

Alabama State Plan on Aging Fiscal Years 2011-2012



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Verification of Intent


The state plan on aging for the period October 1, 2010 through September 30, 2012 is hereby submitted for the state of Alabama by the Alabama Department of Senior Services. The state agency named above has been 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 has been 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.

Date


Irene B. Collins, Commissioner
Alabama Department of Senior Services

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

6-23-10 (Signed) _____
Date Bob Riley, Governor
State of Alabama

Executive Summary

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 (AoA). 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’s Aging Network, its Board of Directors, the Area Agencies on Aging (AAA), the Alabama Long-Term Care Ombudsman, other state agencies, and senior citizens.

To evaluate the ever-changing number of Alabama seniors, agency staff continue to analyze shifting demographics to determine current and future needs. The U. S. Census Bureau reports (2009 Population Estimates) Alabama’s population age 65 and over is 651,049, which represents 13.8 percent of Alabama’s total population; many of these individuals reside in rural areas. By 2030, 19.7 percent of Americans (1 in 5) will be 65 years of age and older, compared to 13 percent (1 in 8) in 2010 (U.S. Census Bureau, Interim State Projections). From 2010 to 2035, Alabama’s age 65 and over population is projected to increase by 87 percent to over 1.237 million.

This population shift will likely have a dramatic effect on the labor force as older workers decide whether or not to continue working, contemplate career shifts, or consider part-time employment or volunteer opportunities. According to the 2000 Decennial Census, 84 percent of Alabamians age 45-64 have at least a high school diploma compared to 66 percent of persons age 65 and over.

ADSS’ mission is to promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality services. The following goals for Fiscal Years 2011 thru 2012 were identified to advance ADSS’ vision for Alabama seniors:

- Empower older Alabamians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term options;
- Enable Alabama seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
- Empower older Alabamians to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare;
- Ensure the rights of older Alabamians and prevent abuse, neglect, and exploitation.

Alabama's Aging Network is actively involved in promoting the development of consumer-centered systems of long-term care (LTC). ADSS is collaborating with the AAAs and other partners (1) to develop an easily accessible, coordinated transportation system; (2) to provide streamlined access to health and LTC services through a statewide Aging and Disability Resource Center (ADRC) network, (3) to enable older persons to enjoy healthier lives by implementing evidence-based disease and disability prevention programs, and (4) to offer more choices to individuals through the use of flexible service models that include consumer-directed care options. ADSS is expanding the Personal Choices program, which is Alabama's option for self-directed home and community-based services (HCBS). In Fiscal Year 2010, ADSS was awarded numerous grants that will assist in strengthening the state's capacity to promote the dignity and independence of older Alabamians.

Some of these new multi-year initiatives include the following:

- The ADRC grant will coordinate a personalized, consumer-friendly approach to provide information on LTC services, both public and private, and to empower individuals to navigate their health and long-term support options.
- The Alzheimer's Disease Supportive Services Program grant will expand the availability of diagnostic and support services for persons with Alzheimer's Disease and Related Dementias, their families, and their caregivers, and to improve the responsiveness of the home and community-based services system to persons with dementia.
- The Chronic Disease Self-Management Program (Living Well Alabama) grant will increase older Alabamians' quality of life by teaching them self-management skills for enjoying a healthy lifestyle.
- The Community Living Program grant is designed to assist individuals who are at risk of nursing home placement and spend down to Medicaid to enable them to continue to live in their communities. Through this grant, we will develop contracts with the Veterans Health Care Systems to assist veterans at highest risk of nursing home placement by providing consumer-directed home and community-based services.
- The Lifespan Respite grant strives to collect data for implementing a statewide, comprehensive, and coordinated approach to meet the respite needs of Alabama family caregivers of individuals with disabilities and chronic conditions.

ADSS will continue to collaborate with the AAAs, service provider network, other state agencies, and non-profit organizations to provide a variety of programs and services to meet the changing needs of Alabama's seniors and to collaborate on innovative programs. The agency will continue to advocate for older Alabamians, educate the general public about available resources in their communities, empower seniors to live in the environment of their choice, and provide program oversight to ensure quality services and supports. ADSS will continue to promote the rights of seniors and adults with disabilities to pursue healthy, meaningful, lives.

Overview of the Alabama Aging Network

State of Alabama

Alabama's 67 counties contain an area of 50,744 square miles and are home to more than 4.7 million citizens (U.S. Census Bureau, 2000 Decennial Census, 2009 Population Estimates). Based on the U.S. Census Bureau's 2009 estimates, the population per square mile ranges from 13.7 in Greene County to 598 in Jefferson County. Greene County is the least populous county with 8,829 persons; Jefferson County is the most populous county with 665,027 persons. Between 2000 and 2009, the population of 33 Alabama counties decreased due to domestic migration.

The state's geographic boundaries roughly form a rectangle that ranges from the Tennessee border and the natural resources of the Tennessee Valley in the north to the Gulf of Mexico and the Florida Panhandle in the south. From the eastern border joining Georgia, Alabama extends westward for about 200 miles to Mississippi. The elevation also varies dramatically from Cheaha Mountain, rising 2,407 feet above sea level, to the Alabama Gulf coast. Industrialized urban areas are scattered liberally over the state and separated by rolling hills, rich agricultural enterprises, large timber tracts, and inland lakes.

The state's industries are also varied, from the space-oriented NASA-related research and development industries focused around Redstone Arsenal at Huntsville to a flourishing seafood industry on the coast. There is a major international port of call in Mobile. A major source of income in the state is agriculture, including crop production, poultry, and livestock. Other industrial operations produce iron and steel, automobile and industrial tires, textiles, and an impressive array of wood products. Recently added to the Alabama industrial scene are major foreign-based automobile plants and supply companies necessary for completion.

Most Alabamians are native to this state. Seventy-one percent of its citizens were born in Alabama; migration into Alabama is a comparatively recent phenomenon. The uprooting and relocation of young people in the armed forces and members of the wartime workforce as well as out-of-state residents relocating from hurricane-hit communities probably resulted in the largest number of non-Alabamians finding their way onto Alabama's census roles. According to the U.S. Census Bureau's 2006-2008 American Community Survey (ACS), approximately 163,000 non-English speaking persons reside in Alabama.

Government of Alabama

The Governor of Alabama is elected by a popular vote for a four-year term. The Governor may serve one additional consecutive term. In the unfortunate event of an incumbent Governor's death, inability to serve, resignation, or prolonged absence as provided by law, the Lieutenant Governor succeeds the Governor.

Most major department heads are appointed by the Governor. Those receiving appointments by the Governor serve at his pleasure, usually concurrently with the appointing Governor's tenure. Department heads appointed by the Governor usually have Governor's Cabinet or sub-Cabinet status. Some of the appointments also carry an ex-officio status with other departments or units of state government. Also, some interagency initiatives are implemented by taskforces that may be established and convened by a Governor to address particular concerns, inquiries, or objectives. Because appointed department heads are directly responsible to the Governor, continuity of executive policy is reasonably assured within an administration.

The Legislature of the State of Alabama is a bicameral body consisting of a House of Representatives and a State Senate. The main function of the Legislature is to determine the public policy of the State of Alabama and to enact measures appropriate to assure the desired achievements of the Alabama government when carried out by the Executive Branch. The State General Fund and Education Budgets are the Legislature's largest fiscal considerations; however, other appropriations for special purposes, including supplemental appropriations to address newly emerging concerns or priorities, will often assume a position of significant importance.

Alabama Department of Senior Services' Vision and Purpose

The ADSS was created in 1957 as the single state agency for receiving and disbursing federal funds made available under the Older Americans Act (OAA) of 1965, as amended, and for other programs for the aging. As a freestanding department in state government, its mission is to promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality services. ADSS' vision is to help society and state government prepare for the aging demographics through effective leadership, advocacy, and stewardship.

The Governor appoints the Commissioner who is the chief employee of the Department, serves at the Governor's pleasure, and has Cabinet-level status. The Commissioner appoints other staff members, as needed, in accordance with the provisions of the Alabama State Merit System Law; ADSS has approximately 45 employees. As a planning, development, and advocacy agency for the aging, employees include program specialists, administrators, attorneys, information technology specialists, accountants, auditors, nurses, nutritionists, etc., as well as clerical support personnel. Appendix A contains ADSS' organizational chart.

ADSS is headed by a Board that functions in accordance with the requirements of Section 38-3-2 of the Code of Alabama, 1975. This Board is composed of two members of the State Senate appointed by the President of the Senate, two members of the House of Representatives appointed by the Speaker of the House of Representatives, and nine members who are appointed by the Governor. Of these nine members, one must be a representative of business; one, a representative of labor; one, a representative of the medical profession; three, representatives of senior citizen organizations; and three, responsible citizens of the state. Of the "three responsible citizens," no two may be of the same religious faith. The Alabama State Health Officer, the Director of the Alabama Department of Labor, and the Commissioner of the Alabama Department of Human Resources (ADHR) are *ex officio* members of the Board. Legislation creating ADSS in 1957 (then known as the Committee on the Aging of the State of Alabama) vested the Board with duties including the collecting of facts and statistics relating to older persons; mak-

ing special studies of conditions and problems pertaining to employment, health, financial status, recreation, social adjustment, and other conditions affecting the welfare of older citizens; and being the focal point for advocacy for older persons with the responsibility for coordinating the services of all agencies in this state serving seniors.

ADSS pursues its mission by providing a variety of programs and services through multiple funding sources. OAA resources provide older Alabamians with many of these services, including nutrition and supportive services such as transportation, information and referral, outreach, legal assistance, in-home supportive services, senior employment opportunities, prevention of elder abuse, and LTC ombudsman services; complementary programs expand services available to older persons and family caregivers. ADSS also administers grants and programs funded through state appropriations, the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Labor, and the Robert Wood Johnson Foundation as well as other special grants. The Elderly and Disabled Waiver (E&D Waiver) program is designed to provide services to seniors and persons with disabilities whose needs would otherwise require services in a nursing home.

ADSS carries out a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation. These functions are designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, communities throughout the state. These systems are designed to assist our service recipients in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

ADSS has designated 13 AAAs for the purpose of carrying out the responsibilities described above for the State agency at the sub-State level, and has designated as its AAAs only those sub-state agencies having the capacity and making the commitment to assist in carrying out the mission described above within their particular planning and service area (PSA). Through direct services provided by the AAAs and contracts the AAAs develop with local service providers, ADSS assures 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 minority individuals and older individuals residing in rural areas.

Although the OAA prohibits a means test, services are required to be targeted toward those individuals in greatest social and economic need with an emphasis on rural, low-income, minority, low-income minority, and non-English speaking seniors. Services provided under the OAA are not administered as “entitlement” programs. That is, meeting financial eligibility requirements is not necessarily sufficient to be assured of receiving services.

Area Agencies on Aging

The Alabama Aging Network is a statewide system of thirteen PSAs for aging; these range from a one-county PSA to two PSAs comprised of ten counties each. The single-county area, served by the Jefferson County Office of Senior Citizens Services, has the largest number of senior citizens of any Alabama PSA; approximately 14 percent of all older Alabamians reside in this county. An organization within each PSA has been designated as the AAA for the re-

gion. Ten of the organizations designated as AAAs are “umbrella” agencies that are typically quasi-governmental agencies formed by multi-jurisdictional agreements for mutual planning purposes. Three other agencies, which were formed by multi-jurisdictional agreements for the purposes of developing and administering the area plans on aging, are also designated as AAAs. Appendix B contains a county-level map of and contact information for the AAAs.

Other segments of the Aging Network, in addition to the various public agencies providing services, include academic and vocational training personnel, health care professionals and paraprofessionals, private sector housing developers, medical and assistance product suppliers, benevolent organizations with an interest in older persons, the religious community, and philanthropic organizations.

Alabama Senior Citizens Hall of Fame

The Alabama Senior Citizens Hall of Fame was created by the Alabama Legislature in 1983 and became part of ADSS in 2009. Its purpose is to bestow honor and recognition upon living Alabama residents who have made outstanding accomplishments and contributions to the lives of older Americans. Each September new members are inducted into the Hall of Fame. In addition, persons 100 years old and older and couples married for 65 years or more are recognized during the annual awards presentation. The Alabama Senior Citizens Hall of Fame has a permanent place at the State Capitol in recognition of senior advocates.

Context: Past, Present, and the Future

Population Projections

Alabamians who are considered senior citizens today were born prior to 1947. Some were sufficiently mature to have an awareness of the deprivation and difficulties related to the Great Depression that affected most of America during the 1930s. At that time, some were young adults beginning business and vocational careers, starting families, and assuming total responsibility for themselves and their immediate families. Those who saw military service in Viet Nam are now senior citizens; some seniors also saw action in the Gulf War. Most of the age 60 and over population reared their families and established their careers, vocations, and permanent places of residence during the period following World War II and the Korean conflict of the early 1950's. This generation's rate of childbearing resulted in the baby boom generation, which is beginning to reach retirement age.

According to the U.S. Census Bureau's 2009 estimates, the nation's total population was 307 million; Alabama's population was 4.71 million, representing 1.5 percent of the United States' population, and ranked 25th nationally in terms of population gain from the preceding year. The number of Alabamians 65 years of age and over was 651,049, which represents 13.8 percent of Alabama's total population, compared to 12.9 percent 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 AAAs, 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, especially by county, to identify the size of each region's older population.

Born between 1946 and 1964, baby boomers begin to turn 65 in 2011. The nation's age 65 and over population is projected to expand from 13 percent in 2010 to 20 percent in 2030 - from 40 million to 71 million (U.S. Census Bureau, Interim State Projections). During these 20 years, the average annual rate of increase for this age group is projected to be 2.9 percent. This unprecedented population increase 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 important ways, such as influencing changes in aging and LTC services to satisfy older persons' varying needs.

Figure 1
Projected Growth of Older Alabamians

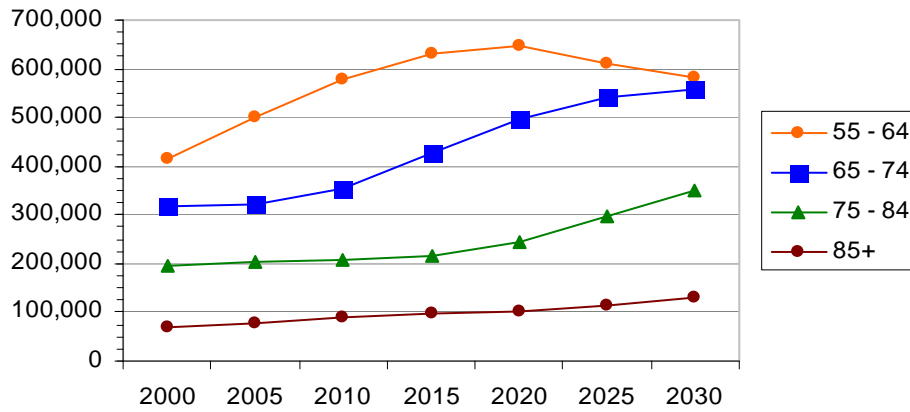
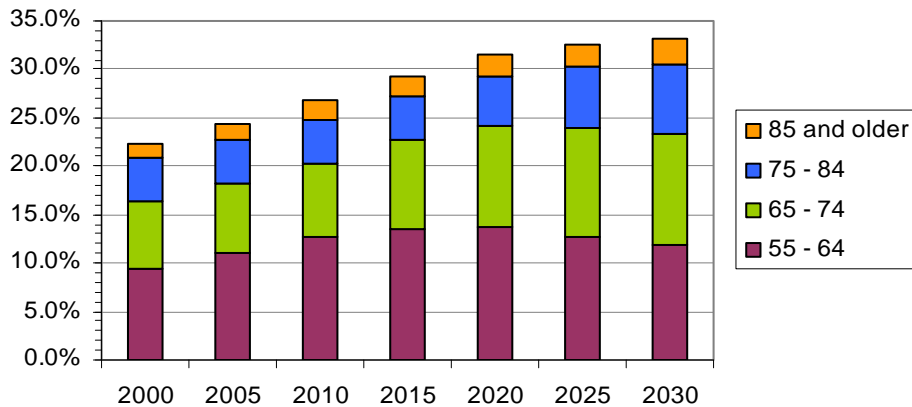
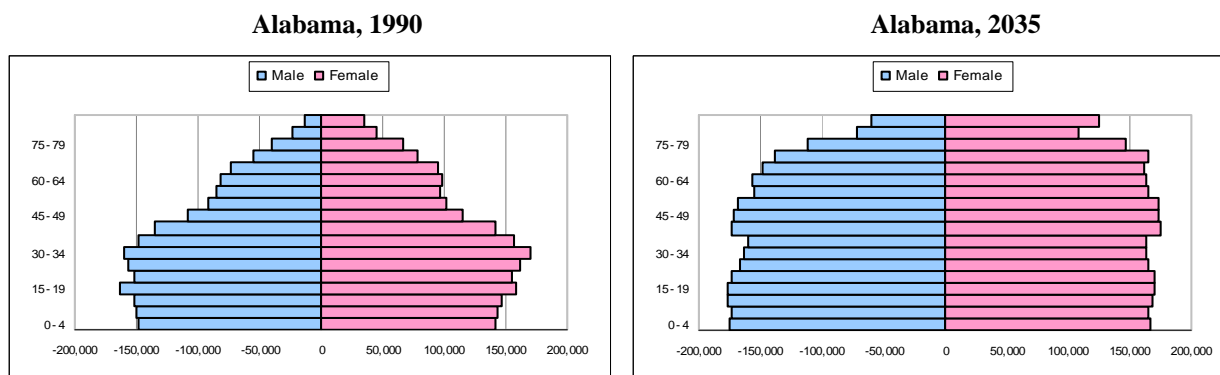


Figure 2
Older Alabamians as Share of State's Total Population



The change in Alabama's age distribution over time is clearly shown in population pyramids for different periods. Divided into five-year age groups, population pyramids show how the size of each group compares to other age groups, with the youngest age group at the bottom and the oldest at the top. Historically, high birth rates and short life expectancies meant the number of persons in younger age groups was much greater than in the oldest groups. As shown in Figure 3 (Center for Business and Economic Research, 2010), Alabama's population pyramid for 1990 approaches this 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 nearly equals the number of young people .

**Figure 3
Population Pyramids**



Health Status

Based on information from the Alabama Department of Public Health (ADPH), the health status of many adults in the state is being compromised by lifestyle choices. The major health risks for the older population include obesity, physical inactivity, high blood pressure, high cholesterol levels, poor nutrition, and tobacco use and exposure.

- Fifty-seven percent of Alabama adults do not meet current physical activity recommendations (ADPH, Steps to a Healthier Alabama web site). Despite the tremendous benefits of regular physical activity in decreasing the risk for many diseases and enhancing bone health, mental clarity, and stress reduction, most Alabamians are sedentary.
- In 2009, Alabama adults ranked second in the nation in overweight/obesity; this corresponds to 65 percent of Alabama adults. Approximately 31 percent of Alabama adults are obese (ADPH, 2009). Overweight and obesity are chronic conditions resulting from long-term energy imbalance. When people are overweight or obese, they are more likely to develop health problems such as hypertension, Type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and some cancers. Alabama is currently in an overweight and obesity epidemic regarding its citizens' health.
- Cigarette smoking is the leading preventable cause of death in the United States. Adults who smoke lose an average of 13-14 years of their lives (Centers for Disease Control and Prevention, 2010). From 2000 to 2004, the annual health-related economic losses in the U.S. were \$193 billion. Sadly, 7,000 people die each year in Alabama from smoking (ADPH, 2000, p. 4).

Each of these modifiable lifestyle behaviors has been linked to multiple chronic health conditions that frequently impact both quality and quantity of life. In addition, health care expenditures and dollars lost from decreased productivity are costly from an economic perspective for both the individual and society. As the number of people living with chronic health conditions continues to rise and the state's population continues to age, the health and economic burdens

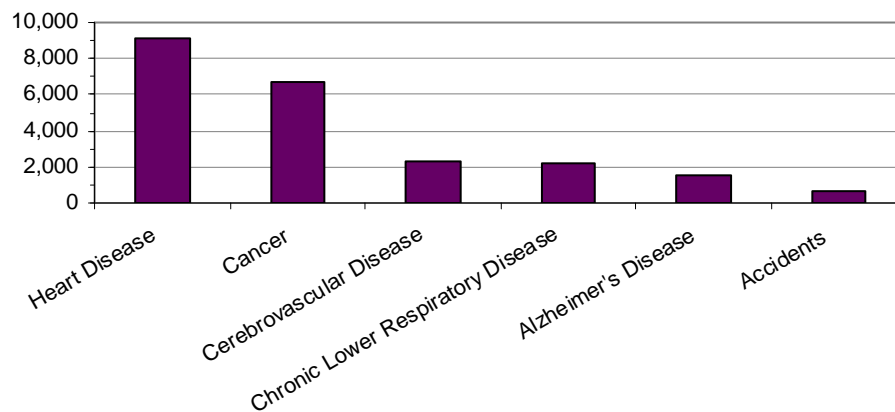
for the state will escalate. Miniño, Xu, Kochanek, and Tejada-Vera reported the U.S. life expectancy at birth rose to 77.9 years in 2007; life expectancy for persons age 65 rose to 18.6 additional years (83.6 years total) (2009, p. 4).

- As of 2007, Alabama ranks fifth in the prevalence of diabetes; almost one in ten adults in the state reports having been diagnosed with the disease. The 2008 BRFSS indicates Alabama has an extremely high incidence of diabetes and obesity, especially in African-Americans. While 9.6 percent of white adults in the state report having diabetes, the rate is 15.1 percent in African-Americans. The prevalence of diabetes is highest for persons age 65 and over, a trend that remained consistent during the past decade. Diabetes directly contributes to the incidence of heart disease and stroke, is among the leading causes of death in the state, and is the leading cause of kidney failure, nontrauma-related limb amputations, and adult onset blindness (ADPH, 2009).
- Cardiovascular disease (CVD) is the leading cause of death in Alabama (ADPH, 2008a, p. 20); CVD includes heart disease, stroke, high blood pressure, and coronary artery disease. Unfortunately, CVD kills more Alabamians than all forms of cancer combined. Disability and death from CVD are related to a number of modifiable risk factors, including high blood pressure, high blood cholesterol, smoking, lack of regular physical activity, diabetes, and being overweight. While it affects persons of all ages in Alabama, CVD is the leading cause of death for persons age 75 and over (ADPH, 2008c). Seventy-three percent of the ages 60 to 79 population have CVD compared to 40 percent of the population ages 40 to 59 (American Heart Association, 2010, p. 6).
- In 2008, cancer was the second leading cause of death in Alabama; prostate, breast, and lung cancers are the most frequently diagnosed cancers in the state (ADPH, 2005, p. 14). Scientific evidence suggests 33 percent of cancer deaths could be prevented through lifestyle changes such as eliminating tobacco use, improving dietary habits, exercising regularly, maintaining a healthy weight, avoiding exposure to ultraviolet light, obtaining cancer screening for early detection, and seeking timely, appropriate treatment. In addition to loss of lives, cancer exacts a great economic toll on the state. Some of the costs associated with cancer care can be attributed to lack of health insurance and barriers preventing Alabamians from accessing cancer prevention and early detection services. While cancer incidence rates are lower among minorities, their mortality rates are higher. Lack of access to early detection and low quality health care are major contributors to this disparity (ADPH, 2005, p. 16).
- High blood pressure (hypertension) increases the risk for heart disease and stroke. Because the consequences associated with high blood pressure are so serious, early detection, treatment, and control are important. Untreated high blood pressure can lead to stroke, heart disease, kidney failure, and blindness (ADPH, 2006b, p. 1). High blood pressure is easily detectable and usually controlled with lifestyle modifications such as increasing physical activity or reducing dietary salt intake, with or without medications. About one in three American adults has high blood pressure.

