, now the child has to take on role to care for a parent and "as a child you have to be respectful to best care for a loved one."
5. Finance is an issue. It is financially challenging to be a caregiver; lack of money.
6. Getting the care recipient to accept care from an agency is a challenge.
7. Insurance coverage limitations; limitations on how to pay for needed services.
8. Accessible housing and equipment for loved ones with a disability.
9. Being able to care for a loved one in their own home (care recipients they are familiar with their home).
10. Accessible and affordable transportation (especially for those with a disability).

Guntersville Caregiver Focus Group
Guntersville Senior Center
1503 Sunset Drive
Guntersville, AL 35976
November 5, 2015

Top 10 Caregiver Issues

1. Information/access to answers/information services long-term care planning.
2. Services (homemaker) to keep recipient home.
3. In home respite at home-to take care of own needs- break not just temporary.
4. Adult day care.
5. More affordable hours of services for care recipient.
6. Financial payments to caregivers- they cannot work.
7. If you have caregiver resources (financial/issues) - you both go broke keeping at home or at nursing home.
8. Free Elder Care Legal Education/one-on-one consult and group education to address early in life, Monthly/regular meetings for caregivers to get information/legal, etc. /support groups, include How to plan for end of life issues: probate, plan ahead, estate.
9. Review/change of how we finance healthcare/NH/issues (you save you lose- you don't government pay) what's fair there?
10. Community-based village to village- people helping people, community support/ socialization, relaxation and volunteers to help.

Caregiver Focus Groups

To characterize the needs of Alabama caregivers, the Alabama Department of Senior Services (ADSS) and the Alabama Research Institute on Aging (ARIA) of the University of Alabama partnered to conduct a series of focus groups with family caregivers. Participants were asked to give their opinions on what the top issues facing Alabama caregivers are, and what measures might be taken to help meet those needs. In all, six of the seven Congressional Districts were represented; scheduling problems prevented completion of the group in District 1.

Sample characteristics. Table XX shows characteristics of the 63 caregivers who participated in the focus groups. Reflecting national data, focus groups were predominantly female and ranged in age from 31 to 82 years. Respondents were disproportionately African American, mainly because of recruitment differences at different sites. A broad range of caregiving experience was represented: one respondent had been providing care for only one month, another for more than 30 years. Of the 58 caregivers who answered our question about relationship to the care recipient, half provided care to their mothers; a third cared for a spouse. Six had cared for multiple family members and/or friends either currently or in the past. Notably, several participants were professional as well as family caregivers.

Table XX. Characteristics of focus group participants

	N (%)
Female	48 (76%)
Male	15 (24%)
African American	35 (56%)
White	27 (43%)
Other	1 (1%)
Current caregiver	47 (77%)
Former caregiver	14 (23%)
Live with care recipient?*	
Yes	42 (68%)
No	19 (32%)
	M (SD)
Age	63.8 (9.6)
Years as a caregiver	6.5 (5.5)

NOTE: Numbers may not sum to 63 because of missing responses on some items.

*Now or in the past

Care recipients suffered from a variety of health problems, and most had multiple chronic illnesses. Alzheimer's disease or other dementia was the most common, cited by two in five (39.7%) of focus group participants. Other problems for which respondents provided care included stroke, mobility problems and "old age" (14.2% for each), heart problems and arthritis (12.7%), diabetes (9.5%), hypertension (7.7%), and cancer (6.3%).

Identified concerns. Each focus group was asked to list the major issues or concerns facing family caregivers. No further instructions were given, but groups were reminded that the focus should be on concerns that the State of Alabama might help address. Although each group

expressed some unique concerns, a number of common themes emerged. Table **XY** summarizes the 10 broad issues that were noted by at least two of the 6 focus groups.

The most commonly cited issues facing family caregivers, each raised in 5 of the 6 groups, were financial burden, need for respite, and concerns about the caregiving workforce. Discussion of ***financial burden*** addressed the costs of providing informal care and the need for affordable services and programs. A common theme was the lack of support for middle-class caregivers, whose loved ones may not qualify for services through Medicaid or other means-tested programs. Several groups called for review of healthcare financing to identify changes that could relieve the financial burden faced by family members. Others noted the need for information and assistance in financial planning, not only for long-term care but also for everyday "incidental" costs such as purchasing continence care supplies or other needed items. Several participants noted that the latter, everyday costs often come as a surprise to caregivers, and can represent a substantial budgetary strain.

Table XY. Top 10 concerns of family caregivers in Alabama

Topic	Number of groups
Financial burden	5
Respite	5
Workforce / paid care	5
In-home care	4
Long-term care planning	4
Access to information	3
Stress	3
Caregiver support	3
Environmental support	3
Other specific needs	3
Findings from six focus groups conducted throughout the state of Alabama, Sept.–Nov. 2015	

Respite care was also identified by 5 of the 6 groups as a pressing concern. Caregivers emphasized the need for rest and relief at two distinct levels: not just an occasional "vacation" from caregiving, but also daily respite to take care of routine household business and other family concerns. Both forms of respite—personal time on a daily basis as well as an occasional "real break" from the stresses of care provision—were strongly valued. Focus group participants praised currently available respite programs, including adult day care programs. However, caregivers emphasized that these services need to be expanded and enhanced to meet caregivers' daily needs, e.g., through in-home respite programs.

Concerns about the ***professional caregiving workforce***, raised by 5 groups, centered on the availability of affordable, quality professional care. Several groups decried the lack of "good help" in daily care. Patience and caring attitudes are highly valued in paid caregivers, but professional training is sometimes lacking. Dementia care was noted as a specific training

priority for professional caregivers; Affordability was a second strong theme with regard to the caregiving workforce, reflecting concerns about the financial burden of family care outlined above. One group raised the question of licensed vs. unlicensed help, as a trade-off of skills vs. affordability.

In-home care (4 groups) was identified as a key contributor to caregivers' ability to keep their loved ones at home. Home care was clearly preferred over institutionalization not only on financial grounds, but also to preserve quality of life of the care recipient. This issue was closely related both to financial burden, particularly the affordability of home care, and to workforce issues, in terms of the quality of home care services currently available. One respondent stressed that in-home medical care also helps relieve family member's caregiving burden, stating that it took 2-3 hours just to prepare her care recipient to leave the house for a medical appointment.

The next two themes addressed need for caregiving information. A diverse group of concerns, voiced by 4 of the 6 groups, converged on ***long-term care planning***. A first subtheme was the importance of personal planning, particularly being prepared to make changes in one's own lifestyle to accommodate care provision and the care recipient's needs. A second was advance care planning. Here, respondents specifically mentioned legal issues and the need for caregiver information on legal competency, advance directives, end-of-life care and other aspects of medical decision-making. Finally, two groups emphasized the importance of communication with other family members in planning informal care.

Broader ***information needs*** of family caregivers were described by 3 groups. Emphasis here was on accessible, easy-to-find information about caregiving generally as well as available services and how to obtain them. A subtheme was the need for specific information and skills training, for example, in how to use durable medical equipment or specifics of home care following care recipients' discharge from hospital.

Although ***caregiving stress*** was discussed specifically by only 3 groups, it was a strong underlying theme in all 6. In two groups, the first response to our initial question, "What are the issues facing family caregivers?" was a resounding "It's stressful!" Specific sources of caregiving stress include the time and energy involved in direct care provision, dealing with role reversal (being "the parent to my parent"), and the care recipient's resisting care from family or paid caregivers. Other family members were also cited as a source of stress; here, the emphasis

was on improving communication within the family to improve quality of life for both the primary caregiver and the care recipient.

Caregiver support was identified as a strong need by 3 of the 6 groups. This theme was distinct from that of information needs in that it emphasized ***emotional*** support for dealing with the stresses of care provision. In addition to traditional caregiver support groups, respondents suggested in-home support, including one-on-one contact and volunteer assistance, as potentially helpful programs. "Village-to-village" community support was also cited as a valuable resource.

