

Alabama Department of Senior Services



Alabama State Plan on Aging



Fiscal Years 2014-2016

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Letter to Constantinos Miskis

July 1, 2013

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:

Please find enclosed the State Plan on Aging for the State of Alabama for the period of October 1, 2013, through September 30, 2016.

This plan was developed with input from the advisory board, state plan advisory council, planning committees, and the general public. 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, the 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 the continuing progress to adequately meet the needs and preferences of the citizens we serve. If you have any questions regarding the 2014-2016 State Plan, please contact me at 334-242-4985 or Julie Miller at julie.miller@adss.alabama.gov.

Sincerely,



Neal G. Morrison
Commissioner

Verification of Intent

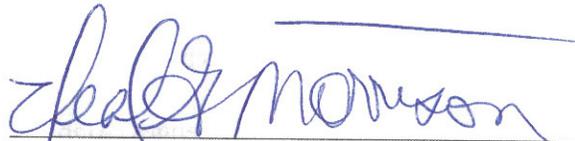
The state plan on aging for the period October 1, 2013 - September 30, 2016 is hereby submitted for the state of Alabama by the Alabama Department of Senior Services. The state agency named above was given the authority to develop and administer the state plan on aging in accordance with all requirements 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.

June 20, 2013 (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.

June 20, 2013 (signed)
Date



Robert Bentley, Governor
State of Alabama

Executive Summary

ADSS was created in 1957 as the single state agency for receiving and disbursing federal funds made available under the Older Americans Act of 1965 and to serve as the lead agency on programs for the aging population. 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, appoints other personnel as may be necessary. The department oversees the 13 Area Agencies on Aging (AAAs), which act as grantee agencies serving their respective areas.

As a freestanding department in state government, the mission of ADSS is to promote the independence and dignity of those served through a comprehensive and coordinated system of quality services. ADSS' vision is to help society and state government prepare for the changing aging demographics through effective leadership, advocacy, and stewardship.

ADSS pursues its mission by providing a variety of programs and services through multiple funding sources. Older Americans Act resources, coupled with state and local funding provide older Alabamians with many of these services, including senior center and homebound meals and supportive services, such as transportation, information and assistance, options and benefits counseling, legal assistance, prevention of elder abuse, and long-term care ombudsman services. Family caregivers are provided information, assistance, education, counseling, and respite services through the Alabama Cares Program and the Alabama Lifespan Respite Network. ADSS also administers grants and programs funded through state appropriations; such as, the SenioRx prescription assistance program, home and community-based services through the Centers for Medicare and Medicaid Services, and senior employment opportunities in partnership with the U.S. Department of Labor, as well as other special grants. In 2012, ADSS became the lead agency for the Elderly and Disabled Waiver program providing home and community-based services to those who would otherwise be eligible for Medicaid coverage in a nursing home.

In addition to healthcare systems changes and challenges, Alabama had a dramatic shift in the demographics of our aging population. There was a 21.3% increase in persons 60 years of age and older from the Census 2000 to 2010. This represents 19.5% of Alabama's total population (4,779,736), about one in five people. The 2010 Census shows Alabama has 523,810 older women and 410,109 older men, which yields a gender ratio of 128 women for every 100 men. The report also shows an increase of 12.5% in Alabama's frailest population, those over age 85.

Alabama's Aging Network is actively involved in promoting the development of consumer-centered systems of long-term care. ADSS is collaborating with the AAAs and other partners to (1) advocate for development of an easily accessible, coordinated transportation system; (2) provide streamlined access to health and long-term care services through a statewide Aging and Disability Resource Center (ADRC) network; (3) enable older persons to enjoy healthier lives by implementing evidence-based disease and disability prevention programs; and (4) offer more choices to individuals through the use of flexible service models that include consumer-directed care options. ADSS is planning, along with its health and human service partners, to expand consumer-directed options for various services. ADSS, in previous years, was awarded numerous grants that assisted in strengthening the state's capacity to promote the dignity and independence of older Alabamians and individuals with chronic illness and disabilities.

ADSS designated the 13 AAAs for the purpose of carrying out the responsibilities described above for the state agency at the regional level. The AAAs act as local planning and service agencies that have contracts for direct services with over 2,000 state and local providers. ADSS and AAAs ensure that preference will be given to providing services to seniors with greatest economic and social need, with particular attention to low-income minority individuals and seniors residing in rural areas.

The following goals for Fiscal Years 2014 thru 2016 were identified to advance ADSS' vision for Alabama seniors:

- ADSS GOAL 1.0: Seniors, people with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services, empowering them to live in the least restrictive environments possible.
- ADSS GOAL 2.0: Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home and community-based services, and supports for family caregivers.
- ADSS GOAL 3.0: Empower older Alabamians to stay active and healthy through Older Americans Act services and Medicare prevention benefits.
- ADSS GOAL 4.0: Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.
- ADSS GOAL 5.0: Promote proactive, progressive management and accountability of the State Unit on Aging and its contracting agencies.

This State Plan on Aging was compiled with multiple avenues for discussion and input from a State Plan Advisory Committee designated by the Commissioner, ADSS staff, Advisory Board, Council of Governments, AAA Directors, and the public at large. The plan's goals, objectives and strategies encompass a vision of moving Alabama forward to provide services and supports, both public and private, to a diverse and growing population of older adults and individuals with chronic diseases and disabilities. Clearly all involved see the critical areas of concern as access to streamlined and coordinated information and supports, access to transportation to meet every day needs of those isolated and unable to drive, caregiver education and support (i.e., respite care) and, most importantly, the ability to remain mentally and physically active to remain independent. ADSS and its partnering stakeholders in this plan for Alabama are committed to providing these supports through advocacy, community education, resource development, and accountability.

ADSS carries out a wide range of functions designed to facilitate the development or enhancement of comprehensive and coordinated community-based systems in, or serving, communities throughout the state. Rebalancing long-term care and community development is the driving force in assisting the people we are charged to serve in maintaining their personal choices and dignity. These systems seek to assist older Alabamians in leading independent, meaningful, and dignified lives in their own homes and communities for as long as they desire.

State Plan on Aging

In accordance with the Older Americans Act 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 (Administration on Aging). This 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 State Plan Advisory Committee, the Aging Network, Board of Directors, other state agencies, and consumers.

ADSS MISSION: To promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality services.

ADSS VISION: To help society & state government prepare for the changing aging demographics through effective leadership, advocacy, and stewardship.

Introduction

Governor Robert Bentley and the Alabama Legislature were faced with many economic challenges over the past few years. The state’s economy is slowly recovering from the great recession, which hit Alabama later than other states, but just as hard. Unfortunately, Alabama’s health and human service agencies are faced with unique budgetary challenges. This is a result of the fact that 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 thus, are not available for health and human services and other general fund agencies. The department is most affected by the revenue collections for the General Fund, as it accounts for the state funding portion for the Elderly and Disabled Waiver program through the Medicaid Agency, the state meals program, and the SenioRx medication assistance program.

Alabama and other states are struggling to keep Medicaid funded at current levels; the program encompasses more than a third of Alabama’s General Fund budget and those expenditures will keep growing. Governor Bentley and Alabama’s Legislature both formed Medicaid study committees focused on reforming Medicaid by improving financial stability and patient care. These committees recommended various managed care options to overhaul the State Medicaid System.

Governor Bentley is committed to increasing efficiency, eliminating fraud, and maintaining patient care. The Alabama Medicaid Advisory Commission was tasked with offering a path toward those goals. The Commission’s work will help the state achieve fiscal certainty for the Alabama Medicaid Agency in the future. Commission members studied various options for reforming the Alabama Medicaid Agency and were tasked with recommending a care delivery system that is supported by a long-term, sustainable funding structure.

Recommendations from the Alabama Medicaid Advisory Commission resulted in the Legislature passing Senate Bill 340 during the 2013 Session to restructure the delivery of medical services to Medicaid beneficiaries on a managed-care basis through regional care organizations or alternate care providers. The Medicaid Agency submitted an application to the Centers for Medicare and Medicaid Services for a Section 1115 demonstration project to implement a new care delivery model to address fragmentation in the State’s delivery system, support quality care, and increase transparency and fairness in the Medicaid reimbursement system. The demonstration project outlines strategies recommended by the multi-stakeholder Medicaid Advisory Commission that was convened by Governor Bentley in October 2012.

The principal components of the demonstration project, based on the Commission's recommendations, are that the State will transition from utilization-driven reimbursement to value-based purchasing which would include:

- A medical or health home component for every Medicaid beneficiary, building on the State's recent successes with the Alabama Patient Care Network.
- The development of provider-based regional care organizations to manage and coordinate care for the majority of the Medicaid population. Through a capitated payment, regional care organizations would manage the full scope of Medicaid benefits, including physical, behavioral, and pharmacy services.
- New strategies to more effectively address the behavioral health and physical health needs of Medicaid beneficiaries who have chronic needs, mental illnesses and substance abuse disorders.

The Commission recommended these steps as necessary to ensure the long-term sustainability of the Medicaid program, to protect and expand access to healthcare providers in Alabama, and to improve the health of Medicaid beneficiaries.

These changes will have a profound effect on the health and human service agencies and the clients we serve through various Medicaid-funded health care and home and community-based services. At the time this document was prepared, there was no clear understanding of what Alabama's future health and long-term care systems, as funded with Medicaid dollars, will look like, although, it will most certainly be a form of managed care and present significant changes to the current infrastructure.

Governor Bentley supports the national vision that all Americans – including seniors and persons with disabilities – should be able to live at home with the supports they need, participating in the communities of their choice where their contributions can be expanded and valued. The Governor's Office, with the Alabama Medicaid Agency leading the effort among the health and human service agencies, released in January 2012, "Gateway to Community Living, State of Alabama Long-Term Care Rebalancing Initiatives." This plan is a summary of Alabama's activities to expand community living for Alabamians. Since this plan was released, Alabama has continued to expand community integration for people with disabilities. The Medicaid Agency recently received a Money Follows the Person grant which will provide resources to transition and help sustain more individuals in less restrictive community settings opposed to the various other more costly and restrictive institutional environments. ADSS will be the lead agency working with Medicaid to provide the "no wrong door" entry to options counseling and long-term care services and supports for those who are at high-risk for placement in care facilities and for those who wish to transition back into their community.

ADSS has extensive experience managing federal funds and grants, while adhering to all policies related to accepted program, financial, and personnel management practices. In addition, ADSS was assessed by multiple entities related to funded work projects and continues to provide valuable lessons learned and outcomes on these projects. Combined with dedication, experience, and devoted staff, ADSS, along with its 13 AAAs and other partners, has the needed components to implement a highly successful plan to improve quality of life for older Alabamians. Under the leadership of the Governor's Office and the appointed Commissioner, ADSS will expand its opportunities for staff training, leadership development, and streamlined partnership to implement a successful business model to lead the aging network forward during times of change, transition, and limited funds.

ADSS is a freestanding state agency with approximately 41 employees. As a planning, development, and advocacy agency, employees include Administrators, Accountants, IT Specialists, Registered Dietitians, Nurses, Social Workers, as well as clerical support personnel. ADSS administers the provisions of the Older Americans Act and other state programs; such as, the Elderly and Disabled Waiver. ADSS contracts with aging programs through nine regional planning commissions, three independent AAAs, one county government and over 2,000 service providers

servicing the estimated 933,919 Alabamians age 60 and older. ADSS demonstrates a future capacity for choice and independence for Alabamians, with effective partnerships between state agencies and stakeholders to ensure fulfillment of its mission.

Current and Future Demographics of Alabama's Aging and Disability Populations

Department staff and other health and human service partners continue to analyze shifting demographics to determine current and future trends and long-term care needs of the older population. According to the 2010 census report Alabama's population, age 60 and over, is 933,919; many of these individuals reside in rural areas. Between 2010 and 2030, Alabama's age 60 and over population is projected to increase by 42%, reaching over 1.323 million. This dramatic shift 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 to best plan for the demographic changes for the State with its aging population.

Demographics of the aging population continue to change dramatically, with 14% of Alabama's population being 65 or older in 2011, compared to 13.3% nationwide. According to the U.S. Census Bureau's 2010 census, the nation's total population was 308.7 million. Alabama's population was 4.78 million, representing 1.55% of the United States' population and ranking 27th nationally in terms of population growth from the 2000 census. The number of Alabamians 60 years of age and over represents 19.5% of Alabama's total population, compared to 18.5% nationally. ADSS continues to analyze U.S. Census Bureau information to obtain a clearer picture of the state's rapidly growing older population. By sharing this information with the health and human service agencies and the Aging Network, we continue to work together to identify and understand the current older population while planning for the seniors of tomorrow.

Figure 1 portrays Alabama's older population by age group (U.S. Census Bureau, Interim State Projections). In Figure 2, each column's total height represents Alabama's age 55 and over population and its actual/projected share of the state's total population thru 2030. The column components portray each age group's respective share of the state's total population for that year. ADSS often conducts similar analyses for each AAA, by county, to identify the size of each region's older population and assist with targeting and outreach.

Born between 1946 and 1964, baby boomers began to turn 65 in 2011. The nation's age 65 and over population is projected to expand from 13.1% in 2010 to 19.7% in 2030 – from 40.8 million to 71.4 million (U.S. Census Bureau, Interim State Projections). During these 20 years, the average annual rate of increase for this age group is projected at 2.8%. This unprecedented population surge will dramatically increase the size of the older population and result in greater racial, ethnic, educational, and economic diversity. It will also challenge Alabama's Aging Network in advocating for changes in aging and long-term care supports and services to address the varying and growing needs of the older, more diverse aging population.

Figure 1 - Projected Growth of Older Alabamians

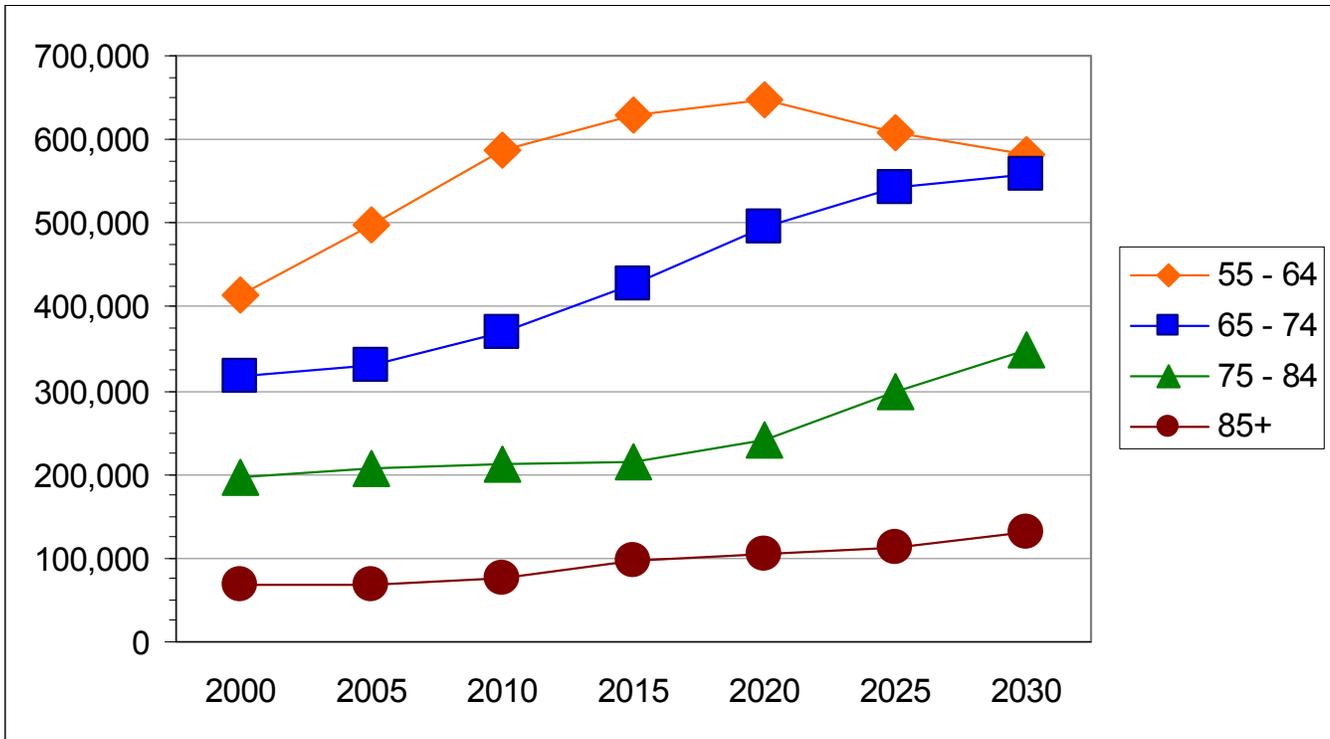
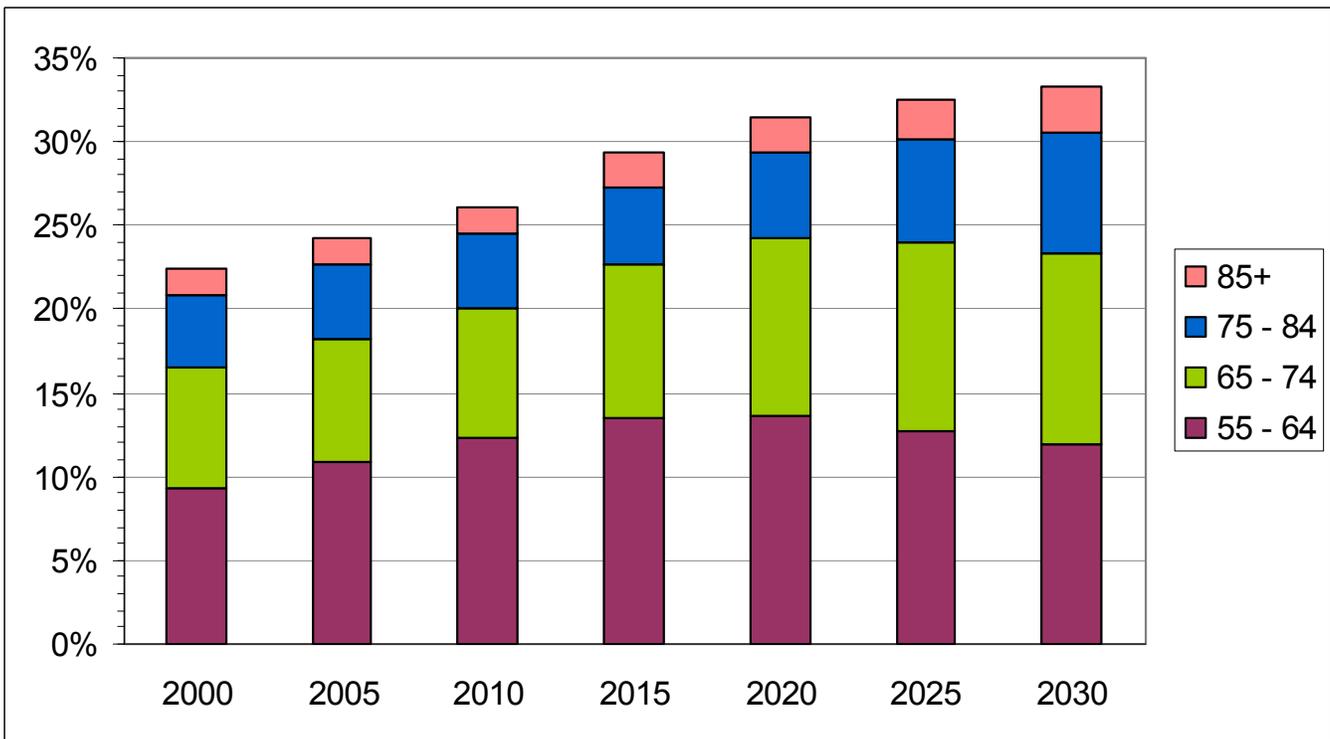
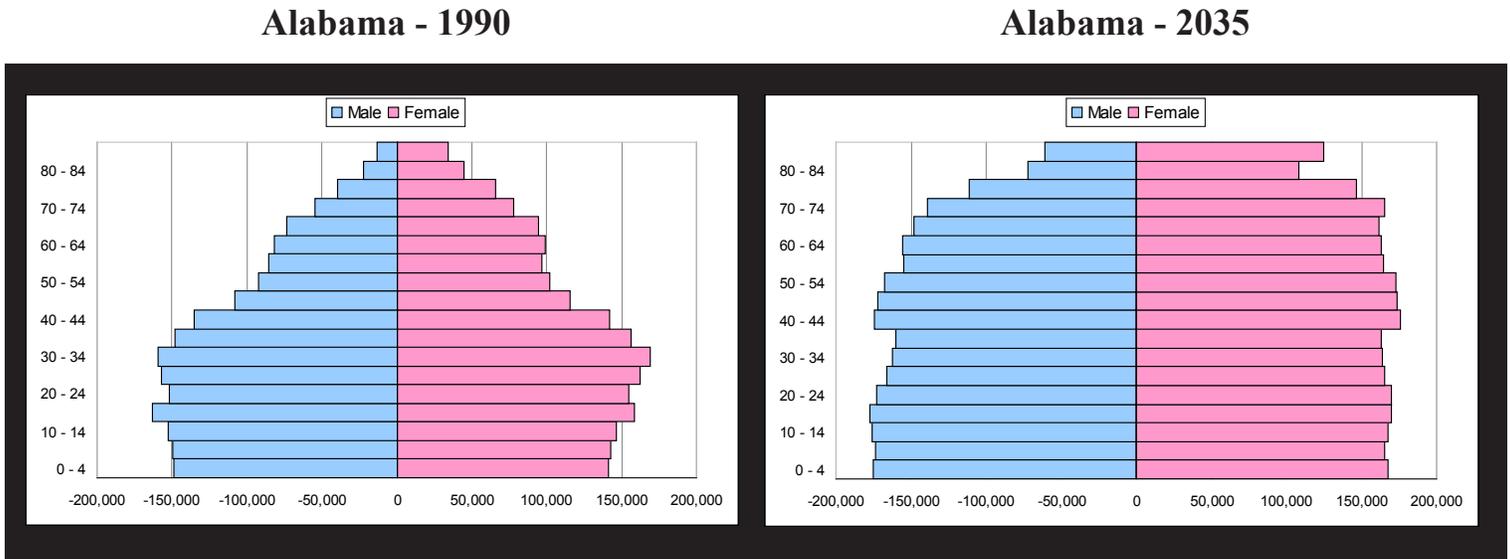


Figure 2 - Older Alabamians: Projected Share of State's Total Population



As shown in Figure 3 (Center for Business and Economic Research, 2010), Alabama’s population pyramid for 1990 approaches the classic “pyramid” shape; however, by 2035, the state’s population distribution is projected to look more like a rectangle as the number of older people will nearly equal the number of young people.

Figure 3 - Population Pyramids



Based on the American Community Survey, 16.2% of Alabamians live with disabilities (vs. 11.9% for the United States). The state ranks fourth in the nation for percentage of individuals with disabilities. The most recent data from the Behavioral Risk Factor Surveillance Survey indicate that 25.9% of Alabama adult residents and 47.7% over age 60 report limited activities because of physical, mental, or emotional problems. This ranks Alabama third highest in the nation. Access to information, care, and healthy lifestyle choices is more important for this population as they fair worse in most aspects of their daily living than do those without disabilities. The prevalence of disability increases with age in Alabama, but all age groups indicate elevated percentages of disability compared to national estimates. According to the American Community Survey the estimates for children with “special healthcare needs” are significantly higher for Alabama as compared to the nation as a whole. In younger age groups, cognitive difficulties are the most reported. Among those ages 18–64, ambulatory difficulties are more common and there is a significant increase in all disabilities reported for ages 65 and older.

Access to care is a challenge for those who have disabilities and live in Alabama. Of Alabama’s 67 counties, more than 76% (51 counties) are at least 50% rural; nearly 50% (33 counties) are over 75% rural. Alabama’s rural areas have a higher percentage, 17.6%, of people with disabilities than the urban areas, at 14.9%. This creates a significant challenge for these individuals in securing transportation for adequate healthcare and healthy, affordable food. It is critically important for Alabama to increase its primary care capacity to meet the healthcare and prevention needs of these individuals in local, rural communities. Transportation is a barrier that must also be addressed to meet these increasing needs to allow these individuals to live independently in their communities of choice. 73% of Alabamians with disabilities are overweight or obese. People in rural areas of the state have difficulty gaining access to healthy food choices, which can be a contributing factor to these health statistics. ADSS encourages community planners to address issues as they relate to livable communities for seniors and individuals with disabilities where they can walk to stores, parks and transportation stops to improve access to food, medicine and health care.