- Forty-three million Americans report having doctor-diagnosed arthritis and another 23 million may have arthritis (ADPH, 2006a, p. 2). Arthritis is the leading cause of disability in the United States and limits the activities of more than 16 million adults. Physical activity has been shown to reduce pain and improve function and mental health among people with arthritis; however, adults with arthritis are significantly less likely to engage in recommended levels of moderate or vigorous physical activity. Thirty-three percent of the state’s population and more than 59 percent of Alabamians age 65 years and over have been diagnosed with arthritis (ADPH, 2006a, p. 4). A greater prevalence of arthritis exists in groups with lower educational status. Due to the state’s high level of obesity and lack of leisure time physical activity, Alabama’s arthritis problem is magnified.
- Osteoporosis is a prevalent, silent, and devastating disease. Projections indicate half of women and one quarter of men over age 50 in this country will experience an osteoporosis-related bone fracture in their lifetime (ADPH, Be Bone Healthy web site). The U.S. Department of Health and Human Services (DHHS) reports 20 percent of senior citizens who suffer a hip fracture die within one year (2004a, p. 95). Other osteoporosis-related fractures also impose their own burden of illness and disability. Osteoporosis is a preventable disease and its incidence may be reduced by adequate daily calcium intake and regular physical activity, especially if begun early in life.

Sixty-nine percent of those who die in Alabama each year are age 65 or older and over 51 percent are age 75 or older (ADPH, 2008c, p. 46). Figure 4 ranks the leading causes of death among Alabama’s older population. Other leading causes of death in the older population are diabetes, kidney disease, influenza and pneumonia, septicemia, and suicide.

Figure 4
Leading Causes of Death Among Alabamians Age 65+ (2008)



The nation's health continues to improve due to advances in public health; unfortunately, increased longevity is accompanied by increased prevalence of chronic conditions and their associated pain and disability. Priorities for addressing the health care needs of older Alabamians begin with the development of outreach strategies to identify older persons who are most at risk. Then, coordinated medical and social interventions increase the likelihood of sustaining or improving independence and general well-being while older persons remain functional members of their communities.

Because access to excellent health care is unevenly distributed in the United States, rural residents often face barriers to high quality care. Compared to their urban counterparts, residents of rural areas report fair or poor health, more often have chronic conditions such as diabetes, and die from heart disease. Despite greater need for health care, rural residents have fewer visits to health care providers and are less likely to receive recommended preventive services. According to the 2000 Decennial Census, 44.6 percent of Alabamians age 60 and over live in rural counties. There are 4.6 primary care physicians per 10,000 population in rural counties compared to eight per 10,000 population in the urban counties (ADPH, 2008b, p. 1-9). Rural residents must often travel longer distances to reach hospital or other health care services, especially dental or medical specialty care.

While the need for rural health care becomes increasingly important, specialized medical procedures and medical specialties are concentrated in urban areas. In rural areas of the state, financial, geographical, and cultural barriers to health care are more pronounced. ADPH provides home health care through coordinated, multidisciplinary teams managed by nurse care coordinators. The Alabama Medicaid Agency (AMA), through ADSS and ADPH, provides home care under a Sec. 1915(c) Waiver for individuals who are eligible for nursing home care. Limited Medicare resources are made available for in-home services.

In 2004, Governor Riley signed an Executive Order to create the Black Belt Action Commission (BBAC) that will propose and implement solutions to improve the quality of life in Alabama's Black Belt. The Black Belt is a band of 12 largely rural counties stretching across the south-central part of the state and has long been characterized by high rates of poverty, illiteracy, illegitimacy, and economic stagnation. The BBAC will develop and implement plans of action to improve economic conditions in the Black Belt and work through subcommittees dealing with manufacturing, health care, education, skill training, and infrastructure needs.

In 2007, Governor Riley signed an Executive Order to create the Alabama Rural Action Commission (ARAC) that will coordinate efforts aimed at improving the quality of life in the state's rural areas. Past ADSS Board Chairman and former Senator Gerald Dial was appointed to serve as the commission's executive director. As a statewide initiative, the ARAC is designed to be a catalyst to bring together organizations from the public and private sectors to build new partnerships, to leverage existing resources, and to connect people with resources and the information they need to strengthen the capacity of their communities.

To help address the health care needs of Alabama's rural older persons and medically underserved populations, ADPH has established the Alabama Office of Primary Care and Rural Health. This office facilitates and participates in activities that improve access to health care services for all rural Alabamians with special concern for children, older persons, minorities, and other medically underserved vulnerable populations. It also monitors the availability of grant opportunities to improve health services for underserved and rural areas of the state.

The University of Alabama at Birmingham (UAB) provides another system to address the health care needs of Alabama's older population. The UAB Center for Aging is an interdisciplinary community of more than 200 faculty members and staff that promotes the health and well-being of older persons and their families by conducting and promoting age-related research, and supporting community programs and specialty patient care. Career development and educational opportunities help prepare post-graduate trainees and practitioners in multiple disciplines for research, education, or service careers related to gerontology and geriatrics.

The Center for Mental Health and Aging (CMHA) at the University of Alabama at Tuscaloosa serves older persons by developing new knowledge, testing new interventions, and disseminating mental health and aging information. Through applied interdisciplinary research in elder caregiving, mental health of rural elders, quality of care in institutional settings, and palliative care and end-of-life issues, CMHA promotes improved quality of life for older adults. In 2004, ADSS received an Alzheimer's Disease Demonstration Grant to States award to improve direct services available to family caregivers by incorporating evidence-based, in-home social and behavioral interventions to increase caregiver knowledge, skills, and well-being. CMHA provided training and consultation for case managers in each AAA participating in the project.

Gender, Race, and Ethnicity

According to the U.S. Census Bureau's 2009 estimates, older women represent 57 percent of Alabamians age 60 and over and 70 percent of those 85 and over. Twenty percent of people age 60 and over in Alabama are members of racial minority groups. Eighteen percent are African-American, and other racial groups account for less than two percent of the 60 and older age group; one percent of older Alabamians are Hispanic. It is important to examine the demographic characteristics of Alabama's older population; members of these diverse groups may have different service needs and will uniquely contribute to their communities.

Education

Cohort differences in educational status appear between the current older population and the baby boomers. Unfortunately, 34 percent of Alabamians age 65 and over did not finish high school or receive a GED. By contrast, less than 16 percent of those 45 to 64 were unable to finish high school and 50 percent completed at least some college (U.S. Census Bureau, 2006-2008 ACS).

Disability and Activity Limitations

Of Alabama's civilian noninstitutionalized population age 65 and over, 45 percent reported having at least one disability - 47 percent of women and 42 percent of men. While less than 19 percent of Alabamians of both genders in the 35 to 64 age group had a disability, over 56 percent of men and 62 percent of women age 75 and over had some level of disability. Individuals in the 75 and older age group had the highest rates of hearing, vision, cognitive, and ambulatory disabilities. For male Alabamians, the rates of hearing disability for individuals in age groups 35 to 64, 65 to 74, and 75 and older were 5.6 percent, 16.5 percent, and 32.6 percent, respectively. For men and women, approximately 20 percent of Alabamians have a cognitive disability. Alabamians with disabilities were at least twice as likely to be below poverty than those without disabilities (U. S. Census Bureau, 2008 ACS).

Housing / Living Arrangements

The 2000 Decennial Census showed Alabama had 536,851 occupied households with individuals present who were age 60 and older out of a total of 1,737,080 occupied housing units. American Community Survey statistics (U.S. Census Bureau, 2006-2008 ACS) indicate 84 percent of Alabamians age 64 and older own their own homes. While this should ensure stability and peace of mind, the financial burden of maintenance and modernization is an ever present need. With the recent economic downturn experienced, those on fixed incomes could be paying a higher percentage of this disposable income on shelter expenses. A new U.S. Department of Housing and Urban Development report analyzing 2007 data showed the population living in southern United States has the second highest incidence of very low income people spending more than half of their monthly income on rent or living in substandard conditions.

In Alabama a whole host of housing service options may be available to seniors through Housing and Urban Development (HUD), Federal Mortgage insurance, reverse mortgages, USDA Rural Housing Service, Rehabilitation Assistance Partnership (RAP) created by the Alabama Housing Finance Authority and the Home Builders Association of Alabama, Christmas in April, Habitat for Humanity International, and other partnerships and foundations. Federal grants are also available to provide assistance for repairs to make these homes safe and livable.

Affordable housing for many older Alabamians has been and still is an unmet need. As a result of the Olmstead decision by the U.S. Supreme Court in 1999 and its interpretation of the Americans with Disabilities Act (ADA) as it applies to those in institutions, a shift in policy has occurred. Today the present trends show that those seniors who are living in nursing home facilities, assisted living facilities, hospitals, and other institutions may be able to move back into the communities. Therefore, much planning with innovative solutions must be accomplished. ADSS is working with CMS on discharge planning tools to effectuate these plans.

There are other collaborative partnerships between housing and human service organizations at the Federal, State, and local levels which are critical to the ongoing availability of affordable and accessible housing options for seniors and individuals with disabilities. ADSS is in the forefront of working with these entities to effectuate the target of affordable and safe housing for Alabama seniors.

Income, Poverty, and Employment

According to the U.S. Social Security Administration (SSA), 10.7 percent of Social Security beneficiaries ages 62 to 64 were below poverty in 2008 compared to 7.8 percent of beneficiaries age 65 and over (2010b, p. 324). As with income, the large portion of non-married women in the older age groups contributes to the difference in poverty rates by age. In 2008, the Old-Age, Survivors, and Disability Insurance program paid benefits to 87.2 percent of persons age 65 and over; it was the major source of income for 51.6 percent of aged beneficiary couples and 72.6 percent of aged nonmarried beneficiaries (U.S. SSA, 2010a).

In 2000, an estimated 14.6 percent of Alabamians age 65 and over were below poverty; the national average was 9.9 percent (U.S. Census Bureau, Census 2000: Special Tabulation on Aging). In 2008 inflation-adjusted dollars, the median household income for Alabama householders ages 45 to 64 was \$51,822 and for those age 65 and over was \$28,207 (U.S. Census Bureau, 2006-2008 ACS). This income disparity may be the result of differences in work status. For example, 66 percent of persons ages 45 to 64 were in the labor compared to 13 percent of persons age 65 and over. As increasing numbers of older persons decide whether or not to remain in or return to the workforce, it will be interesting to track the labor force participation rates of various subgroups of Alabama's older population.

Poverty status differences also exist by race and gender. Among African-Americans in age groups 45 to 64, 65 to 74, and 75 and older, the poverty rates for women were 22-30 percent; the poverty rates for men were 17-19 percent. For white individuals in these three age groups, the poverty rates for women were 9-13 percent for women and approximately 6.5 percent for men (U.S. Census Bureau, 2006-2008 ACS).

Marital Status

Cohort differences are apparent in terms of marital status, which includes Alabamians who never married and higher divorce rates among baby boomers. Unfortunately, higher rates of widowhood occur among older individuals, especially women. For individuals age 85 and over, 82 percent of women were widowed compared to 39 percent of men (U.S. Census Bureau, 2006-2008 ACS). While older single women provide great resources to their families and communities, they may place greater demands on their adult children and Alabama's Aging Network. Across all age groups, non-married women are more likely than married people to be poor or near poor.

Special Populations

Persons with Life-Long Disabilities who are Aging

Due to advances in life expectancy, many people with significant disabilities are living long enough to experience the joys and challenges of aging. There may be 25 million Americans who are aging with early-onset and long-term disabilities (U.S. DHHS, 2004b). These disabilities include cerebral palsy, mental retardation, polio, spinal cord injury, traumatic brain injury, and rheumatoid arthritis.

While facing work and family demands, persons with disabilities may experience the symptoms of aging earlier in life. According to the Centers for Disease Control and Prevention (CDC), women are more frequently affected by many conditions causing disability; more than 50 percent of women over age 65 are living with a disability (Women with Disabilities). While disabilities may result from injuries or birth defects, the most common are associated with chronic conditions such as back disorders, arthritis, heart disease, respiratory problems, and high blood pressure. Minority individuals with a disability are said to be at “double jeopardy” due to persistent racial and ethnic health disparities, prejudice, and discrimination (CDC, Populations: Minorities With Disabilities).

People living with long-term disabilities are at risk for the same illnesses and conditions as the general public (e.g., injury, obesity, and hypertension); they are also at greater risk for secondary conditions that can impact their health and quality of life. Persons with disabilities face many of the same challenges as those without disabilities when it comes to their own health and well-being. It is important for them to have access to the tools, knowledge, and health care professionals to help them enjoy and maintain full, healthy lives (CDC, Health, Wellness and Disability). The state’s Aging Network is prepared to assist Alabamians with disabilities by improving their access to information on available resources and LTC options so they may experience greater quality of life.

Persons with Alzheimer’s Disease and Related Dementias

Dementia is characterized by a loss or decline in memory and other cognitive functions and is caused by various diseases and conditions that damage brain cells. Although there are different types of dementia, Alzheimer’s disease (AD) is the most common, accounting for up to 80 percent of cases (Alzheimer’s Association, 2010, p. 5). Each type of dementia has common symptoms and can be complicated by co-existing medical conditions.

Although AD is not a normal part of aging, the greatest risk factor for the disease is advancing age. The population age 65 and over includes approximately 5.1 million people with AD; the number may reach 7.7 million by 2030 (Alzheimer’s Association, 2010, p. 14). While gender does not appear to be a risk factor for Alzheimer’s disease and related disorders (ADRD), older African-Americans and Hispanics are considerably more likely than older whites to have ADRD. While most Americans with AD are age 65 and over, persons under age 65 may develop early-onset dementia. Unfortunately, there is a severe national shortage of healthcare providers who are certified in geriatric medicine and the estimated need for geriatricians by 2030 is approximately 36,000 (Alzheimer’s Association, 2010, p. 23).

According to Alzheimer's Association projections (2010), there are 91,000 Alabamians age 65 and over with AD (p. 15). The highest age-adjusted rates of death due to AD occurred in southern states; Alabama's rate was 30.3 per 100,000 people (pp. 19-20). In 2008, 45 percent of the state's nursing home residents had moderate-to-severe levels of cognitive impairment compared to 28 percent who had none (p. 41). With Alabama's 85 and over population projected to increase by 50 percent by 2030, AD and other forms of dementia will challenge more families, caregivers, and society.

People with ADRD are high users of health care, LTC, and hospice services. According to the Alzheimer's Association (2010), Medicare payments per person for beneficiaries age 65 and over with ADRD were three times higher than average Medicare payments for other Medicare beneficiaries of the same age (p. 34). Medicaid payments per person for Medicare beneficiaries age 65 and over with ADRD were more than nine times higher than Medicaid payments for other Medicare beneficiaries in the same age group (p. 34).

Caregivers

A caregiver is defined as anyone providing assistance to someone else who is, to some degree, incapacitated and needs help. Informal caregivers are unpaid individuals such as family members, friends, and neighbors who provide care on a full- or part-time basis. Formal caregivers, on the other hand, are volunteers or paid care providers. Caregivers typically provide assistance to persons with a chronic illness or disabling condition and need assistance with everyday tasks. With numbers estimated to reach 37 million by 2050, unpaid family caregivers will likely continue to be the largest source of LTC services in the country (Family Caregiver Alliance, Selected Caregiver Statistics).

Many caregivers who work and also provide care experience conflicts between these responsibilities. While families are the major provider of LTC services, caregivers experience high levels of emotional stress and depression; their health, employment, income, and financial security are also negatively impacted. Alabama had 187,870 Alzheimer/dementia caregivers in 2009 who provided 214 million hours of unpaid care per year valued at \$2.46 billion (Alzheimer's Association, 2010, p. 31).

Grandparents Raising Grandchildren

In Alabama, 61,693 grandparents live with and are responsible for the care of their own grandchildren under 18 years of age; 62 percent are ages 30 to 59 and 38 percent are age 60 and over. Only half of Alabama's grandparents living with their own grandchildren are in the labor force; 84 percent are ages 30 to 59 and 16 percent are age 60 and over. For Alabama grandparents living with their own grandchildren and not in the labor force, 25 percent are age 60 and over. There are 14,150 grandparents in Alabama below poverty and living with and responsible for their own grandchildren; 67 percent are ages 30 to 59 and 33 percent are age 60 and over (U.S. Census Bureau, 2006-2008 ACS).

Private Paying Consumers

Private paying consumers represent a large, growing segment of the nation's aging, disabled, and caregiver populations. Representing the majority of the U.S. population, this group includes individuals from numerous age groups, cultures, ethnicities, and incomes. Private paying consumers want and need comprehensive, reliable information about health care, financial security, insurance, housing, and LTC planning. The aging network offers consumer information programs providing a range of referrals, decision support, and options counseling in order for all consumers, regardless of income, to make informed decisions.

Appendix H contains additional demographic information.

Challenges and Opportunities

Service Utilization Patterns

Although the risk for needing LTC services is not an inevitable part of aging, the risk for older persons is substantial. Due to the increased prevalence of chronic conditions and illnesses in the older population, they require more health care per capita than any other age group. People with LTC needs, particularly those age 85 and over, are more likely to have low incomes and live in poverty, which further challenges individuals who may require medical care and prescription medications.

While unpaid family caregivers provide most of the needed LTC services, care recipients may also need assistance from formal care providers. Research shows longevity may be increasing for persons with disabilities, especially among the working-age population. For the older population, there is evidence that rates of disability, cognitive impairment, and functional limitations may be decreasing. Reasons for these declines may include Instrumental Activities of Daily Living (IADL) improvements, increased use of assistive technology, and improved economic status and educational status.

There were 973,900 Alabamians enrolled in Medicaid in Fiscal Year 2006, 13 percent of whom were age 65 and over (Henry J. Kaiser Family Foundation, 2009). In 2007, Alabama's total Medicaid expenditures were \$4.122 billion. Of the \$953 million in Medicaid LTC expenditures for older people and adults with physical disabilities, 91 percent was focused toward nursing facilities and nine percent was directed to aging and disability waiver services. Due to the low percentage of Medicaid LTC spending for HCBS, Alabama ranked 44th in the nation. While Medicaid LTC dollars did not pay for personal care services, Medicaid home health expenditures totaled \$49 million (AARP, 2009a, p. 38).

There were 804,351 Medicare beneficiaries in Alabama in 2008; this equates to 17 percent of Alabama's total population (Henry J. Kaiser Family Foundation, 2009). While the state ranked 39th in 2008 in nursing home average private pay daily rates (\$158), AARP (2009b) reports Alabama had the highest rate for Medicare-certified home health aides (\$76/hour) and some of the lowest rates in the country for private pay home health aides (\$15/hour) and adult day care (\$32/day). In 2007, Alabama's 26,696 nursing facility beds had an 88 percent occupancy rate (AARP, 2009a, p. 41). Medicaid was the primary payer for 69 percent of Alabama's nursing facility residents while 14 percent received Medicare benefits; 51 percent of Alabama's nursing home residents had dementia (AARP, 2009a, p. 39).

AARP (2009a, p. 41) reported the following Alabama trends from 2002 to 2007:

- Number of nursing facility residents increased by 11 percent;
- Medicaid nursing facility spending increased by 26 percent;
- Medicaid LTC spending for older adults and adults with physical disabilities increased by 28 percent; and
- Medicaid HCBS spending for older adults and adults with physical disabilities increased by 55 percent.

To meet the varied LTC needs and financial ability to pay for services, a single approach is impractical. Because consumers want more options when planning for their future LTC needs, expanded efforts are needed to assist families.

2009 State Performance Report

At the conclusion of each fiscal year, ADSS prepares a state program report for AoA that identifies demographic characteristics of clients served, the number of service units delivered, expenditures, and program income. In Fiscal Year 2009, Alabama's Aging Network served 40,547 registered services clients using Title III federal funds and state and local match. Of these registered clients, 28 percent (11,323) were minority clients, 33 percent (13,518) were clients below poverty, 14 percent (5,462) were minority clients below poverty, and 26 percent (10,498) were rural clients. Recipients of Alabama Cares services included 2,440 caregivers of older persons and 127 grandparents and other relatives caring for grandchildren.

Appendix D contains descriptions of programs, services, and grants. Appendix J contains the Greatest Need Analysis and information regarding targeting efforts.

2009 Needs Assessment

In 2009, ADSS conducted a statewide, comprehensive needs assessment to obtain input from the general public for the Fiscal Years 2011-2012 State Plan on Aging and the Fiscal Year 2011-2014 Area Plans on Aging; this needs assessment contained two separate surveys. The intent of the first survey – for the general public – was to identify services respondents believe to be important at this time and during the next five years. The second survey gave professionals in the fields of aging and disability an opportunity to identify the highest priority needs in their communities, to describe their organizations' greatest challenges or barriers in serving older adults in Alabama, and to identify personal and service-related barriers in providing and accessing services. In addition to demographic items, survey questions addressed a wide variety of home- and community-based service preferences.

A total of 1,831 respondents fully or partially completed the first survey. The respondents' ages ranged from young adults to those over age 90; 76 percent of the respondents indicated they were female. Over 36 percent of the respondents stated their monthly household incomes were

less than \$904, which is below poverty according to 2009 DHHS Poverty Guidelines; 82 percent of these below poverty respondents identified themselves as age 65 or over. Table 1 identifies the top three service concerns from the 2005 and 2009 needs assessments.

Table 1
“Very Significant” Service Concerns from 2005 and 2009 Needs Assessments

2005 Needs Assessment		2009 Needs Assessment	
Service Concern	Percent of Respondents	Service Concern	Percent of Respondents
Cost of medicine	92.8	Nursing care or physical therapy at home	71.5
Cost of hospital care	88.7	Information on diseases and health problems	71.0
Availability of hospital care	87.7	Information on keeping a healthy mind	70.2

A total of 303 respondents completed the second survey. The respondents’ ages ranged from young adults to those over age 75; 82 percent indicated they were female and over 60 percent represented service providers. Respondents were provided the opportunity to rank various services and activities as unmet needs of Alabamians age 55 and over. The top three unmet needs were quality, affordable health care (47.9 percent), transportation for people who no longer drive or are unable to use public transportation (45.3 percent), and personal care for those with limitations in their activities of daily living (41 percent).

In serving older Alabamians, respondents indicated the top two challenges or barriers were insufficient funding for programs and services (81.2 percent) and regulatory or bureaucratic barriers that inhibit the organizations’ ability to provide services (33.7 percent). Respondents were given the opportunity to identify recurring personal and service-related barriers that prevent people from accessing their organizations’ services. Table 2 contains the respondents’ most significant personal and service-related barriers.

Table 2
“Significant” Barriers to Service Accessibility

Personal Barrier	Percent of Respondents	Service-related Barrier	Percent of Respondents
Poor health or mobility	54.8	Long waiting lists	43.3
Lack of transportation	49.1	Eligibility determination process is cumbersome and lengthy	37.6
Loss of financial security	41.8	Lack of volunteers	34.0

As the older population continues to grow and to become more diverse, their needs will also be varied. It will be crucial to conduct ongoing assessments of seniors' needs. Appendix I contains additional information regarding the 2009 Needs Assessment.

Planning for Long-Term Care Services in Alabama

Federal and State Program Funding

In its \$1.624 billion Fiscal Year 2011 budget request to Congress, AoA included a \$108.4 million increase above the Fiscal Year 2010 enacted level. AoA plans to expand support for OAA core programs, support caregivers' needs, and protect older Americans from abuse, neglect, and exploitation. Facing tight budgets at the federal level, states anxiously await news concerning their Fiscal Year 2011 AoA appropriations.

Federal funds are allocated and expended according to the intrastate funding formula (IFF). OAA funds are not used to supplant funds from other sources. Before additional funds are distributed to the AAAs, they must assure ADSS with a written plan that services will be increased. Some of ADSS' administrative procedures are described in Appendix E; Appendix F contains ADSS' Financial Plan.

Aging Network and Long-Term Care System

Alabama's Aging Network has a solid program infrastructure; unfortunately, few LTC options currently exist. More evidence is being publicized concerning the long-term cost effectiveness of maintaining someone at home with community-based services versus nursing home placement. As baby boomers demand community-based services, the overall perception of LTC services will change. Before clients can be diverted from nursing home care, Alabama must establish an appropriate community-based infrastructure. While nursing homes previously were the only LTC solution, many people do not require this level of care; people want more options.

The major threat to a client's independence, well-being, and financial security is living on a fixed income and not being able to afford food, health care, housing, and other necessities. Access to and availability of program and service options must be expanded to more effectively meet the preferences of older persons and their family members. Although the full impact is uncertain, economic factors across the nation are affecting Alabama; if the situation does not improve, programs will suffer. Clients' independence, well-being, and financial security are threatened by continuing budget cuts that will ultimately result in decreased services and fewer clients served. While ADSS experienced enhanced federal matching that decreased the required state match for E&D Waiver services and economic recovery funds for meals and employment, these are temporary fixes for long-term problems.