A final specific theme was ***environmental support*** (3 groups). A first major need was for help in obtaining durable medical equipment, particularly items that are not traditionally supported by Medicare or Medicaid, and for which rentals may not be available (e.g., walk-in tub). Such items were valued not just to improve ease of care, but to help prevent falls or other accidents. Similarly, accessible and affordable housing was cited as a key to keeping frail care recipients living independently in the community.

A last category comprises a series of ***specific needs*** identified as potentially improving caregivers' ability to provide care and to weather caregiving stress. Some examples are senior companion programs, nutrition programs (particularly home-delivered meals), and pet care for recipients' pets. Caregivers also spoke cogently about the need for ***advocacy*** at the state level to ensure that their needs are salient to policy makers.

Acknowledgment: Patricia A. Parmelee, PhD, Director, Center for Mental Health and Aging, Professor, Department of Psychology, The University of Alabama, 2016

SWOT Analysis 8/15/2015
Caregiver Support
SJR 73 Caregiver Task Force

Strengths	**Weakness**
• Taskforce members to influence policy • Legal awareness by passing SJR73 • Work of LSR over the year • Patchwork of assistance • Family support groups by designated groups • The strength of family caregivers • Faith-based interest • We all will experience in our lives some way • AL # 1A+ protection • 2 more years of LR funding • Regional offices MR/DD • HHS infrastructures • Family support-passionate-low money-good help • Opportunity to get information out with collective list • ADRCs • Prepare to care national coordinator/Alabama specific	• No adult day care certification • Financial ruin • Low natural supports • No healthcare worker certification/standards • Not adequate qualified backup Home Care help for family caregiver • Separated in money, programs, and communication • Family caregivers do not identify as C/6 and they do not know of services • Caregivers do not ask for help • Unemployment • Not awareness that grandchildren take care of grandparent • Lack of insurance (average/TA/caregiver support) • Lack of communication to some people in their homes • Families do not stay in one place anymore • Inadequate/untrained case management system • Bring in more chronic health • High need groups with no services • Alzheimer taskforce-report stalled • Lack of way to connect people to the right resource/barriers • Family has no way to review what resources available • Not using educational resources to expand opportunities for HS-JR-??-to increase workforce • Caregivers don't call until a crisis • Caregivers do it all-never ask for help for fear of what will happen • Waiver wait list forces families into crisis before they get help

Opportunities	Threat
• a qualified registry established • Jr college certification/career path/training • Change-RCO, etc. • Faith-based support • Win-win situations among all financial interests • Healthcare group • To drill down what resources we have • Unified way to address issues • A campaign to reach out to caregivers "make them ask" • HHS system has opportunities with growth • Job readiness • Individual family support • LTC facilities expansion of support to caregivers • Assistive technology • On-line training for caregivers • Better training for case management/focus on • Pulling a resource base together that is accessible/friendly/known to public • High school program-that leads to useful paid employment and further education opportunities • Educate caregivers about resources and LRC planning • Prepare to care	• Not enough paid/trained caregivers • Quality of information for caregivers and care recipients • Family units falling apart • Financial interest conflicts • Legislature not acting on budget responsibly • Going to cost more healthcare • More in LTC • Abuse and neglect • Numbers over 65 increase • Caregivers aging out/dyeing with no resource for care recipient • Not asking for help leads to big problems

Appendix E

Sub-Section 3
Elder Justice

Elder Justice Activities

Act 2012-495 was passed by the Legislature to officially create the Council for the Prevention of Elder Abuse, hereafter called Council; to provide for its membership and duties, to allow for the adoption of rules for internal operations, and to establish a lead agency for the council.

The Council has been extremely successful in its first few years, working on a variety of elder abuse intervention initiatives. They developed new public outreach campaign materials including an Elder Abuse Protection Toolkit for the public and a Law Enforcement Protocol Guide for distribution to various law enforcement agencies. The members are currently developing new training tools to educate first responders, financial institutions, and other professionals.

The passage of Act 2012-495, establishing the Council, facilitated the collaboration among council members to advocate for new legislation. This resulted in legislation called the "Protecting Alabama's Elders Act" which was signed by the Governor in 2013. The Act defines three degrees of elder abuse and neglect, ranging from a class A felony for intentional abuse and neglect that leads to serious physical injury to a Class A misdemeanor for reckless emotional abuse. One of the significant changes in this legislation is the financial exploitation rule, now giving law enforcement the ability to arrest individuals with power of attorney if they are exploiting an older individual. The law classifies first-degree financial exploitation of an elderly person as any financial exploitation of a person 60 or older as a Class B felony if the value of the property taken exceeds $2,500. A value between $500 and $2,500 warrants a Class C felony, while anything less than $500 is a Class A misdemeanor. There have been several arrests and convictions since this new law was enacted and these actions set the precedence for more prosecutions in the future.

The Council participated in a needs assessment session conducted by ADSS staff to provide specific documentation of what should be implemented by the State in the areas of Education, Systems Change, Legislation and Caregiver initiatives to ensure the rights of older individuals are protected. The council also presented the Alabama Legislature with a Strategic Plan for Elder Rights. These are attached in the following documents as a component of this State Plan.

2016 Update
Long-Range Plan to Prevent Elder Abuse, Neglect and Financial Exploitation in Alabama

Created By:

The Alabama Interagency Council for the Prevention of Elder Abuse

Presented To:

The Alabama Legislature
March 2016

Detailed Summary of the Long Range Plan (2016 Update)

- The Council drafted the new Criminal Statute, the Protecting Alabama's Elder Act (2013-307), which was passed during the 2013 legislative session and went into effect on August 1, 2013.

  Update: The law was mailed to over 750 designated law enforcement agencies across the state. Many local law enforcement agencies have used the new law for investigative and prosecution purposes. The Council will expand training to multi-jurisdictional law enforcement agencies in 2015.

  After an audit and Sunset Committee hearing, the Sunset Committee Members expressed their commitment to the program and potential future financial support of the Council's statewide initiatives.

  ***2016 Update:** Training was provided at the Annual Judicial Conference regarding the amended criminal statute addressing elder abuse.*

- The Council drafted the Elder Abuse Protection Act which is similar to the Protection from Abuse Act in 2015. Further efforts are underway to develop proposed orders to correlate with the Elder Abuse Protection Act.

- The Council contracted with the Center for Leadership and Public Policy at Alabama State University to conduct a study to identify barriers to reporting elder abuse. To date, three statewide surveys have been developed and distributed to these groups: the general public, caregivers, and legal professionals. The surveys are scheduled for completion by January 31, 2014. The results will be analyzed and reported back to the Council by the spring of 2014.

  Update: The three statewide surveys were completed and an internal analysis was conducted in 2014. The Council will establish a special sub-committee to conduct a comprehensive analysis of the survey findings. The sub-committee will develop new recommendations to resolve the identified barriers to reporting abuse and what new statewide initiatives will be implemented.

  ***2016 Update:** The sub-committee continues to review and develop strategies utilizing the caregiver survey findings.*

- The Council will be conducting focus groups and plan a statewide Elder Abuse Summit after the findings from the three surveys are reported.

  Update: This activity will be planned and completed in 2015. The statewide summit will take place in the fall of 2015.

  2016 Update: *This continues to be a goal for 2016. The statewide council planned and conducted several local elder abuse prevention events across the state in recognition of World Elder Abuse Awareness Day (WEAAD) Also, a large Elder Justice Bridge Builder's Breakfast event was held in Montgomery which was attended by over 250 local and state elected officials and community leaders.*

- The Council developed a new Elder Abuse Protection Toolkit which was published and distributed to more than 10,000 seniors statewide in 2013. The Toolkit has also been made available at www.alabamaageline.gov. In addition, other states have requested and received the Toolkit for replication purposes.

  Update: During 2014, over 20,000 toolkits have been widely disseminated across the state. The Council secured a special grant from Alabama Power, who provided the funding needed to print and reproduce an additional 10,000 toolkits (totaling 30,000) for Alabama.