Alabamians with disabilities have lower individual earnings than do their peers without disabilities. More than 40% of adults with disabilities have incomes less than 150% of poverty compared to less than 25% of those without disabilities.

Special Populations

Hispanic

Alabama's Hispanic population increased by roughly 150% over the past decade according to 2010 census data. Despite this increase, Hispanics over age 60 in Alabama remain relatively few in number. ADSS will continue to utilize demographic reports from Alabama universities to monitor these numbers in the event there is a significant enough change to warrant an outreach effort for services and assistance. ADSS also works very closely with the Alabama Department of Public Health's Office of Minority Health to reach targeted minority populations.

Veterans

There are 405,624 veterans in Alabama. 94,510 receive veterans and survivors disability compensation or pension payments. 66,081 veterans receive monthly disability compensation; 9,111 receive Veterans Affairs pensions; and 18,368 disability claims were processed. Alabama has 7,287 veterans of the conflicts in Iraq and Afghanistan who have sought medical treatment at healthcare facilities. Veteran Medical Care expenditures for Alabama veterans in 2010 totaled \$779,999,000. According to a release from the Alabama National Guard, they called more than 21,000 personnel to active duty since 9/11 and remains a top contributor among the nation's National Guard. Alabama is proud of its service men and women who fought bravely for our freedom and safety. ADSS completed the readiness assessment to become a Veterans Directed Home and Community-Based Service provider, but will have to wait for the funds to become available to a Veterans Health Care Center in order to begin the application process. ADSS, the Aging Network, Alabama Cares program, and the Alabama Lifespan Respite program are working with the Veterans Health Centers Caregiver Support programs.

Native Americans

The majority of American Indians in the United States are living in cities and not on reservations. Alabama is consistent with the national trend. Only two of the nine Alabama recognized tribes live on reservations. Alabama has one tribe recognized by the federal government, the Poarch Band of Creek Indians, which operates as a sovereign nation with its own system of government and bylaws. The Poarch Band of Creek Indians is governed by a nine-member elected Tribal Council. A full-time staff is employed to provide administrative support for the operation of the Tribal government and programs. The Poarch Creek Indians Housing Authority was established in 1984 to provide new housing on the reservation for low-income Tribal households and to meet the needs of elderly Tribal members.

In an effort to provide economic development and employment opportunities for Tribal members, the Tribal Council approved the building of the Creek Bingo Palace, the Western Motel and Creek Family Restaurant, and Perdido River Farms, all of which are successful business ventures and belong to the Creek Indian Enterprises. ADSS will seek to foster a good working relationship with the Tribal Council to assist in improving the health and safety of seniors in the Tribal community.

Caregivers

The most recent survey completed by the AARP Public Policy Institute estimates the population of caregivers in Alabama at 818,000 informal caregivers for people of all ages with disabilities and chronic health conditions. The 2011 American Community Survey counted 764,988 Alabamians with a disability. The 2012 National Alzheimer Report shows 91,000 Alabamians were diagnosed with Alzheimer's disease. The National Alliance on Mental Illness' 2010 report shows 187,000 adults live with serious mental illness and 51,000 children with severe emotional disorders. Each of these identified individuals with special healthcare needs either requires a caregiver now or will require one in the future.

Caregivers in Alabama are providing 783,000,000 hours of unpaid respite at a market rate of \$7,300,000,000, saving the state and federal government billions of dollars in healthcare-related costs. The extent and nature of the need for respite care services is evidenced by the fact that Alabama caregivers provide approximately 80% of all long-term services and supports for family members. Family caregivers are the backbone of our state's long-term care system and ADSS is committed to supporting the various needs of caregivers through its Title III-E Alabama Cares program, Medicaid Waiver Services, and the Lifespan Respite program.

Alzheimer's and Related Disorders

One in eight older Americans has Alzheimer's disease. In Alabama, there are currently 91,000 individuals who have a diagnosis and this is expected to increase by 18% in 2020 and 31% by 2025. In 2012, there were an estimated 295,297 Alzheimer's and Dementia caregivers in Alabama, saving billions in unpaid care. ADSS and the Aging Network are committed, through various programs, to support these caregivers with services and educational support. Below are a few of the resources available to caregivers and care professionals working with those who have dementia-related disorders.

Virtual Dementia Tour Training – The Virtual Dementia Tour is a hands-on, experimental tool kit created for anyone seeking to understand the physical and mental challenges of those suffering from Alzheimer's and dementia. It is a tool that gives the user a sense of having a form of dementia, and allows them to experience what it is like to be suffering from dementia. This is a communication tool and is used to train paid and unpaid caregivers who are responsible for caring for someone with dementia. All 13 AAAs utilize the virtual dementia tour and have trained staff to give tours in the community.

REACH Intervention Project - the REACH program was adapted for use in home and group settings and all Caregiver Coordinators, Long-Term Care Ombudsmen, and Lead Case Managers were trained on the concepts. The information provided through this effort helped, and will continue to help, caregivers to provide better care to their loved ones and prevent hospitalizations and pre-mature admission to long-term care facilities.

Dementia Education & Training Act - The Dementia Education & Training program is sponsored by the Alabama Department of Mental Health and the Alabama Legislature. In 1993, recognizing the growing public health concern for the increase in persons having Alzheimer's disease and other types of dementia, the Alabama Legislature passed the Dementia Education & Training Act to educate caregivers and professionals. The information and advice offered is based on the best available science. Through education and its website, the Dementia Education & Training program encourages community-based services for persons with Alzheimer's disease and other types of dementia. The Dementia Education & Training program trains family caregivers and professionals in existing community programs and agencies about dementia and promotes education that allows Alabamians with dementia to live with dignity, independence, and respect. ADSS and the Aging Network rely on Dementia Education & Training materials as resources for caregivers and to train professional and para-professional staff working with care recipients.

Grandparents caring for Grandchildren

Grandparents and other relatives rearing and parenting children are a very diverse group of individuals with one thing in common – raising children they had most likely not expected to raise. Regardless of the reason, these individuals' lives are changed, often with very little planning, which causes stress. Many grandparents take on financial burdens they did not anticipate, which means second mortgages on homes, dipping into retirement funds, and increased credit card debt, to provide for the children and often the legal fees associated with obtaining proper legal status. 57% of Alabama grandparents living with their grandchildren are actually responsible for these children, compared to 41% nationwide. The 2010 census shows 148,127 children under the age of 18 live in homes where the householders are grandparents or other relatives. 63,529 grandparents are householders and are responsible for their grandchildren living with them. ADSS, the Alabama Cares program, Lifespan Respite, and the Alabama Cooperative Extension program all support kinship care programs with support groups, newsletters, benefits counseling, respite and supplemental programs for school supplies, holiday gifts, and other essentials to help the caregiver.

Needs Assessment

ADSS was fortunate to have an Auburn University Doctoral Student, working as a Program Coordinator, who chose research on successful aging as part of her dissertation. This study, and the survey she conducted, serve as ADSS' needs assessment for the current State Plan period. The purpose of the study was to examine the perceptions of older Alabamians regarding their own state of aging and what characterizes successful aging. The Successful Aging survey used in the study was a modified version of the Expectations Regarding Aging survey developed by Dr. Sarkisian at UCLA. The survey used a series of Likert scale questions to determine older persons' perceptions regarding successful aging as it pertains to physical, mental and cognitive health issues. The study focused on older adults between the ages of 55 and 85, evenly divided between rural and urban areas. There were 225 survey participants, 195 of whom were used for data analysis. Of those, 60 were between the ages of 55 and 65, and 135 participants were 66 to 85 years of age; 30.5% were males and 69.5% were females. The mean age of the survey participants was 70. Also, 58.5% of the participants were Caucasian and 41.5% were African American. In addition, marital status of the participants comprised of 14.8% single, 46.2% married, 8.7% divorced and 30.3% who were widowed. Interestingly, geographic and gender differences did not manifest themselves as a differentiating factor among respondents.

Findings from the Successful Aging research study provide fundamental data in the field of gerontology to assist the state and other stakeholders in future strategic planning of services, programs, and resource allocation to help older persons age successfully and independently. The questions were designed to examine respondents' perceptions on health issues ranging from cognitive, mental, physical, and behavioral aspects of the aging process. As we look at various aging generations in society today, it is important to understand that the Baby Boomer population represents some of the most dramatic changes in recent history. As this generation ages, more attention must be paid to the concept of aging and what it means to society. The Boomers are more interested in their purpose and quality of living than they are in simply living longer. They want balance in most aspects of their lives.

The most important information to assist ADSS in future planning is the following collection of observations:

- Access to transportation was the need most frequently mentioned by respondents. The barriers listed were not only lack of transportation, but a combination of physical or mental ability to drive and financial capacity to maintain personal transportation. Many expressed the desire to attend events at night, but are unable to due to transportation.

- The second most frequently mentioned need was access to information on various services and programs, such as Medicare and Medicaid. There was a recurring message of a need for assistance with access to programs and services, including the need to understand legal issues and assistance with discussion of long-term care planning for one's own ability to remain self-sufficient.
- Participants also expressed little or no interest in increased funding of services; they felt better appropriation, accountability, and allocation of current funds were more significant.
- The majority of participants felt mental issues were more important than physical issues because mental acuity forms the basis of their independence.
- Many respondents expressed the ability to remain mentally and physically active as among the most important factors in successful aging.
- Respondents expressed the need to remain independent and active as vital components to live happily.
- Access to continuing education and expanded knowledge of technology were also paramount concerns of the surveyed population.

Almost all participants acknowledged interaction with friends and family, the ability to remain mentally and physically active, independence, and autonomy to make decisions about their own aging needs among the most significant requirements for aging successfully. Participants also contend that careful planning and the ability to remain self-sufficient are critical for successful aging. These survey results conclude that ADRCs will be critical in meeting the needs of this ever-growing population. It also shows that the Senior Center concept must be revived to meet the expressed needs of the boomer group that wants more social interaction and more choices with attention paid to increasing mental and physical activity. Active learning options were also an expressed need and ADSS will plan to work more intently with the Junior Colleges and Universities. The most challenging barrier to successful aging expressed in the survey is transportation, consistent with almost every plan submitted for aging and disability programs. ADSS will continue its advocacy work to improve these options and will work toward awareness in the faith-based and other local community supports so that expressed needs may be addressed, allowing older individuals to age successfully and independently in their communities.

Caregiver Needs Assessment

ADSS contracted with the University of Alabama at Birmingham and its Center for Educational Accountability to conduct an evaluation of Lifespan Respite Care. The University of Alabama at Birmingham's Center for Educational Accountability served as an external evaluator of a statewide service project to ensure that objectives established by the Administration on Aging were met by ADSS as the grant recipient for the 2009 Lifespan Respite grant. The evaluation was accomplished through a mixed-methods approach to gather qualitative and quantitative data from key information. Three goals guided the evaluation: 1) measuring current capacity and improvement of the Alabama Respite Network as perceived by family caregivers, agencies, and providers; 2) identifying needed enhancements to respite worker training and service delivery; and 3) identifying facilitators and barriers to a coordinated system of lifespan respite care in Alabama.

Results of the statewide survey enable ADSS and Coalition members to more accurately identify respite provider needs, services available to family caregivers, and areas for improvement. Evaluators collaborated with members of the Coalition and the aging and disability networks to invite family caregivers and agency service providers to voluntarily complete surveys presented in written and online formats. The purpose was to

determine current and unmet needs for family respite services. Approximately 800 individuals completed the Survey of Family Caregivers about Respite Services. The majority of caregivers who responded require continuous assistance with their care recipient. Most utilized respite services to relieve stress, and the majority stated they would be extremely stressed without the respite services they are currently able to access.

State Public Hearings

ADSS initiated public hearings across the state during the months of January, February, and May 2013 to garner input from the state's senior citizens and public officials. All areas concurred with the top concerns and needs as they were determined in the Successful Aging Research Survey. Other areas of universal concern included:

- Local communities need more funds for maintenance and upkeep of senior centers.
- Educational barriers are an issue for many seniors.
- Increased need for services addressing personal care, homemaker services, home maintenance and chores to enable people to remain independent in their own homes.
- Access to services and the application process should be simplified.
- Seniors like the self-management concepts to manage their daily lives and health care.
- More education for seniors and caregivers.
- Not enough housing choices for people as they become disabled or age.
- Several written and verbal comments were submitted objecting to the legislature's involvement in determining the intrastate funding formula, which differed from the one developed after consultation and recommendations from Alabama State University and was supported by the ADSS Commissioner and the ADSS Advisory Board. These comments reflected opinions that the State Plan proposed funding formula did not meet the test of consideration for people of greatest frailty or social need with particular attention to low-income minority individuals.
- Food insecurity in the rural, impoverished areas of the state was also a great concern.
- Access to services for dental, hearing and vision impairments were expressed as individual needs to remain healthy and independent.
- Speakers also spoke to the support of changing the funding formula to meet the needs of the growing 60+ population in more urban areas, citing there are vulnerable, poor individuals in all areas of the state.
- Comments were made to address the issues of elder abuse, neglect, and exploitation to include advocacy for holistic approaches for services and streamlined education and training for law enforcement.

Challenges

There are multiple challenges for Alabama to adequately fund services to reach the targeted populations. Alabamians age 60 and older are in the top ten states in terms of food insecurity (18.97%) for those with income less than 200% of the poverty level. These insecurities increase for individuals in the rural areas of the state as there is a lack of transportation and resources to obtain food and other incidentals. 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 that 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 individuals and adults with disabilities are not getting enough to eat.

Public transportation is an ongoing challenge for Alabama. Inadequate transportation keeps thousands of Alabamians from meeting basic needs; such as, getting to work, various health care appointments or the grocery store. The state constitution prohibits Alabama from using gas taxes for public transit, resulting in millions of federal dollars not accessed because there is no state share allocated to match and draw down funds.

Alabama has a shortfall of affordable housing for poor and middle-income elders and persons with disabilities. In addition, the state has in the past decade experienced multiple disasters leaving people with uninhabitable and damaged homes. The Alabama Legislature has shown interest in these areas by passing Landlord-Tenant laws and in 2012 the Housing Trust Fund Act.

At the conclusion of each fiscal year, ADSS prepares a state program report for the Administration on Aging that identifies demographic characteristics of clients served, the number of service units delivered, expenditures, and program income. In Fiscal Year 2012, Alabama's Aging Network served 40,547 registered participants using Title III federal funds and state and local match. Of these participants, 27.8% (11,323) were minority, 33.1% (13,518) were below poverty, 13.4% (5,462) were minority below poverty, and 25.7% (10,498) were rural participants. Recipients of Alabama Cares services included 2,440 caregivers of older persons and 127 grandparents and other relatives caring for grandchildren. This report is utilized to update the Area Plans' Goals and Objectives to ensure services are adequately provided to targeted populations through a process known as the Annual Operating Element. ADSS and the Aging Network work diligently as advocates to educate and solicit additional support from the Legislative process to ensure funds are available to provide additional meals, Medicaid Waiver Slots, prescription assistance and other long-term care supports for our elderly and disabled populations.

Opportunities

The following goals and objectives, and other grant and advocacy initiatives, are how ADSS plans to implement the strategic plan for aging services to address the above mentioned special populations, community concerns and state challenges. Appendices A, B and C address Older Americans Act 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.

Goals, Objectives, Strategies and Outcomes

ADSS GOAL 1.0

Seniors, people with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services, empowering them to live in the least restrictive environments possible.

OBJECTIVE 1.1: ADSS will create a single, coordinated system of information and access for all persons seeking long-term services and supports, regardless of age, disability, or income.

STRATEGIES:

- ADSS will work as the lead agency for the Alabama Medicaid Agency to oversee a “no wrong door” entry to services and supports in partnership with the Department of Mental Health, Department of Rehabilitation Services and their local providers.
- Provide leadership and guidance to the AAAs to establish statewide coverage of operational ADRCs by Fiscal Year 2014.
- Obtain long-term commitments and engagement of local and state stakeholders to operate, fund, and sustain ADRCs.
- Enter into formalized agreements with all partners and stakeholders to support ADRCs as the “no wrong door” interface for clients. Establish guidelines and best practices for local ADRCs to enter into working agreements with key partners, such as Mental Health Centers, Independent Living Centers, 3-10 Boards, and other providers of disability services.
- Provide “No Wrong Door” entry to long-term care services and supports for all AoA programs, State Health Insurance Assistance Program (SHIP), SenioRx, Medicaid Waiver, and other local and state aging and disability programs.
- Continue implementation and expansion of ADRC minimum guidelines.
- Monitor ADRCs for effectiveness, efficiency, and accountability.
- Secure funding for sustainability of ADRCs through local and state funds to leverage available Federal Financial Participation (FFP) funds through Centers for Medicaid and Medicare Services (CMS) and Money Follows the Person grant opportunities.
- Provide options counseling at the state and local levels with Certified Options Counselors.
- Identify, with input from partners and stakeholders, a brand for the ADRC as the “No Wrong Door” for services.
- Partner with marketing experts to create marketing and outreach plans for all ADRC supports and services, including private pay, with AAAs/ADRCs, health and human service agencies, disability partners, and the disability leadership coalition.
- Utilize hospital discharge planners as collaborative partners to educate consumers and caregivers on alternative care options, local resources, and prevention of re-hospitalization.
- Formulate effective public education and advocacy initiatives that promote person-centered, long-term care services and supports to individuals in the least restrictive environment possible.
- Develop a Legal Service Helpline within the ADRC structure to assist seniors with legal questions and information regarding Medicaid eligibility.
- Provide ongoing training to ADRC staff and other collaborative stakeholders. Continue to promote AIRS training and certification for ADRC staff.
- ADSS will market the availability of Aging and Disability Resource Centers as a trusted place for individuals to seek information, options counseling and long-term services and supports.

OUTCOMES:

- Consumers and families have access to information and resources to make informed choices regarding their long-term care.
- Increase in access to services and benefits for those 60 and older and individuals with disabilities.
- Enhanced public awareness of ADRC and Aging and Disability networks.
- Increased collaboration and resource sharing among stakeholders.
- Better coordination at all levels of transitional care.

ADSS GOAL 2.0

Empower older persons and individuals with disabilities to remain in their own homes with 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 to help individuals of all ages and incomes who are at risk of spend down to Medicaid and placement in long-term care facilities to remain at home, in their community and have access to flexible, person-centered services.

STRATEGIES:

- Assess the needs and preferences of individuals, provide them with options counseling, develop care plans, provide assistance with applications, arrange for services, and link to local provider organizations as needed.
- Train ADRC and home and community-based services (HCBS) waiver staff on utilization of the Determination of Needs-Revised (DON-R) assessment tool to manage referrals and waiting lists and prioritize home and community-based services to those at greatest risk of placement in a more restrictive environment.
- Encourage utilization of the Private Pay Toolkit to build infrastructure for service provision to private pay clients at local ADRCs.
- Strengthen partnerships with other state agencies to ensure current information is available to expedite referrals to other waiver programs.
- Establish relationships and partnerships with the Alabama Institute for the Deaf and Blind, Health Care Clinics, Department of Public Health, and Universities to enhance and increase resources to assist older individuals with dental, hearing and vision care.
- Continue to develop and expand the consumer direction program, Personal Choices.
- Continue to participate in Medicaid's Long-Term Care Advisory Committee in order to address the needs of individuals who wish to remain in the community.
- Continue the partnership with Medicaid and actively participate in grant opportunities; such as, Money Follows the Person, so the capacity for home and community-based services is increased.
- Increase the ability for consumers who receive services to self-direct their care.

OUTCOMES:

- Increased options for long-term care supports preventing pre-mature placements in long-term care facilities.
- Medicaid spend down is prevented by assisting individuals at high risk for Medicaid long-term care services.
- Increased consumer-directed services offered in home and community-based services.

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

STRATEGIES:

- Advocate for securing funds to increase the capacity of the statewide meal program's capacity.
- Continue partnership with the Alabama Department of Human Resources to conduct outreach for the Food Assistance Program (AESAP) and provide assistance with the simplified elderly application process.
- Encourage the AAAs to increase transportation services to senior centers, grocery stores, food banks, and farmers' markets.
- 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 seniors.
- Continue to utilize the SenioRx program for persons requiring liquid meal replacements and supplements by applying for free assistance through RX Assist.
- Provide outreach in partnership with the State Farmer’s Market Authority to assist seniors with the application process for the Senior Farmer’s Market voucher program.
- Coordinate efforts of the Poarch Creek Tribal Council to provide Title III and Title VI nutrition services to frail elders.
- ADSS will advocate for enhanced coordination and financial support to expand transportation services for individuals who are aging and/or disabled.
- ADSS will advocate and provide awareness of the importance of community-based, faith-based, and volunteer programs to help sustain individuals in their homes independently.

OUTCOMES:

- Increased options and coordination of resources for seniors who are at risk of poor nutrition.
- Postpone institutionalization.
- Improve nutritional intake and choices individuals make regarding their nutritional status.

OBJECTIVE 2.3: Provide a statewide, comprehensive, and coordinated approach to meet the diverse needs of family caregivers of individuals with dementia, disabilities, and chronic conditions.

STRATEGIES:

- Utilize caregiver training programs developed through Alzheimer’s demonstration grants.
- Identify new partnerships to coordinate efforts to support a piloted Caregiver Support and Training Institute to be replicated statewide.
- Continue to provide Virtual Dementia Tours in local communities.
- Expand partnerships with public, private, and faith-based organizations, including the Veterans Administration.
- Increase and enhance Medicare beneficiary access to information and counseling through professionally trained SHIP program staff and volunteers.
- Enhance the capacity of Alabama Respite through continued partnerships established through the AoA Lifespan Respite grant.
- Work in conjunction with Alabama Respite to increase the number of counties with “Sharing the Care” caregiver programs.
- Partner with Veterans Affairs Caregiver Support programs to expand resource development and training for Veterans caregivers.
- Coordinate and expand educational programs for caregivers.
- Provide educational programs and supportive tools for caregiver support during various care transitions.
- Encourage caregivers to participate in the Living Well Alabama chronic disease self-management program.
- Provide assistance and education through the ADRCs for caregivers and hospital discharge planners to prevent inappropriate long-term care placements and re-hospitalizations.
- Continue partnerships with the Alabama Quality Assurance Foundation (AQAF) and other stakeholders to apply for Affordable Care Act funding through the CMS Innovation Center for care transition projects.
- Support reauthorization of the Older Americans Act (OAA) and expansion of federal, state, and local resources to address unmet needs.
- Continue applying 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.

OUTCOMES:

- Caregivers are provided with more options and support to improve health and relieve stress.
- Caregivers are more informed at time of discharge from various care transition settings.
- Improved respite awareness and resources in local communities.

OBJECTIVE 2.4: Continue to provide OAA core services to enable seniors 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).
- Increase community education on legal issues, such as powers of attorney, wills, and elder rights.
- Work in conjunction with the Alabama Housing Coalition to support affordable housing options and to provide up-to-date housing information to consumers.
- Provide menu of private pay and cost sharing service options to reduce waiting lists and increase access to OAA services.
- Continue to expand person-centered and consumer-directed services in programs administered by ADSS and other health and human service agencies.
- Provide a mix of person-centered services in the least restrictive environments to high-risk individuals.
- Encourage and promote fundraising activities with for-profit entities to support the expansion of home and community-based services.

OUTCOMES:

- Increased awareness and advocacy to support and enhance service options.

OBJECTIVE 2.5: Maintain current statewide Emergency/ Disaster Plans and training events to respond to pre- and post-disaster declarations and to improve access to services following a disaster.

STRATEGIES:

- Review and update annually all Emergency/Disaster Plans on state and local levels.
- 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 Memorandums of Understanding with local EMAs and ADRCs to provide mutual aid, communication, and partnerships for pre- and post-disaster assistance during emergency/disaster-related situations.
- Collaborate with stakeholders to develop a long-term care facility crisis management plan for facility closures and emergency preparedness.
- 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.

OUTCOMES:

- Consumers, families, and social service agencies are more prepared in the event of an emergency or disaster preventing potential injury or loss of life.

ADSS GOAL 3.0

Empower older Alabamians to stay active and healthy through Older Americans Act services and Medicare prevention benefits.

OBJECTIVE 3.1: Integrate chronic disease self-management programs into existing infrastructure.