According to recent economic projections from the Center for Business and Economic Research, The University of Alabama, the state's economy should begin to expand in 2010; employment may not reach its pre-recession level until 2014. Although Alabama's economy fell into recession almost seven months later than the nation, the downturn has been more severe. Alabama tax revenues may decline again in Fiscal Year 2010, although at a much slower rate.

In addition to state- and federally-funded services, Alabama provides a variety of HCBS through Medicaid and Medicaid Waivers. Jointly operated by ADSS and ADPH, one of these programs is the E&D Waiver that provides services to nursing home eligible individuals. While the E&D Waiver program is dependent on the federal government's requirements, its coverage is based on Medicaid's allotment which is dependent on the Alabama Legislature's General Fund appropriations.

The Aging Network has limited funds to serve the growing population needing assistance; therefore, waiting lists are unfortunate, but necessary. ADSS recently began collecting waiting list information for the E&D Waiver program, based on the first point of contact. Each AAA then conducts an assessment on the potential client as they move forward on the waiting list. Unfortunately, ADSS only knows if a potential client will meet program requirements at the assessment's completion. There are currently no universal screening standards applied as the client's request is received. Because assessments are conducted on a first-come first-served basis, ADSS is currently not able to determine if some individuals have greater needs than others. Maintained by the AAAs and their contractors, the statewide client tracking system also contains on-line waiting lists for the statewide nutrition program (i.e., congregate and home-delivered meals clients) and the Alabama Cares program. ADSS tracks the number of persons on program waiting lists and utilizes waiting list information to determine who needs services and who is not receiving services.

Through the Community Living Program grant, ADSS will develop formal policies for prioritization as a method to provide a sustainable community living program in Alabama and utilize the Determination of Need assessment to target individuals at greatest risk. The Determination of Need Assessment-Revised (DON-R) Assessment Instrument was developed in 1987-1989 by a team of researchers at the Gerontology Center of the University of Illinois at Chicago for use by the Illinois Department on Aging's statewide network in determining eligibility for home and community-based services, including its Medicaid Waiver program. The DON-R is an evidence-based tool that has been used in several states to prioritize clients to manage waiting lists and to provide services to the target population in greatest need of services to remain at home. ADSS plans to incorporate the DON-R assessment statewide to prioritize services to those in greatest needs and at risk for nursing home placement.

The DON-R not only provides the basis for determining program eligibility, but also presents sufficient information to case managers to evaluate care needs and to develop plans of care that include the actual amount of service needed. The DON-R can assist in developing a plan of care that promotes independence in the community, or if assessing the strengths of someone already in a nursing home, to help the resident remain as independent as possible in that setting. The DON-R is used as a basic individual needs assessment to determine where there are deficits in functioning and where there are remaining strengths, including the presence or absence of a support system. The DON-R provides documentation of the individual's need for assistance across a range of impairments; it is the unmet need for care that has more bearing on the actual potential for placement outside the home. The DON-R is a true ordinal scale that provides clearly defined meanings for each level of impairment, each level of unmet need for care, and each functional activity. Thus changes in score represent actual changes in capacity and/or need for assistance, and the scoring can be used to track changes over time. Components of the

score include: Basic Activities of Daily Living, Instrumental Activities of Daily Living, Unmet Need for Care, and Overall Care Burden in Functional Activities.

With the President's declaration of 2010 Year of Community Living, AoA's priorities and goals are targeted to allowing seniors the opportunity to stay in their homes as long as possible by providing access to community-based services. To support AoA's goals and focus areas and to strengthen Alabama's efforts in implementing a balanced LTC system that focuses on keeping people in their homes as long as possible, ADSS applied for and was awarded the following grants: Aging and Disability Resource Center; Alzheimer's Disease Supportive Services Program; Chronic Disease Self-Management Program; Community Living Program; and Lifespan Respite. The Alabama Legislature established a Long-Term Care Rebalancing Advisory Committee that is developing a vision for a better, more responsive LTC system with input from seniors and adults with disabilities; ADSS is an active member of this committee.

LTC options must reflect the aging population's anticipated diversity, limited state budget, and constituents' preferences to remain in their homes and communities with services moving towards a person-centered, consumer-directed system. ADSS and the AAAs will have a greater role in advising people of their options and service availability. Individualized case management plans will meet clients' unique preferences and needs. Many clients currently being served are able to stay at home because of the programs and services in which they participate. Without these services and their individual support systems, they would be forced to move to LTC facilities. While it has been the principal type of formal care, the use of nursing home services is declining due to older persons' decreasing rates of disability and improved financial resources to pay for HCBS and services in assisted living facilities (ALF). Although recent initiatives have emphasized increased HCBS utilization, nursing homes will still be needed for residents who have greater impairments and have more Activities of Daily Living (ADL) limitations and a lack of in-home supports, or who cannot afford ALF level of care.

ADSS and the Aging Network are working together to:

- Develop an easily accessible, coordinated transportation system;
- Provide streamlined access to health and LTC services through a statewide ADRC network;
- Enable older persons to enjoy healthier lives by implementing evidence-based disease and disability prevention programs; and
- Offer more choices to individuals through the use of flexible service models that include person-centered and consumer-directed care options.

Because OAA services may be provided without the income and asset restrictions required under Medicaid and without the restriction that beneficiaries need skilled care under Medicare, Title III funds may be used to fill gaps left by other programs. The agency continues to educate the AAAs on ways to effectively manage their programs while maximizing the numbers of clients served.

ADSS and the AAAs place high priority on education, outreach, and advocacy efforts in order to inform individuals about resources available in their communities, identify potential clients for program enrollment, and seek additional sources of funding and support. ADSS is expanding the virtual ADRC, Alabama Connect, to include expanded aging, mental and physical disability resources. With new grant funding obtained starting Fiscal Year 2010 to expand fully-functioning ADRCs into two more regions, we are one step closer to moving the concept state-wide. ADRCs are working collaboratively with SHIP Resource Centers and the Simplified Elderly Food Assistance Program for outreach to the Medicare population. As a result of all of these efforts, awareness of Aging Network programs has increased.

Alabama's United We Ride initiative is moving toward coordinated transportation for all transportation-disadvantaged Alabamians and begins with advocacy to secure funding to place a mobility manager in each AAA region. The Lee-Russell Council of Governments and the Alabama Tombigbee Regional Commission continue to enhance coordination efforts with their mobility management programs. Providing mobility managers in each region will assist riders, transportation providers, and the general public with valuable transportation resources. Mobility managers will identify service gaps and duplication of transportation services. Mobility management efforts will improve access and connectivity of transportation services for disadvantaged communities.

Within ADSS' Elder Rights Division, the Legal Assistance Program created the Elder Rights Guide for Older Alabamians, which provides information regarding issues specific to older Alabamians. The State Health Insurance Assistance Program (SHIP) strives to reach and teach more Medicare beneficiaries, focusing on persons living in rural and underserved areas of the state. Through the State Medicare Patrol (SMP) program and the three-year AmeriCorps grant, ADSS is expanding public outreach and client service efforts through newly-formed partnerships to educate beneficiaries on detecting and reporting Medicare fraud.

Alabama Department of Senior Services

The agency has transitioned from a small to medium-sized government agency and, at the current pace, anticipates continuing this transition to be on pace with the growth of Alabama's older population. ADSS has strong working relationships with other state agencies and universities, resulting in fresh ideas and creative approaches to new programs. ADSS staff are committed to helping seniors lead productive and healthy lives.

To support the network's leadership role in HCBS and LTC reform, ADSS has numerous assets, some of which include: (1) Finding innovative ways to fund new programs and initiatives; (2) ability to share our knowledge and experience with other aging programs; and (3) motivated staff who are willing to learn and expand their knowledge, leadership abilities, and managerial skills to Alabama's changing senior environment.

ADSS' Information Technology Section (IT) supports agency priorities, initiatives, and quality assurance, monitoring and assessment, planning, and evaluation functions. Using client tracking system information, IT develops flexible reports for use by ADSS and the AAAs. Many reports give ADSS staff insight into the AAAs' performance toward consumer support.

Public Hearings

ADSS hosts a public hearing each fiscal year to highlight activities carried out under the state plan. To support the development of the Fiscal Years 2011-2012 State Plan on Aging, ADSS held two public hearings: July 14, 2009 and May 21, 2010. The purpose of the first public hearing was to obtain the general public's input regarding issues they want addressed in the next two years. During the May 21, 2010 public hearing, ADSS provided the general public with an opportunity to comment on the proposed state plan. Notices for both public hearings were sent to newspapers throughout the state. The proposed state plan was also available for review in ADSS' office. Appendices K and L contain information regarding these public hearings, Appendix M contains the State Plan Assurances, and Appendix N contains a References List.

Reauthorization of the Older Americans Act

The Older Americans Act of 1965, as amended, is up for reauthorization in 2011. As a result, ADSS may be required to modify its goals and objectives for Fiscal Years 2011-2012.

ADSS Strategic Goals: Fiscal Years 2011 thru 2012

Administration on Aging's Strategic Goals

To provide guidance and leadership for states' LTC modernization efforts, AoA identified the following strategic goals:

- Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and LTC options
- Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers
- Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare
- Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation

Overview of ADSS Goals

To develop goals and objectives for Fiscal Years 2011 thru 2012, ADSS addressed AoA's four strategic goals and three focus areas, which are: OAA Core Programs, AoA Discretionary Grants, and Consumer Choice and Control. Table 3 contains ADSS' goals and objectives for the next two years and identifies how they correspond to AoA's strategic goals and focus areas. Appendix C provides detailed information on these goals and objectives as well as a summary of the AAAs' draft goals for the next four years.

Table 3
Fiscal Years 2011-2012 Goals and Objectives

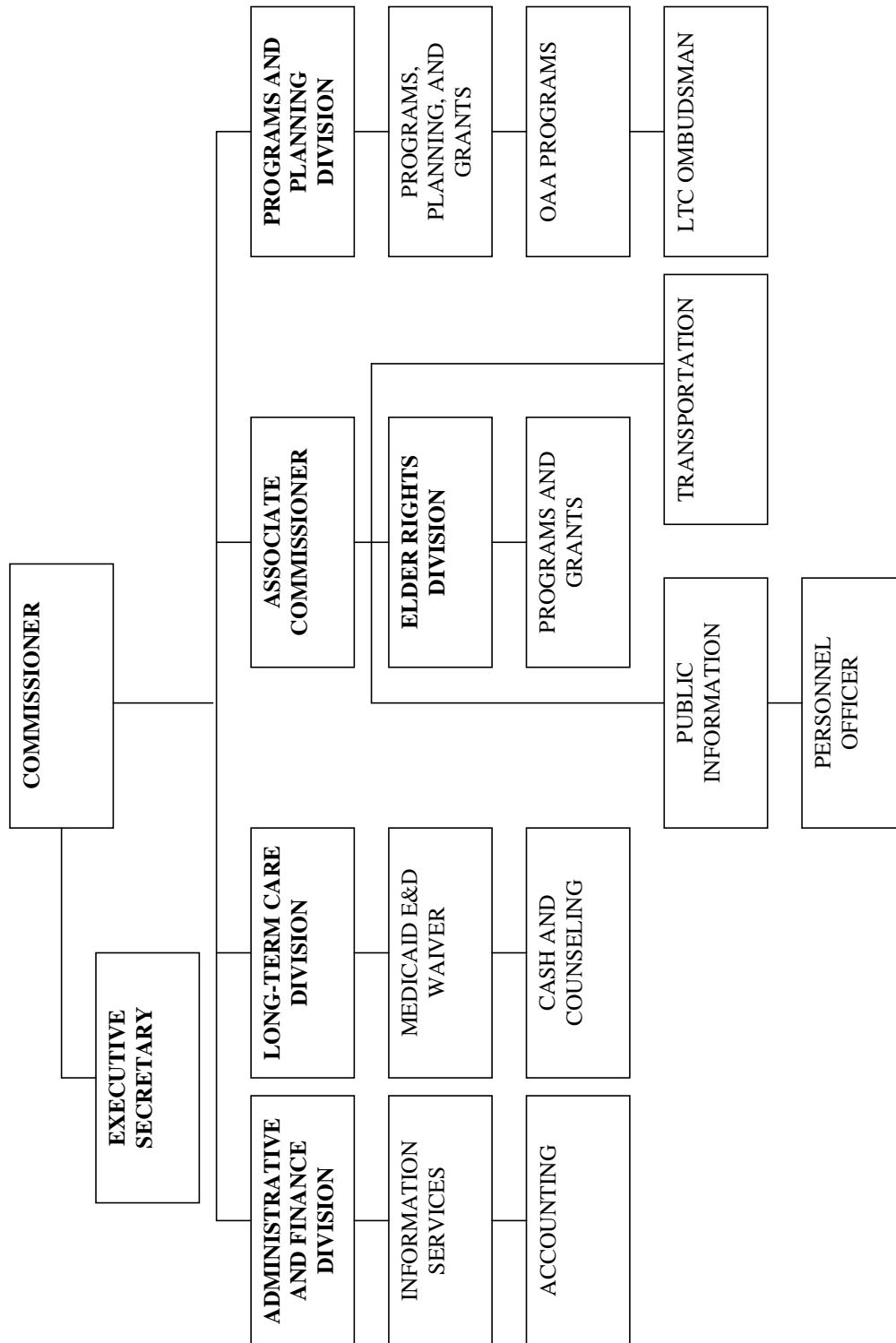
	Focus Area #1: OAA Core Programs	Focus Area #2: AoA Discretionary Grants	Focus Area #3: Consumer Choice and Control
AoA Strategic Goal #1		Goal 1, Objectives 1.1 and 1.2	
AoA Strategic Goal #2	Goal 2, Objectives 2.2 and 2.4	Goal 2, Objectives 2.1 and 2.3	
AoA Strategic Goal #3		Goal 3, Objective 3.1	Goal 3, Objective 3.2
AoA Strategic Goal #4	Goal 4, Objective 4.2		Goal 4, Objective 4.1

ADSS Goals and Objectives

Goal 1	Empower older Alabamians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term options	
	Objective 1.1	To gain commitment and engagement of local and state stakeholders to operate, fund, and sustain ADRCs
	Objective 1.2	Develop and implement Alabama Connect enhancements
Goal 2	Enable Alabama seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers	
	Objective 2.1	Prioritize high-risk clients to more effectively target individuals at high risk of institutionalization
	Objective 2.2	Provide nutritionally insecure older adults with more nutrition options
	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
	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 support services
Goal 3	Empower older Alabamians to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare	
	Objective 3.1	Embed chronic disease self-management programs into existing infrastructure
	Objective 3.2	Educate the general public on new Medicare preventive benefits and health reform changes
Goal 4	Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation	
	Objective 4.1	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
	Objective 4.2	Influence systems change and promote innovative practices in the field of elder justice by undertaking activities to address issues of elder abuse, neglect, and exploitation

APPENDICES

Appendix A: ADSS Organizational Chart



Appendix B: Alabama Area Agencies on Aging Map and Contact Information



AREA AGENCIES ON AGING

**PSA 01 –
Northwest Alabama Council
of Local Governments**
James Coman, AAA Director
P. O. Box 2603, 103 Student Drive
Muscle Shoals, AL 35662
256-389-0530 / 800-838-5845
Fax: 256-389-0599

**PSA 05 –
South Central Alabama
Development Commission**
Sylvia Allen-Bowers, AAA Director
5900 Carmichael Place
Montgomery, AL 36117
334-244-6903 / No 800
Fax: 334-271-2715

**PSA 10 -
Lee-Russell Council of
Governments**
Jackie Smith-Pinkard, AAA Director
2207 Gateway Drive
Opelika, AL 36801-6834
334-749-5264 / 800-239-444
Fax: 334-749-6582

**PSA 02 –
West Alabama Regional Commission**
Pam McDaniel, AAA Director
4200 Highway 69 North, Suite 1
P. O. Box 509
Northport, AL 35476
205-333-2990 / 800-432-5030
Fax: 205-333-2713

**PSA 06 -
Alabama Tombigbee Regional
Commission**
Delia Brand, AAA Director
107 Broad Street
Camden, AL 36276
334-682-5206 / 888-617-0500
Fax: 334-682-9851

**PSA 11 -
North Central Alabama Regional
Council of Governments**
Rodney Gann, AAA Director
216 Jackson Street S. E.
Decatur, AL 35601
256-355-4515 / No 800
Fax: 256-351-1380

**PSA 03 –
Middle Alabama Area Agency**
Carolyn Fortner, Executive Director
15863 Highway 25
Calera, AL 35040
205-670-5770 / 866-570-2998
Fax: 205-670-5750

**PSA 07 -
Southern Alabama Regional
Council on Aging**
Robert Crowder, Executive Director
1075 South Brannon Stand Road
Dothan, AL 36305
334-793-6843 / 800-239-3507
Fax: 334-671-3651

**PSA 12 -
Top of Alabama Regional Council
of Governments**
Nancy Robertson, AAA Director
5075 Research Drive, N.W.
Huntsville, AL 35805
256-830-0818 / No 800
Fax: 256-830-0843

**PSA 3A –
Office of Senior Citizens Services**
William Voigt, Executive Director
2601 Highland Avenue
Birmingham, AL 35205
205-325-1416 / No 800
Fax: 205-325-1429

**PSA 08 -
South Alabama Regional Planning
Commission**
Julie McGee, AAA Director
P. O. Box 1665
110 Beauregard St., Suite 207
Mobile, AL 36602
251-433-6541 / No 800
Fax: 251-706-0896

**PSA 04 -
East Alabama Regional Planning
and Development Commission**
Randy Frost, AAA Director
P. O. Box 2186
1130 Quintard Avenue, Suite 300
Anniston, AL 36202
256-237-6741 / 800-239-6741
Fax: 256-237-6763

**PSA 09 -
Central Alabama Aging Consortium**
Cathy Rolison, Executive Director
818 South Perry Street, Suite 1
Montgomery, AL 36104
334-240-4666 / 800-264-4680
Fax: 334-240-4681

Appendix C: Goals, Objectives, Strategies, Performance Measures, and Outcomes

This appendix contains the following materials:

- ADSS Goals, Objectives, Strategies, Performance Measures, and Outcomes for Fiscal Years 2011 thru 2012
- Linkages of ADSS' Goals and Objectives to AoA's Strategic Goals and Focus Areas
- Summary of the thirteen AAAs' draft goals for Fiscal Years 2011 thru 2014.

AoA Strategic Goal #1:

Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

AoA Focus Area #2:

AoA Discretionary Grants

ADSS GOAL 1.0: Empower older Alabamians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term options
OBJECTIVE 1.1: To gain commitment and engagement of local and state stakeholders to operate, fund, and sustain ADRCs
STRATEGIES: <ul style="list-style-type: none">• Develop ADRC minimum guidelines• Provide ongoing training to ADRC staff• Alabama SHIP will increase Medicare beneficiaries’ access to information assisting them in making informed choices regarding their Medicare benefits• Develop marketing campaign• Develop a 5-year plan by Fiscal Year 2011• Promote partnerships with advisory team to obtain project support• Work with Hospital and Nursing Home Association, Public Health, and Medicaid to build referral relationships with ADRC for more long-term care consumer options• Work with hospital discharge planners educating them on alternative care options and local resources• Inter- and intra-agency long-term care planning for future systems change with stakeholders• Implement a total of 13 fully-functioning ADRCs by Fiscal Year 2014
PERFORMANCE MEASURES: <ul style="list-style-type: none">• ADRC minimum guidelines• Number of AAAs with operational ADRCs• SART data collection
OUTCOMES: <ul style="list-style-type: none">• Streamlined access to HCBS• More collaborative relationships with AAAs and community providers• Enhanced public awareness of ADRC concept• Increased provider partnerships and participation• Marketing materials• Discharge planners aware of various options for community-based long-term care• Strengthened capacity providing streamlined information and LTC counseling

AoA Strategic Goal #1:

Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

AoA Focus Area #2:

AoA Discretionary Grants

ADSS GOAL 1.0: Empower older Alabamians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term options
OBJECTIVE 1.2: Develop and implement Alabama Connect enhancements
STRATEGIES: <ul style="list-style-type: none">• Develop and implement revised service taxonomy• Increase provider participation• Utilize educational modules developed thru grants
PERFORMANCE MEASURES: <ul style="list-style-type: none">• New service taxonomy• Number of visits to Alabama Connect web site
OUTCOMES: <ul style="list-style-type: none">• Increased number of resources in Alabama Connect• General public has access to additional home and community-based options• Fully-functioning educational component in Alabama Connect

AoA Strategic Goal #2:

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

AoA Focus Area #2:

AoA Discretionary Grants

<p>ADSS GOAL 2.0: Enable Alabama seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers</p>
<p>OBJECTIVE 2.1: Prioritize high-risk clients to more effectively target individuals at high risk of institutionalization</p>
<p>STRATEGIES:</p> <ul style="list-style-type: none">• Utilize universal enrollment form• Implement the DON-R assessment tool• Develop infrastructure for private pay clients• Expand consumer direction in Title III and other programs administered by ADSS• Provide a mix of person-centered services to high-risk persons
<p>PERFORMANCE MEASURES:</p> <ul style="list-style-type: none">• Number of programs using DON-R assessment tool• Number of persons screened for services• Number of high-risk persons identified
<p>OUTCOMES:</p> <ul style="list-style-type: none">• Streamlined enrollment process• Expanded access to available programs for those at greatest need for service• Additional financial resources to purchase more service units for clients• Increased service delivery to individuals at high-risk of nursing home placement• Infrastructure supporting consumer-directed and person-centered programs

AoA Strategic Goal #2:

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

AoA Focus Area #1:

Older Americans Act Core Programs

<p>ADSS GOAL 2.0: Enable Alabama seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers</p>
<p>OBJECTIVE 2.2: Provide nutritionally insecure older adults with more nutrition options</p>
<p>STRATEGIES:</p> <ul style="list-style-type: none">• Offer meals services to home-delivered meal recipients 5 days per week• Conduct outreach for Food Assistance Program• Increase the number of Nutrition Counseling service units• Increase transportation services to senior centers and grocery stores• Develop and implement private pay guidelines for AAAs• Seek additional opportunities for sponsored meals• Advocate for more Federal, State, and Local community support of expanded nutrition services
<p>PERFORMANCE MEASURES:</p> <ul style="list-style-type: none">• Number of meals clients served• Number of Nutrition Counseling service units• Number of Transportation service units• Number of private pay clients• Increased revenue
<p>OUTCOMES:</p> <ul style="list-style-type: none">• Meal clients make better decisions for health and well-being• Postpone institutionalization• Decreased health care costs• Increased financial resources

AoA Strategic Goal #2:

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

AoA Focus Area #2:

AoA Discretionary Grants

<p>ADSS GOAL 2.0: Enable Alabama seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers</p>
<p>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</p>
<p>STRATEGIES:</p> <ul style="list-style-type: none">• Utilize caregiver training programs developed through Alzheimer Demonstration Grants• 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 capacity of Alabama Respite• Update procedural guidelines for Alabama Cares Program• Implement procedures; develop tools, and training to support hospital discharge planners and caregivers
<p>PERFORMANCE MEASURES:</p> <ul style="list-style-type: none">• Updated Alabama Cares procedural guidelines• Number of Caregiver Training Programs• Caregiver access to information, options counseling, and short-term case management• Outreach to Hospital and Nursing Home Discharge Planners
<p>OUTCOMES:</p> <ul style="list-style-type: none">• Increased educational and respite services• Minimize premature nursing home placement

AoA Strategic Goal #2:

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

AoA Focus Area #1:

Older Americans Act Core Programs

ADSS GOAL 2.0: Enable Alabama seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers
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 support services
<p>STRATEGIES:</p> <ul style="list-style-type: none"> • Encourage AAAs to target home-delivered meals to clients who are at high nutritional risk • Target OAA core services to below poverty clients, individuals with dementia, and persons at risk for nursing home placement • Meet or exceed all six Department of Labor core performance measures each year for Title V Senior Employment Program • Increase Title III Legal Assistance service units • Develop advocacy opportunities to support affordable housing options • Provide menu of private pay and cost sharing service options to reduce waiting lists and increase access to OAA services • Create an updated minimum set of guidelines for all programs receiving state and federal dollars • Provide training for all ADSS and Aging Network staff on program guidelines and person-centered concepts for systems change • Simplify processes, improve communication, and analyze data to improve performance and accountability
<p>PERFORMANCE MEASURES:</p> <ul style="list-style-type: none"> • Number of persons receiving Title III services • Title V SCSEP common measures • Percent of home-delivered meal clients who are at high nutritional risk • Percent of Title III clients who are below poverty and at risk for nursing home placement • Updated program guidelines • Monitoring reports • Higher performance per expenditure
<p>OUTCOMES:</p> <ul style="list-style-type: none"> • Increased number of older persons will receive Title III services • Increased number of meal clients at high nutritional risk will receive meals • Increased number of below poverty, dementia, and high-risk clients will receive Title III services • Increased number of Title V SCSEP participants will be trained and seek employment • Collaboration with service providers to develop affordable housing options • Increased revenue to support more client services

AoA Strategic Goal #3:

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

AoA Focus Area #2:

AoA Discretionary Grants

ADSS GOAL 3.0: Empower older Alabamians to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare
OBJECTIVE 3.1: Embed chronic disease self-management programs into existing infrastructure
STRATEGIES: <ul style="list-style-type: none">• Train 26 people as Master Trainers by Fiscal Year 2012• Train 300 leaders statewide• Train 800 participants age 60+ statewide• Partner with ADPH and AARP to provide CDSMP training• Develop policies and procedures for Title III-D funds
PERFORMANCE MEASURES: <ul style="list-style-type: none">• Number of persons served with Title III-D funds• Number of master trainers trained and certified• Number of leaders trained• Number of persons age 60+ trained
OUTCOMES: <ul style="list-style-type: none">• Older Alabamians will have reductions in risk factors for chronic diseases and long-term disabilities• Partnering with all agencies utilizing a standardized CDSMP will increase capacity to address the critical needs of chronic disease self-management among senior and disabled populations• Caregivers will be better educated on healthier behaviors and lifestyles• Data collected in Living Well Alabama data base will provide documentation to support integrating the CDSMP into Alabama’s Medicaid Long-Term Care State Plan• Self-efficacy of individual healthy behaviors will decrease future dollars spent on premature or unnecessary hospital or nursing home placement

AoA Strategic Goal #3:

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

AoA Focus Area #3:

Consumer Control and Choice

ADSS GOAL 3.0: Empower older Alabamians to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare
OBJECTIVE 3.2: Educate the general public on new Medicare preventive benefits and health reform changes
STRATEGIES: <ul style="list-style-type: none">• Create and disseminate educational materials regarding new Medicare preventive benefits• Collaborate with ADPH on Healthy Aging Coalition• Create and disseminate health reform information• Provide preventive health materials to SHIP resource centers• Provide preventive health materials to statewide meal participants
PERFORMANCE MEASURES: <ul style="list-style-type: none">• Educational materials on Medicare preventive benefits and health care reform issues• Number of persons receiving educational materials• Number of SHIP resource centers
OUTCOMES: <ul style="list-style-type: none">• Expand consumer knowledge of Medicare preventive benefits• Expand consumer knowledge of health reform changes• Expand consumer knowledge on Healthy Aging

AoA Strategic Goal #4:

Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

AoA Focus Area #3:

Consumer Control and Choice

<p>ADSS GOAL 4.0: Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation</p>
<p>OBJECTIVE 4.1: 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</p>
<p>STRATEGIES:</p> <ul style="list-style-type: none">• Increase frequency of meetings with stakeholders• Ensure the LTC Ombudsman program is part of Alabama’s LTC rebalancing task force• Increase education to community and consumer groups• Recruit annually and train additional Ombudsman volunteers• Provide education to prevent financial exploitation and nursing home discharges due to non-payment• Collaborate with stakeholders to develop a long-term care facility crisis management plan for facility closures and emergency preparedness• Apply for more civil monetary penalty funds
<p>PERFORMANCE MEASURES:</p> <ul style="list-style-type: none">• Number of stakeholder meetings• Number of community educational events• Number of volunteers trained• Number of LTC Ombudsman consultations• Number of LTC Ombudsman information and assistance calls• Number of LTC Ombudsman visits to residents by volunteer ombudsmen
<p>OUTCOMES:</p> <ul style="list-style-type: none">• Stronger communication and collaboration by stakeholders• Increased funding for the Long-Term Care Ombudsman Program• Raised awareness of elder abuse, neglect, and exploitation• Volunteer ombudsmen provide more visits to LTC facility residents• Enhanced culture change to a person-centered system of Long-Term Care

AoA Strategic Goal #4:

Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

AoA Focus Area #1:

Older Americans Act Core Programs

<p>ADSS GOAL 4.0: Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation</p>
<p>OBJECTIVE 4.2: Influence systems change and promote innovative practices in the field of elder justice by undertaking activities to address issues of elder abuse, neglect, and exploitation</p>
<p>STRATEGIES:</p> <ul style="list-style-type: none">• Develop a reporting system to track outreach, training, education, and referral activities• Increase Title III Legal Assistance service units• Secure qualified trainers to train state and local staff• Develop a promotional campaign to increase awareness of elder abuse, neglect, and exploitation• Develop a statewide volunteer program to provide community education• Seek financial support from stakeholders and other entities to fund promotional campaign• Partner with stakeholders to establish a Statewide Elder Justice Team
<p>PERFORMANCE MEASURES:</p> <ul style="list-style-type: none">• Creation of a statewide Elder Abuse Prevention Program• Number of staff and volunteers trained• Number of materials disseminated• Number of presentations, trainings, and events
<p>OUTCOMES:</p> <ul style="list-style-type: none">• Increased knowledge for individuals of the rights of seniors and prevention of elder abuse, neglect, and exploitation• Expanded advocacy for elder rights issues

Summary of AAAs' Draft Goals for Fiscal Years 2011 thru 2014

- Continue to provide OAA core programs
- Continue to provide Medicaid Waiver services
- Expand health promotion activities to empower seniors to maintain and/or improve their health and well-being; increase seniors' quality of life through CDSMP by teaching preventive health and self-management skills
- Continue and expand current intergenerational partnerships to provide respite and supplemental services to grandparents/relative caregivers age 55+ caring for children age 18 and younger and grandparents/relative caregivers age 55+ caring for children with a severe disability of any age
- Continue to provide SenioRx, Title V SCSEP, SHIP, SMP services, including education on the new Medicare preventive benefits
- Empower AAA staff, seniors, and their caregivers in emergency preparedness and response procedures
- AAAs to become person-centered agencies through their program planning and service delivery; increase knowledge base of AAAs' staff to provide benefits counseling
- Strengthen relationships with advocates of disability organizations, faith-based organizations, and other public/private agencies
- Collaborate with health care professionals to increase awareness of community resources, especially upon hospital discharge
- Increase access to information on topics such as ADRCs; LTC options; options counseling; elder abuse, neglect, and exploitation; aging network; and available programs/services for older persons, persons with disabilities, caregivers, individuals represented by tribal organizations, home-delivered meal clients, rural persons
- Identify the most at-risk clients and provide them with appropriate services as funding permits
- Recruit and train a larger volunteer base
- Provide opportunities to baby boomer generation to actively participate in the aging network through employment, volunteer activities, and services
- Support and advocate for housing initiatives to provide safe, affordable community living options

Appendix D: Programs, Services, and Grants

ADSS, the AAAs, and the network of resources provide a wide variety of services to older Alabamians and their family members; these services are funded through the OAA and other federal funds as well as state, local, and grant funding. This section describes the programs and services provided by ADSS through the AAAs and contains information on grants recently-awarded to ADSS. Due to funding variations, availability of service providers, etc., all services may not be available in every community. For detailed eligibility requirements and technical service definitions, please contact ADSS.

Home and Community-Based Services

The OAA created the primary vehicle for organizing, coordinating, and providing HCBS for older Alabamians. The Home and Community-Based Services Program offers a broad range of services available to older adults through the OAA and other federal, state, and local programs. These services are designed to support and assist older Alabamians to continue living in their homes and communities for as long as it is safe to do so. The social and health related services provided promote health, self-sufficiency, and independence for older adults.

Senior Centers

There are approximately 365 senior centers located throughout the state. Each county will have 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.

In these settings, participants have the opportunity to form new friendships and to interact in a social environment. 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. 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 and the largest center serves more than 200.

Elderly Nutrition Program

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.

In Fiscal Year 2009, a total of 2,138,513 congregate meals were served by the Alabama Nutrition Program for the Elderly. 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.

Each of the following meal types is available for purchase with bulk delivery; breakfast meals and picnic meals may also be purchased.

- *Hot meals* typically consist of a hot entrée, three side dishes, bread, dessert, and milk. These meals are delivered daily to senior centers and consumed on-site by congregate program participants or delivered to homebound participants.
- *Picnic meals* contain food items such as sandwiches, chips, salad, fruit, cookies, milk, and juice. These meals are used on special occasions as hot meal replacements.
- *Frozen meals* consist of an entrée plus two side dishes, juice, milk, dessert, bread, and margarine. All meal components, except milk, are delivered in a frozen state. Frozen meals are delivered weekly. Occasionally, centers operating less than 5 days per week will use frozen meals to supplement the hot meal program.
- *Breakfast meals* consist of room temperature/cold breakfast food items such as cereal, juice, milk, and bread. These meals are intended for individuals that have a high need for nutrition services. Occasionally, centers operating less than 5 days per week will use breakfast meals to supplement the hot meal program.
- *Shelf-stable meal packs* contain foods that require no refrigeration and little or no preparation. These meals are used as hot meal replacements during holiday periods, as supplemental weekend meals for at-risk clients, and as emergency meals.
- *Medical Nutrition Therapy Meal Replacements* are formulated drinks used as meal replacements or supplemental meals for participants with documented medical need.

All meals must be in accordance with the provisions of the OAA and must comply with all local, state, and federal health, safety, and sanitation requirements. Furthermore, all meals must comply with 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.

Congregate Meals

The Nutrition Program for the Elderly provides meals to help increase the nutrient intake of older individuals who might not eat adequately, and through better nutrition, assist them to remain healthy and independent in their communities. Meals are served five days per week in a congregate setting. Persons age 60 or older and their spouses regardless of age are eligible for meals; however, priority is given to those with the highest physical, economic, or social need and to minority or rural older individuals.

Home-Delivered Meals

Home delivered meals are service options that may be funded through the Nutrition Program for the Elderly, the E&D Waiver program, and Alabama Cares. Meals are delivered to the individual residences of vulnerable, older persons who are normally unable to leave their homes without assistance. These clients typically need assistance with meals, because they are unable to prepare meals for themselves and lack an informal support system to routinely provide assistance with meals. Services are intended to maintain or improve the nutritional status of these clients, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, and other residential facilities.

Door-to-door delivery was approved as a service option for E&D Waiver clients in Fiscal Year 2000. ADSS and ADPH case managers purchase meals for these clients from the state contract. Depending upon need, clients may be authorized to receive (a) a single service unit of 7 frozen meals, (b) two service units of 7 frozen meals, or (c) a single service unit of 7 frozen meals plus a single service unit of 7 breakfast meals.

In Fiscal Year 2009, a total of 1,897,886 home delivered meals were served by the Nutrition Program for the Elderly. Measures for increasing funds include a sponsored meals program, fund-raising events at the local level, and activities to encourage more client contributions among homebound clients. Purchase of meals (frozen and shelf-stable) under the Alabama Cares program is done on a limited basis by some AAAs.

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 usage. Because weekly delivery of frozen meals is more cost efficient than daily hot meal delivery, 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.

Information, Assistance, and Outreach

Information and Assistance is a service that provides individuals, primarily older persons or caregivers, with current information on opportunities and services available to them within their communities, including information relating to assistive technology. It also includes linking individuals to available opportunities and services, and to the maximum extent practicable, ensuring that individuals receive the services they need and are aware of the opportunities available to them. Information and assistance services are funded through the OAA.

Outreach includes efforts that identify and inform eligible individuals concerning assistance under the OAA. Outreach efforts should emphasize (1) older persons residing in rural areas; (2) older persons with the greatest economic need; (3) older persons with the greatest social need; (4) older persons with severe disabilities; (5) older persons with limited English-speaking ability; and (6) older persons with Alzheimer's disease or related disorders. Moreover, outreach efforts are interventions initiated by an agency or organization to identify potential clients (i.e., older persons or their caregivers) and to encourage their use of existing services and benefits.

Nutrition Education and Nutrition Counseling

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.

Through Nutrition Counseling, older persons who are at nutritional risk because of their health or nutritional history, dietary intake, medications or chronic illnesses, can receive individualized guidance about options for improving their nutritional status. The counseling is performed by a health professional in accordance with state law and policy and may be funded through the OAA. Nutrition Counseling is currently available on a limited basis in the state.

Senior Community Service Employment Program (Title V)

ADSS administers the Senior Community Service Employment Program (SCSEP) in eleven PSAs throughout the state. SCSEP is authorized under Title V of the OAA and is funded by the U.S. Department of Labor. It is the only federally-funded program for low-income persons age 55 and over. SCSEP is a community service and work-based training program for older workers to provide useful community services and to foster individual economic self-sufficiency through training and placement into unsubsidized jobs. ADSS serves a coordinating role and ensures equitable distribution of employment through its Title V SCSEP. Individuals must be age 55 and over with total countable income less than 125 percent of the federal poverty level (based on family size), and unemployed at time of application.

In Program Year 2008-2009, Alabama SCSEP achieved 39 percent in entered employment and a retention rate of over 73 percent, a noteworthy achievement during one of the worst recessions on record. Statewide 217 participants received work-related training during the program year. Additionally in 2009, ADSS received \$439,000 in funding through the American Recov-

ery and Reinvestment Act (ARRA), which provided an additional 50 training opportunities for senior workers. In 2010, Appropriations Act funding of \$824,500 provided an additional 60 training opportunities for seniors through June 2011.

The ADSS Commissioner is a member of the State Workforce Planning Council, which guides the state workforce systems and plans for future development and training opportunities for Alabama's workforce. This is the first time in Alabama that the ADSS has had representation on the Workforce Planning Council.

SenioRx, Prescription Drug Assistance Program

The Alabama SenioRx: Partnership for Medication Access is a program designed to provide assistance for 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. Approximately every three months, the client must reapply to the drug companies for continued assistance. SenioRx Coordinators statewide assist seniors with the pharmaceutical companies' application processes. To qualify for free prescription drugs through SenioRx, individuals must be age 55 and over with chronic medical conditions, and/or be deemed disabled by Social Security and in the 24-month waiting period for Medicare benefits, have no prescription drug insurance coverage, be a legal resident of Alabama, and have an income at or below 200 percent of the federal poverty level.

The Alabama SenioRx Program has saved seniors over \$200 million in drug expenses since its July 2002 inception by submitting prescriptions to drug companies on behalf of senior citizens. ADSS partners with the Social Security Administration and the Disability Determination Offices of Alabama to refer their clients to the SenioRx Program. The Program also partners with the Alabama Primary Health Care Association to help their mission to provide Alabamians with access to quality health care. Additional partnerships include the Alabama Department of Corrections who make information available to prisoners age 55 and over who are exiting the prison system to re-enter the community. The goal of this partnership is to provide these individuals who have chronic diseases and/or mental health issues the opportunity for medication access in hopes of helping them to maintain their lives in the community and hopefully decrease recidivism into the prison system. In Fiscal Year 2009, the Alabama SenioRx launched a statewide billboard campaign and designed a logo to help coordinate outreach efforts. This outreach effort proved to be a very successful marketing strategy to target individuals who were in need of assistance.

The Wellness program targets low-income seniors age 55 and over diagnosed with chronic diseases and aims for a reduction in risk factors for chronic diseases and disabilities among the senior population. The ADPH Wellness Division developed the whole-person wellness program which is founded around the six dimensions of wellness - emotional, intellectual, physical, social, spiritual, and vocational health - along with personal wellness concepts that include self-responsibility, optimism, health education, and personal choice. Through the Wellness Program, older Alabamians are encouraged to become more physically active through exercise classes available to seniors at many senior centers. In addition, many centers have purchased exercise bicycles and treadmills for participants to utilize.

Transportation and Assisted Transportation

Transportation is the provision of a means of going from one location to another. It includes driving the participants from their homes to medical offices, shopping malls, post office, supermarket, or the congregate meal site. Assisted Transportation is defined as the provision of assistance, including escort, to an older person who has difficulties (physical or cognitive) using regular vehicular transportation. Transportation services are funded through the OAA and local government support. Lack of transportation services is in the top three personal barriers identified by respondents in the 2009 ADSS/AAA Needs Assessment.

United We Ride

Governor Riley signed Executive Order 28 to develop a plan for coordinated human service transportation that called for the development and implementation of a framework for action reducing and eliminating restrictive and duplicate laws, regulations, and programs related to human service transportation; ADSS was charged with the duty to lead this endeavor entitled United We Ride. In Fiscal Year 2007, the State of Alabama received a United We Ride Coordination grant to pilot a transportation program. In Fiscal Year 2008, United We Ride launched a survey of transportation needs across the state by Auburn Montgomery and implemented a pilot program in a two-county region to move forward with a State Plan of Action for coordinated human service transportation.

In Fiscal Year 2008, Governor Riley designated the responsibility for administering Sections 5316 and 5317 would transfer from the Alabama Department of Transportation to ADSS. Section 5316 Job Access and Reverse Commute (JARC) is designed to assist low-income individuals and welfare recipients to work and work-related activities. Section 5317 New Freedom Program is intended to provide new public transportation services and public transportation alternatives that address the transportation needs of persons with disabilities that are beyond those required by the Americans with Disabilities Act of 1990.

In Fiscal Year 2009, the Federal Transit Administration (FTA) approved the State Management Plan to administer the Sections 5316 and 5317 programs. In Fiscal Year 2010, seven agencies received funding under Section 5316 or Section 5317 programs. Eligible applicants for JARC and New Freedom Programs include state or local governmental authority, private non-profit organizations, and operators of public transportation services, including private operators of public transportation services. It is a strong advocacy goal for The United We Ride Commission to expand transportation services to the transportation disadvantaged by coordinating funding sources and other resources as well as securing funding for mobility managers in all 13 regions of the State.

Other Services Funded through the OAA

- *Health Promotion:* Provision of programs/services designed to maintain or improve the health and well-being of older persons, including health screening, health promotion, and other health-related activities. ADSS plans to encourage utilization of Title III Part D - Health Promotion funds starting in Fiscal Year 2012 for evidence-based chronic disease self-management programs.
- *Medication Management:* Includes screening and education provided to older individuals to prevent incorrect medication and adverse drug reactions. This service may include assisting an older person with compiling a list of current medications, developing an emergency contact list, or providing pill boxes for daily medication adherence.
- *Public Education:* Provision of formal or informal opportunities for individuals to acquire knowledge, experience, or skills. It includes group events designed to increase awareness in such areas as crime or accident prevention, continuing education, or gaining skills in a specific craft, job, or occupation that does not include wages or stipends. This service normally excludes nutrition-related presentations. Public education sessions may be held in various locations such as senior centers, community fairs, or other gatherings.
- *Recreation:* Services for older individuals are designed to encourage participation in activities facilitated by a senior center service provider. These activities may include exercise, performing arts, games, and crafts.

In-Home Services

Alabama Cares: The National Family Caregiver Support Program

Alabama Cares helps families sustain their 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:

- *Information* provides public education, caregiver and provider training, health fairs, newsletters, brochures, and audiovisual/written caregiver information.
- *Assistance* provides outreach, case management, assessment, and information regarding resources.
- *Counseling* provides support groups and trainings to assist and advise in areas of health, legal issues, stress reduction, and the role of caregiving.
- *Respite* provides temporary, substitute support of the care recipient to provide a brief period of relief/rest to the caregiver, help with personal care, homemaker services, adult day care, and skilled or unskilled services in the home.
- *Supplemental Services* provides on a limited basis, incontinence supplies, minor home modifications, assistive technology, home-delivered meals, emergency alarm response systems, nutritional supplements, chore services, and transportation. These services are based on the individual needs of the caregiver.

Personal Care, Homemaker, and Chore Services

Personal care is defined as providing personal assistance to older persons with the inability to perform one or more of the following ADLs: eating, dressing, bathing, toileting, transferring in and out of bed/chair, or walking. This service is provided on a one-on-one basis between a service provider and a client. Personal care services may be funded through the OAA or the E&D Waiver program.

Homemaker services are those that provide assistance to older persons who have the inability to perform one or more of the following IADLs: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework. This service is provided on a one-on-one basis between a service provider and a client. Homemaker services may be funded through the OAA or through the E&D Waiver program.

Chore services provide assistance to older persons having difficulty with one or more of the following IADLs: heavy housework, yard work, or sidewalk maintenance. This service is provided on a one-on-one basis between a service provider and a client. Chore services are funded through the OAA.

AoA and state funds for these home and community-based services are very limited, yet these are expressed in needs assessments and public venues as the top needs to help older people remain in their homes. ADSS and the Aging Network will advocate for alternative funding and collaboration of resources from local communities, special grants, and state and federal initiatives for expansion of these services.

Respite Services

Skilled respite services are those provided on a short-term basis to clients unable to care for themselves because of the absence of or need for relief of the regular caregiver. An RN or LPN performs this service. The E&D Waiver program funds skilled respite services.

Unskilled respite services are those provided on a short-term basis to clients unable to care for themselves because of the absence/need for relief of the regular care provider. A homemaker or personal care worker performs this service. The E&D Waiver and Alabama Cares programs fund unskilled respite services.

Elder Rights Protection Services

ADSS will provide vulnerable elder rights protection activities and services to eligible individuals through funds and guidelines established under Title VII {Section 705(a)(7)} of the OAA. These primary activities and services are: legal assistance, ombudsman, and prevention of elder abuse, neglect, and exploitation.

Elder Abuse, Neglect, and Exploitation

ADSS is funded through the OAA to operate an elder abuse prevention program. The AAAs currently utilize this service in conjunction with the ombudsman program to also identify and prevent fraud and abuse in the Long Term Care (LTC) facility. 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.

Since 2009, ADSS along with the AAAs, other state agencies, and non-profit organizations, have held Annual Elder Abuse Day rallies. Attendees learn how to recognize elder abuse, how to advocate for elder justice, and are instructed on the importance of reporting abuse. ADSS and the Aging Network also work with the staff of LTC facilities and other professionals to provide education on the identification and prevention of elder abuse. Alabama Department of Human Resources (ADHR) and the Bureau of Health Provider Standards (BHPS) within the Alabama Department of Public Health have the responsibility for investigation of occurrences and allegations of elder abuse. Any reports of actual or suspected abuse received by ADSS are promptly turned over to ADHR and BHPS.

Legal Assistance

This program is a statewide system of legal professionals who assist older adults with personal legal problems. Legal professionals provide advice and counseling, legal representation, legal research, preparation of legal documents, negotiation, legal education, and community outreach to Alabama's older adults. Legal Assistance works on a non-fee-generating basis and strives to protect and secure the rights, benefits, and dignity of older persons.

People age 60 and over are eligible for legal assistance. Priority consideration for services is given to older individuals with greatest social and economic need, low-income minority older individuals, older individuals who reside in rural areas, and older individuals who are Native Americans. Priority issues include health care, public benefits, health care proxies, advance directives, wills, financial exploitation, housing, autonomy/independence, fraud, and consumer issues.

ADSS developed service and provider standards to ensure that quality legal services are provided. An electronic legal reporting system exists to capture information on numbers of cases, types of cases, legal education activities, community activities, and other pertinent information. Neither a state, nor a state agency, may require any provider of legal assistance under Title III of the OAA to reveal any information that is protected by the attorney-client privilege. An AAA may not require any provider of legal assistance under Title III to reveal any information that is protected by the attorney-client privilege.

ADSS created an Elder Rights Guide for Older Alabamians, which addresses various topics relating to senior citizens such as Medicare, Long-Term Care, Social Security, and Estate Planning. Elder Law Seminars are held statewide. The Legal Assistance Provider customer satisfaction survey was implemented and is sent to each client at the end of their case.