  2016 Update: *Distribution and utilization of the elder abuse toolkit continues and the statewide council has received several requests from other states to replicate use of the toolkit Funding is needed to continue to reproduce the toolkit for dissemination purposes across the state.*

- The Council has developed a Professional Speaker's Bureau which includes many Council members and other partners. The Council has developed a comprehensive presentation that is used by the speakers across the state to educate professionals and other groups on recognizing, reporting, and preventing elder abuse.

  Update: The comprehensive presentation is being utilized by several Council members across the state. For example, Council members presented at the Alabama State Bar Association's Annual Meeting and the Attorney General's Annual Law Enforcement Summit. In 2015, the Council will tailor the education materials to begin training financial institution professionals and first responders on elder abuse, neglect, and financial exploitation.

2016 Update: *Council members continue to seek opportunities for presentations on prevention of elder abuse. Many local law enforcement agencies and state agencies regularly utilize the presentation to train professional groups. The statewide council continuously seeks public grants to secure funds to expand structured training to a greater number of groups.*

- The Council developed a new Law Enforcement Protocol Guide. The Guide will be distributed to all local law enforcement agencies in the spring of 2014.

  Update: The Law Enforcement Protocol Guide has been widely distributed electronically to various local, state, and federal law enforcement agencies. A statewide training event of law enforcement professionals will be conducted in FY 2015.

  2016 Update: *Positive feedback has been received from law enforcement on the utilization of the Protocol Guide.*

- The Council received a one year grant from the National Medicare Rights Center, 501 Non-Profit Organization to maintain the Elder Justice Advisory Board efforts. The Board members are actively involved with the work of the Council and recruiting, training, and managing volunteers and providing education and outreach across Alabama communities.

  Update: The one year grant was extended until June 2014. The Elder Justice Advisory Board members conducted extensive education to community members and professional groups across their designated service areas. The staff and funding source needed to maintain the members in an advisory capacity is not available.

  2016 Update: *The one year grant from the National Medicare Rights Center has expired. Many of the Advisory Board members continue to serve as an active member on the statewide council. The statewide council continues to apply for public and private grants to secure funding needed to implement new statewide initiatives. Most recently, a grant application was submitted to the Department of Justice Office on Violence Against Women (OVW). The three year grant, if awarded, would provide the funds needed to develop a pilot project to train law enforcement, judicial officers, and other first responders on elder abuse prevention and prosecution. The project would be replicated across other jurisdictions in the state.*

September 10, 2015

Elder Justice Council Meeting

ADSS State Plan Needs for Prevention of Elder Abuse, Neglect and Exploitation
(Note: Review Strategic Plan developed by Council)
Other areas Council discussed as concerns/solutions to be addressed to ensure Alabama is protecting Elder Rights:

Education

- Professional Speakers Bureau
- Law Enforcement Training
- Caregiver Education
- General Public Education
- First Responder Training
- Training, reporting protocols, Standards as Child Protective Services (CPS)
- Educate Legislators and Policy makers
- Focus/training on the Aging Disabled: Special focus to include Developmental Disabilities and Mental Illness
- Adult Protective Service training certification (like CPS)
- Emphasis on Diminished Capacity for Medical Community
- Emphasis on Banking industry: Training, Protocols for referral and sharing information
- Mail Carriers

Systems Change

- Adequate and appropriate funding for Adult Protective Services
- Background checks on Home Care Providers with Public Access
- Certification and Official Guidelines for Adult Day Care
- Better coordination of systems and information available. Streamline and limit duplication.
- Adequate Medicaid Funding for services that is easily accessible and has fast access.
- Guardianship System: Laws and Practice
  - Coordinated with Probate Judges
  - Comprehensive
  - Holistic
  - Policy driven
  - Adequate education
- Competent, caring people to assist with complex issues to include guardianship

Legislation

- Fully funded budgets that support necessary services
- Elder Abuse Prevention Act updated
- Funding for the Administrative functions of the Council and for Educational Initiations

Caregiver Initiatives

- Transportation
- Caregivers included in assessment and other processes for inclusion of benefits as part of the health care plan.

- Education on variety of issues
- Employment supports/tax breaks
- Educate policy makers on the economics of caregiving
- More Respite funding

Other Solutions:

- Address Isolation Issues
- Access to broadband to gain access to information, education and socialization
- Prevention: Education for under age 65 on importance of LTC Planning and LTC insurance and Tax Breaks for those who take initiative to plan

Appendix F

Administration

Administrative Information

Assessment Process

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

Cost Share {Section 315(a)}

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

Eligible Population

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

Allowable Services	Excluded Services
Cost sharing may be implemented for any OAA service, including the following:	**Cost sharing is not permitted for the following services:**
Personal care	Information and assistance
Homemaker	Outreach
Chore	Benefits counseling
Adult day care	Case management
Assisted transportation	Ombudsman

Transportation	Elder abuse prevention
Caregiver Respite	Legal assistance and other consumer protection services
Caregiver Supplemental Services	Meals (congregate and home-delivered)
	Services delivered through tribal organizations

Cost Sharing and Contributions

In utilizing the cost sharing plan, ADSS and the AAAs assure they will:

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

Clients Eligible for Cost Sharing

In the event the confidential assessment reveals the family has financial resources above the poverty line, the following may apply:

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

AAA Waivers for Cost Share and Direct Service Provision

AAA's may request a waiver to ADSS' cost sharing policy, and ADSS shall approve such a waiver if the AAA can adequately demonstrate that:

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

Table -1
Cost Sharing System for Older Americans Act Services
(Based on 2016 DHHS Poverty Guidelines)

Percent of Federal Poverty Level	Gross Annual Income	Percent per $100 Cost of Service	Cost/Fee per $100 Cost of Service
101 - 133%	$11,881 - $15,800	5 %	$ 5.00
134 - 150%	$15,801 - $17,820	10 %	$ 10.00
151 - 200%	$17,821 - $23,760	15 %	$ 15.00
201 - 250%	$23,761 - $29,700	20 %	$ 20.00
251 - 300%	$29,701 - $35,640	40 %	$ 40.00
300 - 400%	$35,640 - $47,520	60 %	$ 60.00
400% - 499%	$47,521 -$59,399	80 %	$ 80.00
500% and over	$59,400 and over	100 %	$ 100.00

Individuals who have an income at or below $981.00 per month or $11,880.00 gross annual income may not be asked to cost share; however, they may be provided an opportunity to voluntarily contribute to the cost of the service.

Direct Services by the Area Agency on Aging {Section 307(a) (8)}

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

directly. ADSS has developed guidance and a process for approval/disapproval of annual waiver requests.

Program Reporting

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

Participant Contributions

The Older Americans Act states that voluntary contributions shall be allowed and may be solicited for all services for which funds are received under the OAA if the method of solicitation is non-coercive. Under the OAA 2006 amendments, individuals whose self-declared income is above 185% of poverty can be encouraged to contribute the actual cost of the service.

AAAs shall not means test for any Title III service or deny services to any individual who does not contribute to the cost of the service. AAAs may develop a suggested contribution rate for their AAA providers. The AAA ensures each service provider establishes appropriate accounting procedures to safeguard and account for all participant contributions. AAAs are required to ensure that all collected contributions are utilized to expand the service for which the contributions were given.

ADVISORY BOARD

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

membership of the board is inclusive and reflects the racial, gender, geographic, urban/rural, and economic diversity of the state.