STRATEGIES:

- Continue partnership with ADPH to expand the Stanford Chronic Disease Self-Management Program (CDSMP), called “Living Well Alabama,” statewide.
- Train leaders and provide participant training classes in partnership with the Alabama Department of Mental Health’s Consumer Advocacy Division.
- Establish relationships with the Poarch Creek Tribal Council to advocate for partnership to train leaders and hold participant classes within the tribal unit.
- Partner with American Association of Retired Persons (AARP), Retired Senior Volunteer Program (RSVP), and Retired State Employees Association to develop leader trainers among their members to help sustain “Living Well Alabama” program.
- Continue to develop and implement policies and procedures for Title III-D funds to provide evidence-based health prevention services.

OUTCOMES:

- Individuals are more empowered to self-manage their daily living and healthcare needs, preventing premature hospitalizations and institutionalizations.

OBJECTIVE 3.2: Provide information 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:

- Create and disseminate educational materials regarding Medicare preventive benefits.
- Collaborate with ADPH on the Healthy Aging Coalition.
- Advocate for more dental, vision and hearing resources for older individuals.
- Provide education and disseminate preventive benefit and health materials at all SHIP presentations, outreach events, and SHIP Community Resource Centers.
- Continue the ongoing partnership with the Medicare Rights Center by expanding the number of Seniors Out Speaking (SOS) volunteers and educational presentations.
- Provide preventive health materials to statewide meal participants.
- Collaborate with partnering agencies to coordinate outreach programs for low-income seniors.
- Increase volunteerism, education, and outreach specific to Medicare fraud, waste, and abuse in collaboration with the Senior Medicare Patrol (SMP) program.
- Provide education and supports for medication management and health care self-efficacy.
- Encourage Aging Network providers to offer more physically and mentally stimulating activities to 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.

OUTCOMES:

- Older individuals will have improved mental and physical health to improve their independence.

ADSS GOAL 4.0

Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.

OBJECTIVE 4.1: Strengthen authority and capacity of the Alabama Long-Term Care Ombudsman program for advocacy and education and maximize program services to meet the needs of consumers residing in boarding homes, assisted living facilities, and nursing 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.
- Create legislative advocacy agenda with Long-Term Care Ombudsman Advisory Council members.
- Recruit and train additional Ombudsman volunteers annually.
- Provide community and stakeholder education to prevent financial exploitation and nursing home discharges due to non-payment utilizing the Medicaid Eligibility Toolkit.
- Advocate for more options for long-term care and environments embracing culture change philosophies.
- Utilize Civil Monetary Penalty (CMP) funds to enhance and improve the quality of life for nursing home residents. Document strategies and outcomes for future funding opportunities.
- Partner with the Alabama Quality Assurance Foundation (AQAF) Initiative to Reduce Hospitalizations among nursing facility residents to empower residents and family members to be active partners in their care and to train facility staff on various topics related to the long-term care ombudsman program's mission.
- 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 Ombudsman will be an active participant with the Interagency Council for the Prevention of Elder Abuse by serving on committees and supporting other educational and advocacy initiatives.

OUTCOMES:

- Individuals, caregivers, and the community at large will have increased knowledge of elder rights and the prevention of elder abuse.

OBJECTIVE 4.2: ADSS will serve as the lead agency to address issues of elder abuse, neglect, and exploitation by supporting systems change and promotion of innovative practices in the field of elder justice.

STRATEGIES:

- Promote the use, at all levels, of the newly-developed reporting system to track outreach, training, education, and referral activities related to abuse, neglect, and exploitation.
- Increase Title III Legal Assistance service units.
- Monitor and support passage of legislation developed and endorsed by the Interagency Council for the Prevention of Elder Abuse.
- Utilize qualified professionals to train state and local staff.
- Increase legal assistance and education on Powers of Attorney.
- Educate seniors regarding their rights to a secure living environment with caregivers who are respectful of their needs and preferences.
- Provide materials and training to seniors on advocacy.
- Continue to develop promotional campaigns and outreach materials to increase awareness and prevention of elder abuse, neglect, and exploitation.
- Offer assistance and support advocating for elder abuse prevention education and activities within the Poarch Band of Creek Indians and the Alabama Indian Affairs Commission.

- Solicit financial support from stakeholders and other entities to build the capacity of the Interagency Council for the Prevention of Elder Abuse.
- Take the lead in planning, promoting, and conducting the World Elder Abuse Awareness Day (WEAAD) events in the month of June.
- Expand the Elder Justice Professional Speaker’s Bureau to encompass additional disciplines needing training and education.
- Conduct a review of the Elder Justice Long-Range Strategic Plan on a semi-annual basis and report to the Legislature.

OUTCOMES:

- Expansion of advocacy efforts to improve law enforcement and judicial system education, awareness, and policy changes for prevention and recognition of elder abuse.

OBJECTIVE 4.3: Provide advocacy and education to prevent fraud and financial exploitation of Alabama seniors.

STRATEGIES:

- Coordinate efforts of the ADRC, SMP, SHIP, Elder Rights programs, and the Interagency Council for the Prevention of Elder Abuse to provide community outreach, education, and training to professionals.
- Implement the newly-developed financial security training modules that include screening clients for public benefit programs and long-term care supports and services through the ADRCs.
- Represent elders in public and private venues to support financial security.
- Monitor legislative activity that impacts elders and provide testimony, data, and evidence-based documentation, as warranted.
- Expand the number of retired professionals to serve as SMP volunteers.
- Continue to work in partnership with the Medicare Rights Center to expand the work of the SHIP and Seniors Out Speaking (SOS) volunteer programs to reach those in rural and underserved communities.

OUTCOMES:

- Fewer seniors will be victims of fraud and financial exploitation.

ADSS GOAL 5.0

Promote proactive, progressive management and accountability of the 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.
- 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.

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 continuous training for Information Technology 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.
- Conduct an internal review of the department's existing Information Technology systems and effect any necessary changes or upgrades to software platforms.

OUTCOMES:

- Quickly and efficiently connect clients with appropriate resources, agencies and services.

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

STRATEGIES:

- Maintain adequate staffing levels to ensure the department meets all federal and state mandates.
- Simplify processes, improve communication, and analyze data to improve performance and accountability at all levels.
- Provide training for all ADSS and aging network staff on program guidelines and person-centered concepts for systems change.
- Promote transparency between state and local elected officials to help support the service expansion necessary to meet the increased demands of aging and disabled populations through effective advocacy, planning, and communication.
- Align and train staff to meet the department's programmatic and service mandates.
- Provide opportunities for professional development and cross-training of staff at all levels.
- Ensure effective succession training as a proactive management strategy to plan for staff entering retirement status.
- Foster good employee morale through team building activities, supportive work environments, and recognition, training, and opportunities for growth.
- Maintain and provide ongoing improvement of audit and monitoring practices to ensure adequate internal and external fiscal controls, programmatic outcomes, and administrative rules, policies, and procedures are current for the department and its programs.
- Utilize consumer feedback to drive and support policy changes.
- Offer inclusion and support to the Poarch Band of Creek Indians to expand services and supports for elders in the tribal community.

OUTCOMES:

- Systems change will result in individuals receiving holistic services that are person-centered to meet their individual choices and needs.

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 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.
- Utilize expertise at Alabama's universities to develop "train-the-trainer" programs and toolkits to facilitate learning and improve service delivery for the aging network and consumers.
- Work in collaboration with other health and human service agencies to streamline training and share resources for training development and implementation.
- Utilize the ADPH satellite training network and higher education partners to provide training and CEUs to large target audiences.

OUTCOMES:

- Increased knowledge and professionalism of ADSS and Aging Network staff.

OBJECTIVE 5.5: Expand quality activities in order to ensure compliance and improve service quality to all individuals served.

STRATEGIES:

- Expand capability to obtain data for monitoring purposes through development of reports, assessment tools, surveys, and the complaint/grievance process.
- Seek consumer input and feedback for all programs.
- Establish a process for using data to monitor and ensure compliance with established program guidelines.
- Design a formal remediation process that demonstrates resolution of identified issues.
- Review data to determine trends and prioritize quality improvement activities based on findings.
- Partner with other stakeholders to establish quality improvement committees for long-term care services and supports.
- Establish specified tasks, benchmarks, accomplishments, and outcomes for the ADRCs.
- Select metrics for measuring progress of ADRC data collection and analysis and ADRC calls and outcomes (e.g., volume, average call time, wait time, dropped calls, caller demographics, types of services requested, types of referrals, etc.)
- Conduct needs assessments, consumer surveys and implement new strategies based on the results.

OUTCOMES:

- Greater efficiency and quality of services with accountability.
- Increased quality and consumer satisfaction.

Intrastate Funding Formula

In Fiscal Year 2012, ADSS had numerous meetings with an advisory committee for the state plan funding formula which included AAA staff and Council of Government Directors. After several meetings the group could not come to a general agreement on a new funding formula.

The Commissioner was advised by staff that it would be beneficial for the department to seek an outside, unbiased opinion from a university who would analyze the provisions of the Older Americans Act and the new 2010 Census Data to propose the most fair and equitable distribution of funds, while meeting the targeted requirements. Alabama State University was contracted with to provide an analysis and funding

recommendation based on the requirements of the Older Americans Act. The Alabama State University proposal was presented to the ADSS Advisory Board and was the approved recommendation as the proposed Intrastate Funding Formula (IFF) for the 2014-2016 State Plan. However, the Alabama Legislature prior to the final public meeting, and during the final days of the 2013 Legislative Session, included language in the state's General Fund Budget directing ADSS on how to distribute the Title III state match. They directed ADSS to utilize the same funding factors as used in the previous IFF and reduce the hold harmless by 25% in FY 2014. ADSS is submitting, as the FY 2014-2016 IFF, the formula enacted in Act 2013-263 as directed by the Alabama Legislature and including a four year gradual elimination of the hold harmless provision.

The proposed IFF is attached in Exhibit II and public comments regarding the IFF are attached in Appendix D.

Discretionary Grants

Administration on Community Living/Administration on Aging

To achieve the vision for choice in community living, ADSS and its partners are working together to streamline access to services, prevent premature institutional placement, and provide person-centered and consumer-directed services to begin the process of a truly functional "No Wrong Door" entry point for services. These partners include: the state's 13 AAAs, Alabama Medicaid Agency, Alabama Quality Assurance Foundation serving as Alabama's Medicare Quality Improvement Organization, Alabama Department of Mental Health, Alabama Council for Developmental Disabilities, Alabama Department of Rehabilitation Services, Alabama Department of Public Health, Alabama Department of Human Resources, Alabama Department of Veterans Affairs, state and local Centers for Independent Living, Adult Protective Services, Alabama Emergency Management Agency, Governor's Office on Disability, and local partners (i.e., providers of these state agencies that deliver services to individuals of all ages and disabilities). Alabama's project is to expand, statewide, "no wrong door" trusted entry points identified as ADRCs. In support of this initiative, Governor Bentley and the Medicaid Commissioner designated ADSS in 2012 as the lead agency for "no wrong door" entry to Alabama's long-term care supports system that will be balanced, person-centered, and acknowledged as ADRCs.

Through coordinated and streamlined access points, services and supports will be organized around the needs of the individual rather than the settings in which care is delivered. ADSS and its stakeholders believe that older people, individuals with disabilities, and their caregivers should have access to reliable information. This information should come from a trusted source that assists individuals in making informed choices, which empowers them to take control of their lives, make decisions regarding long-term care supports, and obtain access to services which enable choices for independence, allowing individuals the opportunity to live in the least restrictive environment. ADRCs allow individuals to receive access to information, comprehensive and coordinated services, options counseling, short-term case management, and follow-up. Alabama's ADRCs are structured to be comprehensive, all-inclusive, preventive, person-centered, and holistic, with appropriate follow-up to ensure the individual's needs have been met. The population to be served at ADRCs will be persons age 60 and older, individuals of all ages with physical, intellectual, and developmental disabilities, their caregivers, and the social networks providing healthcare and other supports to these individuals.

Aging and Disability Resource Center Grants

To expand the capacity of the state's ADRCs, ADSS will coordinate and streamline programs of all aging and disability agencies with a consumer-friendly, "no wrong door" approach ensuring consumers and caregivers

have access to information, options counseling, and person-centered services in an integrated system supporting informed choices and independence. The objectives of this initiative are to: 1) strengthen and expand options counseling at statewide ADRCs serving persons of all ages, income levels, and disabilities through a coordinated effort of streamlined practices; 2) develop an agreement with the Alabama Medicaid Agency setting guidelines and procedures to sustain ADRC activities; and 3) forge stakeholder partnerships incorporating evidence-based programs and person-centered practices into the daily operation of all applicable programs.

ADSS received an Administration on Aging grant in October 2012 to provide resources for the development and implementation of a plan to obtain Medicaid Federal Financial Participation and Federal Medical Assistance Percentage funding for the sustainability of ADRC functions. ADSS, in partnership with the AAAs and key stakeholders; such as, the Alabama Medicaid Agency, will, during the course of this one-year project, continue expansion and capacity of ADRC Options Counseling programs statewide. Through this expansion, ADSS will incorporate evidence-based programs and person-centered business practices into the daily operations of State, Older Americans Act-Title III, and Medicaid programs. The goal is to provide a single, coordinated system of information, providing streamlined access to long-term care options for consumers of all ages, incomes, and disabilities, and their families. ADRCs, as the “no wrong door” access point for services and supports, will coordinate and streamline programs ensuring that older adults, individuals with disabilities, and family caregivers have access to options counseling, person-centered, consumer-friendly information and services, both public and private, in an integrated system that offers a comprehensive set of high quality, evidence-based programs to help them remain independent and healthy in the community.

Each ADRC is locally driven and provides a consumer-directed single-point-of-entry into the continuum of care and social services system. ADRCs pre-screen, assess, and refer individuals to a wide range of service options and provide counseling and education on long-term care options and benefits. Follow-up to ensure the individuals’ needs are met is an important function of an operational ADRC. Today, Alabama has established ADRCs in 11 of its 13 AAAs, with the goal that all 13 will achieve operational status by 2014.

Through technology, ADSS previously developed, and continues to refine, an automated portal to aging services through its virtual ADRC. The virtual ADRC, Alabama Connect, is accessible 24/7 via the Web and assists older adults, caregivers, individuals with disabilities, and their family members in locating services they need, as well as other information that might be of interest. Developed and implemented by ADSS, Alabama Connect is designed to improve and better coordinate long-term supports and services at the community level. The ongoing development of Alabama Connect will offer a standardized screening and eligibility tool to provide individuals with seamless access to services. Through Alabama Connect, the consumer or caregiver can access information that optimizes their ability to remain informed of all choices, promoting independence and ensuring the ability to arrange for future long-term care planning. ADSS will, in partnership with Medicaid, develop a client management system to be used by all health and human services agencies working with ADRCs.

Chronic Disease Self-Management Program / Living Well Alabama Grants

The goal of the Chronic Disease Self-Management Program (CDSMP/ Living Well Alabama) grant is to improve quality of life for older Alabamians by teaching them self-management skills for living a healthy lifestyle. Alabama was recently awarded its second Chronic Disease Self-Management Program grant and is working in full partnership with the Alabama Department of Public Health to continue statewide implementation and ensure sustainability of the program. The combined goal is to have 3,000 adults with chronic conditions complete the Living Well Alabama program by September 2013. ADSS will enter into agreements with the Alabama Department of Mental Health to provide the Living Well program to those with

chronic mental illness. Peer support groups will be trained as leaders. Partners hope to assist the Alabama Department of Mental Health in obtaining grant funds to expand the project after the pilot project is successful. The Living Well Alabama program is a six-week, two-hour per week, evidence-based self-management education program that covers such topics as: managing symptoms, working with a healthcare team, setting weekly goals, problem-solving, handling difficult emotions, exercise, and healthy eating. During the first Chronic Disease Self-Management Program grant period, March 2010 to September of 2012, Living Well Alabama was a huge success. Alabama's aging network trained and certified 21 Master Trainers and 89 leaders. This strong leadership network allowed for workshops to be provided in 32 counties across the state. Over 1,400 participants completed the workshop series surpassing the Administration on Aging goal by 75%.

Lifespan Respite Grants

Through the Lifespan Respite grant, ADSS is partnering with the Alabama Lifespan Respite Resource Network™ (Alabama Respite), the Alabama Lifespan Respite Coalition, and the Alabama Department of Rehabilitation Services to expand the capacity of lifespan respite in Alabama. The project's primary goal is to provide a statewide and coordinated approach to meet the respite care needs of Alabama's family caregivers of individuals with disabilities and chronic conditions - regardless of age. Grant partners will enhance the capacity of Alabama Respite through the Sharing the Care program, which will be expanded statewide. Other grant objectives include identifying agencies and organizations currently providing caregiver training and support, linking caregivers to available resources, expanding collaborative work with Coalition partners to include recruitment and training of respite care workers, and developing volunteer respite programs through faith-based initiatives. All stakeholders will explore new grant opportunities and resource development to increase respite services.

To enhance the capacity building efforts of Alabama Respite, the Sharing the Care program will be expanded to include additional locations across the state as well as continued technical assistance and development in existing areas of Sharing the Care development. Sharing the Care is led by a group of volunteer community stakeholders whose goal is to empower caregivers by increasing availability and accessibility to local respite and caregiver resources. These caregivers who provide round-the-clock care for a loved one with a disability or chronic illness. The project utilizes local leaders, organizations and family caregivers to increase awareness of respite care and its benefits within a target community or local area of our state. The project also provides opportunities for Alabama Respite to work alongside individuals living in a local community who are interested in respite development to impact the delivery of respite care services and improve the options for families to access the supports.

State Health Insurance Assistance Program Grant

The State Health Insurance Assistance Program (SHIP) is a Center for Medicare and Medicaid Services grant program that offers one-on-one counseling and assistance to persons on Medicare and to their families. SHIP educates and empowers Medicare beneficiaries and their families to choose and use their health insurance. Unbiased information related to health insurance options is disseminated through group sessions and also through personalized individual counseling. SHIP is administered through the aging network and is highly successful due to a large and committed volunteer base of SHIP counselors. Alabama's SHIP is the only SHIP in the nation that partnered with the national Medicare Rights Center to launch their Seniors Out Speaking project. Alabama's SHIP recruited over 285 new volunteers that go into communities and conduct brief presentations (Medicare Minutes) to Medicare beneficiaries. This project allows Medicare recipients to gain a sound knowledge and understanding of issues relating to health insurance.

Senior Medicare Patrol Grants

The Senior Medicare Patrol (SMP) program is funded through a combination of the Health Care Fraud and Abuse Control program and Older Americans Act (Title IV) funds. ADSS is the recipient of two grants to build and expand the capacity of a trained, professional, statewide network of SMP volunteers. The SMP program developed a statewide training opportunity entitled “Identifying Fraud through Your Medicare Summary and Reporting to a Volunteer.” This training will be provided to all 13 AAAs and conducted by the ADSS SMP Volunteer Coordinator. The Alabama SMP Director coordinates activities with SHIP, the Ombudsman program, state agencies, law enforcement, and elder justice initiatives.

This program is designed to prevent and detect healthcare fraud. Medicare beneficiaries are at greater risk for fraud and SMP volunteers increase awareness of Medicare and Medicaid fraud prevention, identification, and reporting. The capacity building grant is designed to increase Alabama SMP’s ability to respond to and resolve inquiries and complaints in a timely manner, while reporting them for tracking purposes to the U.S. Office of Inspector General. Alabama SMP is also responsible for improving coordination of similar projects with other federal, state, and local officials. Alabama SMP developed a Medicare Protection Toolkit that received national recognition and is now used in over 20 other states. The toolkit contains steps for seniors to follow in safeguarding their Medicare and questions to ask when comparing new plans. It was chosen by the Administration on Aging as a Best Practices Model for other states to use. In addition, the U.S. Hispanic Council on Aging made the entire toolkit available in Spanish.

State Long-Term Care Reform

In September 2012, Alabama voters approved a constitutional amendment that helped to fund the limited Medicaid budget and also prevented more severe cuts to health and human service agencies, such as ADSS. However, this was a temporary solution, which will not solve the existing budgetary issues Alabama faces as it seeks to continue to support of Medicaid and other human services. Going forward, the Governor and Legislature are committed to addressing these economic issues with long-term solutions.

Alabama’s current long-term care support system relies largely on Medicaid funded services. Currently, Alabama’s Medicaid program does not have an option for people who are not completely independent and do not fully require the services of a nursing home, which may often lead to these Medicaid beneficiaries having no choice but nursing home placement. In Alabama, the average nursing home costs \$5,200 per month. Assisted living, which is not covered by Medicaid, costs approximately \$2,600 per month. Home and community-based waivers are for Medicaid eligible individuals who meet nursing home level of care and this option costs, on average, less than \$1,000 per month. By adding assisted living to the continuum of care and increasing the home and community-based care slots for waivers and Program of All-inclusive Care for the Elderly (PACE) programs, Alabama could provide individuals with more home-based options for care in a more cost-effective manner. Of Alabama’s 23,000 nursing home residents, 16,445 are covered by Medicaid. Many people entering a nursing home with private funds exhaust their savings to the point they become eligible for Medicaid. More than 15,000 elderly and disabled individuals currently participate in one of the six home and community-based waivers offered through Alabama Medicaid. Eighty individuals are currently enrolled in the new PACE program.

Alabama received a Money Follows the Person grant from the Centers for Medicare and Medicaid Services in October 2012. The Money Follows the Person program is designed to help states to “rebalance” their long-term care systems by increasing the utilization of home and community-based services and decreasing the use of

more institutionalized care. The Money Follows the Person grant will allow the state to increase services and supports in the community, allowing individuals to remain in their own homes. This will provide greater choice for individuals and help to maximize Medicaid's limited funds.

Alabama will receive \$3.4 million in the first year and up to \$28 million during the four-year grant period to support the successful transition of 625 individuals from institutional settings to the community. Even with acute care factored in, the state estimates the total savings of transitioning these 625 individuals will be over \$11 million. The majority of the funds will be used to provide home and community-based services for Medicaid-eligible individuals who are elderly or have disabilities and who choose to transition from nursing facilities or state-operated psychiatric hospitals for those over age 65 or under age 21. Most are expected to transition into one of the various waiver programs or to a PACE program. Plans are also in place for the Medicaid Agency and the Department of Mental Health to develop and operate a second Alabama Community Transition waiver to enable those individuals with developmental disabilities or a chronic mental illness diagnosis to have the choice to move into the community.

Current Long-Term Care Support Systems

Below is a brief description of the current key providers and programs that form the infrastructure of the long-term care support system.

- The Elderly and Disabled Waiver program is operated through ADSS and is approved to serve 9,205 individuals who are able to receive care and support in their homes. ADSS is also responsible for the AIDS/HIV waiver, which can serve up to 150 individuals each year. ADSS offers a consumer-directed option through the Personal Choices program, serving approximately 95 individuals. ADSS is also the lead agency appointed by the Governor and Medicaid to operate the “no wrong door” ADRCs.
- The Home and Community-Based Services waiver for individuals with Intellectual Disabilities is operated by the Department of Mental Health and is approved to serve 5,260 participants. The Alabama Department of Mental Health also operates the Living at Home waiver for 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.
- The State of Alabama Independent Living waiver serves adults with specific medical diagnoses who are at risk for nursing home type care in an institutional setting. The State of Alabama Independent Living waiver is operated by the Alabama Department of Rehabilitation Services. This waiver is approved to serve up to 660 individuals. The State of Alabama Independent Living waiver has a consumer-directed option in which approximately 13 people are participating.
- The Technology Assisted waiver for adults is operated by the Medicaid agency and provides private duty nursing services, personal care attendants, assistive technology, and medical supplies to individuals with disabilities who would otherwise require care in a more costly long-term care setting. This waiver serves adults who have complex medical conditions and who are ventilator-dependent or who have tracheotomies. This waiver serves 40 individuals.
- The Alabama Community Transition waiver specifically targets individuals who desire to return to the community after placement in a long-term care facility. The Alabama Community Transition waiver promotes consumer-directed options to give individuals greater choice and empowerment in decisions regarding their services and care. This waiver can serve up to 200 participants.