Ombudsman

The Ombudsman program provides services to protect individuals residing within nursing facilities, assisted living facilities, specialty care facilities, and, for Jefferson County, boarding homes. The program is mandated to operate in accordance with the OAA and AL Act No. 85-657. According to the OAA, the State Ombudsman has the responsibility to:

- Identify, investigate, and resolve complaints that are made by, or on behalf of, residents of LTC facilities;
- Provide services to assist residents in protecting their health, safety, welfare, and rights;
- Inform residents about the means of obtaining services;
- Ensure that residents have regular and timely access to services;
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect their health, welfare, safety, and rights;
- Analyze, comment on, and monitor the development and implementation of federal, state, and local laws, and recommend any changes in such laws;
- Assure the public's ability to comment on laws affecting residents of LTC facilities; and
- Provide for training representatives of the State Ombudsman to carry out other activities as the state and AoA determine to be appropriate.

The Ombudsman's other duties and responsibilities include providing administrative and technical assistance; working with legislation affecting residents of LTC facilities; providing technical support to resident and family councils; working collaboratively with stakeholders to provide local communities with education on abuse, neglect, and exploitation; promoting the development of citizens' organizations related to LTC facilities; and maintaining accurate reporting through the required reporting system. All Ombudsmen programs train facility staff on elder abuse prevention.

The Alabama State Ombudsman Act specifies that ADSS will work with the AAA ombudsmen who may be an employee or contracted employee of the AAA, in support of the OAA. ADSS requires all potential ombudsmen to sign a conflict of interest statement. ADSS follows federal regulations in choosing and certifying an individual to serve as a local or community ombudsman.

The state ombudsman program works closely with Adult Protective Services (APS) of Alabama. ADSS provides AAA staff with information on ombudsman services, which are included in their education activities. APS also participates in training provided to community ombudsmen funded through ADSS. The Alabama Long Term Care Ombudsman Program works collaboratively with the ADSS Elder Rights Division, the Alabama Quality Assurance Foundation (Q.I.O.), Advancing Excellence in Nursing Homes Campaign, and other partners to promote the values, principles, and practices of the culture change initiative by identifying and working with specific facilities on quality improvement.

Ombudsmen are committed to advocating for residents of LTC facilities and ensuring that residents' rights, unmet needs, and complaints are handled and resolved effectively, while maintaining resident and complainant confidentiality. Ombudsmen protect and help improve the quality of life for residents in LTC settings. Ombudsmen work closely with ADPH's Bureau of Health Provider Standards and APS by making referrals in cases of abuse, neglect, and exploitation. All complaints received by the state or community ombudsmen remain confidential in accordance with established state policies and procedures.

ADSS' State Ombudsman Program manages the statewide ombudsman program operations and monitors AAA ombudsman programs for compliance with policies and procedures. ADSS' State Ombudsman encourages LTC planning at the local AAA level to enhance ombudsman services.

Alabama State Health Insurance Assistance Program (SHIP)

The Alabama State Health Insurance Assistance Program (SHIP) is a national program funded by the Centers for Medicare & Medicaid Services (CMS). Administered locally by the 13 AAAs, SHIP provides free, confidential counseling and assistance to people who receive Medicare and Medicaid benefits. SHIP has over 350 volunteers who provide one-on-one counseling to over 32,000 each year and this number continues to grow. SHIP has continued to make it a top priority to reach out to rural and hard-to-reach areas of the state and assist beneficiaries who are on a limited income and may qualify for extra benefits. Because SHIP has done such an outstanding job finding and enrolling low-income seniors in benefit programs for which they

qualify, SHIP was recognized as fourth in the nation to enroll the most beneficiaries in Medicare benefit programs and extra help with their prescription drugs.

In 2009, SHIP partnered with the State AmeriCorps Program, administered by the Governor's Office of Faith-Based Community Initiatives, to receive a federal grant for 14 full-time AmeriCorps members for a period of three years. The State AmeriCorps Program provides specialized volunteers who assist agencies and organizations succeed and expand their capacity across local communities. The members will specifically help the SHIP program continue to build its capacity to better serve people with Medicare and assist them with their health insurance issues. SHIP will continue to expand the number of AmeriCorps members in order to better serve Medicare beneficiaries. The ADSS AmeriCorps project has received national recognition as a best practices model for other State Units on Aging agencies to use for their aging programs.

SHIP has established over 200 new SHIP Community Resource Centers, which are located throughout the state in highly-publicized locations. The SHIP Resource Centers will increase the sustainability of the program by providing an outlet for beneficiaries to have easy access to Medicare and other health insurance related materials across Alabama.

Alabama Senior Medicare Patrol (SMP)

The Alabama Senior Medicare Patrol (SMP) is a national program funded by the U.S. Administration on Aging and administered locally through the 13 AAAs. SMP works closely with SHIP and has made tremendous strides to educate Medicare beneficiaries and providers to protect, detect, and report healthcare fraud, waste, and abuse, working closely with SHIP, other state agencies, and law enforcement.

SMP developed a Medicare Protection Toolkit that has received national recognition and is now used in over 20 other states. The toolkit, which contains steps for seniors to follow to safeguard their Medicare as well as questions to ask when comparing new plans, was chosen by AoA as a Best Practices Model for other states to use. Also, the U.S. Hispanic Council on Aging has made the entire toolkit available in the Spanish language.

SMP has made it a priority to plan, host, and conduct 13 SMP Fraud Summit conferences each year. Each of the local SMP programs partners with several local, state, and federal agencies and organizations to host its local event. SMP has partnered with SHIP on several fronts to expand education and outreach to a greater number of beneficiaries. For example, SHIP received a grant for 14 full-time AmeriCorps members to serve SHIP and SMP for a period of three years. The members will help the SMP program continue to build its capacity to better serve people with Medicare and educate them on Medicare waste, fraud, and abuse issues.

Long-Term Care/Home- and Community-Based Services

Elderly and Disabled Medicaid Waiver (Title XIX)

The E&D Waiver program is designed to provide services to seniors and disabled individuals whose needs would otherwise require services in a nursing home. Our goal is for clients to retain their independence by providing services that allow them to live in their own homes for as long as possible. There is no age requirement for the E&D Waiver program. To qualify, a client or recipient must be financially eligible for Medicaid and meet the program's or nursing home's level of care requirements. As clients are accepted into this program, case managers work with the client to develop a personalized plan of care based upon the client's needs and choices. Allowable services include case management, homemaker, personal care, respite care, adult day health, companion services, and frozen home-delivered meals. The E&D Waiver Program purchased an additional 1,243,870 home delivered meals.

The AMA was awarded a \$7.6 million federal "Together for Quality" system transformation grant to change the state's claims and process-oriented system into one that is coordinated, patient-centered, and cost-efficient. ADSS is one of many partners in this effort to create a state-wide electronic health information system that links state health agencies, providers, and private payers while establishing a comprehensive, quality improvement model for the Alabama Medicaid program. ADSS is also partnering with AMA to develop interoperability between ADSS and AMA that will allow flow of information to improve quality of care and program management. ADSS also partnered with AMA as a member of the Long-Term Care Rebalancing Advisory Committee, which is striving to develop a vision for a better, more responsive LTC system and the policies to promote the new system.

The E&D Waiver program currently serves approximately 4,780 clients each year, all of whom are nursing home eligible under Medicaid. E&D Waiver costs the state 17 percent of what nursing home placement would cost for the same number of clients. For example, the average monthly cost per client in Fiscal Year 2009 was \$5,062 per nursing home client compared to \$848 per E&D Waiver client. Had the 4,780 E&D Waiver clients been in nursing homes in Fiscal Year 2009, it would have cost the state approximately \$242 million more than it cost for the same clients to be served by the E&D Waiver program.

Adult Day Care

Through adult day care, personal care services are provided for dependent adults in a supervised, protective, congregate setting during a portion of a twenty-four hour day. Services offered in conjunction with adult day care/adult day health typically include: social and recreational activities, training, counseling, meals for adult day care, and services such as rehabilitation, medications assistance, and home health aide services for adult day health. Adult day care may be funded through the OAA or the E&D Waiver program.

Case Management

Case management is defined as assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions, or other characteristics that require the provision of services by formal service providers. Activities of case management include: assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up, and reassessment as required. This service is provided on an individual, one-on-one contact basis between a service provider and a client. Case management may be funded through the OAA or the E&D Waiver program.

Other Special Grants and Activities

Aging and Disability Resource Centers

To provide a single, coordinated system of information, ADRCs are designed to streamline access to LTC services and supports for consumers of all ages, incomes, and disabilities, and their families. 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 LTC options and benefits.

AoA and CMS jointly awarded 43 grants to states for the purpose of developing ADRCs. The goals of Alabama's ADRC grant are (1) to coordinate a personalized, consumer-friendly approach to provide information on LTC options, both public and private; (2) to meet the growing demands for LTC services and supports for older individuals and persons who are disabled or living with chronic illness; and (3) to empower individuals to navigate their health and long-term support options. ADSS will coordinate with Medicaid working with other health and human service providers to increase awareness and funding for ADRCs and to develop a coherent system of access to modernize Alabama's LTC system. To avoid unnecessary nursing home admissions and to avoid unnecessary readmissions to hospitals, ADSS will develop best practice interventions for statewide replication to nursing home and hospital discharge planners and other local case managers regarding alternatives to nursing home care. Alabama has four official ADRCs, and it is the goal of the agency for all 13 AAAs to be fully-functioning ADRCs by 2014 as mandated under the ADRC grant. ADSS will submit a five-year plan to AoA in March 2012 for implementation of statewide ADRCs by 2014.

The Virtual ADRC, Alabama Connect, is accessible via the web and assists older adults, individuals with disabilities, and their family members locate services they might need as well as other information that might be of interest. Developed and implemented by ADSS, Alabama Connect was designed to improve and better coordinate LTC services at the community level. It is a highly interactive, consumer friendly site that contains numerous tools, resources, and educational information where consumers, caregivers, community-based organizations, and social workers can easily access a wide variety of important information. Alabama Connect offers a standardized screening and eligibility tool to provide individuals with a seamless approach to receiving services. Resources in this virtual community include: a fast, comprehen-

sive Service Directory; links to aging and disability web sites from the local, state, and national aging and disability organizations; a comprehensive, easy-to-use medical library; a political advocacy tool; emergency preparedness; and more. Through Alabama Connect, the consumer or caregiver can access information to optimize their ability to remain informed of all choices, promoting independence and the ability to arrange for future LTC planning.

Alzheimer's Disease Supportive Services Grant

ADSS in partnership with the West Alabama Regional Commission (WARC) and other professionals in the field of Alzheimer's Disease and Related Disorders (ADRD) are developing and implementing community-based Alzheimer's interventions targeting those diagnosed in the early stage of ADRD and their caregivers. Partners include the Alabama Department of Mental Health, DETA (Dementia Education Training Act) Program, Caring Days Adult Day Care, and the University of Alabama, School of Law. The goal of the Alzheimer's Disease Supportive Services Program (ADSSP) grant is to identify consumers of early-onset ADRD, provide them with education, LTC choices, and improve the health and well-being of caregivers. The proposed interventions will target newly-diagnosed consumers and their caregivers by providing them with information, planning tools, in-home services, and resources.

The project focuses on providing community outreach programs to enhance awareness of cognitive disorders, a checklist on when to talk with your medical doctor, Legal Toolkit, and cognitive wellness programs. Training modules, outreach materials, and other educational resources are in the process of development and evaluation. The program will be packaged for best practices in the statewide Alabama Cares, ADRC, and Medicaid Home and Community-Based Waiver programs. Products will also include a statewide registry of geriatric professionals and ADRD resources through the Virtual ADRC, Alabama Connect. Through this grant, Alabama's overall long-term continuum of care will be improved by incorporating the needs and choices of persons with early-onset ADRD and their caregivers into the Alabama LTC system and reducing the potential for premature placement in nursing homes.

Cash and Counseling

The Personal Choices program is Alabama's option for self-directed HCBS and is based on a national model of self-direction called the Cash and Counseling program. Administered by the AMA and operated by ADSS, the program is designed to offer seniors and people with disabilities more choice and flexibility in the type of care they receive. To be eligible for Personal Choices, the participant must currently be enrolled in either the E&D or SAIL waiver and meet the medical and financial requirements of both waivers. In the seven-county pilot area, there are approximately 700 persons potentially-eligible for the program.

The groundwork for this program began in 2005 under the 1915(j) section of the Deficit Reduction Act of 2005. ADSS worked diligently from 2005 to 2007 to obtain approval for the program from CMS. Alabama became the first state to implement this program; the State Plan Amendment authorizing Personal Choices was approved by CMS for implementation in August 2007. The program is currently available in a seven-county pilot area served by the West Alabama Regional Commission Area Agency on Aging; 57 clients were served in Fiscal Year

2009. Clients enrolled in the program have been able to use their budgets to get the personal care they need and also save for other items that improve their health. In Fiscal Year 2010, the Personal Choices program will be expanded into a three-county pilot area served by the South Alabama Regional Planning Commission Area Agency on Aging.

Chronic Disease Self-Management Program / Living Well Alabama Grant

The goal of the Chronic Disease Self-Management Program (CDSMP) (Living Well Alabama) grant is to increase quality of life for older Alabamians by teaching them self-management skills for living a healthy lifestyle. The CDSMP was developed at Stanford University as a collaborative research project with Northern California Kaiser Permanente Medical Care Program. The program was evaluated in a five-year research project that found people who took the CDSMP, when compared to people who did not take the Program, improved their health behaviors, improved their health status, and decreased their days in the hospital. To complete this AoA grant, ADSS is collaborating with ADPH, Alabama Medicaid Agency, Northwest Alabama Council of Local Governments (NACOLG), Top of Alabama Regional Council of Governments (TARCOG), Alabama Retired State Employees, and AARP Alabama to advance the health of Alabamians living with a chronic condition.

The Living Well Alabama program is a six-week, two hours per week, evidence-based self-management education program developed by Stanford University that covers such topics as: managing symptoms, working with a health care team, setting weekly goals, problem-solving, handling difficult emotions, exercise, and healthy eating. Grant objectives include: (1) Implement Stanford's CDSMP in two geographic areas covering ten counties; (2) partner with ADPH to embed their existing wellness and disease prevention component "Living Well Alabama" which utilizes Stanford's CDSMP into the short- and long-term health prevention initiatives for AAAs; (3) train at least 800 individuals; and (4) provide Master and Leader Training to all areas of the state to sustain the program. To be eligible for this program, participants should have a chronic health condition or care for an individual with a chronic health condition. The target audience is persons age 60 and over with a focus on those who are low-income and minority.

In Fiscal Year 2010, two ADSS employees completed Stanford's Master Training and have completed their community classes to be certified CDSMP Master Trainers. The training guidelines for the CDSMP base both the Participant and Leader Training workshops on the principles of self-efficacy. All sessions are taught using a structured protocol, and instructional methods are designed to facilitate group interaction and participation, encouraging participants to share personal experiences and identify solutions to common problems.

Community Living Program Grant

ADSS' Community Living Program (CLP) grant is designed to assist individuals who are at risk of nursing home placement and spend down to Medicaid to enable them to continue living in their communities. Utilizing best practices to transform Alabama's LTC system, ADSS will collaborate with the South Alabama Regional Planning Commission (SARPC) and other stakeholders to develop a consumer-directed approach to service delivery for older persons, individuals with disabilities, and their caregivers. Through this grant, ADSS and SARPC will develop formal prioritization policies as a method to provide a sustainable community living program in Alabama and to target individuals at greatest risk. ADSS and SARPC will also collaborate on the Veteran's Directed Home and Community-Based Service Program (VDHCBS) and develop contracts with the Veterans Health Care Systems to assist veterans at highest risk of nursing home placement by case managing and brokering services. This is a systems change grant intended to move the Alabama Aging Network into a priority-driven, consumer-directed, person-centered system.

Emergency Preparedness, Disaster Pandemic Grant {Sections 306(a)(17), 307(a)(29), and 307(a)(30)}

ADSS continues to focus on improving disaster relief efforts to be better prepared and organized in the face of impending emergencies or disasters. ADSS' current focus areas for disaster relief are: implementation of the safe center concept, more up-to-date and in-depth emergency/disaster plans, and partnership formation with statewide emergency management personnel.

Safe Centers

Through a partnership between ADSS, ADECA, AEMA, and AoA, the new Safe Center concept is being implemented statewide. The safe center combines a senior center to be used daily with a safe center area providing day respite for senior citizens during times of disaster. The safe center concept was developed in response to community needs the state experienced after recent hurricanes and tornadoes. After the storms, seniors did not have a safe place to which they could go to regain a sense of normalcy and to reconnect with friends. As of October 2009, four safe centers were completed, two are under construction, two are approved for renovation/construction, and three are being considered for future planning.

Safe centers are equipped with generator power and extra wall outlets that can be used to operate light medical equipment. The centers have an area for seniors in the early stages of ADRD; they also have a satellite telephone to ensure communication after storms and other hazardous conditions as well as full showering and laundry facilities in the event seniors need to stay for an extended period of time. Trained staff and volunteers operate the safe centers which are to be stocked with appropriate supplies and regularly-rotated shelf stable meals. The safe center concept serves as a model for constructing new senior centers and renovating existing ones. The safe centers have similar architecture, are able to withstand hurricane force winds, and have a distinct roof color making the center easily identifiable.

Emergency/Disaster Plan

ADSS is adhering to AoA's guidelines for creating a more updated and detailed emergency/disaster plan. The updated plan includes information on delegating specific tasks to agency personnel and provides a template for the AAAs' emergency and disaster plans. ADSS is continuing to develop partnerships with agencies such as ADPH, ADHR, AEMA, and the Governor's Office of Disability and Faith Based Initiatives. In forming and strengthening these partnerships, the agency will participate in discussions and decision making concerning response and recovery through the participation in a Special Needs Task Force spearheaded by the ADPH. ADSS is striving to become an agency others can look to as a national model on including seniors in emergency and disaster planning as they are such a vital part of the population.

In Fiscal Year 2010, ADSS and ADPH's Emergency Preparedness branch collaborated to provide one DVD to every senior center throughout the state. A total of 15,000 participants were exposed to the major preparedness concepts. These concepts included: Preparation for flu season; why flu concerns everyone; treating flu at home; why some are at higher risk for the flu; personal hygiene to prevent flu; medical and health supplies to have on hand; and antiviral medications.

ADSS' Commissioner is closely involved with the State's emergency preparedness planning and has attended Continuity of Operations (COOP) training with several designated agency staff. A Memorandum of Agreement (MOA) has been established with the State's EMA to transmit at-risk consumer information. This information can be drawn down by County EMAs for assisting first responders in local planning activities to assist at-risk elderly and special needs populations. The Commissioner continues to play an active role in the planning process, receiving regular updates on planning activities. The Commissioner and Disaster Officer also review and comment on all emergency preparedness and/or response plans and implementation strategies as they relate to older Alabamians and those with special needs.

ADSS and ADPH continue to work together to educate, train, and serve the elderly and special needs populations of Alabama. Through a funding agreement with ADPH, ADSS is partnering with the UAB Center for Preparedness to host a regional Disaster-Pandemic Education Conference in June 2010 in Birmingham, AL. This forum will convene representatives from the AAAs, AoA, and Region IV State Units on Aging, to include the State of Louisiana. The Disaster-Pandemic Education Conference is believed to be the first regional coordinated effort to bring states together for a sharing of best practices and lessons learned from shared disasters such as Hurricane Katrina. Uniquely planned, this event is set to occur at the start of the 2010 Hurricane Season; however, this is not solely about hurricanes but a sharing of information on topics such as Pandemic Influenza and how bordering states can partner to maintain effectiveness and efficiencies in their services to seniors. With the recent severity of earthquakes in Haiti and Chile, the Southeast is no stranger to this phenomenon and will receive information on the New Madrid fault. Aging experts will be afforded an opportunity to address concerns about the potential impact of the oil spill in the Gulf of Mexico and the problems that arise. Participants will study attempts to work together and interface with a variety of agencies on planning, recovery, and mitigation with focus at the State level.

Lifespan Respite Grant

Through the Lifespan Respite grant, ADSS is partnering with the Alabama Lifespan Respite Resource Network (Alabama Respite), the Alabama Respite Coalition, the Alabama Department of Rehabilitation Services, and the ADRCs to expand lifespan respite in Alabama. The project's primary goal is to provide a statewide, comprehensive, and coordinated approach to meet the respite needs of Alabama family caregivers of individuals with disabilities and chronic conditions. After conducting a statewide respite survey and awareness campaign, grant partners will explore new grant opportunities to increase respite services, enhance the capacity of Alabama Respite, and expand training and capacity of the ADRC staff and the statewide virtual ADRC to include lifespan respite resources.

Appendix E: Administrative Information

Administrative Use of Services Funds (Fiscal Years 2011 - 2012)

ADSS currently uses its available funds for State Plan administration without being involved in the additional responsibilities detailed in the objectives under this Plan. The following assurances are provided:

- Alabama is making full and effective use of its allotment under paragraph (1) and of the personnel of the State agency and AAAs designated under Section 305(a)(2)(A) of the OAA in the administration of its State Plan in accordance with Subsection (a); and
- Alabama and its AAAs designated under Section 305 are carrying out, on a full-time basis, programs and activities which are in furtherance of the purposes of this Act.
- No amounts received by the state under this request 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.

Area Plans on Aging

According to Section 306 of the Older Americans Act of 1965, as amended, each AAA is required to develop a comprehensive, multiyear area plan for actions to meet the needs of the older individuals in its PSA. ADSS establishes a uniform format for the area plans and requires the AAAs to submit four-year area plans for approval. The agency also requires each AAA to develop an annual operating plan per fiscal year for its work in coordinating and developing services under the area plan.

As a prerequisite to developing its area plan on aging, each AAA continually collects and updates information regarding the status of the older population in its region. This information includes census data, statewide studies, and other indicators, such as information developed by Chambers of Commerce, United Way agencies, and perhaps market researchers. Older persons' views are sought through advisory council meetings, surveys, public hearings, and other public meetings. ADSS requires each AAA to conduct a public hearing specifically on the proposed area plan; these public hearings are intended to obtain the general public's feedback regarding the AAA's goals and objectives included in the area plan for the next four-year period.

ADSS reviews and approves all AAA budgets annually. Funds are allocated and expended according to the IFF. OAA funds are not used to supplant funds from other sources. Before ADSS distributes additional funds to an AAA, the AAA must assure ADSS with a written plan that services will be increased. Appendix M contains Assurances related to Title III, Title V, and Title VII and related activities.

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

To better understand the terminology, 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. In granting a waiver to an AAA for the provision of direct services, ADSS must judge that 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.

Program Reporting

The AAAs are required to update Title III client demographics information each year in ADSS' Aging Information Management System (AIMS) based on the clients' responses to questions on the Client Enrollment Form and Caregiver Enrollment Form (i.e., for the Alabama Cares program). The AAAs are responsible for entering data into AIMS regarding the number of service units delivered in their regions; they are also required to either link each service unit to a specific client or enter these service units as an aggregate service (i.e., client is unknown). For state reporting and AAA monitoring purposes, ADSS monitors on a quarterly basis the service unit and client demographic information and compares the AAAs' 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.

Assessment Process

ADSS annually conducts program and fiscal monitoring per AAA, based on its four-year Area Plan on Aging, fiscal year specific Annual Operating Plan, and quarterly performance reports. Using standardized monitoring procedures that are updated as necessary to meet new federal and/or state reporting requirements, ADSS monitors each AAA's AoA-funded activities to ensure compliance with applicable federal requirements and achievement of performance goals. ADSS' monitoring activities address each program, function, and activity and include on-site verification at a minimum of once every two years. On-site monitoring includes, but is not limited to: verification of grant supported activities, discussion of staffing and procedural issues, and review of subgrantee monitoring activities. Annual monitoring activities include, but are not limited to: periodic review and verification of quarterly and annual program performance and expenditure reports; periodic telephone interviews; comparison of budgeted and actual performance measures; corrective action reports, if necessary; and other desktop reviews and verification activities. Annual one-on-one meetings are held with ADSS and AAA management staff to discuss performance and quality improvement.

Public Relations and Media Relations

ADSS uses public relations 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.

Constituent Services

This ADSS function constitutes receiving letters and calls directly from the general public, via referrals from the Governor's Office, Legislature, and other state agencies. Constituent Services responds to senior citizens' requests for assistance and/or information regarding services, such as financial assistance, legal advice, home repair, prescription medication assistance, housing, and caregiver assistance.

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 percent 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 Planning and Service Area. The AAA ensures that each service provider establishes appropriate management procedures to safeguard and account for all participant contributions. AAA policies and procedures ensure that all collected contributions are utilized to expand the service for which the contributions were given.