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

Current Members of the ADSS Advisory Board

Thomas Ray Edwards, Board Chairman - Valley
Dr. Horace Patterson, Vice-Chair - Talladega
Ann Anderson - Madison
Elizabeth Anderson
Billy Bolton - Mobile
Jackie Goggins - Birmingham
Dr. Michael Johnson - Tuscaloosa
Rhondel Rhone - Grove Hill
Candi Williams, AARP
Senator Gerald Dial
Senator Jim McClendon
Representative Mac McCutcheon
Representative Randall Shedd
Director Fitzgerald Washington, Alabama Department of Labor
Dr. Tom Miller, Alabama Department of Public Health
Commissioner Nancy Buckner, Alabama Department of Human Resources

Appendix F

Sub-Section 1
Emergency Preparedness

Emergency Preparedness

Disasters or emergencies can happen anywhere, at any time, as we have experienced on numerous occasions in Alabama. The Commissioner of Senior Services as a member of the Governor's Cabinet is a member of the Governor's Advisory Relief Team which works directly with the State Emergency Management Agency. In the event of inclement weather or any other potential pre/post disaster event the Team is informed by EMA on an hourly basis of the status of event. In the case of an actual emergency or disaster the team has morning and afternoon briefings. Staff also participate in the Alabama Emergency Preparedness and Response Plan and Quarterly FAND Task Force meetings with the Center for Emergency Preparedness. To further facilitate preparedness each Area Plan is to attach a Disaster Plan including their local MOU with the Local Emergency Management Agencies. These plans include calling trees and other information which is to be updated annually in the Annual Operating Plan.

Pre and post-disaster, older persons and persons with disabilities often are placed in traumatic situations that threaten their well-being. In many cases, existing physical or mental impairments may worsen and needed family and community-based supports are disrupted by the emergency situation. The ADRCs seek to provide planning and response information, resources, and strategies that assist individuals to better prepare for, and respond to, all types of emergencies and disasters. In the event of a disaster, ADRC staff is expected to be full participants in coordinated response efforts between federal, state, and local governments, as well as the private, voluntary, and faith-based sectors. ADRCs currently function as a hub for sharing and disseminating key information to individuals during a disaster, including working at Disaster Recovery Centers, assisting with hotlines, and updating daily resource lists for distribution in the community.

ADSS continues to focus on improving preparedness education and disaster relief efforts to "be ready" and organized in the face of uncertainty when dealing with emergencies or disasters. ADSS's focus areas for disaster relief include advocating for implementation of additional safe centers, currency of emergency/disaster plans, and continued development of partnerships with statewide emergency management personnel.

The ADPH recognizes ADSS as a key partner in preparedness of at-risk populations. For the past several years, ADPH awarded a grant that allows the agency to provide preparedness/ disaster education for seniors and persons with disabilities. These grants also allowed ADSS to support at-risk individuals with all-hazard weather radios, basic first aid supplies, distribution of disaster media, capabilities to host a regional preparedness seminar, and conduct satellite conference/live webcast for nurses, social workers, home care professionals, Para-professionals, caregivers, and case managers on preparedness and home safety basics. ADPH will be training all Aging network staff on preparedness and how to assist client's pre and post disaster during the course of this planning period.

Appendix F

Sub-Section 2
Public Hearing

HOLD FOR RELEASE UNTIL WEDNESDAY, APRIL 13, 2016

Subject: Public Hearing on four year (2017-2020) Alabama State Plan on Aging
Seeking Public Input
Date: Tuesday, April 19, 2016
Time: 10:30 AM
Place: Alabama Center for Commerce, 7th Floor Auditorium
401 Adams Avenue, Montgomery, AL 36104

Alabama Department of Senior Services
March 15, 2016

The Alabama Department of Senior Services (ADSS), serving as the State Unit on Aging in compliance with the Older Americans Act as amended in 2006, is required to develop a State Plan on Aging. This plan will be submitted to the Administration on Aging on July 1, 2016 covering a four year plan period for Fiscal Years 2017-2020.

This plan is to serve as a blueprint that covers coordination of the health and social service systems and advocacy activities the State will undertake to meet the growing needs of older adults and individuals with disabilities. Currently Alabama has an estimated 1,044,134 citizens over age 60 and according to the U.S. Census Bureau will see an 82.6 % increase in this population before 2040. The following goals for Fiscal Years 2017 through 2020 are identified to advance the State Vision for older Alabamians:

ADSS GOAL 1.0: Older people, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services.

ADSS GOAL 2.0: Empower older people and individuals with disabilities to remain in the least restrictive environment with a high quality of life through the provision of options counseling, home and community-based services, and support for family caregivers.

ADSS GOAL 3.0: Empower older people to stay active and healthy through Older Americans Act services, Medicare prevention benefits, and recreation, job and volunteer opportunities.

ADSS GOAL 4.0: Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect, and exploitation.

ADSS GOAL 5.0: Promote proactive, progressive management and accountability of State Unit on Aging and its contracting agencies.

The proposed plan, including the Intrastate Funding Formula can be reviewed at www.alabamaageline.gov or you may view a copy at the RSA Tower, Suite 350, 201 Monroe Street, Montgomery, AL 36130, phone number: 1-877-425-2243, April 13-19, 2016 (8:30 AM-4:30 PM). Attendees and interested parties may offer public comments at the hearing or submit written comments to the State. Written comments should be received at ADSS no later than 4:00 p.m., Wednesday, April 20, 2016.
For more information contact: Alabama Department of Senior Services, Commissioner Neal Morrison, neal.morrison@adss.alabama.gov., 334-242-4985, www.alabamaageline.gov, 201 Monroe Street, RSA Tower, Suite 350, Montgomery, AL 36130

FY2017-2020 State Plan on Aging
Public Hearing
April 19, 2016
10:30 a.m.-12:00 p.m.
7th Floor Auditorium
Alabama Center for Commerce
Montgomery, AL 36104

Attendees

Julie Miller	Taylor Moates
Nicole Roberts	Mattie Thomas
Scott Stabler	Rosetta Harris
Misty Barnes	Susan Segrest
Traci Dunklin	Jeff Thompson
Sharon Jalieba	Chris Prestridge
Virginia Bell	Kelli Golden
Velma Lee	Rene Breland
Todd Cotton	Emily Marsal

Julie Miller welcomed everyone in attendance and gave an overview of the agenda. Ms. Miller then discussed the state plan process. The State Plan creates the direction in which State's long-term care reform efforts are moving and describes their expected outcomes. The Plan develops key strategies to address the strong desires of the rapidly growing new generation of long-term care consumers to be served in their homes and communities. The Plan also addresses challenges of how the State deals with America's budgetary constraints and competing priorities in today's society. The plan provides a blueprint that spells out the ways the State will implement the Older American's Act.
Scott Stabler gave an overview of the projected growth of Alabama's 65 and over population, the status of Alabama's 60 and over population, and the percent of Alabamians below poverty by age group and disability status.

Julie Miller talked about the seven Town Hall meetings that were held across the state in the seven congressional districts. The top 10 concerns among seniors in the State were, Transportation, Healthcare Issues, Food/Nutrition Security Issues, Housing, and Access to Information, Lack of Financial Resources, Insurance Issues, Elder Abuse/Financial Exploitation, Advocacy, and Technology.
Six Caregiver Focus groups were held following the Town Hall meetings. The Top 10 concerns among the focus groups were Financial burden, Respite care, Workforce/paid care, In-home care, Long term care planning, Access to information, Stress, Caregiver support, Environmental support, and Other specific needs.
Julie Miller gave an overview of the five goals and objectives for the state plan.

Todd Cotton gave an over of the Intra State Funding Formula (IFF). OAA requires States to develop a funding formula for how they intend to distribute Title III funds to the public service areas throughout the state. Formula ONLY required to apply to Title III programs, not to all programs or grants that comes out of this office. IFF must be described in State Plan. Changes

must be approved by AOA. IFF included in 2017-2020 State Plan uses the same 5 population based factors that are currently being used. Note that the Hold Harmless Provision is no longer a factor in the IFF as it will have been eliminated in FY 2016.
The Title III award is first reduced by the amounts used to administer the State and Area Plans. No more than five percent (5%) of Title III funds will be designated for State Plan Administration. Additionally, no more than ten percent of (10%) of funds remaining for the AAAs will be used for Area Plan Administration. The remaining balance is allocated to the AAAs based on a formula that incorporates the five population-based factors and their corresponding weights. Each factor's weight is based on its proportional share of the five factors' statewide total. Table G-1 identifies these factors, their statewide totals, and the computations performed to develop their weights.
Julie Miller opened the floor to comments. No comments were made, one comment was submitted in writing and the public hearing was adjourned at 11:00 a.m.