- Alabama amended each of its home and community-based services waivers to reserve capacity to further facilitate transition through the money follows the person grant activities to transition 625 individuals back into community-based care.
- Alabama Medicaid implemented the MDS-Q requirements and designated the Alabama Department of Rehabilitation Services as the local contact agency. Referrals from nursing homes regarding residents requesting transition are currently referred to the local contact agency. However, as the money follows the person project is implemented and statewide ADRCs are operational, the ADRCs will address these referrals as the local contact agency to ensure that the processes appear seamless to the individuals referred and their families.
- The Program for All Inclusive Care for the Elderly (PACE) is a new managed care option 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 include primary and specialty medical care, nursing, social services, therapies (occupational, physical, speech, recreation, etc.), pharmaceuticals, day health center services, home care, health-related transportation, minor modification to the home to accommodate disabilities, and anything else the program determines is medically necessary to maximize a member's health. Although all PACE participants must be certified to need nursing home care for enrollment in the PACE program, only about 7% of PACE participants nationally reside in nursing homes. If a PACE enrollee does need nursing home care, the PACE program pays for it and continues to coordinate the enrollee's care. Each PACE program has the capacity to serve 300 individuals. In FY12 there was one active PACE program in Alabama and there are plans for three more PACE programs to become operational.
- 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 and under), medical supplies and durable medical equipment.
- Medicaid pays for hospice care for terminally ill persons. There is no limit on the number of hospice days. Covered hospice services include nursing care, medical social services, doctors' services, short-term inpatient hospital care, medical appliances and supplies, medicines, home health aide and homemaker services, therapies, counseling services, and nursing home room and board.
- ADSS houses the State Long-Term Care Ombudsman program. The AAA hires, at a minimum, one full-time local ombudsman to provide complaint investigation, mediation and resolution, advocacy and education to individuals who reside in long-term care facilities and their families. The program is funded through a variety of sources including Title III and Title VII of the Older Americans Act and Nursing Home Civil Monetary Penalty Funds.
- The Alabama Disabilities Advocacy Program is part of the nationwide federally mandated protection and advocacy system. Its mission is to provide quality, legally-based advocacy services to Alabamians with disabilities in order to protect, promote, and expand their rights. The Alabama Disabilities Advocacy Program vision is one of a society where persons with disabilities are valued, exercise self-determination through meaningful choices, and have equality of opportunity. The Alabama Disabilities Advocacy Program is housed at the University of Alabama's School of Law.
- The Alabama Department of Mental Health's Omnibus Budget Reconciliation Act for Pre-admission Screening and 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 Medicaid nursing home patients who have serious mental illnesses and/or intellectual disabilities. 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 Alabama Omnibus Budget Reconciliation Act for Pre-admission Screening and Resident Review office evaluates to determine the most appropriate placement based on the individual's service needs.

Current Rebalancing Efforts

In 2010, the Alabama Legislature established, through resolution, the Medicaid Long-Term Care Rebalancing Committee, to report back to the 2011 Legislative body with a Long-Term Care Rebalancing Plan. Recommendations were made and thus began the proactive movement towards real action to support Alabama's long-term care systems change. Many options are being explored and implemented to improve the quality, effectiveness, and consumer-directedness of the long-term care delivery system, while pursuing ongoing rebalancing efforts. In January 2012, Alabama Medicaid released the new Olmstead Plan, Gateway to Community Living, the State of Alabama Long-Term Care Rebalancing Initiatives. This plan shows the commitment of Alabama leaders to reform and rebalance the long-term care system of services and supports. The new Alabama Act 2013-261 to restructure Alabama Medicaid charges the Alabama Medicaid Agency, with input from long-term care providers, to conduct an evaluation of the existing long-term care system for Medicaid beneficiaries to be presented in a report to the Governor and Legislature on October 1, 2015. Rebalancing is a work-in-progress as the Governor's Office and the Legislature restructures Alabama's current healthcare system – primarily the Alabama Medicaid Agency.

Person-Centered Systems Change

According to the Administration on Aging, all Americans, including seniors and persons with disabilities, should be able to live at home with the supports they need and participate independently in communities that value their contributions. The Department of Health and Human Services created a new organization, the Administration for Community Living (ACL), which brought together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities to achieve several important objectives including, but not limited to, reducing the fragmentation that currently exists in federal programs; addressing the community living service and support needs of both aging and disability populations; enhancing access to quality health care and long-term services and supports for all individuals; and promoting consistency in community living policy across other areas of the federal government. ADSS reports to and receives program instructions and Older Americans Act funds from Administration on Aging.

ADSS and its health and human service partners are working together to streamline access to services, prevent premature institutional placement, and provide person-centered and consumer-directed services utilizing the “no wrong door” entry point for services. Alabama's vision for person-centered systems change includes statewide expansion, across agencies, of “no wrong door” trusted entry points identified as Aging and Disability Resource Centers (ADRCs). In support of this initiative, Governor Bentley and the Medicaid Commissioner designated ADSS as the lead agency for “no wrong door” entry to Alabama's long-term care supports system, which will be balanced, person-centered, and acknowledged as ADRCs.

In August 2012, ADSS hosted the first Health and Human Services Leadership Conference in Montgomery, AL. This two-day event, attended by over 200 participants, was designed to foster person-centered systems change in Alabama across the state's human service agencies. Conference attendees developed a commitment to systems change that will move Alabama to a philosophy of person-centered service. Nationally-known speakers addressed critical issues in the following areas:

- Transitioning Alabama to a person-centered system of practice;
- Cultural and organizational change to person-centered services;
- Importance of interagency collaboration moving to an interoperable system;

- Self-determination, dignity, and choice for individuals;
- Self-supports and the benefits of person-centered living;
- Managing finances within person-centered practice; and
- Employment and purposeful living in the community.

ADSS and its health and human service partners plan to have a Health and Human Services Leadership Summit annually to move the state forward, in a coordinated effort, to streamline services that are person-centered with consumer-directed options. The second conference is titled “Putting People First.” This conference will focus on the “no wrong door” for long-term care services and supports and will focus on the system-wide changes for health and human services agencies as the new Medicaid managed care is implemented.

Transition Services and Programs

Hospital discharge is a key transition time and while individuals may be anxious to return home, flaws in the process can lead to a quick return. Within 90 days of discharge, approximately 35% of Medicare recipients are readmitted to the hospital. ADSS plans to work closely with the Alabama Quality Assurance Foundation and the Alabama Hospital Association to work on transition projects to reduce these numbers. Studies indicate the primary causes of readmission are poor communication and lack of follow-up care. This leads to issues; such as, improper use of medication, reoccurrence of the illness, infection, falls and related problems during this vulnerable time. Studies have shown that individuals living alone without home care services are much more likely to be readmitted than those who receive proper follow-up services, such as home health care. ADRCs will serve as a trusted source to build person-centered, community-based supports for individuals needing coordination and assistance.

The Partnership for Patients and Community-Based Care Transitions Program

Alabama has a high rate of individuals who transfer from the hospital to nursing homes. 76% of those in nursing homes were admitted from the hospital, which indicates many Alabamians with long-term care needs, their families, and hospital discharge staff are unaware of home and community-based alternatives. The Alabama Quality Assurance Foundation and ADSS have a long history of collaboration and are currently working together on several transition initiatives.

In partnership with the Alabama Quality Assurance Foundation, Alabama Hospital Association and other stakeholders, ADSS is working to improve ADRCs to help avoid unnecessary nursing home placements and return trips to the hospital. The following Centers for Medicare and Medicaid Services’ Innovation Center projects are currently works in progress:

- 1) **TARCOG/AAA/ADRC** leads a community coalition, in collaboration with the QIO, to reduce 30-day readmissions at four hospitals in TARCOG’s area. TARCOG received approval as a prime contractor for Section 3026 funding. This funding will be used to deploy care transitions coaches trained in the “Eric Coleman Care Transitions Model” and to serve the CMS-defined community served by four community hospitals. TARCOG convened community partners and stakeholders to create a formal community coalition and supported the QIO’s efforts to conduct a root cause analysis to identify the community-based drivers of hospital readmissions.

- 2) **LRCOG/AAA/ADRC** actively participated in a community-based effort to form a care transitions coalition in the Auburn-Opelika community. LRCOG is a current member of this coalition. This coalition has not applied for Section 3026 funding; however, they continue community-based efforts to reduce hospital readmissions.
- 3) **SARCOA/AAA/ADRC** collaborated with eight regional community hospitals to help their patients maintain improved health when they are discharged from the hospital. Their Community-based Care Transitions Program is an initiative of the Centers for Medicare and Medicaid Services.
- 4) **ATRC/AAA/ADRC** is in discussion with the QIO, Vaughan Medical Center (Selma), and Sowing Seeds of Hope (Perry County) to form a community coalition aimed at reducing hospital readmissions at Vaughan Medical Center. Although these are early discussions, all stakeholders anticipate success as this is a high-risk region in Alabama's Black Belt that will benefit greatly from a transition project.

Medicare Quality Improvement Organizations Integrating Care for Populations and Communities under the 10th Scope of Work

To achieve these aims and contribute to significant improvement in health quality, the Alabama Quality Assurance Foundation established Learning and Action Networks that will provide critical technical assistance to providers, partners, and health advocates as part of their 10th Scope of Work. ADSS staff, including the Commissioner, Ombudsman, and ADRC Project Director, are key partners in Alabama Quality Assurance Foundation's Healthcare Quality Network Advisory Council. Organized and convened by the Alabama Quality Assurance Foundation, the purpose of the Advisory Council is to support and advise the Alabama Quality Assurance Foundation in the organization, development, and facilitation of a statewide learning and action network (Alabama Healthcare Quality Network) to reach out locally to advance large scale healthcare improvement around the aims of the Department of Health and Human Services' National Quality Strategy. ADSS is a valued partner in Alabama Quality Assurance Foundation's statewide quality improvement initiatives, especially efforts to reduce 30-day hospital readmissions by improving chronic disease management and patient/caregiver engagement.

Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

ADSS joined the Alabama Alliance for Nursing Facility Quality and Care Coordination (the Alliance) in a collaborative effort to pursue funding under the Center for Medicare & Medicaid Innovation and the Medicare-Medicaid Coordination Office to partner with 23 Alabama nursing facilities to implement evidence-based interventions that improve care, prevent re-hospitalizations, and lower costs. The proposal was one of six approved to begin October 2012. The Alabama Alliance for Nursing Facility Quality and Care Coordination is a consortium of stakeholder organizations under the leadership of the state's Centers for Medicare and Medicaid Services-contracted Quality Improvement Organization. Key alliance partners are, in addition to Alabama Quality Assurance Foundation, Samford University, ADSS, the University of Alabama at Birmingham, and the University of Alabama. ADSS participation involves the Ombudsman program to engage families and residents; provides of Chronic Disease Self-Management Program to residents, family members and staff; and offers ADRC assistance when additional resources are needed.

The Older Americans Act Amendments of 2006 included focus areas and a vision to move the National Aging Networks toward modernization of Older Americans Act programs. The Act authorizes the State Unit on

Aging and its networks to actively promote the development of person-centered systems of long-term services and supports system for older adults and their caregivers. The Act encourages a strategy for advancing systematic changes by building networks of services and supports that empower older individuals, persons with disabilities, and their families to make informed decisions about their care options through ADRCs, enabling older people to make better health choices through the use of evidence-based health prevention programs and providing more choices for flexible and consumer-directed programs, particularly for those who are at risk of spend down to Medicaid and placement in long-term care facilities. The amendments also allow states to consider the provision of a service model for those who can afford to pay for their care. The Aging Network and providers can now assist persons who can privately pay for services in securing these services and supports to develop their short and long-term care plans, enabling them to live in the setting of their choice. ADSS is working with the Aging Network, health and human services partners, and policy makers to make these changes for Alabama's citizens who are aging and have disabilities to live in the community of their choice with the supports needed to ensure independence, regardless of their payment method.

Elder Justice

The hidden problem of elder abuse is escalating as older individuals are living longer and, therefore, become more dependent on others for their care. The Alabama Department of Human Resources receives approximately 500 reports of elder abuse per month. Over 90% of the reports are in the home of the individual. Adult abuse is often determined to occur among families experiencing stress. Recognizing an increase in reported abuse and financial exploitation, ADSS, in collaboration with the Attorney General's Office and Department of Human Resources - Adult Protective Services division, spearheaded a statewide effort by establishing the Alabama Interagency Council for the Prevention of Elder Abuse (Prevention Council) which is made up of 30 representatives from the executive and legislative branches of government, human services agencies, prosecutors/law enforcement, and advocacy groups.

Act 2012-495 was passed by the Legislature to officially create the Prevention 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. ADSS was designated as the lead agency. The Act requires 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 Prevention Council has been extremely successful thus far, working diligently on a variety of elder abuse intervention initiatives. The Prevention Council has developed new public outreach campaign materials, including an Elder Abuse Protection Toolkit and new Law Enforcement Protocol Guide for mass distribution to various law enforcement agencies. The members are currently developing new training tools to educate first responders, financial institutions and other professionals. The collaboration among council members allowed the passage and signing by the Governor of 2013 legislation called the Protecting Alabama's Elders Act. 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 is the financial exploitation rule, which now gives law enforcement the ability to arrest individuals with power of attorney if they are exploiting an older individual. Prior to the act, law enforcement and prosecution could not do anything about power of attorney exploitation because there were no criminal sanctions. The new 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.

Closing Statement

The Alabama Department of Senior Services is an agency committed to serving the individuals of this state who are aging and/or have disabilities so they may live meaningful and productive lives. ADSS has strong working relationships with providers, other state agencies and universities, which results in fresh ideas, problem solving and creative approaches to new programs and services.

To support the aging network's leadership role in home and community-based services and long-term care reform, ADSS' assets include: 1) a determination to find innovative ways to fund expansion of existing services and new programs and initiatives; 2) established relationships with stakeholders who share the same mission and advocacy efforts; and 3) committed and motivated leadership and staff who are mission focused, adapt to change and are learning and expanding their knowledge, leadership and managerial skills to meet the challenges, goals and objectives outlined in this document for progressive, proactive movement to ensure the mission is an ongoing opportunity for change.

Exhibit 1 - Administration

Exhibit 1.1 - Administrative Overview

Assessment Process

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. 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 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 developing and reviewing the cost sharing policy, ADSS will always use the latest DHHS poverty guidelines. 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.

Table F-1 - Cost Sharing System for Older Americans Act Services
(Based on 2013 DHHS Poverty Guidelines)

Percent of Federal Poverty Level	Gross Monthly Income	Percent per \$100 Cost of Service	Cost/Fee per \$100 Cost of Service
101 - 124%	\$959 - \$1,196	5 %	\$ 5.00
125 - 149%	\$1,197 - \$1,435	10 %	\$ 10.00
150 - 174%	\$1,436 - \$1,675	15 %	\$ 15.00
175 - 199%	\$1,676 - \$1,914	20 %	\$ 20.00
200 - 299%	\$1,915 - \$2,872	40 %	\$ 40.00
300 - 399%	\$2,873 - \$3,829	60 %	\$ 60.00
400 - 499%	\$3,830 - \$4,787	80 %	\$ 80.00
500% and over	\$4,788 and over	100 %	\$ 100.00

Individuals who have an income at or below \$958.00 per month may not be asked to cost share; however, they may be provided an opportunity to voluntarily contribute to the cost of the service.

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. Participants whose incomes are near poverty and considered "low income" will be excluded. The person performing the intake/enrollment will verify that the participant meets the definition of eligibility listed above and as stated in the law.

Cost Sharing and Contributions

Cost sharing is only allowed in the following services: Personal Care, Homemaker, Chore, Adult Day Care, Assisted Transportation, Transportation, Caregiver Respite and Caregiver Supplemental Services.

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;
- Widely distribute State created written materials in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing and the State's sliding scale; and
- Follow all mandates in the Older Americans Act and Assurances.

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

An AAA 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.

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 Commissioner. In granting a waiver to an AAA for the provision of direct services, ADSS must judge 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.

Program Reporting

The AAAs are required to update Title III demographics information each year in ADSS' Aging Information Management System (AIMS) based on the participants' responses to questions on the Participant 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 participant 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 and recommending they include a copy of these definitions in contracts with local providers.

Public Relations and Media Relations

ADSS uses public and media relations to communicate its goals and objectives to the public, promote programs and services offered by the agency through the AAAs, and gain positive media exposure for ADSS and the AAAs. The overall goal for public and media relations is to empower Alabamians to identify ADSS as the primary source of information and services for Alabama's older population.

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.

Exhibit 1.2 - Assurances

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS 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, required activities and information requirements 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 aging 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;

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.

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

(26) The plan shall provide assurances that 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

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.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))
The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

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

Section 306(a)(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.

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).

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)

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

(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.

(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)(8)) (Include in plan if applicable)

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

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

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)(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 .

Section 307(a)(28)

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

(B) Such assessment may include—

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

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

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

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

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.

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.

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;

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

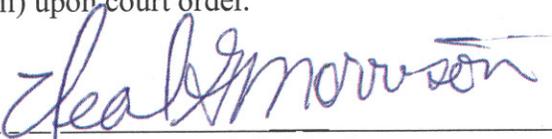
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

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

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

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

(iii) upon court order.

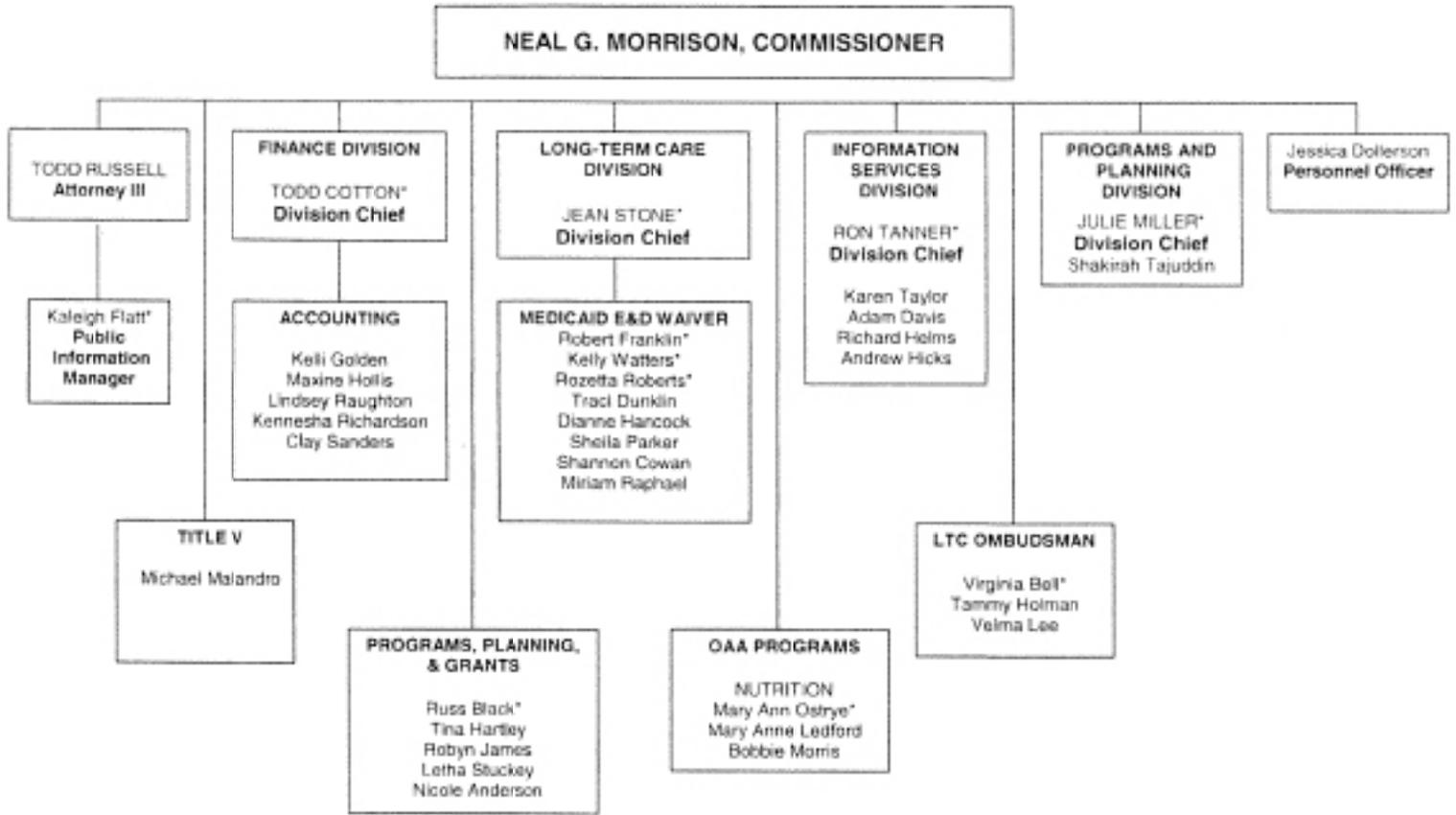


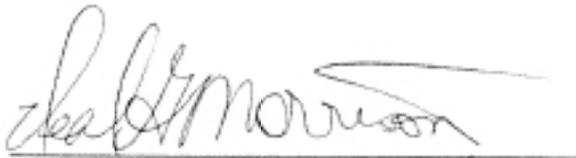
Commissioner, Neal G. Morrison
Alabama Department of Senior Services



Date

Exhibit 1.3 - Organizational Chart





 Neal G. Morrison, Commissioner

4-29-13

 Date

*Denotes supervisors
Last Updated: April 23, 2013

Exhibit 1.4 - Advisory Board of Directors

Mr. Ray Edwards (CHAIRMAN)
1201 25th Street
Valley, AL 38854
Telephone: (706) 580-8723

Dr. Horace Patterson (VICE-CHAIRMAN)
101 Harrison Drive
Talladega, AL 35180
Telephone: (256) 761-3479

Ms. Ann Nenninger Anderson, Exec. Director
CASA of Madison County
103 Timberwood Lane
Madison, AL 35758
Telephone: (256) 803-7275

Ms. Bernice (De) Barnes, Administrator
Milner-Rushing Discount Drugs
1580 County Farm Road
Tuscumbia, AL 35674
Telephone: (256) 827-8571

Mr. Billy Bolton
228 Brandy Run Rd W.
Mobile, AL 36608
Telephone: (251) 401-5555

Ms. Jackie Goggins, Consumer Affairs
Alabama Gas Corporation
Energen Plaza
805 Richard Arrington, Jr. Blvd North
Birmingham, AL 35203
Telephone: (205) 328-1631

Dr. Michael Johnson
27120 Carlers Lane
McGalla, AL 35111
Telephone: (205) 277-8120

Mr. Rhondel Rhone, Clarke County Commission
P. O. Box 548
Grove Hill, AL 38541
Telephone: (251) 275-3507

Mr. Jesse Salinas, State Director, AARP
RSA Tower, Suite 1880
201 Monroe Street
Montgomery, AL 36104
Telephone: (334) 854-3042

TWO MEMBERS FROM SENATE

The Honorable Gerald Dial
P. O. Box 248
Lineville, AL 38286
Telephone: (256) 388-5626 or 2-7874

The Honorable Jerry Fielding
1300 B Talladega Hwy
Sylacauga, AL 35150
Telephone: (256) 208-5836 or 2-7888

TWO MEMBERS FROM HOUSE

The Honorable Barbara Boyd
2222 McDaniel Avenue
Anniston, AL 36201
Telephone: (256) 283-1883 or 2-7882

The Honorable Mac McCulcheon
P. O. Box 370
Capehaw, AL 35742
Telephone: (256) 855-3784 or 2-7705

DEPARTMENT OF HUMAN RESOURCES

Ms. Nancy Buckner, Commissioner
P. O. Box 304000
Montgomery, AL 36130-4000
Telephone: (334) 242-1310

DEPARTMENT OF LABOR

Mr. Tom Surtees, Commissioner
P. O. Box 303500
Montgomery, AL 36130-3500
Telephone: (334) 242-3480

DEPARTMENT OF PUBLIC HEALTH

Dr. Don Williamson, State Health Officer
P. O. Box 303017
Montgomery, AL 36130-3017
Telephone: (334) 208-5200

Exhibit 1.5 - Area Agencies on Aging Map

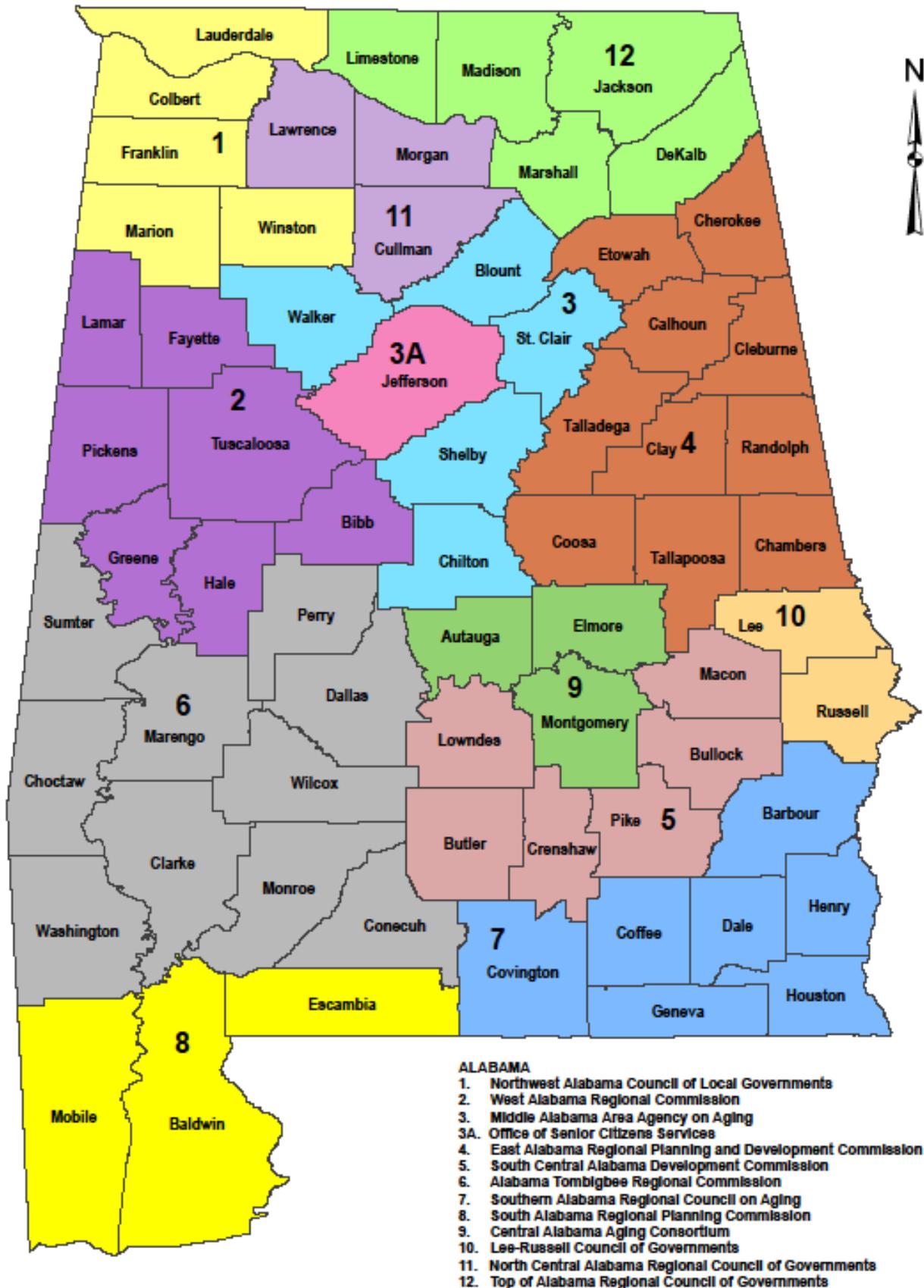


Exhibit 2 - Intrastate Funding Formula

Background Information

In Fiscal Year 2012, ADSS collaborated with the Area Agencies on Aging (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.