Cost Sharing Policy for Older Americans Act Services {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 E-1). When new State Plans are developed, ADSS will review and update its cost sharing policy, as necessary.

Eligible Population

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

Allowable Services	Excluded Services
Cost sharing may be implemented for any OAA service, including the following:	Cost sharing is <u>not</u> permitted for the following services:
Personal care	Information and assistance
Homemaker	Outreach
Chore	Benefits counseling
Adult day care	Case management
Assisted transportation	Ombudsman
Transportation	Elder abuse prevention
	Legal assistance and other consumer protection services
	Meals (congregate and home-delivered)
	Services delivered through tribal organizations

Cost Sharing and Contributions

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

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

Clients Eligible for Cost Sharing

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

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

AAA Waivers

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.

Table E-1
Cost Sharing System for Older Americans Act Services
(Based on 2011 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%	\$909 - \$1,133	5 %	\$ 5.00
125 - 149%	\$1,134 - \$1,360	10 %	\$ 10.00
150 - 174%	\$1,361 - \$1,587	15 %	\$ 15.00
175 - 199%	\$1,588 - \$1,814	20 %	\$ 20.00
200 - 299%	\$1,815 - \$2,722	40 %	\$ 40.00
300 - 399%	\$2,723 - \$3,629	60 %	\$ 60.00
400 - 499%	\$3,630 - \$4,537	80 %	\$ 80.00
500% and over	\$4,538 and over	100 %	\$ 100.00

Individuals who have an income at or below \$908.00 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.

Appendix F: Financial Plan

This appendix contains the following materials:

- Fiscal Year 2010 Operating Budget and identifies the total resources to be used for state agency administration
- Total Allocations by PSA for Fiscal Year 2010
- Title III and Title VII Allotments for Fiscal Year 2010
- Title III Allocation by PSA for Fiscal Year 2010
- Title VII Allocation by PSA for Fiscal Year 2010
- Projected Cost of Services in Rural Areas for Fiscal Years 2011-2012

STATE AGENCY OPERATING BUDGET FOR FISCAL YEAR 2010

TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION

PROGRAM	FEDERAL (\$)	STATE (\$)	OTHER (\$)	TOTAL (\$)
Title III State Administration	911,773	303,924	-	1,215,697
Title III LTC Ombudsman ⁽¹⁾	53,427	9,428	-	62,855
Other OAA Funds	380,306	45,460	-	425,766
Other Federal Funds:				
Title XIX - Medicaid Waiver	607,495	607,495	-	1,214,990
Title XIX - SHIP	26,481	-	-	26,481
SMPP	19,551	6,517	-	26,068
MIPPA-SHIP	14,993	-	-	14,993
Medicaid Ombudsman Program	10,000	-	-	10,000
JARC-FTA	406,847	-	-	406,847
New Freedom-FTA	203,066	-	-	203,066
TOTAL RESOURCES TO BE USED	2,633,939	972,824	-	3,606,763

⁽¹⁾ Title III supportive services funds (Part B) are used directly by the Alabama Department of Senior Services for the purpose of operating the Long Term Care Ombudsman Program.

STATE AGENCY: Alabama Department of Senior Services

STATE: Alabama

FISCAL YEAR: 2010

TOTAL ALLOCATIONS BY PLANNING AND SERVICE AREA

	TITLE III FEDERAL FUNDS AWARDED (\$)	TITLE III STATE MATCHING FUNDS AWARDED (\$)	NON-TITLE III FUNDS										TOTAL FUNDS AWARDED (\$)				
			TITLE VII FUNDS AWARDED (\$)	STATE MATCH FOR TITLE VII AWARDED (\$)	NSIP FUNDS AWARDED ⁽¹⁾ (\$)	TITLE V SENIOR WORKER FUNDS AWARDED (\$)	TITLE XIX SHIP FUNDS AWARDED (\$)	SMPF FUNDS AWARDED (\$)	COMMUNITY LIVING GRANT AWARDED (\$)	ALABAMA ADRC GRANT AWARDED (\$)	MEDICAID OMBUDSMAN FUNDS AWARDED (\$)	MIPPA FUNDS AWARDED (\$)		TITLE XIX AND MATCHING STATE FUNDS AWARDED (\$)			
PSA																	
1	1,084,562	74,103	20,705	1,218	168,324	165,917	41,521	10,313	0	0	0	0	0	37,767	29,908	2,201,671	3,836,009
2	1,290,173	90,281	24,786	1,458	166,619	147,931	39,579	9,961	0	0	0	0	0	41,928	29,490	2,762,968	4,605,174
3	1,185,624	81,139	23,058	1,357	183,711	271,352	51,635	13,124	0	132,000	0	0	0	39,668	32,086	1,297,454	3,312,208
3A	2,092,987	150,211	41,773	2,456	329,240	401,556	73,772	19,682	0	0	0	0	0	69,611	38,812	4,784,857	8,004,957
4	1,939,836	138,388	38,680	2,276	341,630	212,650	71,688	19,509	0	0	0	0	0	71,311	37,901	3,626,608	6,500,477
5	969,474	66,563	17,923	1,055	145,604	0	23,178	5,537	0	0	0	0	0	27,752	25,320	2,027,648	3,310,054
6	1,605,760	114,912	31,121	1,831	258,872	272,116	38,379	10,516	0	0	0	0	0	42,409	29,265	4,122,132	6,527,313
7	1,374,695	96,042	26,749	1,573	232,936	0	48,174	12,478	0	0	0	0	0	46,915	31,591	2,852,736	4,723,889
8	1,730,951	122,233	34,476	2,028	255,381	406,051	71,979	18,676	174,507	0	0	0	0	62,293	37,591	4,029,149	6,945,315
9	1,094,957	74,975	20,888	1,228	151,455	0	39,560	9,537	0	0	0	0	0	39,700	29,334	2,093,202	3,554,836
10	644,893	41,375	11,363	668	63,895	147,425	22,076	4,322	0	0	0	0	0	18,545	24,765	1,538,419	2,517,746
11	922,135	61,823	17,319	1,018	153,168	239,123	36,622	8,623	0	0	0	0	0	30,885	28,517	1,869,801	3,369,034
12	1,565,079	109,388	31,141	1,833	263,610	322,334	71,837	18,171	0	0	0	0	0	61,216	37,043	4,171,056	6,652,708
TOTAL:	17,501,126	1,221,433	339,982	19,999	2,714,445	2,586,455	630,000	160,449	174,507	132,000	0	0	0	590,000	411,623	37,377,701	63,859,720

⁽¹⁾ The awarding of NSIP funds - based on eligible meals served - can only be estimated.

STATE AGENCY: Alabama Department of Senior Services

STATE: Alabama
FISCAL YEAR: 2010
TITLE III AND TITLE VII ALLOTMENTS

	STATE AGENCY ADMINISTRATION (\$)	TITLE III ALLOTMENTS								TITLE VII ALLOTMENTS				TOTAL ALLOTMENTS (\$)
		PART B (\$)	PART C1 (\$)	PART C2 (\$)	PART D (\$)	PART E (\$)	OMBUDSMAN PROGRAM (\$)	TITLE III TOTAL ALLOTMENTS (\$)	OMBUDSMAN ALLOTMENTS (\$)	ELDER ABUSE ALLOTMENTS (\$)	TITLE VII TOTAL ALLOTMENTS (\$)			
Formula Allotments	-	5,623,903	6,731,983	3,392,248	333,168	2,385,024	-	18,466,326	262,235	77,747	339,982	18,806,308		
Increases	-	-	-	-	-	-	-	-	-	-	-	-		
Reductions	-	-	-	-	-	-	-	-	-	-	-	-		
Revised Allotments	-	5,623,903	6,731,983	3,392,248	333,168	2,385,024	-	18,466,326	262,235	77,747	339,982	18,806,308		
State Administration	911,773	(281,195)	(336,599)	(169,612)	(16,492)	(107,875)	-	-	-	-	-	-		
Ombudsman Support	-	(53,427)	-	-	-	-	53,427	-	-	-	-	-		
Titles III, VII State Administration	(911,773)	-	-	-	-	-	(53,427)	(965,200)	-	-	-	(965,200)		
Transfer from Part C-1 to Part B	-	18,889	(18,889)	-	-	-	-	-	-	-	-	-		
Transfer from Part C-1 to Part C-2	-	-	(699,250)	699,250	-	-	-	-	-	-	-	-		
Title III and Title VII Funds for Allocation to Planning and Service Areas	-	5,308,170	5,677,245	3,921,886	316,676	2,277,149	-	17,501,126	262,235	77,747	339,982	17,841,108		

STATE AGENCY: Alabama Department of Senior Services

STATE: Alabama
 FISCAL YEAR: 2010
 TITLE III ALLOCATION BY PLANNING AND SERVICE AREA

PSA	SHORT TITLE	AREA PLAN ADMINISTRATION PART B (\$)	SUPPORTIVE SERVICES PART B (\$)	NUTRITION SERVICES			PREVENTIVE HEALTH PART D (\$)	AREA PLAN ADMINISTRATION PART E (\$)	CAREGIVER SERVICES PART E (\$)	TOTAL TITLE III (\$)
				CONGREGATE PART C-1 (\$)	HOME-DELIVERED PART C-2 (\$)					
1	Northwest AL	114,119	227,645	389,013	196,350	19,157	14,202	124,076	1,084,562	
2	West AL	113,601	302,276	431,413	253,219	23,915	13,716	152,033	1,290,173	
3	Middle AL	119,860	241,017	334,751	313,937	20,203	19,593	136,263	1,185,624	
3A	OCS	127,467	465,631	670,240	512,390	39,221	26,737	251,301	2,092,987	
4	East AL	127,387	424,853	641,608	451,848	35,748	26,662	231,730	1,939,836	
5	South Central AL	106,775	213,549	342,041	168,863	18,073	7,306	112,867	969,474	
6	ATRC	113,935	366,368	426,406	459,603	30,981	14,029	194,438	1,605,760	
7	Southern AL	117,651	296,849	541,246	215,714	24,997	17,519	160,719	1,374,695	
8	South AL	127,541	368,611	573,561	398,477	30,952	26,806	205,003	1,730,951	
9	Central AL	113,610	231,637	361,902	229,109	19,505	13,724	125,470	1,094,957	
10	Lee-Russell	105,858	129,420	214,960	107,476	10,918	6,444	69,817	644,893	
11	North Central AL	112,122	188,950	295,658	193,624	15,891	12,326	103,564	922,135	
12	Top of AL	127,798	323,640	454,446	421,276	27,115	27,043	183,761	1,565,079	
		TOTAL:	1,527,724	5,677,245	3,921,886	316,676	226,107	2,051,042	17,501,126	

STATE AGENCY: Alabama Department of Senior Services

STATE: Alabama
 FISCAL YEAR: 2010
 TITLE VII ALLOCATION BY PLANNING AND SERVICE AREA

PSA	SHORT TITLE	OMBUDSMAN (\$)	ELDER ABUSE PREVENTION (\$)	TOTAL TITLE VII (\$)
1	Northwest AL	16,004	4,701	20,705
2	West AL	18,904	5,882	24,786
3	Middle AL	18,114	4,944	23,058
3A	OSCS	32,139	9,634	41,773
4	East AL	29,907	8,773	38,680
5	South Central AL	13,467	4,456	17,923
6	ATRC	23,489	7,632	31,121
7	Southern AL	20,611	6,138	26,749
8	South AL	26,892	7,584	34,476
9	Central AL	16,098	4,790	20,888
10	Lee-Russell	8,679	2,684	11,363
11	North Central AL	13,421	3,898	17,319
12	Top of AL	24,510	6,631	31,141
TOTAL:		262,235	77,747	339,982

**PROJECTED COST OF SERVICES IN RURAL AREAS
FOR FISCAL YEARS 2011-2012
{Section 307(a)(3)(B)(i) and (ii)}**

STATE AGENCY: Alabama Department of Senior Services

For this purpose, the Alabama Department of Senior Services uses as a definition of "rural" all territory, population, and housing units located outside of urbanized areas and urban clusters; urbanized area and urban cluster boundaries are delineated to encompass densely settled territory, which consists of: (1) core census block groups or blocks that have a population density of at least 1,000 people per square mile and (2) surrounding census blocks that have an overall density of at least 500 people per square mile. Based on this definition, the actual and projected costs of Title III services in the affected PSAs, for the State of Alabama, are shown below. The projections reflect demographic changes that have occurred and greater accuracy in reporting. As shown, the costs of rural services increase with each fiscal year and exceed the rural costs of Fiscal Year 2000 (\$12,844,636).

RURAL SERVICE COSTS

PSA	SHORT TITLE	PERCENT OF RURAL CLIENTS (%)	ESTIMATED COSTS	
			FY 2011 (\$)	FY 2012 (\$)
1	Northwest AL	59.84	842,077	858,919
2	West AL	55.45	928,557	947,128
3	Middle AL	70.29	1,346,473	1,373,402
3A	OSCS	10.39	245,637	250,550
4	East AL	50.76	2,284,213	2,329,897
5	South Central AL	73.08	1,204,759	1,228,854
6	ATRC	78.23	1,811,884	1,848,122
7	Southern AL	59.52	2,133,471	2,176,140
8	South AL	29.45	897,991	915,951
9	Central AL	26.62	591,062	602,883
10	Lee-Russell	35.24	369,828	377,225
11	NARCOG	58.30	1,066,826	1,088,163
12	Top of AL	45.55	1,172,798	1,196,254
TOTAL:			14,895,576	15,193,488

AREA AGENCY ON AGING
SUPPORTIVE SERVICES MINIMUM SPENDING REQUIREMENTS
UNDER TITLE III-B
{Section 307(a)(2)(C)}

Access Services	29.1%
In-Home Services	2.5%
Legal Assistance	6.7%

Appendix G: Intrastate Funding Formula and Allocation of Funds

Background Information

In Fiscal Year 2004, ADSS collaborated with the AAAs to perform a comprehensive review of the intrastate funding formula (IFF). This review was made in accordance with Section 305 of The OAA of 1965, as amended (Public Law 89-73) and Title 45, Volume 4, Section 1321.27. The purpose of the review was to determine the most efficient and effective formula for fairly and equitably distributing funds received under the above Act. This formula must take 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.

In performing this IFF review, ADSS considered whether subgroups of Alabama's aging population containing older persons below poverty, living alone, in rural areas, frail elders, and those older persons of minority status are fairly treated. ADSS analyzed any changes to these subgroups and IFF factors since the IFF's last revision and examined the relationships between these subgroups and factors to identify the most effective measures for accomplishing the formula's purpose. As a result of this review, a new IFF was developed and included a built-in Hold Harmless provision equal to the Fiscal Year 2003 NGA amounts. This new IFF was implemented in Fiscal Year 2005 and provides for sufficient funding to all PSAs to provide services throughout the state and to plan for program expansion in areas with higher rates of population growth. Alabama's IFF will 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.

In Fiscal Year 2006, ADSS staff reviewed the information contained on the "Special Tabulation on Aging" CD-ROM developed by the U.S. Census Bureau for AoA and compiled data for "Age 60+ Below Poverty" and "Age 60+ Below Poverty Minority." As required in the amended Fiscal Years 2003-2006 State Plan on Aging, newly-available "Age 60+" data replaced the "Age 65+ Below Poverty" and "Age 65+ Below Poverty Minority" factors in the current IFF. This ensured all five population-based IFF factors reflect "Age 60+" subgroups of the older population.

When developing and reviewing the IFF, ADSS will always use best available data. As updated data becomes available, ADSS will replace older IFF data and adjust the factors' weights proportionately. When a new IFF is approved, ADSS ensures services will continue to be provided across the state. When new State Plans are developed, ADSS will review and update the IFF, as necessary (Title 45, Volume 4, Section 1321.37(a)).

Description of Current IFF

The current IFF uses a Hold Harmless amount and considers the five population-based factors, all of which reflect “Age 60+” subgroups. Each factor’s weight is based on its proportional share of the statewide total of these five factors. Table G-1 identifies these five factors, their total statewide population values, and the computations performed to develop their weights. Table G-2 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+	888,870	= 888,870 / 1,591,658	55.85
Age 60+ Rural	343,372	= 343,372 / 1,591,658	21.57
Age 60+ Living Alone	202,156	= 202,156 / 1,591,658	12.70
Age 60+ Below Poverty	112,210	= 112,210 / 1,591,658	7.05
Age 60+ Below Poverty Minority	45,050	= 45,050 / 1,591,658	2.83
Total:	1,591,658		100.00

The Title III award is first reduced by the amounts used for administering the State and Area Plans; these amounts are not included in the IFF. The remaining balance of the award is distributed to the AAAs as follows:

1. A predetermined amount (Hold Harmless) is allocated based on the Fiscal Year 2003 AAA NGA Amounts (See Table G-3).
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 of these two allocable amounts equals the total Title III award balance included in the IFF.

Table G-2
Intrastate Funding Formula:
Factors and Formula Shares

Funding Portion =

$$X + Y[.5585(60+) + .2157(60+ \text{ Rural}) + .127(60+ \text{ Living Alone}) + .0705(60+ \text{ Below Poverty}) + .0283(60+ \text{ Below Poverty Minority})]$$

Where:

- X = Fiscal Year 2003 NGA Amounts (See Table G-3); and
- Y = Remaining allocable amount (i.e., amount of the Title III award subject to the IFF less X (above))

Note: The amounts for X will not change. The amounts for Y will reflect any remaining balances (increases or decreases) after considering X.

Formula Derived Using Five Population-Based Factors

PSA	FORMULA SHARE (%)
(1) Northwest Alabama Council of Local Governments	6.281123
(2) West Alabama Regional Commission	6.065939
(3) Middle Alabama Area Agency on Aging	8.665296
(3A) Office of Senior Citizens Services	11.824766
(4) East Alabama Regional Planning and Development Commission	11.791658
(5) South Central Alabama Development Commission	3.231007
(6) Alabama Tombigbee Regional Commission	6.204545
(7) Southern Alabama Regional Council on aging	7.748071
(8) South Alabama Regional Planning Commission	11.855596
(9) Central Alabama Aging Consortium	6.069727
(10) Lee-Russell Council of Governments	2.849947
(11) North Central Alabama Regional Council of Governments	5.451394
(12) Top of Alabama Regional Council of Governments	11.960931
Total:	100.000000

Table G-3
Intrastate Funding Formula:
Fiscal Year 2003 NGA Amounts

PSA	FISCAL YEAR 2003 NGA AMOUNTS (\$)
(1) Northwest Alabama Council of Local Governments	956,080
(2) West Alabama Regional Commission	1,179,214
(3) Middle Alabama Area Agency on Aging	1,024,856
(3A) Office of Senior Citizens Services	1,949,186
(4) East Alabama Regional Planning and Development Commission	1,784,759
(5) South Central Alabama Development Commission	880,224
(6) Alabama Tombigbee Regional Commission	1,514,258
(7) Southern Alabama Regional Council on Aging	1,243,958
(8) South Alabama Regional Planning Commission	1,558,665
(9) Central Alabama Aging Consortium	970,834
(10) Lee-Russell Council of Governments	539,034
(11) North Central Alabama Regional Council of Governments	795,058
(12) Top of Alabama Regional Council of Governments	1,378,203
Total:	15,774,329

Note: Amounts include federal funding with required state match.

Table G-4
Intrastate Funding Formula:
Description of Factors

FACTOR	DESCRIPTION
60+	The distribution among the thirteen planning and service areas of the population of Alabamians at least 60 years old.
60+ RURAL	<p>The distribution among the thirteen planning and service areas of the population of Alabamians at least 60 years old who live in a rural area.</p> <p>Note: <i>Rural</i>, according to the U.S. Bureau of the Census – United States Census 2000, consists of all territory, population, and housing units located outside of urbanized areas and urban clusters; urbanized area and urban cluster boundaries are delineated to encompass densely settled territory, which consists of: (1) core census block groups or blocks that have a population density of at least 1,000 people per square mile and (2) surrounding census blocks that have an overall density of at least 500 people per square mile.</p>
60+ LIVING ALONE	The distribution among the thirteen planning and service areas of the population of Alabamians at least 60 years old who live alone.
60+ BELOW POVERTY	The distribution among the thirteen planning and service areas of the population of Alabamians at least 60 years old who are below the poverty level.
60+ BELOW POVERTY MINORITY	The distribution among the thirteen planning and service areas of the population of Alabamians who are at least 60 years old, have minority status, and are below the poverty level.

**Table G-5
Intrastate Funding Formula:
Population Data by PSA and Factor**

PSA	AGE 60+⁽¹⁾	AGE 60+ RURAL⁽²⁾	AGE 60+ LIVING ALONE⁽²⁾	AGE 60+ BELOW POVERTY⁽²⁾	AGE 60+ BELOW POVERTY MINORITY^(2,3)
1	51,726	27,772	12,692	6,835	950
2	49,325	24,509	11,880	7,280	3,556
3	75,135	40,545	13,788	7,525	930
3A	123,185	12,016	30,869	14,060	8,075
4	99,774	46,268	24,502	13,210	3,930
5	21,552	15,310	6,254	4,925	3,387
6	40,911	30,254	11,151	9,640	6,802
7	63,732	32,698	14,899	8,935	3,060
8	116,875	29,328	24,020	12,640	5,835
9	59,491	13,421	13,211	6,380	4,105
10	27,187	7,575	5,699	3,085	1,815
11	47,017	22,968	10,203	5,910	670
12	112,960	40,708	22,988	11,785	1,935
Total:	888,870	343,372	202,156	112,210	45,050

Note: Table G-6 contains additional information for the below poverty and below poverty minority subgroups of Alabama's older population.

⁽¹⁾Source: U.S. Census Bureau. 2008 Population Estimates.

⁽²⁾Source: U.S. Census Bureau. Census 2000: Special Tabulation on Aging (Part A: Population Characteristics).

⁽³⁾The counties' values for "Age 60+ Below Poverty Minority" were computed by subtracting "Age 60+ Below Poverty White-Only" from "Age 60+ Below Poverty."

**Table G-6
Below Poverty and Below Poverty Minority Information**

PSA ⁽¹⁾	POPULATION AGE 60 AND OVER ⁽²⁾	POPULATION AGE 60 AND OVER				PERCENT OF STATE'S BELOW POVERTY MINORITY (%)(⁵)
		BELOW POVERTY ⁽³⁾	BELOW POVERTY MINORITY			
			NUMBER OF PERSONS ⁽³⁾	PERCENT WITHIN PSA (%)(⁴)	RANK	
(A)	(B)	(C)	(D)	(E)	(F)	
3A	123,185	14,060	8,075	6.56	6	17.92
6	40,911	9,640	6,802	16.63	1	15.10
8	116,875	12,640	5,835	4.99	7	12.95
9	59,491	6,380	4,105	6.90	4	9.11
4	99,774	13,210	3,930	3.94	9	8.72
2	49,325	7,280	3,556	7.21	3	7.89
5	21,552	4,925	3,387	15.72	2	7.52
7	63,732	8,935	3,060	4.80	8	6.79
12	112,960	11,785	1,935	1.71	11	4.30
10	27,187	3,085	1,815	6.68	5	4.03
1	51,726	6,835	950	1.84	10	2.11
3	75,135	7,525	930	1.24	13	2.06
11	47,017	5,910	670	1.43	12	1.49
Total:	888,870	112,210	45,050	5.07	--	100.00

⁽¹⁾Planning and Service Areas (PSA) are listed in rank order by the distribution among PSAs of the state's below poverty minority older population (Column 3), as described in Title 45, Volume 4 (Wednesday, October 1, 2003), Section 1321.37(a).

⁽²⁾Source: U.S. Census Bureau. 2008 Population Estimates

⁽³⁾Source: U.S. Census Bureau. 2000 Decennial Census

⁽⁴⁾Ratio of Column C to Column A.

⁽⁵⁾Ratio of each PSA's value in Column C to the total of Column C.

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 hypothetical federal funding levels with the current IFF, Example 1 identifies the impact of a federal award greater than the Hold Harmless amount, and Example 2 identifies the impact of a federal award less than the Hold Harmless amount. The columns in Example 1 and Example 2 are described as follows:

- A Identifies each PSA's Fiscal Year 2003 NGA amount, which is used as a Hold Harmless provision in the current formula.
- B Displays each PSA's share of the allocable amount.
- C Contains each PSA's total award using the current formula.