Alabama State Plan on Aging -2017-2020

Public Comments:

Lula Albert-Kaigler
16325 Hwy 45
Citronelle, AL 36522

Issues of most importance:

It is important to notify residents of creating laws that affect ones well-being without knowledge of such and then imposed. New laws with no notification can create criminals where there where not one. Whereas, unawareness of law cannot be used as an excuse for breaking law, there are many unaware of the law, especially elderly and disabled. Lawmakers at all levels, federal, state, county, and city trendily imposed acts, many contain financial consequences in unknown amounts - potentially criminal to those who are not aware, usually poor, elderly or ill.

Each year on the federal level big corporations get tax incentives where the individual citizen gets tax increase. The IRS has discontinued providing free forms, regulations, pamphlets, etc. The Tax is not transparent in that prior to the requirement to file was voluntary. Now mandatory and the cost includes time to prepare, postage, envelops. Today mandatory electronic filing incurs financial cost to comply by having to hire a professional tax preparer, transportation/travel to service provider or purchase of a home computer, internet access, modem/router, printer, ink, paper, electricity and time to prepare and gather information required. Many have to pay transportation to go to a facility with computer access or travel to an IRS office for assistance.

This year there was a special tax created for 911 services which were already funded thru previous acts. Now all phone service utilities have increased $1.75 times 2 per phone. I have two phones so my bill increased $5.21 a month. This is a few dollars not a few cents, sponsored by House Representative Napoleon Bracy from Mobile County.

Newspaper Legal ads show that the State and County's create Acts/Laws for Economic Development giving large incentives to large corporations and they were notified. They were even informed at private Montgomery luncheons. The attribution is encouraging with potentially new jobs, but this really benefits out of state land owners. Property owners and residents who have been declared a nuisance (for Blithe) – where not given notice of law and this directly affects the elderly and the poor.

The Birmingham News reported "Project Central Alabama" which assist the poor, elderly and ill by improving their living environments. This would be a positive statewide opportunity, using the same laws and methods dictated for cash to big business, but put the cash incentives to help local cities and counties. Now penalty fees and fines are on local residents who can least afford them and adds debt to their living expenses. Projects like this can help to clean up the environments people live in instead of fining and taxing the poorest people.

Being informed prior to a decision will at least give individuals time to think and act if desired to current laws. Current law requires notification in the newspaper and that does not suffice. Keep the community informed of new and proposed laws by addressing and delivering to individual's doorsteps via US Postal System. This encourages maintaining mail, with dependable service and one to one contact. Promoting the post office helps individuals stay in contact and saves jobs.

Thank you for your attention.

Appendix G

Programs

Overview of Older Americans Act Core Programs

Less than 5% of ADSS' budget is retained for Administrative costs. ADSS spends the majority of its budget to provide services through grants to the 13 Area Agencies on Aging (AAAs), which in turn contract with approximately 700 local service providers. These contracts provide services to older individuals, and provide substantial economic impact for local communities with employment and the purchase of goods/services to help support maintaining individuals independently at home. The majority of services funded through ADSS comes from federal grants with State and local funding providing the match. ADSS provided services to over ***105,374*** unduplicated individuals in Fiscal Year 2015.

Nutrition Services

There are approximately 350 senior centers located throughout the state with at least one in each of the 67 counties. The senior centers serve as focal points for the delivery of multiple services to seniors within the community. Homebound meals are delivered by local transportation providers, volunteers, and as frozen meals through the meal contractor. Trends in participation, especially in rural areas, may require ADSS and local providers to consider shifting resources from congregate to home-based settings as the older populations in these communities become more frail and unable to attend the senior centers.

ADSS, on behalf of the AAAs, contracts with a statewide food service vendor for the purchase and delivery of meals to the senior centers. Through this contract, AAAs can purchase hot meals, picnic meals, frozen meals, breakfast meals, shelf-stable meals, and/or Medical Nutrition Therapy Meal Replacements for participants in the Nutrition program. The contract also makes provision for the purchase of meals for Alabama Cares, Alabama Community Transition Waiver, and Elderly and Disabled Waiver clients. Having a statewide food service contract enables ADSS to provide uniform meal purchase options throughout the state. Measures for increasing funds include a sponsored meals program, fund-raising events at the local level, and activities to encourage more client contributions.

Nutrition education is a service to promote better health by providing accurate and culturally sensitive nutrition health information to participants in a group setting. Nutrition education is funded through the OAA, and ADSS registered dietitians provide the AAAs with educational materials to share on a weekly basis with senior center participants.

Case Management/Benefits Counseling

To receive funding for the ADRC, ADSS has to streamline the operations utilizing other sources of revenue. In an effort to expand and streamline ADRC efforts, AAAs/ADRCs are utilizing Title III-B and E funds to provide and document the short-term case management activities performed by the ADRC staff that might not be covered by Medicaid. The statewide numbers are increasing for case management, which is a registered service, as opposed to the information and referral contacts, which are aggregate counts. ADSS has a uniform pre-screen form for ADRC staff use in benefits counseling; the screening is the first point of entry into any network service.

The Title III-B funds are utilized when someone does not complete the whole screening process and/or requires a home visit which is not covered by Medicaid.

Title III E Caregiver Service

The National Family Caregiver Support program was established under the OAA to serve the caregiver and to assist caregivers in helping to maintain their loved ones at home. ADSS named its Title III E program Alabama Cares. The Alabama Cares program is administered collaboratively through the 13 AAAs across Alabama. Caregivers enrolled in the Alabama Cares program have access to five basic services: information, assistance, education/counseling, respite, and supplemental support. Caregivers receiving support include adults caring for persons age 60 and older or any age with Alzheimer's or dementia related diagnosis. Also, among those eligible for limited support are grandparents or relative caregivers age 55 and older caring for children up to age 18 or over age 18 with a severe disability. In providing the five caregiver services, priority is given to: (1) persons in the greatest social and economic need, with particular attention to low-income, minority individuals, and (2) older individuals providing care and support to persons with intellectual and developmental disabilities.
The Alabama Cares programs works in collaboration with its partner the Alabama Lifespan Respite Network to provide training, advocacy, and services. The Alabama Cares Coordinator partners with the AARP of Alabama and often utilizes AARP materials for training. ADSS has representation on the Alabama Lifespan Respite Coalition and the Alabama Developmental Disability Council.

The Alabama Cares program utilizes a person-centered approach to respite by providing the caregiver with a choice of providers. After enrollment, participants are allotted a budgeted dollar amount in vouchers. The participants determine which providers to use from a provider list and may contact the provider directly or may use staff assistance; depending on their personal preferences for respite services. Lifespan Respite sub-contracts with several AAAs to provide consumer-directed voucher respite which allows the caregiver to hire a respite worker of their choice. ADSS will advocate for more AAAs to utilize this option for caregivers who prefer to self-direct their respite allocations.

All 13 AAAs are trained on modules and outcome materials produced in the Administration on Aging, REACH, and Project Hope grants. Most caregiver programs also provide Virtual Dementia Tours and provide "Living Well Alabama" the Stanford Chronic Disease Self-Management Program. More than half of the local coordinators also became REST (Respite Education and Support Tools) certified train the trainers. REST is a professionally designed 'Train-the-Trainer' course that provides specialized education to those who will then go out and train others to be REST Companions™, also known as respite care providers.

Title III-D Evidence-Based Disease Prevention and Health Promotion

The purpose of these AoA programs is to promote health living and healthy aging. The AAAs provide a variety of high level evidence-based programs throughout the state. Our Living Well Alabama (Chronic Disease Self-Management Education) continues to be taught in a number of counties. Programs on fall prevention and exercise are targeting individuals to improve

functional abilities, reduce pain and improve mobility. The AAAs are working with community partners in programs such as Care Transition Initiatives to help people stay in their homes and reduce hospital admissions. AAAs are forming new partnerships with local mental health providers and schools such as Alabama Institute for the Deaf and Blind in providing programs to address depression among the elderly. ADSS provides support and assistance to the AAAs in continuing current and developing new disease prevention and health promotion services throughout our state.