The State Plan IFF Committee reviewed documentation to determine the best formula to ensure compliance with the intent and direction of the OAA to serve the targeted populations as outlined above. The Committee met on several occasions with no final consensus on a recommendation to send to the Commissioner and Advisory Board.

The Commissioner, based on recommendations from an analysis of the OAA and 2010 Census Data performed by Alabama State University (ASU), disclosed that maintaining the current 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. The Hold Harmless provision (i.e. Fiscal Year 2003 NGA amounts) is counterproductive to AAAs with higher rates of population growth. The ASU Proposal was presented to the ADSS Advisory Board and was approved as the Boards' recommendation for the State Plan IFF. The ASU proposal and potential legislative recommendations were presented in the state plan hearing on May 16, 2013, for public comments. Although ADSS followed all procedures for public involvement in the formation of a new IFF, the agency will submit the Legislative directive explained below as the funding formula for the State Plan, 2014-2016.

The Alabama Legislature in the 2013 Legislative session included budget language in Act 2013-263, signed into law on May 20, 2013, directing ADSS to utilize the five population-based factors contained in the current formula and the same methodology to compute the factors' weights for distribution of funds. Discussion by all parties included the consensus that the Hold Harmless would be eliminated over the course of the next four fiscal years. The Act included budget language with instructions for each program to receive 75% of the Hold Harmless for FY 2014. The gradual elimination of the Hold Harmless is to minimize the impact on AAAs that may experience reduced funding, and to give adequate time to plan for sustainability or reductions of services.

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" and "Age 60+ Living Alone." To compile data for factors "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. Starting with the 2010 Census, the U.S. Census Bureau's decennial census files no longer contain poverty data so ADSS will access ACS files to compile poverty information.

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 a new IFF is approved, ADSS ensures services will continue to be provided across the state. 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 Proposed IFF {OAA, Section 305(a)(2)(C) and Section 307(a)(3)(A)}

The current IFF contains a Hold Harmless provision and five population-based factors. 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. Figure G-1 describes the current IFF and contains each PSA's formula share.

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⁾	933,919	= 933,919 / 1,729,689	53.99
Age 60+ Rural ⁽²⁾	418,035	= 418,035 / 1,729,689	24.17
Age 60+ Living Alone ⁽³⁾	236,135	= 236,135 / 1,729,689	13.65
Age 60+ Below Poverty ⁽³⁾	101,065	= 101,065 / 1,729,689	5.84
Age 60+ Below Poverty Minority ⁽³⁾	40,535	= 40,535 / 1,729,689	2.34
Total:	1,729,689		100.00

⁽¹⁾ Source: U.S. Census Bureau, 2010 Census.

⁽²⁾ Source: Administration on Aging, Special Tabulations, 2010 Census.

⁽³⁾ Source: Administration on Aging, Special Tabulations, 2005-2009 ACS Special Tabulation (Note: AOA does not create special tabulations of five-year ACS files as often as the U.S. Census Bureau releases ACS data sets.)

The Title III award is first reduced by the amounts used to administer the State and Area Plans; these amounts are not included in the IFF. ADSS distributes the award's remaining balance to the AAAs as follows:

1. A predetermined Hold Harmless amount is allocated based on the Fiscal Year 2003 AAA NGA Amounts (See Table G-2). The proposed formula was designed to gradually eliminate the Hold Harmless Provision in four years using the percentages below:

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

2. The remaining balance (positive or negative) is allocated based on a formula that incorporates the five population-based factors and their corresponding weights.

The total Title III award balance equals the sum of these two allocable amounts.

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

$$\text{Funding Portion} = X + Y [.5399(60+) + .2417 (\text{Rural}) + .1365 (\text{Living Alone}) + .0584 (\text{Below Poverty}) + .0234 (\text{Below Poverty Minority})]$$

Where:

- X = Fiscal Year 2003 NGA Amounts (See Table G-2; gradual elimination in Fiscal Years 2014 through 2017); and
- Y = Remaining allocable amount (i.e. Fiscal Year's Total Award minus total of Fiscal Year 2003 NGA Amounts)

The remaining factors and U.S. Census Bureau data are described in Tables G-3 and G-4.

PLANNING AND SERVICE AREA (PSA)	FORMULA SHARE (%)
(1) Northwest Alabama Council of Local Governments	6.313678
(2) West Alabama Regional Commission	6.083753
(3) Middle Alabama Area Agency on Aging	9.139851
(3A) Office of Senior Citizens Services	10.931271
(4) East Alabama Regional Planning and Development Commission	11.775643
(5) South Central Alabama Development Commission	3.011987
(6) Alabama Tombigbee Regional Commission	5.889382
(7) Southern Alabama Regional Council on Aging	7.629580
(8) South Alabama Regional Planning Commission	12.287642
(9) Central Alabama Aging Consortium	6.081324
(10) Lee-Russell Council of Governments	2.929024
(11) North Central Alabama Regional Council of Governments	5.560537
(12) Top of Alabama Regional Council of Governments	12.366327
Total:	100.000000

In the proposed IFF (See Figure G-1), ADSS will use the amounts in Table G-2 to gradually phase-out the Hold Harmless provision.

Table G-2 - Proposed Intrastate Funding Formula:
Hold Harmless Amounts in Four-Year Phase-Out Period

PLANNING AND SERVICE AREA (PSA)	FISCAL YEAR 2014 (\$)	FISCAL YEAR 2015 (\$)	FISCAL YEAR 2016 (\$)
(1) Northwest Alabama Council of Local Governments	717,060	478,040	239,020
(2) West Alabama Regional Commission	884,411	589,607	294,804
(3) Middle Alabama Area Agency on Aging	768,642	512,428	256,214
(3A) Office of Senior Citizens Services	1,461,890	974,593	487,297
(4) East Alabama Regional Planning and Development Commission	1,338,569	892,380	446,189
(5) South Central Alabama Development Commission	660,168	440,112	220,056
(6) Alabama Tombigbee Regional Commission	1,135,694	757,129	378,565
(7) Southern Alabama Regional Council on Aging	932,969	621,979	310,990
(8) South Alabama Regional Planning Commission	1,168,999	779,333	389,666
(9) Central Alabama Aging Consortium	728,126	485,417	242,709
(10) Lee-Russell Council of Governments	404,276	269,517	134,759
(11) North Central Alabama Regional Council of Governments	596,294	397,529	198,765
(12) Top of Alabama Regional Council of Governments	1,033,652	689,102	344,550
Total:	11,830,750	7,887,166	3,943,584

Notes:

1. Amounts include federal funding with required state match.
2. In Fiscal Year 2017, the Hold Harmless amount equals zero.

Table G-3 - 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 ⁽¹⁾	<p>Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and live in a rural area.</p> <p>Note: <i>Rural</i>, according to the U.S. Census Bureau – United States Census 2010, encompasses all population, housing, and territory not included within an urban area. An urban area comprises a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people; at least 1,500 of 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.</p>
60+ LIVING ALONE	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and live alone.
60+ BELOW POVERTY	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old and below poverty level.
60+ BELOW POVERTY MINORITY	Distribution among the 13 PSAs of the population of Alabamians who are at least 60 years old, have minority status, and are below the poverty level.

(1) Source: <http://www.census.gov/geo/reference/ua/urban-rural-2010.html>

Table G-4 - Proposed 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⁽⁴⁾
1	54,833	33,084	14,435	6,020	835
2	52,552	28,863	13,595	6,925	3,295
3	82,920	49,181	18,040	6,850	1,100
3A	122,402	13,945	33,410	12,205	7,115
4	104,004	57,293	26,770	11,745	3,870
5	22,694	16,880	6,355	3,650	2,519
6	42,361	33,716	11,635	8,445	5,711
7	66,422	38,481	16,755	7,565	2,745
8	127,054	37,634	30,550	11,880	5,420
9	62,377	18,061	15,840	5,640	3,270
10	28,517	10,376	7,090	2,995	1,685
11	49,079	28,866	12,030	5,360	845
12	118,704	51,655	29,630	11,785	2,125
Total:	933,919	418,035	236,135	101,065	40,535

- (1) Source: U.S. Census Bureau, 2010 Census.
- (2) Source: Administration on Aging, Special Tabulations, 2010 Census.
- (3) Source: Administration on Aging, Special Tabulations, 2005-2009 ACS Special Tabulation.
- (4) Source: Administration on Aging, Special Tabulations, 2005-2009 ACS Special Tabulation. The counties' values for "Age 60+ Below Poverty Minority" were computed by subtracting "Age 60+ Below Poverty White" from "Age 60+ Below Poverty."

A state's IFF must distribute federal and state matching funds to the PSAs regardless of whether there is an increase or decrease in federal funds from year to year. Using a hypothetical federal award as an example, Table G-5 identifies the impact of increased federal funding (i.e. \$19,500,000) using the proposed IFF. Table G-6 identifies the impact of decreased federal funding using the proposed IFF. The columns in Tables G-5 and G-6 are described below:

- A Identifies each PSA's Fiscal Year 2003 NGA amount, which is used as a Hold Harmless provision only in the current formula for Fiscal Year 2017.
- B Displays each PSA's share of the allocable amount (i.e. difference between the total award and the Hold Harmless provision) using the current formula.
- C Identifies each PSA's estimated Current Total Award for Fiscal Year 2017.
- D Identifies each PSA's estimated Proposed Total Award for Fiscal Year 2017 if the proposed IFF had been in effect.
- E Displays the variance of each PSA's Current Total Award and Proposed Total Award for Fiscal Year 2017, which compares the current and proposed formulae.

The current IFF starts with the Hold Harmless provision (i.e. Fiscal Year 2003 NGA Amounts) (See Table G-5, Column A). Because the difference between the total federal award (i.e. \$19,500,000) and the total Hold Harmless provision (e.g. \$15,774,329) is a positive amount, this increase (i.e. \$3,725,671) must be distributed among the PSAs. The Remaining Allocation (See Table G-5, Column B) equals each PSA's current funding share multiplied by the total increase. Each PSA's Current Total Award for Fiscal Year 2017 (See Table G-5, Column C) is the sum of the Hold Harmless provision and the Remaining Allocation.

The proposed IFF does not include a Hold Harmless provision. For each PSA, the Proposed Total Award for Fiscal Year 2017 equals the formula share (See Figure G-1) multiplied by the total federal award (i.e. \$19,500,000) (See Table G-5, Column D). The difference between each PSA's Current Total Award and Proposed Total Award is displayed in Column E.

Table G-5 - Intrastate Funding Formula: Impact of Increased Federal Funding Using Hypothetical Award with Current and Proposed Formulae

PSA	TOTAL AWARD (ESTIMATE) (FISCAL YEAR 2017)				TOTAL VARIANCE (ESTIMATED EFFECT OF PROPOSED FORMULA)
	CURRENT FORMULA			PROPOSED TOTAL AWARD	
	FISCAL YEAR 2003 HOLD HARMLESS PROVISION	REMAINING ALLOCATION	CURRENT TOTAL AWARD		
1	\$ 956,080	\$ 233,876	\$ 1,189,956	\$ 1,231,167	\$ 41,211
2	\$ 1,179,214	\$ 227,356	\$ 1,406,570	\$ 1,186,332	\$ (220,238)
3	\$ 1,024,856	\$ 336,099	\$ 1,360,955	\$ 1,782,271	\$ 421,316
3A	\$ 1,949,186	\$ 424,063	\$ 2,373,249	\$ 2,131,598	\$ (241,651)
4	\$ 1,784,759	\$ 433,798	\$ 2,218,557	\$ 2,296,250	\$ 77,693
5	\$ 880,224	\$ 114,935	\$ 995,159	\$ 587,337	\$ (407,822)
6	\$ 1,514,258	\$ 222,847	\$ 1,737,105	\$ 1,148,430	\$ (588,675)
7	\$ 1,243,958	\$ 283,085	\$ 1,527,043	\$ 1,487,768	\$ (39,275)
8	\$ 1,558,665	\$ 456,920	\$ 2,015,585	\$ 2,396,090	\$ 380,505
9	\$ 970,834	\$ 226,477	\$ 1,197,311	\$ 1,185,858	\$ (11,453)
10	\$ 539,034	\$ 107,742	\$ 646,776	\$ 571,160	\$ (75,616)
11	\$ 795,058	\$ 202,651	\$ 997,709	\$ 1,084,305	\$ 86,596
12	\$ 1,378,203	\$ 455,822	\$ 1,834,025	\$ 2,411,434	\$ 577,409
Total:	\$ 15,774,329	\$ 3,725,671	\$ 19,500,000	\$ 19,500,000	
Column:	(A)	(B)	(C)	(D)	(E)

Notes:

1. Amounts include federal funding with required state match.
2. In the proposed formula, the Hold Harmless amount equals zero in Fiscal Year 2017.

The current IFF starts with the Hold Harmless provision (i.e. Fiscal Year 2003 NGA Amounts) (See Table G-6, Column A). Because the difference between the total federal award (i.e. \$15,000,000) and the total Hold Harmless provision (e.g. \$15,774,329) is a negative amount, this decrease (i.e. -\$774,329) must be distributed among the PSAs. The Remaining Allocation (See Table G-6, Column B) equals each PSA's current funding share multiplied by the total decrease. Each PSA's Current Total Award for Fiscal Year 2017 (See Table G-6, Column C) is the sum of the Hold Harmless provision and the Remaining Allocation. The proposed IFF does not include a Hold Harmless provision. For each PSA, the Proposed Total Award for Fiscal Year 2017 equals the formula share (See Figure G-1) multiplied by the total federal award (i.e. \$15,000,000) (See Table G-6, Column D). The difference between each PSA's Current Total Award and Proposed Total Award is displayed in Column E.

Table G-6 - Intrastate Funding Formula: Impact of Decreased Federal Funding Using Hypothetical Award with Current and Proposed Formulae

PSA	TOTAL AWARD (ESTIMATE) (FISCAL YEAR 2017)				TOTAL VARIANCE (ESTIMATED EFFECT OF PROPOSED FORMULA)
	CURRENT FORMULA			PROPOSED TOTAL AWARD	
	FISCAL YEAR 2003 HOLD HARMLESS PROVISION	REMAINING ALLOCATION	CURRENT TOTAL AWARD		
1	\$ 956,080	\$ (48,608)	\$ 907,472	\$ 947,052	\$ 39,580
2	\$ 1,179,214	\$ (47,253)	\$ 1,131,961	\$ 912,563	\$ (219,398)
3	\$ 1,024,856	\$ (69,854)	\$ 955,002	\$ 1,370,978	\$ 415,976
3A	\$ 1,949,186	\$ (88,136)	\$ 1,861,050	\$ 1,639,691	\$ (221,359)
4	\$ 1,784,759	\$ (90,159)	\$ 1,694,600	\$ 1,766,346	\$ 71,746
5	\$ 880,224	\$ (23,888)	\$ 856,336	\$ 451,798	\$ (404,538)
6	\$ 1,514,258	\$ (46,316)	\$ 1,467,942	\$ 883,407	\$ (584,535)
7	\$ 1,243,958	\$ (58,835)	\$ 1,185,123	\$ 1,144,437	\$ (40,686)
8	\$ 1,558,665	\$ (94,964)	\$ 1,463,701	\$ 1,843,146	\$ 379,445
9	\$ 970,834	\$ (47,070)	\$ 923,764	\$ 912,199	\$ (11,565)
10	\$ 539,034	\$ (22,393)	\$ 516,641	\$ 439,354	\$ (77,287)
11	\$ 795,058	\$ (42,118)	\$ 752,940	\$ 834,081	\$ 81,141
12	\$ 1,378,203	\$ (94,735)	\$ 1,283,468	\$ 1,854,948	\$ 571,480
Total:	\$ 15,774,329	\$ (774,329)	\$ 15,000,000	\$ 15,000,000	
Column:	(A)	(B)	(C)	(D)	(E)

Notes:

1. Amounts include federal funding with required state match.
2. In the proposed formula, the Hold Harmless amount equals zero in Fiscal Year 2017.

Exhibit 3 - Demographics

**Table H-1
Projected Growth of Older Alabamians by Age Group**

Age Group	Actuals ^a		Population Projections ^b			
	2000	2010	2015	2020	2025	2030
55 - 64	415,532	588,033	629,887	647,128	609,217	581,155
65 - 74	316,748	370,501	427,480	496,617	542,581	558,598
75 - 84	195,749	211,607	214,968	242,279	297,764	348,492
85+	67,301	75,684	97,132	103,711	113,382	132,070
60+	769,880	933,919	1,036,023	1,163,986	1,268,024	1,323,989
Total	4,447,100	4,779,736	4,663,111	4,728,915	4,800,092	4,874,243

**Table H-2
Alabamians by Age Group as Percentage Share of State's Total Population**

Age Group	Actuals ^a		Population Projections ^b			
	2000	2010	2015	2020	2025	2030
55 - 64	9.3	12.3	13.5	13.7	12.7	11.9
65 - 74	7.1	7.8	9.2	10.5	11.3	11.5
75 - 84	4.4	4.4	4.6	5.1	6.2	7.1
85+	1.5	1.6	2.1	2.2	2.4	2.7
60+	17.3	19.5	22.2	24.6	26.4	27.2

^aU.S. Census Bureau, 2000 and 2010 Decennial Censuses.

^bU.S. Census Bureau, Interim State Projections of Population by Single Year of Age: July 1, 2004 to 2030.

**Table H-3
Older Albanians Age 60+ by Race and Ethnicity^a**

	2000	2010
White	615,703	742,173
African-American	144,813	173,823
American Indian / Alaska Native	1,822	3,875
Asian American	2,236	5,389
Native Hawaiian / Other Pacific Islander	123	176
Two or more races	4,592	6,478
Other	591	2,005
Total:	769,880	933,919
Hispanic	4,331	7,717

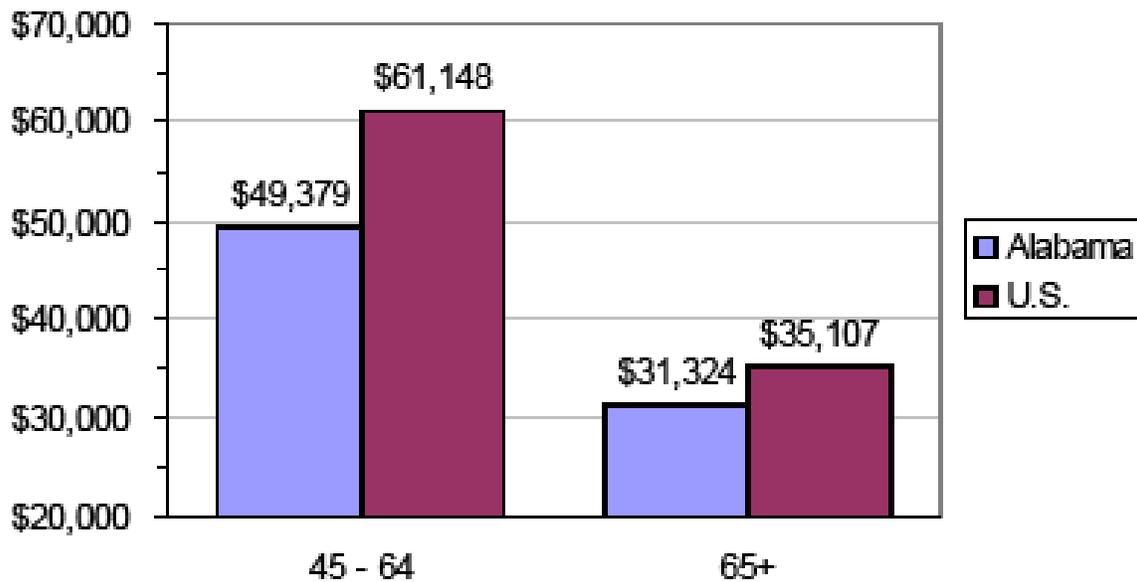
**Table H-4
Percent of Albanians Below Poverty by Age Group, Gender, and Race^b**

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

^aU.S. Census Bureau, 2000 and 2010 Decennial Censuses.

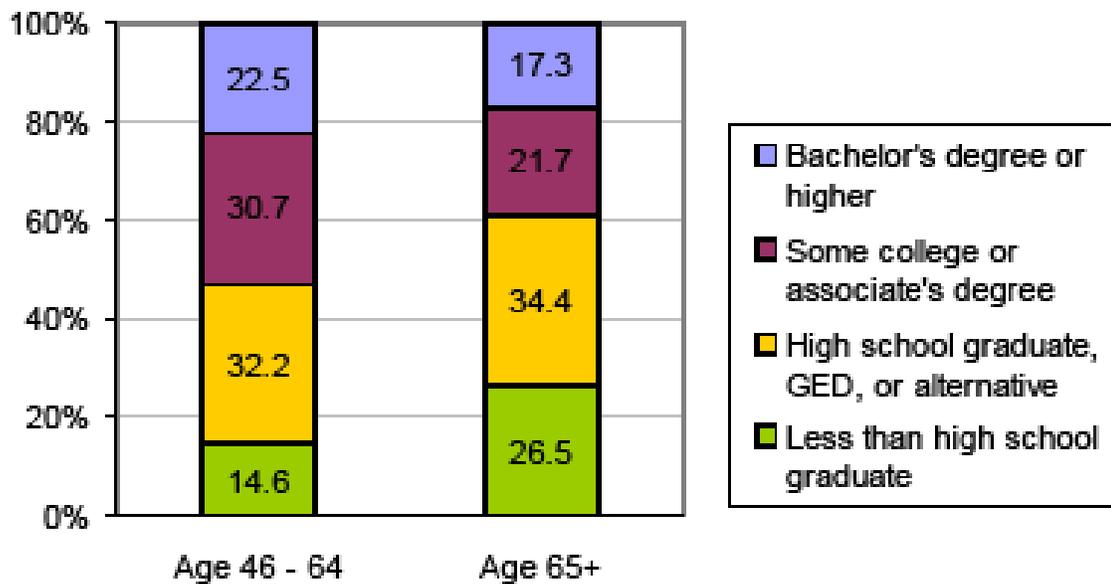
^bU.S. Census Bureau, 2011 American Community Survey 1-Year Estimates.