Example 1
Intrastate Funding Formula:
Impact of Federal Award Greater than the Hold Harmless Amount

Column:	(A)	(B)	(C)
PSA	(X) FISCAL YEAR 2003 HOLD HARMLESS PROVISION (\$)	(Y) REMAINING ALLOCATION (\$)	TITLE III AWARD AMOUNTS SUBJECT TO THE IFF (\$)
1	956,080	76,986	1,033,066
2	1,179,214	74,348	1,253,562
3	1,024,856	106,208	1,131,064
3A	1,949,186	144,933	2,094,119
4	1,784,759	144,527	1,929,286
5	880,224	39,602	919,826
6	1,514,258	76,047	1,590,305
7	1,243,958	94,966	1,338,924
8	1,558,665	145,311	1,703,976
9	970,834	74,395	1,045,229
10	539,034	34,931	573,965
11	795,058	66,816	861,874
12	1,378,203	146,601	1,524,804
Total:	15,774,329	1,225,671	17,000,000

Note: Amounts include federal funding with required state match.

Example 2
Intrastate Funding Formula:
Impact of Federal Award Less than the Hold Harmless Amount

Column:	(A)	(B)	(C)
PSA	(X) FISCAL YEAR 2003 HOLD HARMLESS PROVISION (\$)	(Y) REMAINING ALLOCATION (\$)	TITLE III AWARD AMOUNTS SUBJECT TO THE IFF (\$)
1	956,080	(80,042)	876,038
2	1,179,214	(77,300)	1,101,914
3	1,024,856	(110,424)	914,432
3A	1,949,186	(150,686)	1,798,500
4	1,784,759	(150,265)	1,634,494
5	880,224	(41,174)	839,050
6	1,514,258	(79,066)	1,435,192
7	1,243,958	(98,736)	1,145,222
8	1,558,665	(151,079)	1,407,586
9	970,834	(77,348)	893,486
10	539,034	(36,318)	502,716
11	795,058	(69,469)	725,589
12	1,378,203	(152,422)	1,225,781
Total:	15,774,329	(1,274,329)	14,500,000

Note: Amounts include federal funding with required state match.

Appendix H: Demographic Information

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

	Actuals^a	Population Projections^b					
Age Group	2000	2005	2010	2015	2020	2025	2030
55 - 64	415,532	499,587	579,235	629,887	647,128	609,217	581,155
65 - 74	316,748	320,980	353,977	427,480	496,617	542,581	558,598
75 - 84	195,749	204,511	206,701	214,968	242,279	297,764	348,492
85 and older	67,301	76,920	88,211	97,132	103,711	113,382	132,070
60 and older	769,880	819,616	920,090	1,036,023	1,163,986	1,268,024	1,323,989
Total	4,447,100	4,527,166	4,596,330	4,663,111	4,728,915	4,800,092	4,874,243

Table H-2
AL Population by Age Group as Share of State's Total Population

	Actuals^a	Population Projections^b					
Age Group	2000	2005	2010	2015	2020	2025	2030
55 - 64	9.3	11.0	12.6	13.5	13.7	12.7	11.9
65 - 74	7.1	7.1	7.7	9.2	10.5	11.3	11.5
75 - 84	4.4	4.5	4.5	4.6	5.1	6.2	7.1
85 and older	1.5	1.7	1.9	2.1	2.2	2.4	2.7
60 and older	17.3	18.1	20.0	22.2	24.6	26.4	27.2

^aU.S. Census Bureau. 2000 Decennial Census.

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

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

	2000	2009
White	613,815	725,553
African-American	145,338	165,802
American Indian / Alaska Native	1,772	4,066
Asian American	2,063	5,326
Native Hawaiian / Other Pacific Islander	114	210
Two or more races	4,327	6,132
Hispanic	3,590	9,085

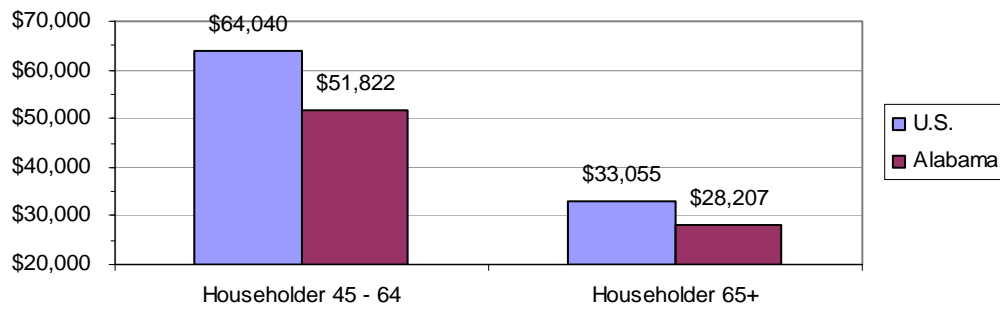
**Table H-4
Percent of AL Population Below Poverty
by Age Group, Gender, and Race^b**

	Percent in Poverty		
	Age Group		
	45 - 64	65 - 74	75+
Gender and Race			
African-American men	17.0	17.9	19.1
White men	5.6	5.3	6.7
African-American women	22.4	28.0	30.1
White women	9.1	8.4	13.0
African American and White	9.9	10.2	13.5

^aU.S. Census Bureau. 2009 Population Estimates.

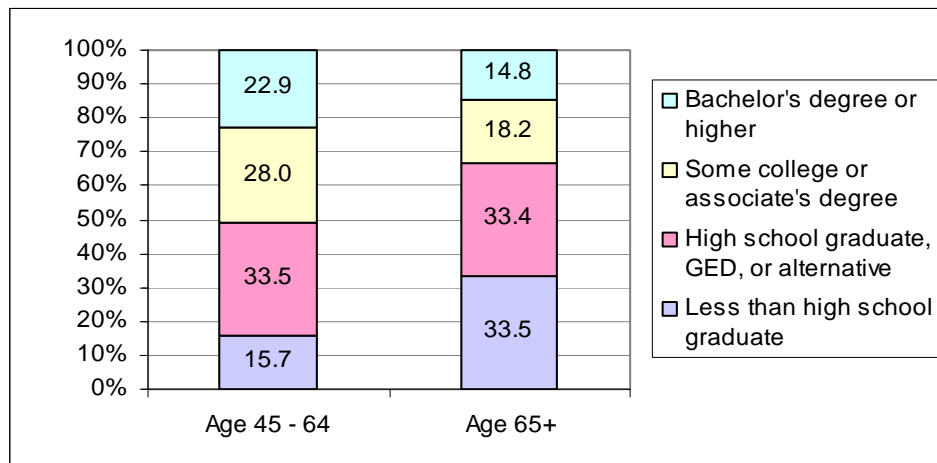
^bU.S. Census Bureau. 2006-2008 American Community Survey 3-Year Estimates.

Figure H-1
Median Household Income* for Persons Age 45+ (U.S. and AL)^a



*Median household incomes reflect inflation-adjusted 2008 dollars.

Figure H-2
Older Alabamians by Highest Level of Education Completed^a

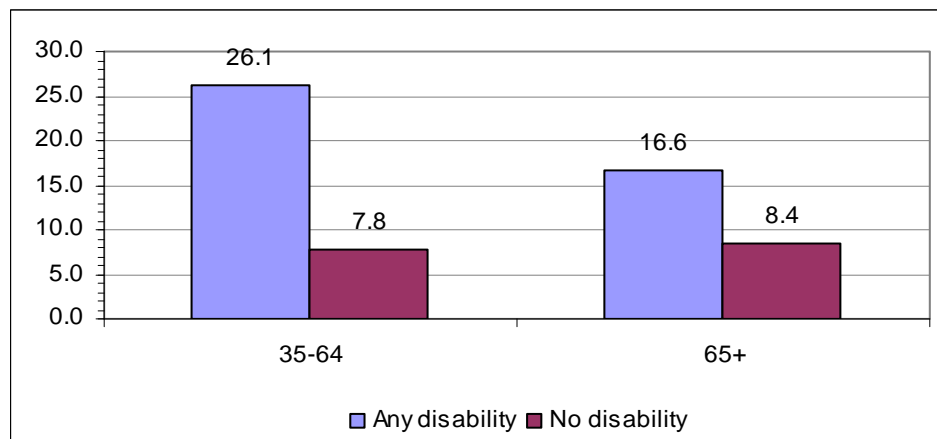


^aU.S. Census Bureau. 2006-2008 American Community Survey 3-Year Estimates.

**Table H-5
Percent of AL Population by Age Group, Gender, and Disability Status^a**

	Any Disability	Hearing Disability	Vision Disability	Cognitive Disability	Ambulatory Disability
Men 35-64	18.6	5.6	3.7	6.8	10.9
Men 65-74	33.3	16.5	6.4	7.8	19.6
Men 75+	55.8	32.6	13.9	19.2	35.6
Women 35-64	18.8	2.5	3.7	7.0	12.7
Women 65-74	33.5	6.9	7.2	7.7	25.8
Women 75+	61.6	20.9	14.6	22.7	45.9

**Figure H-3
Percent of AL Population Below Poverty
by Age Group and Disability Status^a**



^aU.S. Census Bureau. 2008 American Community Survey 1-Year Estimates.

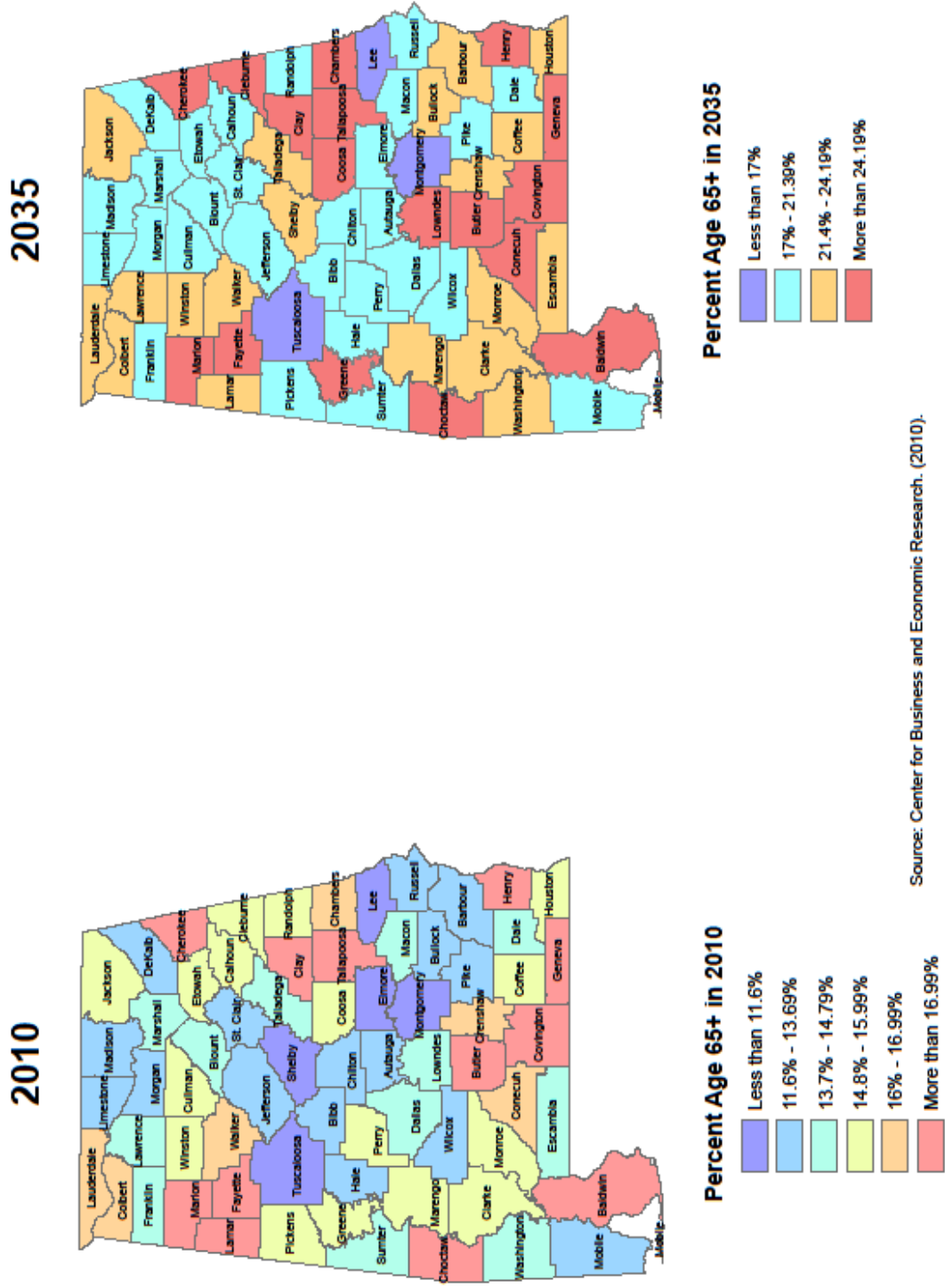
Table H-6
Percent of AL Population by Age Group, Gender, and Marital Status^a

	Never Married	Now Married*	Divorced & Separated	Widowed
Men 45-64	8.6	69.3	20.0	2.0
Men 65-74	3.6	76.6	12.0	7.9
Men 75-84	2.7	71.5	7.8	18.0
Men 85+	2.3	54.3	4.7	38.6
Women 45-64	7.5	62.9	22.2	7.5
Women 65-74	4.0	53.4	13.5	29.2
Women 75-84	2.6	31.2	7.9	58.3
Women 85+	3.5	10.1	3.9	82.5

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

^aU.S. Census Bureau. 2006-2008 American Community Survey 3-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 1990 and 2000 censuses adjusted for trends in the Census Bureau's estimates from 2000 to 2008.

Appendix I: Needs Assessment Results

To supplement the information provided in the narrative section of this document, this appendix contains demographic information concerning respondents of both needs assessments as well as detailed findings. A copy of the statewide needs assessment report and executive summary may be accessed via ADSS' web site, <http://www.alabamaageline.gov/>

Needs Assessment for Senior Citizens' Services (Survey #1):

ADSS and the Survey Development Committee created a 13-item survey incorporating quantitative and qualitative questions; most items offered structured Likert-like responses (Very Important, Somewhat Important, and Not Important). The survey contained four sections relating to the importance of in-home, health care, housing, and employment services. Each section ended with an open-ended item to allow individual text responses for clarifying answers and addressing any additional questions or concerns. The survey also contained items describing respondent demographics.

The majority of the respondents (1,377; over 78 percent) were age 65 or over. Figure I-1 contains the frequency of respondents by age group. Of those answering demographic items related to gender, women (1,346 females, 76.1 percent) outnumbered men (423 males, 23.9 percent). Race showed the sample to be primarily white, with 63 percent answering "Caucasian/White" on the survey; only 14 respondents (0.9 percent) indicated they were of Spanish, Latino, or Hispanic origin. Figure I-2 contains the number of respondents by age group and race.

Figure I-1
Distribution of Respondents by Age Group

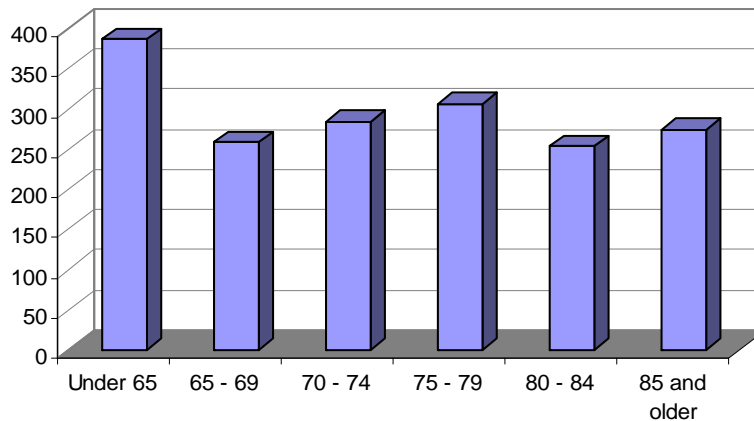
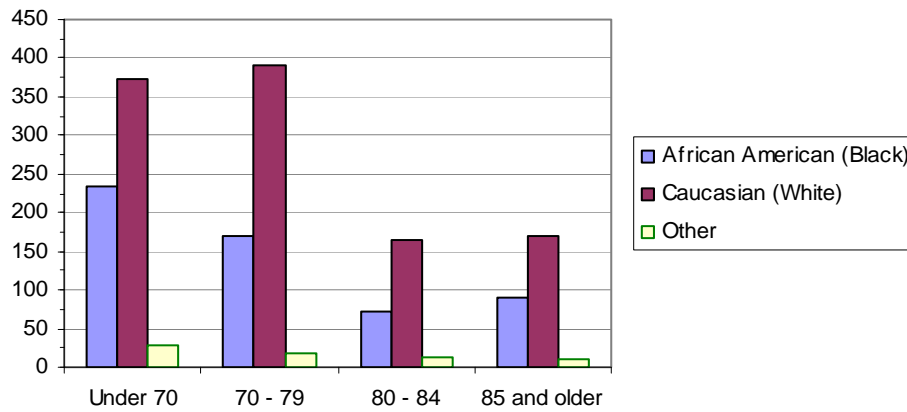


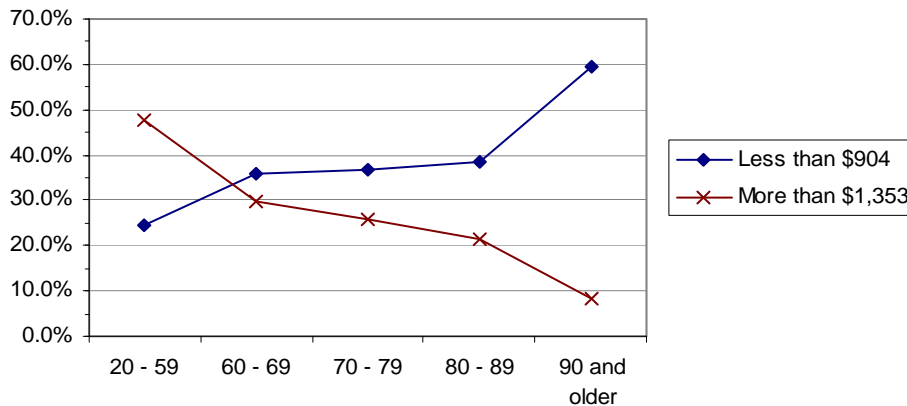
Figure I-2
Distribution of Respondents by Age Group and Race (Survey #1)



Note: The “Other” race category portrayed in Figure I-2 contains the respondents’ answers of Asian, Mixed Race, Native American, Native Hawaiian/Pacific Islander, and Other.

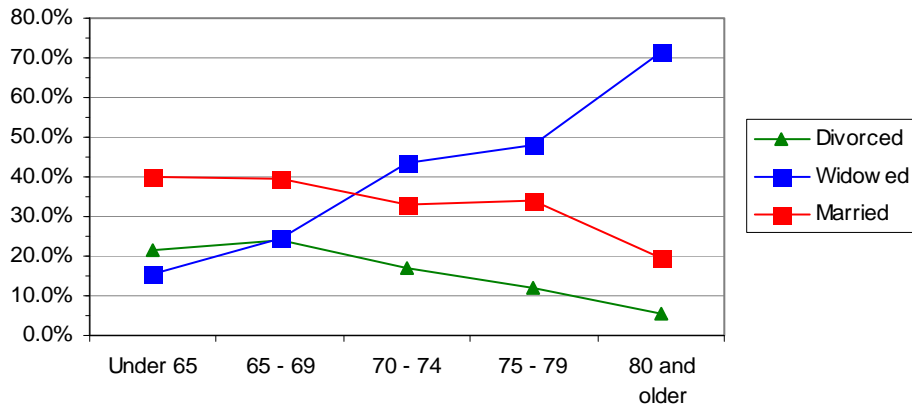
The respondents were asked to identify their monthly household income. Although we assured them their responses would be held in the strictest confidence, 17 percent of the respondents left this question blank. Over 36 percent of the respondents indicated their monthly household incomes were less than \$904, identifying these respondents as below poverty according to 2009 DHHS Poverty Guidelines. Of these respondents, 82 percent identified themselves as age 65 or older. Figure I-3 portrays the respondents’ monthly household income by age group.

Figure I-3
Distribution of Respondents by Age Group and Monthly Household Income



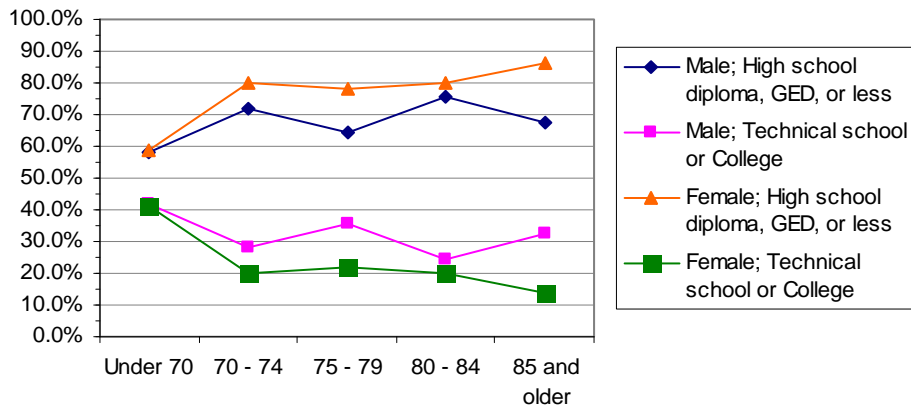
Not surprisingly, 44 percent of the respondents indicated they were widowed, 54 percent of whom identified their monthly household incomes as less than \$904. Figure I-4 portrays the respondents’ marital status by age group.

Figure I-4
Distribution of Respondents by Age Group and Marital Status



Interestingly, over 71 percent of the respondents indicated the highest grade or year completed in school was 8th grade or less, some high school, or a high school diploma or GED. Of these respondents, 46 percent stated their monthly household incomes were less than \$904, and 85 percent identified themselves as being age 65 or older. Figure I-5 portrays the information by age group, gender, and educational status.

Figure I-5
Distribution of Respondents by Age Group, Gender, and Educational Status



ADSS distributed 1,632 hardcopy, pre-coded surveys to the AAAs. These surveys were intended for completion by participants of the statewide nutrition program, Alabama Cares clients, and Medicaid Waiver clients. Based on the 1,438 completed, pre-coded surveys received, excellent response rates were experienced from clients in each of the four service categories. Figure I-6 identifies the distribution of all survey respondents, including those who used the on-line survey; Figure I-7 portrays the information by age group and respondent type.

Figure I-6
Distribution of Respondents by Type of Service

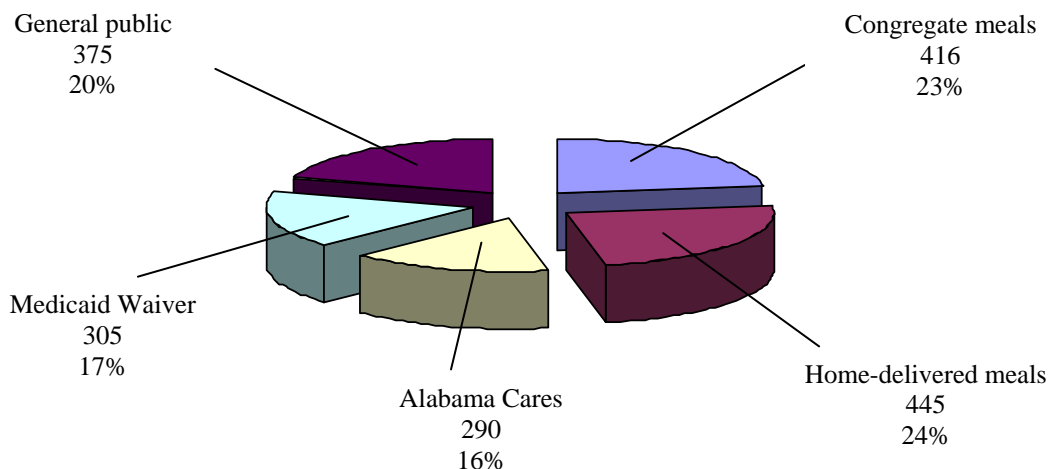
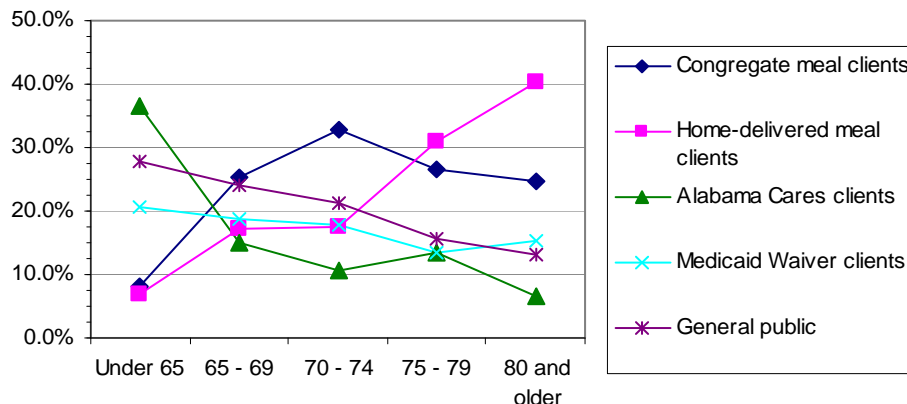


Figure I-7
Distribution of Respondents by Age Group and Type of Service (Survey #1)



The top items for importance of services were based on item frequencies of the “Very Important” response. Table I-1 contains the statewide top responses on service importance by age group. To determine if service importance varied between the respondent types, the frequency of each group’s top items was computed; Tables I-2 thru I-6 contain this information.