Transportation

Title III-B and local funds are the only financial supports in Alabama to fund senior transportation. Most funding is utilized to transport seniors to recreational activities and senior centers. Medicaid does pay for limited healthcare transportation for some eligible constituents. In addition to AoA funds, the New Freedom program managed by the Alabama Department of Transportation (ALDOT) provides public transportation services and alternatives that address the needs of persons with disabilities beyond those required by the Americans with Disability Act of 1990. The aging network works collaboratively with ALDOT for 5310 funds to cover capital expenses that support transportation to meet the special needs of older adults and persons with disabilities. The Regional Care Organizations (RCOs) will be required to provide transportation and ADSS and the aging network will establish strong relationships to work in coordination to ensure that transportation is included in the health plans for the individuals who are assigned to receive Medicaid benefits through the RCOs. ADSS will continue to address the issues of transportation with various partnerships and to advocate for more state dollars and local alternatives to provide transportation.

Office of State Long-Term Care Ombudsman Program

The Office of the State Long-Term Care (LTC) Ombudsman program provides consumer advocacy protection services to individuals residing within nursing facilities, assisted living facilities, specialty care facilities, and Jefferson County boarding homes. The Alabama State Ombudsman Act specifies the Office of State Long-Term Care Ombudsman under the Alabama Department of Senior Services (ADSS) will work with the Area Agency on Aging (AAA) ombudsmen who may be employees or contracted employees of the AAA, in support of the Older American's Act (OAA). The State Ombudsman trains and certifies all local ombudsmen. The State Ombudsman requires all potential ombudsmen to sign a "conflict of interest and non-association with facilities" statement prior to becoming a certified ombudsman. The State Ombudsman follows federal regulations in choosing and certifying an individual to serve as a local or community ombudsman.
The ombudsmen work to resolve problems of individual residents and to protect their rights by ensuring they receive fair treatment and quality of care. Also, they work to bring about changes at the local, state, and national levels through the practice of person-centered system change for residents in LTC facilities.

ADSS entered into an agreement with the Alabama Medicaid Agency to support implementation of Alabama's "Money Follows the Person" (MFP) demonstration called "Gateway to Community Living" by utilizing the ombudsman program to transition eligible residents with

Medicaid from long term care facilities back into the community. The State Ombudsman program provides certain services that are consistent with the role of the ombudsman. The ombudsman program provides survey administration, education, and outreach to consumers, long term care facilities, and the general public about Gateway to Community Living. Ombudsmen activities include information and assistance, planning and training, and ombudsman involvement as it relates to closure and relocation of residents, resident and family councils, other consumer involvement activities, assuring quality care, facility improvement initiatives, training to benefit the quality of life and care of long term care residents, technical assistance to facilities implementing quality assurance programs, and special focus facilities. The State Ombudsman program provides training to all ombudsman programs on elder abuse prevention, neglect, financial exploitation, Medicaid eligibility application process, inappropriate and non-payment discharges, culture change, and person-centered planning. Local ombudsman programs are required to train facility staff, caregivers, resident and family councils, and the community at large to improve care and quality of life for long term care residents.

The State Ombudsman program works collaboratively with the Department of Human Resources' Adult Protective Services (APS) Division and the Department of Public Health's Licensure and Certification Division to educate facility staff, residents, and the general public on reporting instances of abuse, neglect, and exploitation, and to make referrals to these agencies when appropriate. APS also participates in training provided to community ombudsmen funded through ADSS. The State Ombudsman program works collaboratively with ADSS' Elder Rights Division, the Alabama Quality Assurance Foundation (AQAF), Advancing Excellence in Nursing Homes Campaign, State Medicaid Agency, Nursing Home Association, the Department of Mental Health, the Alabama Department of Public Health, and other partners to promote the values, principles, and practices of the culture change initiative and person-centered planning by identifying and working with specific facilities on quality improvement. ADSS is funded through the OAA to operate an elder abuse prevention program. The AAAs currently utilize this service in conjunction with the ombudsman program to identify and prevent fraud and abuse in long-term care facilities.

Legal Services Development

In compliance with §307 (a)(13) and §731 of the Older American's Act, the Alabama Department of Senior Services as the State Unit on Aging assigns a full time staff member as the legal assistance developer in the department. In accordance with §731 this individual will work to promote securing and maintaining the legal rights of older individuals, coordinate the provision of legal assistance, provide technical assistance to other legal providers and ombudsmen, promote financial management services to older individuals at risk of conservatorship, assist older individuals in understanding their rights, and improve the quality and quantity of legal services provided to older individuals.

Legal service providers are contracted in all service areas and those providers are expected to take advantage of opportunities to educate the public in various community outreach events, through the ADRCs, and in support of the Ombudsman program. There has been success in the outreach efforts of the legal service providers and ADSS expects for that to continue. According to some of the legal service providers, the rural parts of Alabama across the state are harder to

reach for legal assistance. The legal service providers continue to concentrate on outreach to those communities, build up trust and make them comfortable with accepting the help and assistance that is needed.

ADSS also expects the local legal service provider to develop relationships with their local County Bar Association so that when services not covered by our program are needed there may be a local attorney ready to handle the situation for our seniors. ADSS will continue existing relationships with the Jones Law School Elder Law Clinic and the University of Alabama Law School Elder Law Clinic, wherein both are available to provide assistance in major objectives of the Department in the area of Elder Rights. ADSS will plan quarterly meetings of legal service providers across the state to ensure that the individuals who serve in this capacity are up to date on the latest information regarding Elder Law and receive technical assistance and training. During these quarterly meetings, speakers will be invited in various areas of legal assistance in an effort to keep the providers and the ADSS Legal Service Developer well-informed of the most current information.

Senior Community Service Employment Program (SCSEP)

The SCSEP, authorized under Title V of the OAA, is funded by the U.S. Department of Labor. It is the only federally funded employment program for low income older persons. It is a community service and work-based training program that has two purposes: (1) providing useful community service; and (2) improving individual self-sufficiency through training and placement into unsubsidized jobs. ADSS manages 165 slots with approximately $1.6 million in funding to support senior workers. Many of these workers are community service workers supporting unfunded positions throughout the aging network.

SCSEP continues to partner with Alabama Career Centers statewide by placing our participants in training positions at the career centers. Positions include receptionists, file clerks, and general office help. SCSEP is a mandated partner in the Workforce Innovation and Opportunity Act (WIOA) and works closely with career center staff to help seniors find unsubsidized employment. Applicants that are deemed ineligible are referred to the career centers. SCSEP participants also train at state and local government offices such as county Department of Human Resources, as well as other non-profit 501 (c) 3 organizations.

<u>Other Long Term Care Services and Supports</u>

Medicaid Agency

The Program for All Inclusive Care for the Elderly (PACE) is a managed care option in South Alabama which provides community-based services to individuals age 55 and over who are sufficiently frail to be categorized as "nursing home eligible" by Medicaid. Services are holistic and all-inclusive based on the client's needs. If a PACE enrollee does need nursing home care, the PACE program pays for it and continues to coordinate the enrollee's care. The one PACE program has the capacity to serve 300 individuals. Alabama Medicaid has no plans to expand PACE programs due to the Medicaid budget not allowing funds for expansion.

The Medicaid Home Health program provides services to help individuals with illness, injuries, or disabilities who are Medicaid eligible to receive care at home such as skilled and unskilled nursing, physical, occupational, speech, and respiratory therapy (for individuals 21 & under only), medical supplies, and durable medical equipment. These services cover preventive, restorative and supportive care to persons who meet medical home health care criteria.

Hospice is and interdisciplinary program of palliative care and supportive services that address the physical, spiritual, psychosocial, and economic needs of terminally ill patients and their families. This care can be provided in the patient's home or nursing home if they live there. Medicaid pays for hospice care for terminally ill persons who have full Medicaid benefits, who have Medicaid and Medicare Part B and all recipients who have QMB with full Medicaid coverage.