Figure H-1
Median Household Income¹ for Persons Age 45+ (U.S. and Alabama)²



¹Median household income reflect inflation-adjusted 2010 dollars.

Figure H-2
Percent of Alabamians by Highest Level of Education Completed³



³U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates.

**Table H-5
Number of Alphasaurus by Age Group, Gender, and Disability Status***

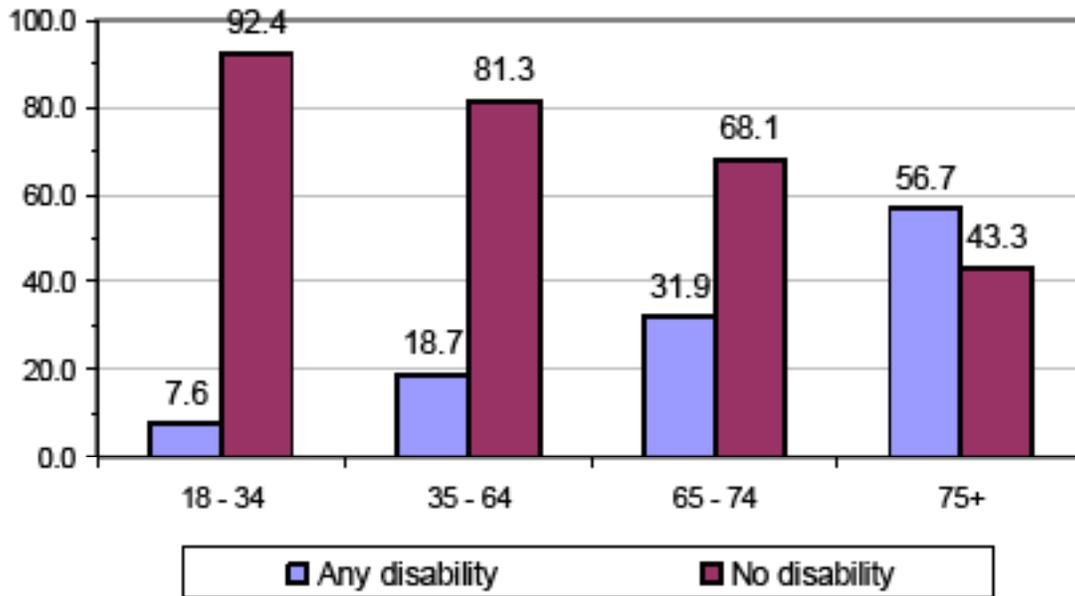
	Any Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Auditory Difficulty	Independent Living Difficulty	Self-Care Difficulty
Men:							
No disabilities	2,262,898	2,262,898	2,262,898	2,110,198	2,110,198	1,693,791	2,110,198
With disabilities:	1,896,192	2,143,803	2,202,621	1,959,304	1,921,677	1,579,356	2,039,066
Under 18	366,706	119,095	60,277	150,894	188,521	114,435	71,132
18-34	34,715	4,351	5,134	28,232	3,825	0	5,152
35-64	43,328	6,727	6,113	26,641	11,307	16,098	5,695
65-74	171,447	47,147	28,652	66,185	103,938	55,718	33,528
75+	56,829	26,087	9,242	12,885	33,480	16,913	11,409
Women:							
No disabilities	2,457,169	2,457,169	2,457,169	2,311,404	2,311,404	1,904,151	2,311,404
With disabilities:	2,058,887	2,372,813	2,377,397	2,162,750	2,052,499	1,731,584	2,221,365
Under 18	398,282	84,356	79,772	148,654	258,905	172,567	90,039
18-34	19,592	2,429	4,314	12,603	3,074	0	3,061
35-64	37,685	4,304	6,317	21,569	10,960	12,526	4,601
65-74	180,582	27,405	34,183	65,540	125,311	74,177	37,712
75+	63,252	13,704	11,953	15,672	46,515	26,820	13,291
Total:							
No disabilities	4,720,067	4,720,067	4,720,067	4,421,602	4,421,602	3,597,942	4,421,602
With disabilities:	3,955,079	4,516,616	4,580,018	4,122,054	3,974,176	3,310,940	4,260,431
Under 18	764,988	203,451	140,049	299,548	447,426	287,002	161,171
18-34	54,307	6,780	9,448	40,835	6,899	0	8,213
35-64	81,013	11,031	12,430	48,210	22,267	28,624	10,296
65-74	352,029	74,552	62,835	131,725	229,249	129,895	71,240
75+	120,081	39,291	21,195	28,557	79,995	43,733	24,700
Total:	157,558	71,297	34,141	50,221	109,016	84,750	46,722

*U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates.

Table H-6
Percent of Alabamians by Age Group, Gender, and Disability Status¹

Gender	Age Group	Any Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Arthralgic Difficulty	Independent Living Difficulty	Self-Care Difficulty
Men	Under 18	9.5	3.7	8.5	18.7	2.0	0.0	7.2
	18-34	11.8	5.6	10.1	17.7	6.0	14.1	8.0
	36-64	46.8	39.6	47.5	43.9	55.1	48.7	47.1
	65-74	15.5	21.9	15.3	8.5	17.8	14.8	16.0
	75+	16.5	29.2	18.5	11.2	19.1	22.5	21.6
	Total:	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Women	Under 18	4.9	2.9	5.4	8.5	1.2	0.0	3.4
	18-34	9.5	5.1	7.9	14.5	4.2	7.3	5.1
	36-64	45.3	32.5	42.9	44.1	48.4	43.0	41.9
	65-74	15.9	16.2	15.0	10.5	18.0	15.5	14.8
	75+	24.4	43.3	28.8	22.4	28.2	34.2	34.8
	Total:	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total	Under 18	7.1	3.3	6.7	13.6	1.5	0.0	5.1
	18-34	10.6	5.4	8.9	16.1	5.0	10.0	6.4
	36-64	46.0	36.6	44.9	44.0	51.2	45.3	44.2
	65-74	15.7	19.6	15.1	9.5	17.9	15.2	15.3
	75+	20.6	35.0	24.4	16.8	24.4	29.5	29.0
	Total:	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Figure H-3
Percent of Alabamians Below Poverty by Age Group and Disability Status*



*U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates.

Table H-7
Percent of Alabamians by Age Group, Gender, and Marital Status*

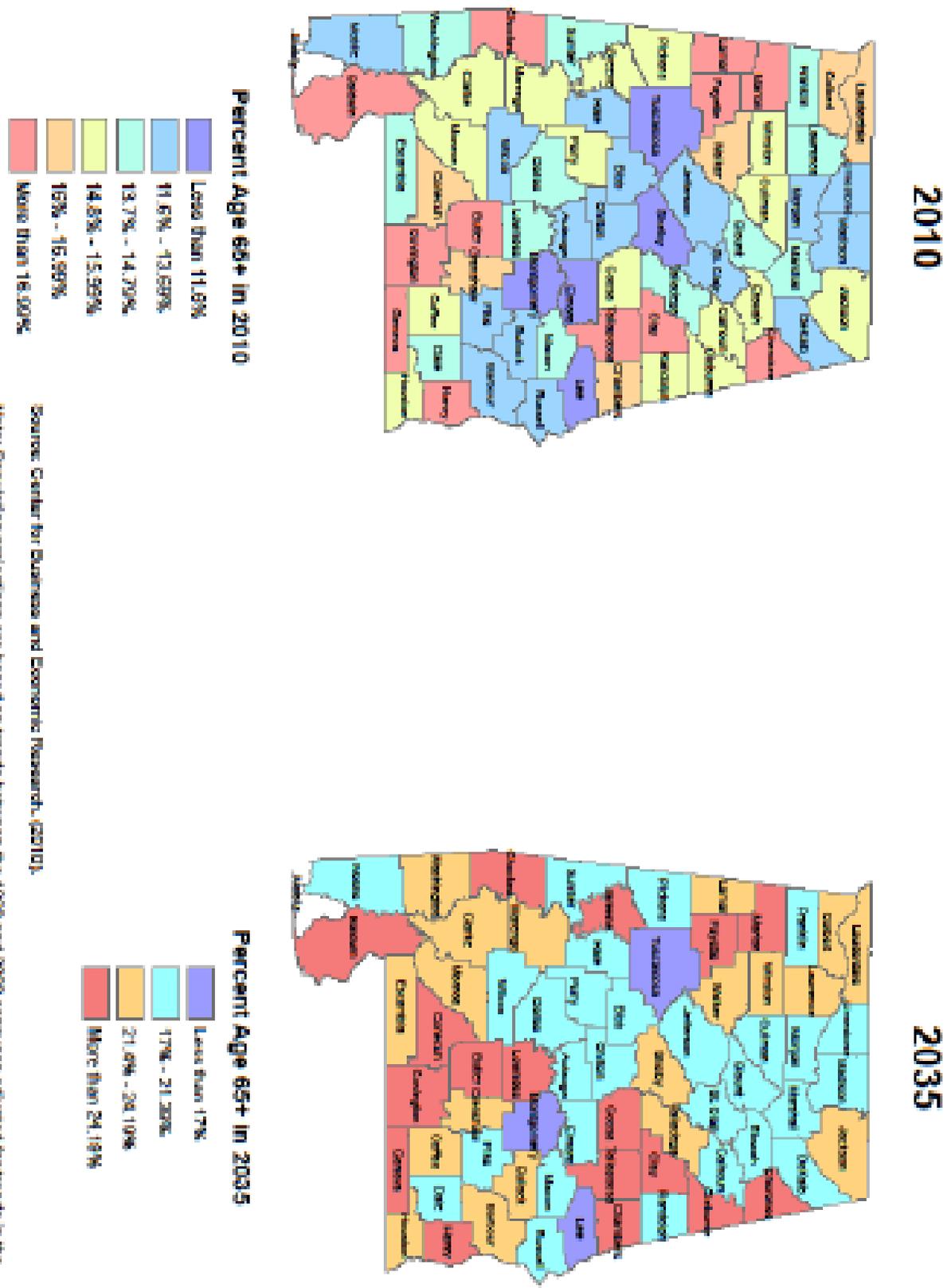
	Never Married	Now Married*	Separated	Divorced	Widowed	Total
Men 50-54	11.7	64.9	2.7	18.9	1.9	100.0
Men 55-59	9.1	66.4	3.3	18.3	2.9	100.0
Men 60-64	7.0	70.3	1.8	17.3	3.6	100.0
Men 65-74	3.5	77.4	1.7	11.3	6.1	100.0
Men 75-84	1.7	71.9	0.5	7.8	18.1	100.0
Men 85+	2.6	51.4	0.9	3.2	41.9	100.0
Women 50-54	10.5	58.6	4.3	21.0	5.5	100.0
Women 55-59	7.2	61.6	2.9	21.2	7.1	100.0
Women 60-64	5.1	62.8	2.4	18.0	11.7	100.0
Women 65-74	3.2	54.8	1.7	14.5	25.8	100.0
Women 75-84	3.8	33.2	0.6	10.0	52.4	100.0
Women 85+	4.1	7.8	0.1	5.0	83.0	100.0

*Excludes couples living apart for reasons other than legal separation.

*U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates.

Figure H-4

Alabama Population Projections, Age 65+



Source: Center for Business and Economic Research, (2010).

Note: Population projections are based on trends between the 1980 and 2000 censuses adjusted for trends in the Census Bureau's estimate from 2000 to 2008.

Source: BRFSS 2011.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

	Under 60	60 & Over
Yes	26.46%	41.70%
No	73.54%	58.30%

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (Include occasional use or use in certain circumstances.)

	Under 60	60 & Over
Yes	7.17%	9.08%
No	92.83%	90.92%

Would you say that in general your health is:

	Under 60	60 & Over
Excellent	14.66%	9.88%
Very Good	30.65%	30.65%
Good	31.49%	31.49%
Fair	13.54%	13.54%
Poor	5.66%	13.41%

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

	Under 60	60 & Over
0 Days	62.72%	59.07%
1 to 13 Days	24.11%	19.85%
14 to 40 Days	13.17%	21.09%

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

	Under 60	60 & Over
0 Days	57.96%	75.65%
1 to 13 Days	24.76%	14.11%
14 to 40 Days	17.27%	10.24%

Has a doctor, nurse, or other health professional ever told you that you had diabetes?

	Under 60	60 & Over
Yes	7.79%	22.91%
No	92.21%	77.09%

Has a doctor, nurse, or other health professional ever told you that you have High Blood Pressure?

	Under 60	60 & Over
Yes	30.65%	67.08%
No	69.35%	32.92%

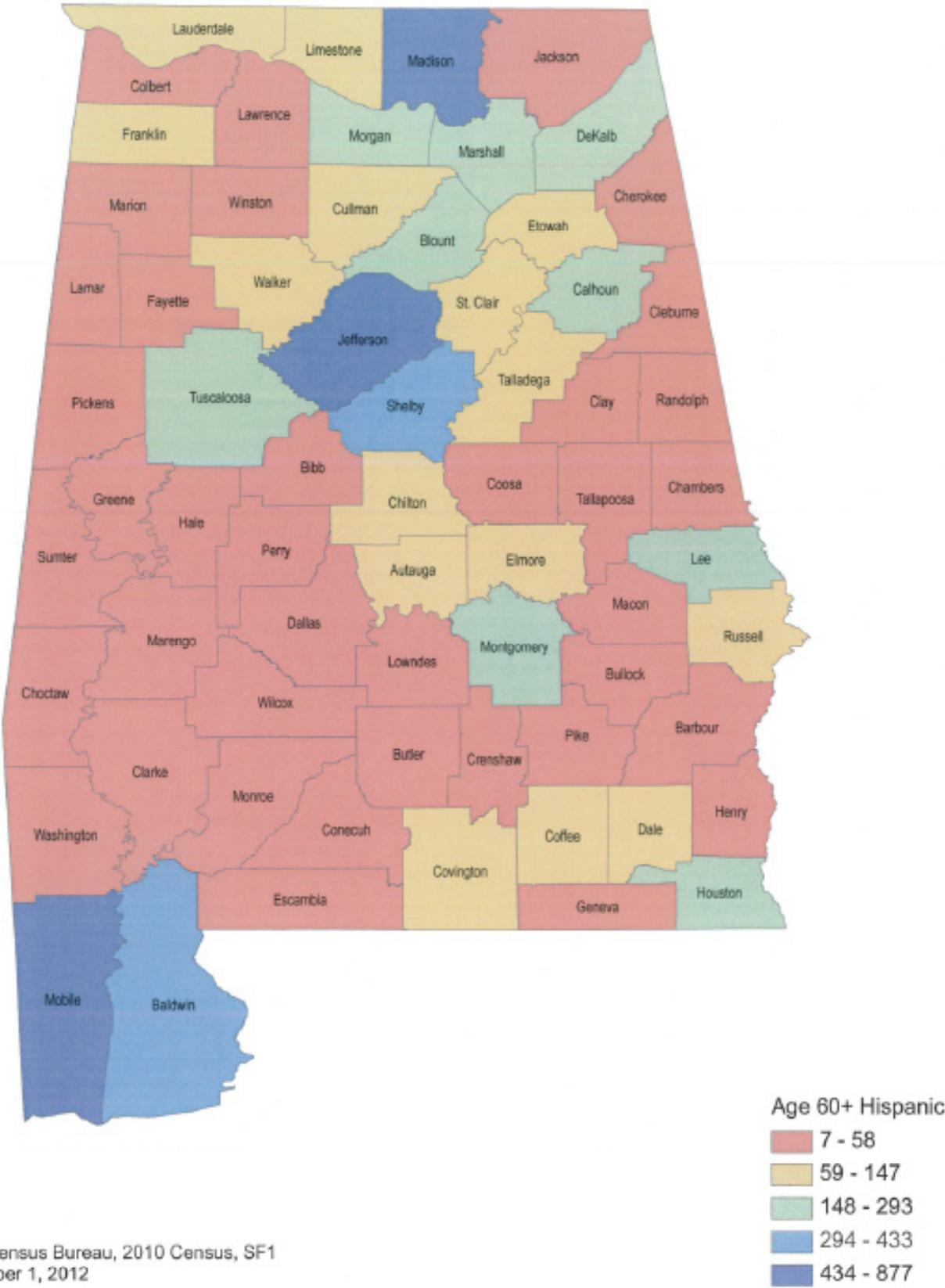
Has a doctor, nurse, or other health professional ever told you that you had Arthritis?

	Under 60	60 & Over
Yes	21.88%	53.98%
No	78.12%	46.02%

Body Mass Index

	Under 60	60 & Over
Overweight	33.66%	38.37%
Obese	33.01%	30.66%

Number of Alabamians Age 60+ Hispanic by County



Source: U.S. Census Bureau, 2010 Census, SF1
 Prepared October 1, 2012

Exhibit 3-10

Appendix A

Older Americans Act Core Programs

Overview of Older Americans Act Core Programs

ADSS spends 95% of its budget to provide services through grants to the 13 Area Agencies on Aging, which in turn contract with over 2000 local service providers. These contracts not only provide the services to our states elderly population, but also provide substantial economic impact to local communities by expanding employment opportunities and local purchase of resources to help maintain our clients in healthy and independent environments in their local communities.

Nutrition Services

The Governor's Office, State Legislature, local governments, and ADSS see the Elderly Nutrition program as a top priority in Alabama. There are approximately 350 senior centers located throughout the state. Each county has one or more senior centers serving as focal points for the delivery of multiple services to seniors within the community. With the exception of a few rural centers, each senior center operates five days per week, except for designated holidays. Standard operating hours are 9:00 a.m. to 1:00 p.m. local time; however, many centers have extended hours. All of the centers provide meals in a congregate setting and many make provisions for meal delivery to homebound seniors. The smallest centers serve 25 meals per day, while the largest center serves more than 200. 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.

Programs are planned to provide information of interest to older adults on nutrition, health, consumer, and legal issues. In addition, older adults can elect to participate in a variety of recreational activities, assist with center activities through volunteer services, access health screenings, and join group exercise sessions. Educational materials are often delivered to the homebound seniors through the volunteer network and the drivers delivering frozen meals.

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 and E&D Waiver clients. All meals must comply with the provisions of the OAA and all local, state, and federal health, safety, and sanitation requirements. Furthermore, all meals must conform to the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture. In addition, if one meal is served per person, the meal must provide a minimum of one-third (1/3) of the daily recommended dietary allowances (RDA) for older individuals as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. If two meals are served per person, the combination must provide a minimum of two-thirds (2/3) of the daily RDA.

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.

By providing a variety of meal types and delivery options under the statewide contract, ADSS offers the AAAs several means for tailoring meal services to client needs in their respective service areas. E&D Waiver clients with a high need for care may be authorized to receive two meals per day. Shelf-stable meals can be provided to at-risk clients during holiday periods and for emergency use. The frozen meal purchase options frequently make it feasible to serve isolated, rural clients that were previously underserved. Clients authorized to receive frozen meals must be screened to ensure that the client (a) has an operational freezer, refrigerator, and stove or microwave, and (b) is able to appropriately manage the simple tasks of storing and preparing meals.

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 evidence-based educational materials to share on a weekly basis with senior center participants.

Case Management/Benefits Counseling

In an effort to expand and streamline ADRC efforts, ADSS encouraged the Aging Network to put more emphasis on utilizing Title III-B and E funds to provide and document the short-term case management activities performed by the ADRC staff. Gradually, statewide numbers are increasing for case management, which is a registered service, as opposed to the I&R contacts, which are an aggregate count. 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.

Title III-E Caregiver Services

Alabama Cares is the ADSS' National Family Caregiver Support Program which helps families sustain efforts to care for older individuals who have a chronic illness or disability. Through this program, a continuum of caregiver support services is available to adult family members or other individuals who are informal providers of in-home and community care to older persons. Caregiver support services are also available to grandparents or older individuals who are relative caregivers for a child, age 18 and under, as well as grandparents age 55 and over providing care for a child with a severe disability of any age. Priority consideration for services is given to persons in greatest social and economic need, with particular attention to low-income older individuals, family caregivers who provide care for older individuals with Alzheimer's disease and related disorders, and grandparents or older individuals who are relative caregivers providing care and support to children of any age with intellectual and developmental disabilities. Through OAA funding, ADSS works in partnership with the AAAs, service providers, and consumer organizations to administer the five basic program components for the caregiver program which include information, access to services, education/counseling, respite, and supplemental services.

The Alabama Cares program is the only AoA program administered with consumer-directed concepts. Some agencies utilize the voucher services through Lifespan Respite so the caregiver, rather than a provider, can choose an individual to provide respite. In many parts of the state, the program utilizes a voucher system that allowing enrollees to use a paper voucher to pay a provider from a list of AAA contractors. After enrollment, participants are allotted a budgeted amount of dollars in vouchers. The participants determine which providers to use from a provider list and may contact the provider directly or use the assistance of the AAA depending on their personal preferences for respite services. All 13 AAAs are trained on modules and outcome materials produced in the Administration on Aging, REACH, and Project Hope grants. This training has also been provided to lead case managers for Medicaid Waiver and I&R staff. In Fiscal Year 2011, ADSS changed reporting requirements and guidelines, putting emphasis on caregiver services such as options counseling, long-term supports, and training to be priority services delivered in the Alabama Cares Program. The department also provided the training and kits for Caregiver Coordinators, Ombudsman, and Waiver case managers to provide Virtual Dementia Tours to various groups in their communities. Coordinators are encouraged to utilize these training tools to support educational needs and lessen the burden of care for Alabama's caregivers.

Title III-D Disease Prevention and Health Promotion Services

Congress made changes to the AoA Part D program in 2012 and now requires these funds to be utilized only for evidence-based interventions. Based on the history of this program and the degree of change required for transition, AoA implemented a tiered set of criteria for defining what qualifies as evidence-based. The goal of AoA and ADSS is for Title III- D activities to move towards the highest-level criteria, but programs meeting the minimum or intermediate criteria will be allowed for a period of time. ADSS is encouraging the expansion of the Living Well Alabama program statewide, since the investment in the program has been made with the receipt of Chronic Disease Self -Management grants and there is solid support and investment from ADPH and other agencies to embed this into our healthcare system.

Transportation

Title III-B funds 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 new public transportation services and public transportation alternatives that address 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

Long-Term Care Ombudsman

The Long-Term Care (LTC) Ombudsman program provides services to protect individuals residing within nursing facilities, assisted living facilities, specialty care facilities, and Jefferson County boarding homes. The Alabama State Ombudsman Act specifies the Alabama Department of Senior Services (ADSS) will work with the Area Agency on Aging (AAA) ombudsman 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. ADSS requires all potential ombudsmen to sign a "conflict of interest and non-association with facilities" statement prior to becoming a certified ombudsman. ADSS follows federal regulations in choosing and certifying an individual to serve as a local or community ombudsman.

The long-term care 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 applied for a grant through the Medicaid Agency for the use of Civil Monetary Penalty (CMP) funds for expansion of the Ombudsman program, following all Centers for Medicaid and Medicare Services (CMS) and Alabama Medicaid Agency (AMA) guidance for use of these funds. CMS guidelines for CMP require that activities benefit residents in nursing homes. These 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 nursing home 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 nursing home 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 Alabama Long-Term Care 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 utilizes this service in conjunction with the ombudsman program to identify and prevent fraud and abuse in the long-term care (LTC) facility.

Legal Services Development

In compliance with §307 (a)(13) and §731 the State Unit On Aging, the Alabama Department of Senior Services assigns a legal assistance developer in the form of a full-time staff member of the Department. In accordance with §731 this individual will work during the state plan timeframe to promote securing and maintaining the legal rights of older individuals.