Long Term Care Advocacy

- ADSS houses the State Office of the Long-Term Care Ombudsman program. The Ombudsman program is established under Title VII of the Older Americans Act of 1965 as a person-centered consumer protection service. With oversight from the State office, a minimum of 13 Community Ombudsmen investigate and resolve problems and complaints to ensure that residents are receiving quality care. Ombudsmen educate residents, their families, and facility staff about residents' rights, provide information to the public, and represent resident's interests by working to change laws, regulations, and policies that affect those who live in the 584 long-term care facilities (nursing facilities, assisted living, and board and care). ADSS Ombudsman program recently entered into an agreement with Medicaid to work with the Money Follows the Person demonstration called "Gateway to the Community" to provide ongoing activities to promote and monitor the program.
- The Alabama Disabilities Advocacy Program (ADAP) is part of the nationwide federally mandated protection and advocacy system. The ADAP mission is to provide quality, legally-based advocacy services to Alabamians with disabilities in order to protect, promote, and expand their rights. The ADAP vision is one of a society where persons with disabilities are valued, exercise self-determination through meaningful choices, and have equality of opportunity. The ADAP is housed at the University of Alabama's School of Law.

Long Term Care Facilities

Nursing Homes

A business entity that is engaged in providing housing, meals, and care to sick or disabled individuals who require, on a daily basis or more frequently, medical care, nursing care, or rehabilitation services. There are currently 231 facilities statewide.

Rehabilitation Centers

A business entity offering and providing outpatient assistance in the rehabilitation of disabled persons by providing two or more services that must be performed by or under the supervision of a physical therapist, occupational therapist, or speech pathologist.

Assisted Living Facilities

Home and larger group facilities that provide, or offers to provide, residence and personal care to two or more individuals who are in need of assistance with activities of daily living. There are currently 208 facilities statewide.

Specialty Care Assisted Living Facility

A facility that meets the definition of Assisted Living Facility but which is specially licensed and staffed to permit it to care for residents with a degree of cognitive impairment that would ordinarily make them ineligible for admission or continued stay in an assisted living facility. In most cases these facilities are dementia units. There are currently 97 facilities statewide.

Boarding Homes/Communal Living Facilities

Jefferson County is the first and only county in Alabama with regulations governing these type of facilities. These are defined as any public or privately operated facility, which houses three or more adult residents. The residents must be independent in their personal care and not meet the requirements of the above listed facilities. They are inspected twice a year to determine compliance with the regulations. There are 48 of these facilities licensed in Jefferson County.

Alabama Department of Public Health

The Bureau of Health Provider Standards is Alabama's regulatory agency responsible for licensing and/or certifying healthcare facilities. The Bureau consists of the Division of Health Care Facilities and the Provider Services Unit.

The Division of Healthcare Facilities certifies facilities for participation in the Medicare and/or Medicaid programs; works to ensure the level of care being delivered complies with state and federal standards and is continually upgraded; and makes sure patients/residents are protected from abuse and neglect.

The division conducts surveys of healthcare facilities. When facilities are found to be non-compliant with federal and state regulations a corrective action plan is required of the facility. Follow-up visits verify that corrective actions were implemented to rectify cited deficiencies.

OBRA PASRR/Nursing Home Screening

Alabama Department of Mental Health's OBRA (Omnibus Budget Reconciliation Act) PASRR (Pre-Admission Screening Resident Review) office is responsible for reviewing referrals submitted by healthcare entities and maintaining a system to regulate the appropriate placement of residents and prospective nursing home patients who have serious mental illnesses and/or intellectual disabilities.

In the state of Alabama, this office is responsible for screening all applicants and residents of Medicaid Certified Nursing Facilities for suspected mental illnesses and/or intellectual disabilities. It is recognized that individuals diagnosed with mental illnesses and/or intellectual disabilities may have special needs which are not provided in a nursing facility. Nursing facilities should only be utilized by individuals that warrant nursing facility level of care. If an individual has a diagnosis of a mental illness and/or intellectual disability and is a nursing facility

applicant/resident, the PASRR office evaluates to determine the most appropriate placement based on the individual's service needs.

State Partners

Alabama Health and Human Service Network

Alabama health and human services agencies are all independent entities that do not operate under an umbrella, but exist as a cohesive aging and disability network. Though the various functions are not housed within a single department, our state has fostered excellent inter-agency communication and partnerships that work toward the common goal of providing services to the most vulnerable citizens in the Alabama.

Alabama Department of Senior Services (ADSS)

ADSS is a cabinet-level state agency with a Commissioner and an Advisory Board, both of which are appointed by the Governor. ADSS is primarily funded under the Older American's Act to support a network of agencies which secure and maintain the independence and dignity of older individuals, remove social and individual barriers, assure the provision of a continuum of care for the vulnerable elderly, and develop comprehensive, coordinated systems of services and supports for older persons. ADSS is also funded under Title XIX of the Social Security Act to provide home and community-based services to elderly and disabled persons to prevent or delay placement in a long term care facility. ADSS works with all health and human service agencies and aging and disability providers statewide as the lead agency to plan and advocate for those age 60 and older.

Alabama Department of Public Health (ADPH)

ADPH is an independent state agency which has no oversight from the Governor's office. The State Committee of Public Health is composed of 12 members of the Board of Censors of the Medical Association of the State of Alabama. The State Committee of Public Health elects a physician licensed in the state to serve as the State Health Officer. ADPH is represented on the ADSS Advisory Board of Directors. ADPH is also an aging network provider of various home and community-based direct services. ADSS is an active partner with several divisions of the ADPH and staff work together jointly on many advocacy and educational issues to protect and empower the people we serve.

ADSS and the ADPH Chronic Disease Bureau are working as partners on the Chronic Disease Self -Management Program, "Living Well Alabama." ADSS staff serves on numerous committees regarding food safety, chronic diseases, and emergency/disaster planning for special needs populations. ADSS continues to be the recipient of an ADPH grant to educate seniors on emergency and disaster preparation and provide material needs such as disaster kits, weather radios, and fans.

ADSS often partners with the Office of Minority Health on Educational and Outreach Activities and professional development for healthcare providers, social workers, dietitians, clinicians, and faith-based organizations. ADSS continues to work with the Nutrition and Physical Activity

Division on sharing a vision with staff and the aging network to embrace a culture of healthy choices as a way of life. The Bureau of Health Provider Standards is responsible for state licensure inspection and federal certification surveys for nursing homes and the monitoring of assisted living facilities. The State Ombudsman works closely with this Bureau on various issues, including referrals for complaint investigations, site visits to special focus facilities and those in process of closure, and advocacy on behalf of residents and family members.

Alabama Department of Mental Health (ADMH)

ADMH is the state agency responsible for serving Alabama citizens with mental illness, intellectual disabilities, and substance abuse disorders. The Commissioner is appointed by the Governor and is a Cabinet Member. ADMH serves more than 230,000 individuals through a broad network of community mental health services.

ADMH downsized most of the state's psychiatric hospitals and several were closed. In 2012 the ADMH closed the Partlow Developmental Center, the last state-run intermediate care facility for individuals with intellectual disabilities and 156 residents were transitioned into community living. Three state operated psychiatric nursing homes are also closed. The ADMH focus is on providing adequate and appropriate community-based care for those who have developmental disabilities, intellectual disabilities, and chronic mental health problems. ADSS currently partners on several ventures with the ADMH, to include ADRC development and advisory, consumer-directed and person-centered system changes, Chronic Disease Self-Management programs, pre- and post- disaster planning and assistance, The Alzheimer's/Dementia Related Disorders State Plan and Employment First Workforce development.