ADSS will work to provide a Legal Helpline to address the needs of seniors in Alabama and will advocate for the Legislature to fund this program. However, monetary concerns may delay the implementation of this effort until other priorities are met. Promoting the capacity for provision of legal assistance is a top priority of the program to assist older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship. Legal service providers will take advantage of opportunities to educate the public in various community outreach events, through the ADRCs, and in support of the Ombudsman program.

ADSS 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 that situation for our seniors. We will continue existing relationships with the Jones Law School Clinic and the University of Alabama Law School Clinic, wherein both are available to provide assistance in major objectives of the Department in the area of Elder Rights. ADSS previously sponsored continuing legal education classes to provide training for legal service providers and will continue to coordinate these opportunities in the future.

Elder Rights

ADSS directs federal funds provided under the Elder Abuse section of the OAA through the Elder Rights Division for outreach, training, and education of elder rights, abuse, neglect, and exploitation prevention. ADSS, in collaboration with Department of Human Resources, the Attorney General's Office, and 30 other public agencies and private organizations, established the Council for the Prevention of Elder Abuse in 2011. This Council was codified into law during the 2012 regular legislative session. The Council's mission is to strengthen partnerships to protect Alabama's elders; and raise awareness of elder abuse, neglect, and exploitation through education, advocacy, and outreach. The Prevention Council has been working together over the last year to:

- Promote and enhance coordination between agencies;
- Identify service gaps and communication barriers;
- Increase the knowledge and skills of professionals; and
- Develop an advocacy, education, and outreach campaign.

The Prevention Council has developed a three-year Strategic Plan outlining major issues and recommendations specific to elder abuse, neglect, and exploitation prevention. The Strategic Plan was submitted to the State Legislature at the beginning of the 2013 Legislative Session. By the end of 2013, the Prevention Council expects to have new protection laws for seniors enacted, new prevention materials widely disseminated, and education to professional groups expanded across Alabama's 67 counties.

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 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 over 300 slots with approximately \$3 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 Investment Act (WIA) and works closely with career center staff to help seniors find unsubsidized employment. Applicants who are deemed ineligible are referred to the career centers. SCSEP participants also train at state and local government offices such as county Department of Human Resources, as well as other non-profit 501(c)3 organizations.

Emergency Preparedness

Disasters or emergencies can happen anywhere, at any time, as we experienced on numerous occasions in Alabama. 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 and Alabama Connect 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. ADSS took on a leadership role during crisis events as a stakeholder involved with the state Emergency Management Agency, the Alabama Department of Public Health (ADPH) and the state Shelter and Mass Care Task Force. Examples of these efforts include the agency's provision of aging staff to work at the Governor's Emergency Call Center and FEMA's Disaster Recovery Centers (DRC) for the April 2011 statewide catastrophic tornado

disaster, the FEMA Joint Operations Center, Deep Water Horizon's oil spillage, numerous hurricanes, and providing support for two (2) Emergency Management Assistance Compact (EMAC) requests for the state of Louisiana to provide case-management services for elderly and disabled individuals following Hurricanes Gustav and Ike.

ADPH recognizes ADSS as a key partner in preparedness of at-risk populations. For the past several years, ADPH awarded a grant allowing 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 a satellite conference/live webcast for nurses, social workers, home care professionals, para-professionals, caregivers, and case managers on preparedness and home safety basics.

Appendix B

State Programs

SenioRx - Prescription Drug Assistance Program

Partnership for Medication Access is designed to provide medication assistance to senior citizens with chronic medical conditions who have no prescription insurance coverage and limited financial means to apply for drug assistance programs provided by pharmaceutical manufacturers. Aging Network Coordinators assist seniors with the pharmaceutical companies' new application and refill processes. ADSS partners with the Social Security Administration and the Disability Determination Offices to refer clients to the SenioRx program. The SenioRx also partners with the Primary Health Care Association to advance the goal of providing Alabamians with access to quality healthcare. Additional partnerships include the Department of Corrections, which makes information available to prisoners age 55 and over who are exiting the prison system to re-enter the community. The goal of these partnerships is to provide these individuals, who have chronic diseases and/or mental health issues the opportunity for medication access to help them establish and maintain stability in the community and curtail recidivism into the prison system. In 2012, the Legislature included budget language which will allow the SenioRx program to work in unison with the Aging and Disability Resource Centers serving as the single entry point for intake and pre-screening for program applicants. Providing the extension of options counseling to these individuals assists with more than their medications and helps improve their quality of life and independence.

Masters Games of Alabama

Masters Games of Alabama is a non-profit organization, supported by ADSS, and dedicated to promoting healthy lifestyles for active adults age 50 and over through social, mental, and physical activities. While the games provide an Olympics-style atmosphere, the focus is not on competition, but fun and fellowship. Each year there are between 600 and 800 participants from across the state. ADSS staff serves on the Board of Directors and provides staffing during the annual Masters Game week of events.

Ms. Senior Alabama

Ms. Senior Alabama is a non-profit organization, associated with the Ms. Senior America program, designed to enrich the lives of senior women while allowing them to share their experiences, wisdom, and interests with others. ADSS and the Aging Network support the efforts of this project that represents the southern charm and wisdom of Alabama's senior women who volunteer to work and compete in these pageants.

Retired & Senior Volunteer Program (RSVP)

The Retired & Senior Volunteer Program provides civic participation and volunteer service opportunities to persons 55 years and older throughout Alabama. RSVP receives funding from the State Legislature through ADSS. RSVP allows senior volunteers to use their skills and time to make meaningful contributions to non-profit and public agencies in our communities. RSVP is part of a network of over 760 RSVPs funded by the Corporation for National and Community Service throughout the United States.

Alabama Silver-Haired Legislature (ASHL)

The ASHL is a non-partisan, non-profit model legislature of citizen volunteers ages 60 and older. These volunteers are elected or appointed by their peers to represent the interests of older Alabamians. The ASHL works in cooperation with the ADSS and the Aging Network to inform Alabamians about senior needs and issues by drafting resolutions, participating in committee work, debating, and advocating legislation. Each year the ASHL picks five top issues to advocate for during the upcoming legislative session.

Alabama Senior Citizens Hall of Fame

In 1983 the Alabama Legislature created the Alabama Senior Citizens Hall of Fame. The Legislature moved the Hall of Fame under the purview of the ADSS in 2008. The Hall of Fame was created to honor living Alabama citizens who made significant contributions toward enhancing the lives of older Alabamians. The organization is run by older individuals who volunteer to support and lead this project. An induction ceremony is held each year to honor up to 10 new members who are inducted into the Hall of Fame and receive a medal and framed certificate. In addition to inductees, special awards are presented to individuals in various categories along with couples who have been married for 65 years or more. Individuals who are 100 years or older are also recognized. ADSS provides staff and financial support for all Hall of Fame activities.

Alabama Quality Assurance Foundation (AQAF)

AQAF is a non-profit company that provides quality improvement expertise and services through contracts with federal and state governments, as well as private organizations. Through a contract with the Centers for Medicare & Medicaid Services (CMS), AQAF serves as Alabama's Medicare QIO. In this capacity, AQAF works in partnership with healthcare professionals and organizations, governments, businesses, and consumers to improve the quality of healthcare for the state's 830,000 Medicare beneficiaries. AQAF is ADSS' partner in Care transitions.

Appendix C

Health and Human Services Network

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 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 Americans Act to support a network of agencies that secure and maintain the independence and dignity of older individuals, remove social and individual barriers, assure the provision of a continuum of care for vulnerable seniors, 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 institutionalization. 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 that 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, the State Plan Advisory Committee, and the ADRC Advisory Committee. ADPH is also an aging network provider of various home and community-based waiver direct services. ADSS is an active partner with several divisions of the ADPH and staff work 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 was the recipient of an ADPH grant for several years to educate seniors on emergency and disaster preparation and provide material needs; such as, disaster kits, weather radios, and fans. The Video Communications and Distance Learning Division assisted ADSS in the production of the Lifespan Respite Video and the production, hosting, and directing of several distance learning programs viewed by thousands of individuals. 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. ADSS is a partner in the Alabama Health Vending Machine Project and Scale Back Alabama. 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. It was announced in 2012 that the ADMH will close all but two of the state-run mental health facilities in an effort to transition all but its forensic and geriatric patients to community-based treatment. The ADMH in 2012 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. Downsizing of the state's psychiatric hospitals has been ongoing for several years and two are closed. Three state-operated psychiatric nursing homes are also closed. Plans are underway to build a new state-run hospital to serve the acutely mentally ill, but the focus is on providing adequate and appropriate community-based care for those who have developmental disabilities, intellectual disabilities, and chronic mental health problems. These closures are targeted to be complete by September 2013. ADSS currently partners on several ventures with the ADMH, to include ADRC Development and Advisory Committee, consumer-directed and person-centered system changes, Chronic Disease Self-Management programs, pre- and post- disaster planning and assistance, and other activities, such as the Memory Screening Day.

The Council of Developmental Disabilities (DD) 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 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 the State Planning Committee, Health and Human Resource Summit, and the Advisory Board for the Aging and Disability Resource Centers.

[Alabama Medicaid Agency \(AMA\)](#)

The Alabama Medicaid Agency is a state agency run by a cabinet-level Commissioner who is appointed by the Governor. Currently there is an Acting Commissioner and the State Health Officer was appointed by the Governor to oversee the Medicaid Agency during a time of administrative and financial crisis. 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 State Plan Advisory Committee, 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 has designated ADSS as the Lead Agency for ADRC, "No Wrong Door" activities under MFP.

[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 agency's operating budget. 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 serves on the ADRC Advisory Council. 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.

ADSS' ADRC has an outreach grant agreement with Alabama DHR to provide outreach and enrollment for the Alabama Elderly Simplified Application Project (AESAP). AESAP is designed to simplify the application process for food assistance for those over age 60. During the first MOU signed between the departments, more than 25,000 AESAP applicants were enrolled. This new 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. ADSS has a MOU with DHR as an Outreach Partner for the AESAP Program in conjunction with ADRC activities on the local level.

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 is a member of the ADRC and State Plan Advisory Boards. 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 Alabama Institute for Deaf and Blind has served Alabamians with sensory impairments for more than 150 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 Area Agencies on Aging to serve our aging population in helping them to remain independent in their homes for as long as possible.

Governor’s Office on Disability (GOOD)

The Governor’s Office on Disability 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.

Appendix D

Public Hearings



Daily-Montgomery, Montgomery County, AL

E-Verify#: DHS72179

PROOF OF PUBLICATION

State of Alabama

County of Montgomery:

Before the undersigned authority personally appeared Yolanda Ashford who on oath, says that she is a personal representative of the *Montgomery Advertiser*, a daily newspaper published in Montgomery, Alabama; that the attached copy of an advertisement, being a Legal in the matter of:

Ad Number: 976888 LEGALNOTICEOFPUBLICH

Was published in said newspaper in the issue(s) of:

4/18/2013

4/25/2013

Affiant further says that the said *Montgomery Advertiser* is a newspaper published in said Montgomery County, Alabama, and that the said newspaper has heretofore been published in said Montgomery County, Alabama, and has been entered as second class matter at the Post Office in said Montgomery County, Alabama, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

Now due on said account is \$ 168.00

Sworn to and subscribed before me this 25 day of April 2013
 by Yolanda Ashford who is personally known to me.

[Signature]
[Signature]

KAYE WRIGHT
 Notary Public, Alabama State At Large
 My Commission Expires July 2016

Legal Notice of Public Hearing
 A Public Hearing will be held to present the Alabama, Department of Senior Services State Plan on Aging for 2013-2015. The hearing will be held on May 15, 2013, at 10:30 a.m. in the State Capitol Building Auditorium, 500 Dexter Avenue in Montgomery. The public is invited to review and comment on the State Plan on Aging. It may be reviewed from 10:30 a.m. Wednesday, May 15 through 12:00 p.m. Thursday, May 16, 2013, at the Alabama Department of Senior Services, RSK, 76210 Washington Avenue, Montgomery, Alabama 36104. For more information, call (877) 405-2243 or fax (334) 242-5594. A copy can also be obtained by emailing a request to gselfre@ads.state.al.us. Comments, recommendations or questions can be presented in person at the address above or they can be sent by mail, telephone, fax or email. All responses must be received by noon, Tuesday, May 14, 2013, to be considered for inclusion in this State Plan on Aging.
 Mont. Adv. 4/18, 4/25, 5/2, 5/9/13
 976888/976890

choose to know

Montgomery Advertiser
montgomeryadvertiser.com

TO: AL DEPT. OF SENIOR SERVI
770 WASHINGTON AVE, STE. 470
MONTGOMERY, AL 36104

Daily-Montgomery, Montgomery County, AL

E-Verify#: DHS72179

PROOF OF PUBLICATION

State of Alabama

County of Montgomery:

Before the undersigned authority personally appeared Linda Scott who on oath, says that she is a personal representative of the *Montgomery Advertiser*, a daily newspaper published in Montgomery, Alabama; that the attached copy of advertisement, being a Legal in the matter of:

Ad Number: 969762

LEGALNOTICEOFPUBLIC

Was published in said newspaper in the issue(s) of:

12/27/2012

Affiant further says that the said *Montgomery Advertiser* is a newspaper published in said Montgomery County, Alabama, and that the said newspaper has heretofore been published in said Montgomery County, Alabama, and has been entered as second class matter at the Post Office in said Montgomery County, Alabama, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

Now due on said account is \$ 102.60

Sworn to and subscribed before me this 2 day of January 2013
by Linda Scott who is personally known to me.

Linda S Scott Affiant

K. Wright Notary Public

KAYE WRIGHT
Notary Public, Alabama State At Large
My Commission Expires July 3, 2016

COPY

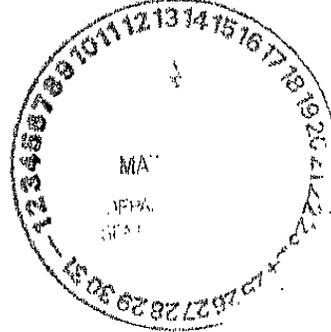
Legal Notice of Public Hearing
Request for Comments and Notice of Public Hearings on Proposed 2014-2017 Alabama Department of Senior Services State Plan on Aging - Hearing Dates and Locations:
January 23, 2013, 10:00AM - 11:00AM, Broad St. Senior Center, 301 Broad Street, Selma, AL 36701
February 6, 2013, 10:00AM - 11:00AM, Heardmont Center, 5482 Cahaba Valley Road, Birmingham, AL 35242
February 13, 2013, 10:00AM - 11:00AM, Troy Senior Center, 490 East Walnut Street, Troy, AL
February 27, 2013, 10:00AM - 11:00AM, Turner Surles Senior Center, 702 Sycamore Street, N.W., Decatur, AL 35601
The Proposed Draft Plan can be viewed at the Alabama Department of Senior Services website, www.agservice.gov, or by contacting the department at 1-877-425-2243, or can be reviewed on site thirty minutes before hearing dates. Deadline for written comments is March 11, 2013 at 5:00 P.M. to Julie.Miller@adss.alabama.gov, or mailed to P.O. Box 301851, Montgomery, AL 36130.
Mont. Adv. 12/27/12
969762

COPY

choose to know

Montgomery Advertiser
montgomeryadvertiser.com

TO: Maxine Hollman AL DEPT. OF SENIOR SERVI
770 WASHINGTON AVE, STE. 470
MONTGOMERY, AL 36104



Daily-Montgomery, Montgomery County, AL

E-Verify#: DHS72179

PROOF OF PUBLICATION

State of Alabama

County of Montgomery:

Before the undersigned authority personally appeared Yolanda Ashford who on oath, says that she is a personal representative of the *Montgomery Advertiser*, a daily newspaper published in Montgomery, Alabama; that the attached copy of advertisement, being a Legal in the matter of:

Ad Number: 976890 LEGALNOTICE/PUBLICATION

Was published in said newspaper in the issue of:

5/2/2013

5/9/2013

Affiant further says that the said *Montgomery Advertiser* is a newspaper published in said Montgomery County, Alabama, and that said newspaper has heretofore been published in said Montgomery County, Alabama, and has been entered as second class matter at the Post Office in said Montgomery County, Alabama, for a period of one year next preceding the first publication of the attached copy of advertisement. Affiant further says that she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement or publication in the said newspaper.

Now due on said account is \$ 165.00

Sworn to and subscribed before me this 9th day of May, 2013
by Yolanda Ashford who is personally known to me.

[Handwritten signature of Kaye Wright]

K. Wright

KAYE WRIGHT
Notary Public, Alabama State At Large
My Commission Expires July 3, 2016

Legal Notice of Public Hearing
A Public Hearing will be held to present the Alabama Department of Senior Services State Plan on Aging at 10:30 a.m., Thursday, May 16, 2013, in the State Capitol Building Auditorium, 600 Dexter Avenue in Montgomery. The public is invited to review and comment on the State Plan on Aging. If only be reviewed from 10:30 a.m., Wednesday, May 15, through 12:00 p.m., Thursday,

TODAY'S LEGALS
May 16, 2013, at the Alabama Department of Senior Services, RSA Plaza Building, Suite 570, 770 Washington Avenue, Montgomery, Alabama 36104. To receive a copy by mail, call (877) 428-2243 or fax (334) 242-5894. A copy can also be obtained by emailing a request to agelns@adss.state.al.us. Comments, recommendations or questions can be presented in person at the address above or they can be sent by mail, telephone, fax or email. All responses must be received by noon Thursday, May 16, 2013 to be considered for inclusion in this State Plan on Aging.

Mont. Act. 4/10, 4/26, 5/2, 5/9/13

**Broad Street Senior Center
Public Hearing on ADSS' State Plan on Aging 2014-2016
January 23, 2013**

Agenda:

- 1. Introductions/welcome**
- 2. State plan process**
- 3. Statement of goals and objectives**
- 4. Survey**
- 5. Group discussion/comments**

Additional public comments can be made on or before February 28, 2013. Mail to:

**ADSS
P.O. Box 301851
Montgomery, AL 36130-1851
Fax: 334-353-8467
Email: Julie.miller@adss.alabama.gov**

Alabama Aging State Plan purpose:

Federal Older American's Act requires each state to develop a state plan for aging services and to serve as a plan to ensure older Alabamians and their families have a seamless, comprehensive service system which is responsible to individual needs and preferences.

Goal 1: Empower older people, families, and others to make informed decisions and to have easy access to services, healthcare, and other long-term care options.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through provision of home and community-based services including supports for caregivers.

Goal 3: Empower older people to stay active and healthy.

Goal 4: Ensure the rights of older people and prevent abuse, neglect, and financial exploitation.

Goal 5: For state and area agencies on aging to maintain effective and responsive management.

Group: Most important issues/services for senior adults: 1-888-617-0500

- 1. Caregiver support 1-800-AGELINE**
- 2. Home repairs/lawn care**
- 3. Exploitation**
- 4. Telephone fraud scam**
- 5. Food prices**
- 6. Utility call-in**
- 7. Medical/drug assistance**

**Dumas Wesley Senior Center
Public Hearing on ADSS' State Plan on Aging 2014-2016
February 21, 2013**

Agenda:

- 1. Introductions/welcome**
- 2. State plan process**
- 3. Statement of goals and objectives**
- 4. Survey**
- 5. Group discussion/comments**

Additional public comments can be made on or before February 28, 2013.

Mail to:

**ADSS
P.O. Box 301851
Montgomery, AL 36130-1851
Fax: 334-353-8467
Email: Julie.miller@adss.alabama.gov**

Alabama Aging State Plan purpose:

Federal Older American's Act requires each state to develop a state plan for aging services and to serve as a plan to ensure older Alabamians and their families have a seamless, comprehensive service system which is responsible to individual needs and preferences.

Goal 1: Empower older people, families, and others to make informed decisions and to have easy access to services, healthcare, and other long-term care options.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through provision of home and community-based services including supports for caregivers.

Goal 3: Empower older people to stay active and healthy.

Goal 4: Ensure the rights of older people and prevent abuse, neglect, and financial exploitation.

Goal 5: For state and area agencies on aging to maintain effective and responsive management.

Survey: Greatest Needs

- 1. Access to transportation**
- 2. Need for information, access to services, and assistance to get services.**
- 3. Understanding legal issues**
- 4. Long-term care planning**
- 5. Mental issues more important than physical**
- 6. Want to remain independent**
- 7. Want to remain physically and mentally active**

**Morgan County
Public Hearing on ADSS' State Plan on Aging 2014-2016
February 27, 2013**

Agenda:

- 1. Introductions/welcome**
- 2. State plan process**
- 3. Statement of goals and objectives**
- 4. Survey**
- 5. Group discussion/comments**

Additional public comments can be made within 7 days.

Mail to:

**ADSS
P.O. Box 301851
Montgomery, AL 36130-1851
Fax: 334-353-8467
Email: julie.miller@adss.alabama.gov**

Alabama Aging State Plan purpose:

Federal Older American's Act requires each state to develop a state plan for aging services and to serve as a plan to ensure older Alabamians and their families have a seamless, comprehensive service system which is responsible to individual needs and preferences.

Goal 1: Empower older people, families, and others to make informed decisions and to have easy access to services, healthcare, and other long-term care options.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through provision of home and community-based services including supports for caregivers.

Goal 3: Empower older people to stay active and healthy.

Goal 4: Ensure the rights of older people and prevent abuse, neglect, and financial exploitation.

Goal 5: For state and area agencies on aging to maintain effective and responsive management.

What is important to you?

- 1. Agree with survey**
- 2. Medicare supplement does not hardly pay anything. Difficult to get doctors to take Medicare. Out of pocket expenses difficult for many to pay. How do you pay premium and deductibles?**
- 3. Medicare is very confusing. People need better counseling because it is so complicated.**

**Troy Senior Center
Public Hearing on ADSS' State Plan on Aging 2014-2016
February 13, 2013**

Agenda:

- 1. Introductions/welcome**
- 2. State plan process**
- 3. Statement of goals and objectives**
- 4. Survey**
- 5. Group discussion/comments**

Additional public comments can be made on or before February 28, 2013.

Mail to:

**ADSS
P.O. Box 301851
Montgomery, AL 36130-1851
Fax: 334-353-8467
Email: Julie.miller@adss.alabama.gov**

Alabama Aging State Plan purpose:

Federal Older American's Act requires each state to develop a state plan for aging services and to serve as a plan to ensure older Alabamians and their families have a seamless, comprehensive service system which is responsible to individual needs and preferences.

Goal 1: Empower older people, families, and others to make informed decisions and to have easy access to services, healthcare, and other long-term care options.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through provision of home and community-based services including supports for caregivers.

Goal 3: Empower older people to stay active and healthy.

Goal 4: Ensure the rights of older people and prevent abuse, neglect, and financial exploitation.

Goal 5: For state and area agencies on aging to maintain effective and responsive management.

Survey: Greatest Needs

- 1. Access to transportation**
- 2. Need for information, access to services, and assistance to get services.**
- 3. Understanding legal issues**
- 4. Long-term care planning**
- 5. Mental issues more important than physical**
- 6. Want to remain independent**

**Hearlmont Senior Center
Public Hearing on ADSS' State Plan on Aging 2014-2016
February 06, 2013**

Agenda:

- 1. Introductions/welcome**
- 2. State plan process**
- 3. Statement of goals and objectives**
- 4. Survey**
- 5. Group discussion/comments**

Additional public comments can be made on or before February 28, 2013.

Mail to:

**ADSS
P.O. Box 301851
Montgomery, AL 36130-1851
Fax: 334-353-8467
Email: Julie.miller@adss.alabama.gov**

Alabama Aging State Plan purpose:

Federal Older American's Act requires each state to develop a state plan for aging services and to serve as a plan to ensure older Alabamians and their families have a seamless, comprehensive service system which is responsible to individual needs and preferences.

Goal 1: Empower older people, families, and others to make informed decisions and to have easy access to services, healthcare, and other long-term care options.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through provision of home and community-based services including supports for caregivers.

Goal 3: Empower older people to stay active and healthy.

Goal 4: Ensure the rights of older people and prevent abuse, neglect, and financial exploitation.

Goal 5: For state and area agencies on aging to maintain effective and responsive management.

Survey: Greatest Needs

- 1. Access to transportation**
- 2. Need for information, access to services, and assistance to get services.**
- 3. Understanding legal issues**
- 4. Long-term care planning**
- 5. Mental issues more important than physical**
- 6. Want to remain independent**
- 7. Want to remain physically and mentally active**

FY14-16 ADSS State Plan
Public Hearing
State Capitol, Montgomery, AL
May 16, 2013

Kaleigh Flatt opened the public hearing with greetings and welcomes to the attendees.

Kaleigh: Good morning and welcome to our State Plan on Aging final public hearing. On behalf of Commissioner Morrison I would like to thank you for coming to participate in this important process. Before we get started I would like to recognize our ADSS Advisory Board Members. If you are a board member please stand where you are to be recognized. And do we have any elected officials here? If so please stand so we can recognize you.

Housekeeping notes:

- 1) If you wish to speak please make sure you have signed in at the registration desk and marked that you wish to speak. The desk will remain open throughout the hearing if you have not signed up yet.
- 2) Please make sure your phones are on vibrate or turned off so the speakers are not interrupted.

Now I am going to turn it over to Julie Miller, our Programs and Planning Division Chief who is going to give a brief overview of the state plan process and our goals and objectives.

Julie Miller: Thank you Kaleigh and thank you all for coming today. I am going to try and make this brief but for those of you who aren't traditionally in our aging network we feel that it's important that we explain the why we do our state plan. I am going to go over the goals and objectives and if you would like a copy of the strategies those may be found on our website. The purpose of the state plan is to document the tangible outcomes and the plans as a result of the long-term care efforts. Traditionally in the past our state plan is focused just on the Older Americans Act programs but now we are being instructed by the AoA to look at long-term rebalancing, Older American's Act programs, and any other agency programs that fit into what we do within the aging network, really serving as the lead planning agency of the state. The purpose of the plan is to translate activities, data, and outcomes into proven practices which can be used to leverage additional funding and provide a blueprint that spells out the coordination and advocacy activities the state will undertake to meet the needs of older adults including integrating health and social service delivery systems. Then building capacity for long-term care efforts in the state. We actually started the state plan process in November 2012 with a state planning advisory committee that worked for 3 to 4 months looking at the goals and objectives and then the staff reviewed those as well. These goals and objectives have also been reviewed by our Board on two occasions and they will be finalized after this public hearing. Also ADSS held public hearings in Mobile, Decatur, Shelby County, Pike County, and Dallas County. Not only did they verify that what we presented in the state plan as top needs of the seniors was correct but we also identified new areas that needed to be added to the strategies that were important to the seniors and those were added. Today is the final hearing. If you speak today or have additional comments, Wednesday, May 22, is the final day to submit your comments for inclusion into the plan. The plan will be submitted to the Governor by June 1 and then to AoA by July 1. The final State Plan should be available on our website by October 1, 2013.

Julie then went over the goals and objectives that are included in the state plan.

Todd Cotton went over the Intrastate Funding Formula. The Intrastate Funding Formula is required by AoA. The formula must be described in the state plan and any changes must be approved by AoA. The Title III award is first reduced by the amounts used to administer the State and Area Plans; these amounts are not included in the IFF. ADSS distributes the award's remaining balance to the AAAs as follows:

A predetermined Hold Harmless amount is allocated based on the Fiscal Year 2003 AAA NGA Amounts. The proposed formula was designed to gradually eliminate the Hold Harmless Provision in four years using the percent's below:

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

The remaining balance (positive or negative) is allocated based on a formula that incorporates the five population-based factors and their corresponding weights. The total Title III award balance equals the sum of these two allocable amounts.

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⁾	933,919	= 933,919 / 1,729,689	53.99
Age 60+ Rural ⁽²⁾	418,035	= 418,035 / 1,729,689	24.17
Age 60+ Living Alone ⁽³⁾	236,135	= 236,135 / 1,729,689	13.65
Age 60+ Below Poverty ⁽³⁾	101,065	= 101,065 / 1,729,689	5.84
Age 60+ Below Poverty Minority ⁽³⁾	40,535	= 40,535 / 1,729,689	2.34
Total:	1,729,689		100.00

⁽¹⁾ SOURCE: U.S. Census Bureau, 2010 Census.

⁽²⁾ SOURCE: Administration on Aging, Special Tabulations, 2010 Census.

⁽³⁾ SOURCE: Administration on Aging, Special Tabulations, 2005-2009 ACS Special Tabulation (Note: AaA does not create special tabulations of five-year ACS files as often as the U.S. Census Bureau releases ACS data sets.)

Each factor's weight is based on its proportional share of the five factors' statewide total.

The Planning and Service Areas relative shares based on the table above is as follows:

PLANNING AND SERVICE AREA (PSA)	FORMULA SHARE (%)
(1) Northwest Alabama Council of Governments	6.277333
(2) West Alabama Regional Commission	6.102340
(3) Middle Alabama Area Agency on Aging	9.021064
(3A) Office of Senior Citizens Services	11.382047
(4) East AL Regional Planning & Development Commission	11.643655
(5) South Central Alabama Development Commission	3.085451
(6) Alabama Tombigbee Regional Commission	5.981382
(7) Southern Alabama Regional Council on Aging	7.599053
(8) South Alabama Regional Planning Commission	12.263639
(9) Central Alabama Aging Consortium	6.079060
(10) Lee-Russell Council of Governments	2.891858
(11) North Central AL Regional Council of Governments	5.439261
(12) Top of Alabama Regional Council of Governments	12.233855
Total:	100.000000

Next Kaleigh discussed the instructions for anyone speaking at the public hearing. In a few minutes, we will open the floor to you. Each speaker will be introduced and will have 5 minutes to present their comments; a timekeeper will alert the speaker when they are approaching the end of the time limit and again when their 5 minutes are up. We have several people wishing to speak so we ask that you adhere to the time limit. We greatly appreciate receiving a copy of each speaker's remarks, which may be submitted to ADSS thru Wednesday, May 22nd. Contact information on where to send your comments can be found at the bottom of your agenda. Speakers will be called to come forth and make comments in the order they signed up.

[John Clyde Riggs, Executive Director of ATRC spoke.](#)

My name is John Clyde Riggs, Executive Director of Alabama-Tombigbee Regional Commission (ATRC) located in Camden, Alabama. The Region 6 Area Agency on Aging operates under ATRC and is comprised of ten counties located in Southwest Alabama. The service area is predominately rural and economically disadvantaged.

I am submitting these comments against the proposed funding formula and I am quite perplexed that the State of Alabama Legislature has gotten involved in this process. I believe that this formula as presented in the State of Alabama's 2014 budget is in violation of Federal Law, specifically 45CFR 1321.37(a) which states (a) the State agency, after consultation with all area agencies in the State, shall develop and use an intrastate finding formula for allocation of funds to area agencies under this part. The State agency shall publish the formula for review and comment by older persons, other appropriate agencies and organizations and the general public. The formula shall reflect the proportion among the planning and service areas of persons age 60 and over in greatest

economic or social need with particular attention to low-income minority individuals. The State agency shall review and update its formula as often as a new State plan is submitted for approval.

This plan has not had fair consultation of the Area Agencies on Aging and was forced on the State agency by the Alabama Legislature. Also, this proposed plan does not meet the test of consideration for people of greatest or social need with particular attention to low-income minority people.

Besides the aforementioned issues, let's get down to the facts in regards to this legislated formula. The plan to eliminate the hold harmless provisions over a four year period will cause catastrophic cuts in several regions. This arbitrary decision to reallocate funds is simply taking food out of one person's mouth and giving it to someone in another region. I will be the first to admit that the urban areas have a greater number of people 60 years of age or older and yes it does cost more per client to serve people in remote and rural areas. They have poor people also but we will never have the funds to feed all those in need and this was a deciding factor when the hold harmless provision was approved some 8-9 years ago. The funding formula committee at that time realized that it was necessary to have maintenance of effort in the rural/less populated areas and the committee as well as ADSS with great compassion put in the hold harmless provision.

In regards to the PARCA developed formula referenced in this proposed plan, I submit that it does not pass the test of serving the targeted groups set forth by the Administration on Aging and was only agreed upon because of the hold harmless. The 2.46 percent weight placed on the 60+ below poverty minority population and the 6.14 percent factor on people 60+ living in poverty indicates wanton disregard for meeting the intent of the law. I contend that the State Department of Senior Services was attempting to develop a formula using a proper process.

A funding formula committee had been formed and had met several times and Alabama State University had been contracted to access the current Older American's Act and recommend a revised formula fairly representing targeted groups. This Alabama State University Plan had received a recommendation from the State Aging Advisory Board as the preferred formula for distribution of funds. This process has now been circumvented by the state legislature's mandate which clearly has no regard for procedure or the people currently on the program.

On a more local level our agency, under this plan, will stand to lose over \$142,684 this next FY not including the sequestration cuts. At the end of 4 years we will have a yearly reduction of \$570,733. At best guess this could be a reduction of as many as 150,000 meals a year from our region. There is no way to humanely handle this magnitude of reduction.

I cannot believe that the Administration on Aging will approve a plan that will devastate several Area Agencies on Aging by redistribution of funds from rural areas to urban areas. The total transfer of over \$800,000 per year after four years will result in over 1,000 at risk seniors losing the meal they are currently receiving and destroy any attempt to adequately serve the vulnerable seniors we are currently serving.

Therefore, again, I urge the Administration of Aging to reject this mandated formula and allow the State of Alabama Department of Senior Services to properly address this issue as it was attempting to do.

Steve Searcy, Executive Director of One Place Family Justice Center

Thank you for allowing me to speak today. As a member of the Elder Justice Alliance, one of the things we were tasked with was to come up with policies and procedures. As a 34 year veteran law enforcement officer I felt like I had a pretty good hold on that. I have walked into many of homes involving elder abuse victims. So serving on our Montgomery County team that we are a part of in Montgomery, a multi-dimensional approach

team, where we bring partner agencies in on elder abuse cases, serving on that committee. And also as the son of an elderly parent who has gone through the trauma of being victimized, I thought I was a good person to rally the troops and talk about trying to establish standardized protocol for law enforcement officers in this state for responding to an elder abuse call. If a law enforcement officer received a call in regards to a child being abused from a neighbor, they go to the door, they talk to someone, and if they have an evasive answer or if they hear a child cry or they have some other type of reasonable suspicion they are going to go in and they are going to do an investigation and there's going to be a disposition of that case. Flip that to an 85 year old victim; is that going to be the case? Or are law enforcement officers going to be apprehensive because they haven't been trained. They don't understand the dynamics that are going on with that case. That is why I stand before you today and plead with you that we in this state need a standardized... a standardized curriculum through the Alabama Police Officers and Training Commission that when law enforcement officers go to the scene of an elder abuse call that they have specialized training and they understand victimization whether it be physical or financial that's going on. We are rapidly, rapidly coming into the digital world of victimization of the elderly. They are being given smart phone technology by family, friends, associates and they are being victimized by that technology. And we as law enforcement officers, we as victim service providers; we need to get the message to those victims. We need to be trained on how to identify those digital footprints that are being laid down and through a standardized curriculum we can do that. I am the Executive Director of the first Family Justice Center in the State of Alabama where we have co-located services. We have DAs, civil, legal, we have law enforcement officers, and we have victim advocates all under one roof. It is the way of the future. It is right where an elder abuse case can be centered in – where it can get a holistic approach. This concept could be a model for the rest of the state. This concept could be a spring-board. There are large federal grants, because family justice centers are written into statutory language into the Violence Against Women Act. We, we working together, can accomplish a lot. In closing, I would just like to say, please when you hear talk of a standardized protocol, of a standardized curriculum for law enforcement officers, please, please let them know we need that in this state. Thank you.

[Doris Ball, DHR Adult Protective Services Division](#)

This is what you get from being interested in the Department of Senior Services and for being a partner in the Alabama Prevention Council for Elder Abuse, but the Department of Human Resources is working closely with the Department of Senior Services. This is very important council and initiative. We have worked with Julie on the development of the strategies and we fully support the Department of Senior Services' prevention efforts and education efforts. We will prepare something written. Thank you very much. Just as one additional point... we do receive over 5,000 reports of adult abuse each year and the majority of those are elder abuse and we provide services such as investigation and arrange services in each of the county departments and we rely very heavily on the Department of Senior Services for arranging those services because the area agencies are the direct providers of services. Thank you.

The Alabama Department of Human Resources Adult Protective Services (DHR/APS) program works closely with the Alabama Department of Senior Services (ADSS) and has reviewed and submitted comments on drafts of the Plan.

DHR/APS has specifically partnered with ADSS in the formation and ongoing work of the AL Council for the Prevention of Elder Abuse. We support ADSS' efforts on prevention of elder abuse and are collaborating on public and professional education, as well as criminal legislation on elder abuse.

The DHR is the agency with statutory authority to receive and investigate reports of suspected abuse, neglect, and exploitation of elderly and disabled adults. We urge ADSS to promote clear communication on reporting suspected abuse, neglect, and exploitation to the Department of Human Resources.

DHR/APS deeply appreciates the services and prevention activities of ADSS. DHR/APS relies on ADS and the Area Agencies on Aging as a partner in ensuring protection of adult who are elderly or who have a disability.

Tyson Howard, Executive Director, SCADC

Mr. Howard started off by talking about the funding formula. The last intrastate funding formula was adopted by the Administration on Aging in 2004. It was developed by ADSS and approved by the 13 Area Agencies on Aging. The funding formula included a hold harmless provision, whereas the Title III funds established for the Aging Agencies would be no less than the funds established by the 2003 funding cycle. All future funds over the base year, including state and federal, would go primarily to the metropolitan areas; therefore, no citizens in a low income, rural region would lose meals to citizens in a metropolitan area.

During this time, the economy was stable. ADSS was receiving funding increases at the state and federal level. The AAAs were certain funding levels would increase, therefore providing greater revenues for the metropolitan areas. The economy is struggling and the revenue growth has not continued resulting in certain areas wanting to change the ground rules.

Our agency, which covers six rural Alabama counties, ranks highest in the state for meeting the needs of the elderly and disabled according to the ADSS. Our area recognizes that there is a population shift and we must make changes. However, these changes should not take meals away from seniors who are in need of our services in our rural areas. Change could be accomplished simply by attrition, and by not adding new clients to the program.

SCADC opposes the new funding formula for the following reasons:

- The formula does not meet the intent of the Older Americans Act.
- The formula does not follow federal regulations in development of the funding formula.
- To our knowledge, no AAA participated in the development of the new formula.
- Metro areas receive (based on the new formula) more dollars to administer and deliver services than rural areas. Rural areas have more square miles to cover and larger areas to serve. Rural regions by law and administrative regulations are required to meet the same standards but will have to do so with less administrative dollars.

The Committee should be aware this is the first phase of eliminating the hold harmless agreement totally. Tyson also referred to an attachment of the U.S. Department of Agriculture where it recognized 90% of poverty counties are in rural America. In Alabama, the USDA recognized 23 persistent poverty counties. Twenty-one of these counties will have drastic cuts in the meals served while metropolitan areas will receive most of the funds. There are 3,143 counties in the U.S. There are nine Alabama counties in the poorest 113 counties in the U.S. and 11 Alabama counties in the poorest 150 counties in the U.S. that will have meals taken from them.

Bob Lake, Executive Director, WARC

I am the Executive Director of the West Alabama Regional Commission. The WARC is designated as the AAA for seven counties of West Alabama that include Tuscaloosa, Bibb, Hale, Greene, Pickens, Lamar, and Fayette.

I am concerned that mandated changes to the funding formula by the legislature may cause deterioration in the services and health of senior citizens in rural Alabama. The funding formula, known as the PARCA plan, resulted from a consensus of service providers and has worked well for many years. The arbitrary changes financially may result in meals provided to senior citizens in urban areas. That is not right.

I agree that new funding should take into account population increase. But to take from one senior citizen

anywhere in Alabama to give to another senior citizen in another part of Alabama is not right. This should not be done simply because you have the power over a legislative committee, and it is a clear contradiction to federal law. I refer to 45 CFR 1321.37 which is entitled "Intrastate Funding Formula". It states "The State agency shall give priority to areas of the State:

1. Which are medically underserved; and
2. In which there are large numbers of individuals who have the greatest economic and social need for such services".

Within the ADSS Fiscal Year 2012 Annual Report, it states: "Rural areas generally have a higher proportion of older persons in their total population than do urban areas. The rural seniors have higher poverty rates and poorer health than those in urban areas, implying a greater need for services and resources".

The Older Americans Act (OAA) requires states to target services to those with the greatest economic and social need. The OAA defines such need as (1) living at, or below, the poverty line; (2) having physical or mental disabilities that pose risk for institutional placement; or (3) cultural, social, or geographic isolation, including isolation caused by language, race, or ethnic status.

I ask that the Alabama Department of Senior Services fulfill the letter and intent of the Older Americans Act.

Suzanne Burnette, Executive Director, LRCOG

I am Suzanne Burnette, Executive Director of the Lee-Russell Council of Governments. Lee and Russell are the two counties our area agency on aging serves. I am opposed to the Intrastate funding formula dictated by the State Legislature.

Our goal is to serve the most vulnerable and frail elderly population. Our meal money will be moved to the more populated urban areas of the state. Home-delivered meals go to the most vulnerable and frail elderly. Just because you are 60 years old does not mean you need the meal. By taking the hold harmless from the Intrastate Funding Formula we are assuming that everyone 60 years old needs a meal. The hold harmless is in place to protect the most vulnerable seniors already receiving services. To remove this provision will literally take food from the mouths of senior citizens, and give the funds to another region just because they have more seniors.

When the current formula was developed the hold harmless was implemented because of the drastic changes in regions with the poorest counties. It was stated at the time that any new funding would be distributed without factoring in the hold harmless. The hold harmless is there to protect the elderly with the greatest need already receiving meals. According to the USDA, Lee and Russell counties are considered persistent poverty counties. This means that seniors are food deprived. Some do not get enough to eat. They depend on these meals. Food insecurities are exhibited across the entire region and to eliminate meals from seniors will only compound the problem. By October of this year, just over four months from now over 11,500 meals will be gone from our planning and service area if we continue on this path.

In conclusion, I oppose the Intrastate Funding formula dictated by the State Legislature! It is wrong not to allow ADSS to develop a fair formula. It is wrong for the State Legislature to circumvent the process. It is just wrong to take food out of the mouths of our most vulnerable frail seniors!

Gayle Nelson, AAA Director, TARCOG

We have thousands of elders who are in the OAA target groups of greatest economic need due to poverty and greatest social need due to rural isolation. As a supervisor for Adult Protective Services, I have been exposed to

the most vulnerable of the vulnerable in this geographic area.

I wish I could bring in front of you the isolated 60-year old man who is blind and deaf and was trying desperately to live independently in Madison County. He was living on 551, had no family support and did not qualify for skilled nursing facilities. The cost of living is higher in Madison County which truly hurts the elderly poor all the more because they cannot afford the higher expense of basic needs. He was choosing between food and medications and living in squalor until APS got him connected with TARCOG services; but at that time there was a waiting list for Medicaid Waiver slots. Thankfully TARCOG intervened in time. I have seen time and time again that: TARCOG prevents cases rising to the level of neglect and abuse. TARCOG legal services prevent exploitation.

True poverty does exist in the TARCOG area: we have 11,280 individuals over the age of 60 who are living below poverty. 4 out of 5 counties in the TARCOG region are predominately rural counties: DeKalb County is 87% rural, Jackson- 73%, Limestone- 62%, and Marshall- 53%.

We appreciate ADSS efforts to serve all seniors in the state who need services. Thank you for the opportunity to speak.

Rene Breland, TARCOG Resident

My name is Rene Breland and I live in Madison, AL with my husband, Bert. Seven years ago, we became the main caregivers of our mothers. Two years ago, when my mother-in law's cancer returned and my mom's Alzheimer's reached mid-stage, we took them into our home.

We feel very blessed to care for these two women who have done so much for us; however, we do experience a great amount of stress at times. So, we were extremely encouraged to hear about the Alabama Cares program and the services it provides. We enrolled in the program one year ago; as of today, we are still on the waiting list.

There have been many times that we certainly could have benefited from respite services. One example is when my mother-in-law was hospitalized for several days and my mom was hospitalized the day after she was discharged. My husband and I were overwhelmed with the responsibility of having one who was recuperating at home and another who was seriously ill in the hospital.

When my mother-in-law died this past January, we were still on the waiting list. To add to this difficult time, my mother had to travel with us to south Mississippi for the funeral because we did not have enough help to stay with her at home. Even though this was hard on us, it was especially hard on my mom.

Anything you can do to address this issue would be appreciated by me and the many caregivers who are committed to caring for their loved ones in their home. Thank you.

Kenneth Baldwin, TARCOG

Good morning. My name is Kenneth Baldwin and I'm the past president of TARCOG in North Alabama. TARCOG represents 5 counties in North Alabama and unfortunately the public view is all the engineers and that sort of thing. But out of the counties we serve there are over 50,000 seniors. We are proud to have Red Stone Arsenal and Marshall Space Flight Center. We are also proud to have our engineers and scientists. I, myself, have worked with TARCOG for 15 years. I also retired from Marshall Space Flight Center. Now a lot of us, the whole time I've worked with TARCOG, have worked with a lot of seniors who have no connection to Marshall Space Flight Center or Red Stone Arsenal. These are people you all have described who are elderly, struggling

and they need help just like everyone else especially in our digital world. Even with all of our engineers most of the digital capabilities are within urban areas not outside so that's one thing we need to really work on and we need, our people need, that just like everyone else. We also need respite care. We need all the things that all of you have described today that's needed in your area. And I just don't want us to lose sight that seniors are seniors and we need to keep Alabama as a whole and address senior needs. That's what we try to do and we've done that for years. I would like to say our staff is outstanding in doing so and we are going to continue to do that. I would like to also like to thank ADSS for their efforts as we are going through all of this and hopefully in the end everything will work out for our seniors. Thank you.

Additional comments were received in writing from Rhondel Rhone, Clarke County Commission

This letter is to serve as my written comments in regards to the Alabama Department of Senior Services proposed state plan and more specifically the Intrastate Funding Formula proposed at the Public Hearing on May 16, 2013.

My name is Rhondel Rhone. I am currently a Clarke County commissioner and serve as Vice Chairman of the Alabama-Tombigbee Regional Commission (ATRC) Executive Committee. I am also a member of the State of Alabama Aging Advisory Committee.

I am adamantly opposed to the funding formula proposed at the public hearing. This formula will have devastating effects on the people of the ATRC region as well as several other regions. The proposed formula was not the formula that the State Aging Advisory Committee recommended, and if the Alabama Department of Senior Services is not going to support the Advisory committee's recommendations, they why have the committee at all.

The proposed formula is being submitted because a powerful State Senator from an urban area of the state wants to shift funds from the rural areas to the urban areas and he passed legislation that requires the Alabama Department of Senior Services to do this. This is wrong!

Our regional commission (ATRC) stands to lose \$570,000.00 per year after the hold harmless provision of the current formula is eliminated. This will result in hundreds of at risk, rural and low income minorities to lose their meals. Again, this is wrong. A powerful State Senator should not be able to do this.

I urge the Administration on Aging to reject this proposed phase out of the hold harmless and force Alabama to restore some dignity to the process.

Written comments were also received from Dave Colston, State Representative

Alabama Department of Senior Services Public Hearing Comments, i.e. Alabama Intrastate Funding Formula May 16, 2013.

My name is David Colston, State Representative for District 69 which represents Wilcox, Lowndes and parts of Autauga and Dallas County, counties that will be affected with severe cuts if the proposed funding formula is approved.

I am here today to express my disappointment that the State Legislature has gotten involved in the process of distributing Title III funds for services to the elderly. This is clearly an attempt to shift funds to urban areas at the expense of people in rural areas that are currently receiving services. I don't believe this is right nor is it in accordance with the Federal Law as stated in 45 CFR 1321.37 (a).

Although the language in the 2014 General Fund budget only calls for a reduction of 25% of the hold harmless provision, we all know that the Alabama Department of Senior Services proposed formula is to eliminate the harmless provision over a 4 year period. I also believe that the PARCA plan referenced in the budget does not meet the intent of the law which states "particular attention to be paid to low income minority individuals" and I know it is not right to take meals away from the targeted vulnerable seniors.

If this formula is approved and the hold harmless is taken away over the next 4 years, I don't know how I can face the people of my district and explain to them the logic in taking away their meals. Politicians should never use their power to shift funds to their area at the expense of the poor and minority who are currently receiving the services provided.

I urge the Administration of Aging to reject this legislated formula. Thank you.

Kaleigh: Thank you again for your participation and your comments. The state plan will be finalized and submitted July 1st pending approval and should be posted on our website by Oct. 1st. This concludes the 2013 public hearings.

Acknowledgements

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