The Council of Developmental Disabilities is housed within the ADMH and operates under Public Law 106-402 and a Governor's Executive Order. Members of the Council are appointed by the Governor. The purpose of the Council is to assure that individuals with developmental disabilities and their families participate in the design of and have access to the needed community supports, individualized supports, and other forms of assistance to support and promote self-determination, independence, and inclusion in all facets of community life. ADSS is a member of the DD Council and staff of the DD Council actively participates in cross training, resource development, and advice for ADRC development.

Alabama Medicaid Agency (AMA)

The Alabama Medicaid Agency is a state agency run by a cabinet-level Commissioner who is appointed by the Governor. The Governor and the Legislature each appointed taskforces to review and make suggestions on restructuring the AMA to better serve the people of Alabama. The federal and state governments jointly fund Medicaid. To be eligible for federal funds, states are required to provide Medicaid coverage for mandated groups. Approximately 70% of Medicaid's budget goes to provide services to Alabama's aging and disabled population through a variety of services. Most of the health and human service agencies and community providers are significantly funded with Medicaid support, utilizing their match funds to draw down federal funds. ADSS staff serves on various committees and the Commissioner of ADSS is a member of the taskforce making recommendations regarding the reorganization of the Medicaid Agency and

its functions in state government. Medicaid staff has been active participants in the ADRC coordination and planning, Chronic Disease Self-Management grant support, and Lifespan Respite activities. ADSS staff has been active stakeholders in the Medicaid partnership with CMS to receive grant funds to provide Money Follows the Person (MFP) services. Medicaid designated ADSS as the Lead Agency for ADRC, "No Wrong Door" activities under the Long Term Care Division.

Alabama Department of Human Resources (DHR)

DHR operates under the State Board of Human Resources. The Governor, who serves as the Board Chairman, appoints the board members. The State Board approves major administrative actions, including the appointment of the Commissioner and the agencies operating budgets. There are 67 county departments, all of which have boards that are appointed by county governments. DHR's major programs include: Family Services, Food Assistance, Child Support, Child Day Care, Adult Protective Services, and Temporary Assistance for Needy Families (TANF). DHR's mission is "to partner with communities to promote family stability and provide for the safety and self-sufficiency of vulnerable Alabamians." The DHR Commissioner serves on the ADSS Advisory Board of Directors and staff serve in various roles as Advisors for the ADRC.

The Adult Protective Services Division of DHR has the statutory responsibility to receive and investigate reports of suspected elder abuse and serves as the data repository for all complaints and investigations reported to DHR. DHR/APS works collaboratively with ADSS on all Elder Justice Outreach and advocacy, the ombudsman program, and the ADRC. Under State Law ADSS employees are mandatory reporters. DHR developed on line Adult Protective Service training which will be a requirement for all ADRC and other long term care and programmatic staff to complete in 2017.

The local ADRCs have an outreach grant agreement with Alabama DHR to provide outreach and enrollment for the Alabama Elderly Simplified Application Project (AESAP) and ADSS provides some local assistance in funding the program. AESAP is designed to simplify the application process for food assistance for those over age 60. This program increased access to food for many elderly who, for various reasons, found the process too difficult before the implementation of the new process and outreach efforts.

Alabama Department of Rehabilitation Services (ADRS)

The mission of ADRS is "to enable Alabama's children and adults with disabilities to achieve their maximum potential." Created by the Legislature in 1994, ADRS is the state agency which serves people with disabilities from birth to old age through a "continuum of services." Services are provided through 25 community offices serving all 67 counties. The ADRS Director is appointed by a Board of Directors. The Board is comprised of seven members, one from each congressional district, appointed by the Governor and confirmed by the Senate. Of these, three members must have a disability, one must be the parent of a child with a disability, and three members must be representatives of business and industry. ADRS has four major programs: Early Intervention, Children's Rehabilitation Services, Vocational Rehabilitation Service, and

State of Alabama Independent Living (SAIL) program. The Vocational Rehabilitation Division includes the Blind/Deaf programs, providing assistance statewide to those requiring services for the blind and deaf and OASIS (Older Alabamians System of Information and Services) program. ADSS staff serves on the OASIS advisory board and the aging network utilizes the services of OASIS for training and referral of clients in need of assistance. ADSS staff works in partnership with the state and local Independent Living Centers. The State ILC provides assistance and advice on ADRC functions and resources. SAIL provides a wide range of education and home-based programs to assist people with the most severe disabilities in leading independent lives at home, at school, or in the workplace through seven community-based offices located throughout the State.

Alabama Institute for Deaf and Blind (AIDB)

The AIDB has served Alabamians with sensory impairments for more than 140 years. AIDB is the nation's most comprehensive education, rehabilitation, and employment system serving children and adults who are deaf, blind and multi-disabled with a myriad of programs designed just for them. For more than a century and a half, AIDB has been investing in the lives of thousands of infants, toddlers, children, adults, and seniors who are challenged by hearing and vision loss. There are five campuses and eight regional centers throughout Alabama. The mission of the organization's Senior Services Department is "to develop a system of service delivery that will ensure that the elderly sensory impaired citizen will be able to maintain a quality of life where one can remain functionally independent, be a viable part of a productive community, and have access to a safe and sustaining environment." AIDB is represented on the ADSS Advisory Board and provides numerous programs and supports to the AAAs to serve our aging population in helping them to remain independent in their homes for as long as possible. Recently the AIDB received certification for the evidenced-based PEARLs program and will be providing these services over the next few years to target older Alabamians who are suffering from Depression.

Governor's Office on Disability

The Governor's Office on Disability (GOOD) was created by Executive Order in 1999 to serve as a statewide clearing house for information on disability and resources in Alabama. GOOD's mission was revised in 2008 to include the facilitation of inclusion for Alabamians with disabilities in education, employment, housing, transportation, healthcare, and leisure. The office actively seeks to engage individuals and their families in open communication to advocate with the entities that provide services. ADSS includes GOOD staff in an advisory capacity for all of its programs addressing disability issues. GOOD's Executive Director is appointed by the governor and the major function of this appointment is to act as the liaison to the Governor's Office on disability issues.

State Programs

Alabama Senior Citizens Hall of Fame

The Alabama Legislature created the Alabama Senior Citizens Hall of Fame in 1983. (*Alabama Code §38-3-20*) and it was moved under the purview of the ADSS in 2008. The Hall of Fame was created to honor living Alabama citizens who are chosen for accomplishment or service greatly benefiting the lives of older American citizens. The organization is run by older individuals who volunteer to support and lead this project. Nominations are solicited from around the state and through the aging network. An induction ceremony is held each year to honor up to 10 new members who are welcomed into the Hall of Fame and receive a medal and framed certificate. In addition to inductees, special honorary awards are presented to individuals in various categories. Couples who have been married for 65 years or more and individuals who are 100 years or older are also recognized. One of the categories added in 2016 is to honor those individuals who are a part of the "Greatest Generation." The event lends much community support throughout the State of Alabama and the ceremony is a huge draw for friends and family of those who are honored. ADSS provides administrative and financial support for all Hall of Fame activities.

Alabama SenioRx

Alabama's Prescription Drug Assistance Program, SenioR$_X$ has been a state funded program since 2002. The program is designed to provide prescription assistance to Alabamians who are 55 and older, or individuals of any age who have a doctor's declaration of disability, have applied for disability and are awaiting a decision, or who have been deemed disabled and are in the 24 month waiting period. SenioRx also assists Medicare beneficiaries that have reached their Medicare Part D coverage gap (donut hole) receive free or low cost medications.

The purpose of the program is to help people manage their chronic illnesses earlier and prevent serious health problems later in life. SenioR$_X$ has helped thousands of Alabamians receive free or low cost prescription drugs from pharmaceutical manufacturers by conducting education, outreach, and enrollment through the 13 Area Agencies on Aging.

State and local SenioRx staff work collaboratively with the local Aging & Disability Resource Center (ADRC) and State Health Insurance Assistance Program (SHIP) counselors to ensure each consumer they come in contact with are properly screened for SenioRx services. SenioRx is expanding efforts to develop new partnerships with local pharmacists and health care providers, and advocacy organizations that assist people of any age with disabilities.