**Table I-1
Top Ten Services**

Importance (“very important” = 3 points)

Item	Under 65	65 - 69	70 - 74	75 - 79	80 and older	Total
Nursing care or physical therapy at home	273	181	194	210	370	1228
	(22.2%)	(14.7%)	(15.8%)	(17.1%)	(30.1%)	
Information on diseases and health problems	286	185	201	209	337	1218
	(23.5%)	(15.2%)	(16.5%)	(17.2%)	(27.7%)	
Information on keeping a healthy mind	285	186	200	203	329	1203
	(23.7%)	(15.5%)	(16.6%)	(16.9%)	(27.3%)	
Assistance with laundry, housework, or yard work	281	181	183	194	362	1201
	(23.4%)	(15.1%)	(15.2%)	(16.2%)	(30.1%)	
Having meals delivered to my home	243	168	190	208	388	1197
	(20.3%)	(14.0%)	(15.9%)	(17.4%)	(32.4%)	
Transportation to doctors’ offices and shopping	253	172	184	210	366	1185
	(21.4%)	(14.5%)	(15.5%)	(17.7%)	(30.9%)	
Information on health insurance	280	174	186	194	321	1155
	(24.2%)	(15.1%)	(16.1%)	(16.8%)	(27.8%)	
Assistance in bathing or showering	270	167	165	201	340	1143
	(23.6%)	(14.6%)	(14.4%)	(17.6%)	(29.7%)	
Assistance in preparing meals	257	163	177	192	346	1135
	(22.6%)	(14.4%)	(15.6%)	(16.9%)	(30.5%)	
Assistance in fixing things in home	252	178	187	194	321	1132
	(22.3%)	(15.7%)	(16.5%)	(17.1%)	(28.4%)	

**Table I-2
Top Ten Services (Congregate Meal Clients)**

Importance (“very important” = 3 points)

Item	Under 65	65 - 69	70 - 74	75 - 79	80 and older	Total
Information on diseases and health problems	27	47	74	63	99	310
	(8.7%)	(15.2%)	(23.9%)	(20.3%)	(31.9%)	(100.0%)
Information on keeping a healthy mind	24	54	71	55	99	303
	(7.9%)	(17.8%)	(23.4%)	(18.2%)	(32.7%)	(100.0%)
Information on health insurance	23	49	71	54	98	295
	(7.8%)	(16.6%)	(24.1%)	(18.3%)	(33.2%)	(100.0%)
Nursing care or physical therapy at home	26	48	68	57	94	293
	(8.9%)	(16.4%)	(23.2%)	(19.5%)	(32.1%)	(100.0%)
Transportation to doctors’ offices and shopping	23	43	67	53	86	272
	(8.5%)	(15.8%)	(24.6%)	(19.5%)	(31.6%)	(100.0%)
Information on government services	22	45	63	49	80	259
	(8.5%)	(17.4%)	(24.3%)	(18.9%)	(30.9%)	(100.0%)
Having a day care center close by	20	41	56	53	87	257
	(7.8%)	(16.0%)	(21.8%)	(20.6%)	(33.9%)	(100.0%)
Information on planning a healthy diet	24	49	62	50	73	258
	(9.3%)	(19.0%)	(24.0%)	(19.4%)	(28.3%)	(100.0%)
Having meals delivered to my home	20	38	59	48	85	250
	(8.0%)	(15.2%)	(23.6%)	(19.2%)	(34.0%)	(100.0%)
Assistance in bathing or showering	19	40	57	51	84	251
	(4.0%)	(15.9%)	(22.7%)	(20.3%)	(33.5%)	(100.0%)

**Table I-3
Top Ten Services (Home-delivered Meal Clients)**

Importance (“very important” = 3 points)

Item	Under 65	65 - 69	70 - 74	75 - 79	80 and older	Total
Having meals delivered to my home	25	39	44	82	198	388
	(6.4%)	(10.1%)	(11.3%)	(21.1%)	(51.0%)	(100.0%)
Transportation to doctors’ offices and shopping	20	35	33	68	161	317
	(6.3%)	(11.0%)	(10.4%)	(21.5%)	(50.8%)	(100.0%)
Nursing care or physical therapy at home	20	32	32	65	154	303
	(6.6%)	(10.6%)	(10.6%)	(21.5%)	(50.8%)	(100.0%)
Assistance in preparing meals	13	29	37	63	149	291
	(4.5%)	(10.0%)	(12.7%)	(21.6%)	(51.2%)	(100.0%)
Assistance in fixing things in home	17	32	35	65	130	279
	(6.1%)	(11.5%)	(12.5%)	(23.3%)	(46.6%)	(100.0%)
Assistance with laundry, housework, or yard work	16	30	28	53	148	275
	(5.8%)	(10.9%)	(10.2%)	(19.3%)	(53.8%)	(100.0%)
Information on keeping a healthy mind	18	26	27	64	127	262
	(6.9%)	(9.9%)	(10.3%)	(24.4%)	(48.5%)	(100.0%)
Information on diseases and health problems	19	27	24	63	124	257
	(7.4%)	(10.5%)	(9.3%)	(24.5%)	(48.2%)	(100.0%)
Assistance in bathing or showering	13	22	27	57	132	251
	(5.2%)	(8.8%)	(10.8%)	(22.7%)	(52.6%)	(100.0%)
Information on health insurance	21	28	25	55	120	249
	(8.4%)	(11.2%)	(10.0%)	(22.1%)	(48.2%)	(100.0%)

**Table I-4
Top Ten Services (Alabama Cares Clients)**

Importance (“very important” = 3 points)

Item	Under 65	65 - 69	70 - 74	75 - 79	80 and older	Total
Assistance with laundry, housework, or yard work	112	31	27	34	24	228
	(49.1%)	(13.6%)	(11.8%)	(14.9%)	(10.5%)	(100.0%)
Assistance in caring for my relatives or friends	119	28	23	33	18	221
	(53.8%)	(12.7%)	(10.4%)	(14.9%)	(8.1%)	(100.0%)
Information on services in town	110	31	19	25	24	209
	(52.6%)	(14.8%)	(9.1%)	(12.0%)	(11.5%)	(100.0%)
Assistance in bathing or showering	107	31	18	29	20	205
	(52.2%)	(15.1%)	(8.8%)	(14.1%)	(9.8%)	(100.0%)
Nursing care or physical therapy at home	101	27	21	29	26	204
	(49.5%)	(13.2%)	(10.3%)	(14.2%)	(12.7%)	(100.0%)
Information on government services	99	32	18	27	23	199
	(49.7%)	(16.1%)	(9.0%)	(13.6%)	(11.6%)	(100.0%)
Information on keeping a healthy mind	101	25	21	30	19	196
	(51.5%)	(12.8%)	(10.7%)	(15.3%)	(9.7%)	(100.0%)
Information on diseases and health problems	99	25	21	23	22	190
	(52.1%)	(13.2%)	(11.1%)	(12.1%)	(11.6%)	(100.0%)
Assistance in fixing things in home	94	27	20	25	22	188
	(50.0%)	(14.4%)	(10.6%)	(13.3%)	(11.7%)	(100.0%)
Information on health insurance	100	24	18	27	17	186
	(53.8%)	(12.9%)	(9.7%)	(14.5%)	(9.1%)	100.0%

**Table I-5
Top Ten Services (Medicaid Waiver Clients)**

Importance (“very important” = 3 points)

Item	Under 65	65 - 69	70 - 74	75 - 79	80 and older	Total
Assistance with laundry, housework, or yard work	66	43	42	34	71	256
	(25.8%)	(16.8%)	(16.4%)	(13.3%)	(27.7%)	(100.0%)
Assistance in bathing or showering	59	38	34	30	69	230
	(25.7%)	(16.5%)	(14.8%)	(13.0%)	(30.0%)	(100.0%)
Information on diseases and health conditions	59	40	35	22	52	208
	(28.4%)	(19.2%)	(16.8%)	(10.6%)	(25.0%)	(100.0%)
Transportation to doctors’ offices and shopping	48	35	36	28	58	205
	(23.4%)	(17.1%)	(17.6%)	(13.7%)	(28.3%)	(100.0%)
Assistance in fixing things in home	55	38	34	27	50	204
	(27.0%)	(18.6%)	(16.7%)	(13.2%)	(24.5%)	(100.0%)
Having meals delivered to my home	54	36	36	23	51	200
	(27.0%)	(18.0%)	(18.0%)	(11.5%)	(25.5%)	(100.0%)
Assistance in preparing meals	49	35	32	26	58	200
	(24.5%)	(17.5%)	(16.0%)	(13.0%)	(29.0%)	(100.0%)
Information on services in town	55	33	37	25	49	199
	(27.6%)	(16.6%)	(18.6%)	(12.6%)	(24.6%)	(100.0%)
Assistance in getting dressed	49	30	31	26	62	198
	(24.7%)	(15.2%)	(15.7%)	(13.1%)	(31.3%)	(100.0%)
Information on keeping a healthy mind	52	32	29	21	43	177
	(29.4%)	(18.1%)	(16.4%)	(11.9%)	(24.3%)	(100.0%)

Note: The narrow parameters used to collect demographics on Medicaid Waiver populations under the age of 65 negate the ability to form any hypothesis regarding status of this population on several service areas.

**Table I-6
Top Ten Services (General Public)**

Importance (“very important” = 3 points)

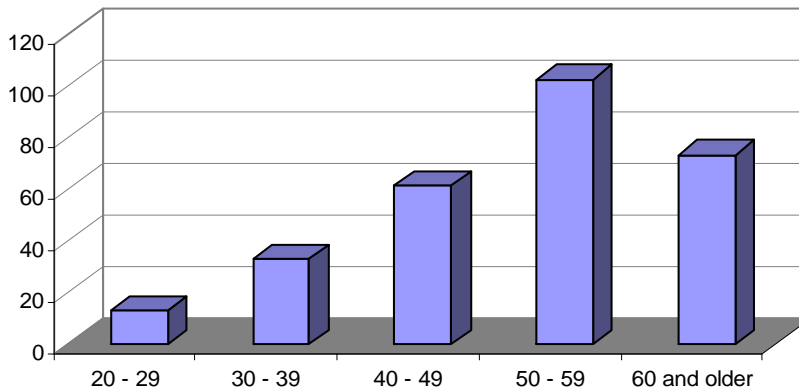
Item	Under 65	65 - 69	70 - 74	75 - 79	80 and older	Total
Information on diseases and health problems	82	46	47	38	40	253
	(32.4%)	(18.2%)	(18.6%)	(15.0%)	(15.8%)	(100.0%)
Information on keeping a healthy mind	81	49	48	34	40	252
	(32.1%)	(19.4%)	(19.0%)	(13.5%)	(15.9%)	(100.0%)
Information on health insurance	86	42	44	36	39	247
	(34.8%)	(17.0%)	(17.8%)	(14.6%)	(15.8%)	(100.0%)
Nursing care or physical therapy at home	77	45	41	36	43	242
	(31.8%)	(18.6%)	(16.9%)	(14.9%)	(17.8%)	(100.0%)
Information on government services	72	42	42	34	42	232
	(31.0%)	(18.1%)	(18.1%)	(14.7%)	(18.1%)	(100.0%)
Information on planning a healthy diet	69	43	40	38	36	226
	(30.5%)	(19.0%)	(17.7%)	(16.8%)	(15.9%)	(100.0%)
Transportation to doctors' offices and shopping	76	40	32	34	41	223
	(34.1%)	(17.9%)	(14.3%)	(15.2%)	(18.4%)	(100.0%)
Assistance in fixing things in home	66	38	39	35	39	217
	(30.4%)	(17.5%)	(18.0%)	(16.1%)	(18.0%)	(100.0%)
Information on services in town	72	40	31	33	38	214
	(33.6%)	(18.7%)	(14.5%)	(15.4%)	(17.8%)	(100.0%)
Assistance in preparing meals	70	38	33	32	35	208
	(33.7%)	(18.3%)	(15.9%)	(15.4%)	(16.8%)	(100.0%)

Needs Assessment of Alabama Professionals in the Fields of Aging and Disability (Survey #2):

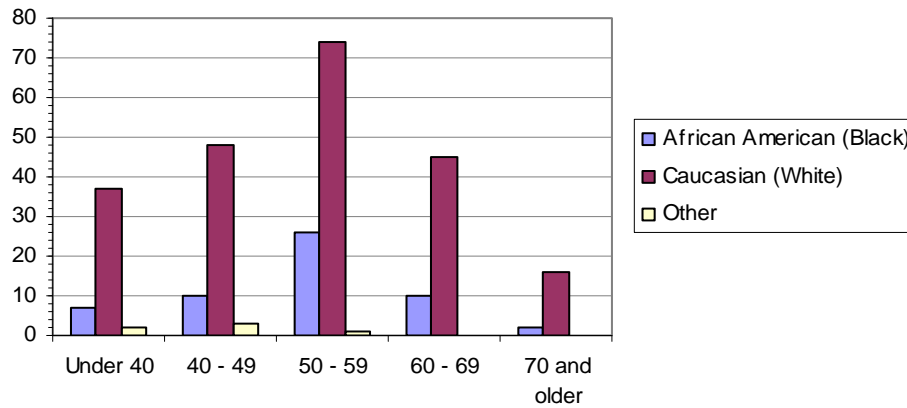
ADSS and the Survey Development Committee created a 42-item survey by cloning the 2009 Key Informant Survey developed by the Tennessee Commission on Aging and Disability and the University of Tennessee College of Social Work Office of Research and Public Service; many of the survey items offered Likert-like response choices. The survey included items describing respondent geographic area, service type, and demographics; unmet needs among Alabama residents age 55 and over; barriers their organizations have faced in serving older Alabamians, and the personal and service-related barriers that might prevent people from accessing their organizations' services. Some sections ended with an open-ended item to allow individual text responses for clarifying answers and addressing any additional questions or concerns.

The majority of the respondents (196; over 65%) were ages 30 thru 59, which is consistent with the primary working years for most people. Figure I-8 contains the frequency and percent of respondents by age group. Of those answering demographic items related to gender, women (232 females; 81.7%) outnumbered men (52 males; 18.3%). Race showed the sample to be primarily white, with 78.4 percent answering "Caucasian/White" on the survey. Figure I-9 contains the information by age group and race.

Figure I-8
Distribution of Respondents by Age Group and Type of Service (Survey #2)



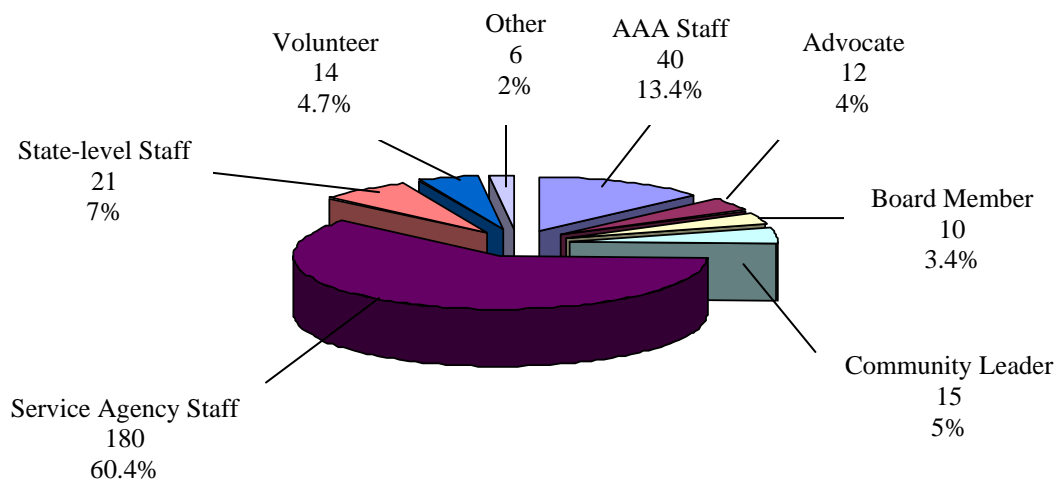
**Figure I-9
Distribution of Respondents by Age Group and Race (Survey #2)**



Note: The “Other” race category portrayed in Figure I-9 contains the respondents’ answers of Mixed Race and Native American.

The respondents were asked to identify their position or role related to programs on aging and disability. Over 60 percent represented service providers as directors or staff members. Sixty-one respondents specified their title, many of which applied to service provider functions and responsibilities. Other entries included Adult Protective Services, city planner, director of a specific office or facility, educator, insurance agent, librarian, police officer, researcher, and student intern. Figure I-10 contains the frequency of respondents’ roles related to this survey.

**Figure I-10
Distribution of Respondents by Professional Field**



Respondents were given the opportunity to identify recurring personal and service-related barriers that prevent people from accessing their organizations' services. Based on the respondents categorizing the critical nature of the 18 scaled personal barrier items as "Significant", "Some", "Slight", "No Evidence", or "Not Sure", top items for the most critical personal barriers were based on item frequencies of the "Significant" response. Table I-7 contains the statewide top responses regarding personal barriers. Based on the respondents categorizing the critical nature of the 14 scaled, service-related items, top items for the most critical service-related barriers were based on item frequencies of the "Significant" response. Table I-8 contains the statewide top responses for service-related barriers.

**Table I-7
Top Five Personal Barriers**

Item	Frequency
Poor health or mobility	157
Lack of transportation	144
Loss of financial security	120
Loneliness	104
Lack of family support	95
Co-pay or fee unaffordable	95

**Table I-8
Top Five Service-related Barriers**

Item	Frequency
Long waiting lists	115
Eligibility determination process is cumbersome and lengthy	104
Lack of volunteers	94
Consumer's lack of insurance	74
Lack of specialized professionals (geriatricians, geriatric nurses, gerontologists, social workers, physicians, dietitians, etc.)	65

Appendix J: Greatest Need Analysis and Targeting Efforts

Based on the U.S. Census Bureau (2009 Population Estimates), the information below describes Alabama's older population:

Population age 60 and over	907,089
Minority population age 60 and over	181,536

Table J-1 identifies the number of clients served in Fiscal Year 2009 and their demographic characteristics.

Table J-1
Older Alabamians, Age 60+
Served from October 1, 2008 to September 30, 2009

RACE	REGISTERED CLIENTS
African-American	10,859
Hispanic	98
Native American	170
Asian American	103
Non-Minority	26,699
Other Race	114
Rural	10,498
Below Poverty	13,518
Minority, Below Poverty	5,462
Total:	40,547

Preference for Greatest Economic and Social Need {Section 305(a)(2)(E)}

ADSS recognizes the importance of giving preference in the provision of services to older persons with the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals. These are the persons who are generally in greatest danger of becoming institutionalized. The effectiveness of service provision in preventing or delaying the institutionalization of these persons depends upon those services being provided in a manner that is comprehensive and coordinated from the older person's perspective. ADSS carries out this requirement through the following processes:

- The IFF uses the distribution of persons in greatest economic or social need and of minority older persons as factors in the distribution of funds;
- ADSS monitors, assesses, and evaluates the AAAs with regard to their effectiveness in giving preference to older persons with the greatest economic or social need, particularly low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, in the provision of services;
- ADSS has been involved with other state agencies in the development of client assessment instruments that are effective in measuring the criticality of economic or social need of older individuals 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
- ADSS is committed to the continued development and implementation of the coordinated statewide client tracking system that should assist in determining the effectiveness of these service delivery systems in providing for the needs of those in greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Methods Used to Satisfy the Service Needs of Low-Income Minority Older Alabamians {Section 307(a)(14)}

Based upon the U.S. Census Bureau (Census 2000: Special Tabulation on Aging), there were 45,050 below poverty minority older Alabamians and 275 below poverty minority older Alabamians who spoke English "less than very well."

ADSS uses an IFF weighted in favor of both low-income and low-income minority older persons. To assure the service needs of low-income minority older Alabamians are met, the AAAs are engaged in actively targeting such individuals. Area Plans on Aging contain objectives for targeting low-income minority older persons, and outreach efforts are designed to first identify low-income minority older persons and their needs. In addition, when new services or new service locations are established, they are placed where they will have the greatest accessibility for these targeted individuals and consistent with their identified needs.

Assessment procedures have been modified to accent the focus upon serving low-income minority older Alabamians. The procedures examine the methods used by each AAA to require that contractors target low-income minority older persons and to assess their compliance. Using these procedures, ADSS is able to provide better assistance to those agencies that appear not to be doing all they can in this targeting effort. In addition, ADSS monitors the degree to which the AAAs are providing services to low-income minority persons.

Methods of Meeting Service Needs of Rural Alabamians (Fiscal Year 2010 and Fiscal Years 2011-2012) {Section 307(a)(3)(B)(iii) and Section 307(a)(10)}

ADSS uses an IFF that is weighted in favor of older individuals living in rural areas. In addition, AAAs are encouraged to give a similar emphasis within the PSAs to those providers whose services will be of greatest benefit to rural older persons. Rural locations are to be given preferential considerations when establishing new services. ADSS includes in its assessment procedures an emphasis on determining the each AAA's effectiveness in targeting rural older persons. In previous plan years, ADSS has sponsored intensive training for those persons who provide direct, "hands on" services to rural older persons.

Methods of Implementing Activities for Native Americans
{Section 307(a)(21)(B)}

Population data specifically for Native Americans is listed on page 90 of the state plan and is included within the population data for minorities throughout the state plan.

In order to assure that the service needs of Native Americans are met, the AAAs are requested to actively target such individuals who are minorities. Area Plans on Aging contain objectives for targeting low-income minority older persons, which include Native Americans. Outreach efforts are designed to identify low-income minority older persons and their needs first.

ADSS will include all known Native American organizations in public information announcements and mailings. All known Native American organizations have been individually notified of the state plan and public hearing. The South Alabama Regional Planning Commission/AAA works very closely with the Poarch Band of Creek Indians (the state's Title VI grantee) to provide supportive services to their Native American clients.

Appendix K: Public Hearing (July 2009)

To deliver a status report on the current State Plan on Aging and to provide the general public with an opportunity to identify issues they want ADSS to address during the next four years, ADSS sponsored a public hearing on July 14, 2009. This appendix contains the public hearing agenda, synopsis, written comments, legal notices, and sign-in sheets.

**Public Hearing
On the State Plan on Aging
For Fiscal Years 2007-2010**

**State Capitol Auditorium
Montgomery, Alabama
Tuesday, July 14, 2009**

Welcome/Introductions	Ray Edwards, ADSS Board Chair
Review of Public Hearing Process & Purpose	Commissioner Irene Collins Pam McDaniel, A4A
Comments	Public
Closing Remarks	Commissioner Collins
Adjourn	

**Proceedings from the Public Hearing
on the State Plan on Aging
for Fiscal Years 2011-2012**

**State Capitol Auditorium
Montgomery, Alabama
July 14, 2009 @ 10:00 a.m.**

Ms. Irene Collins, Alabama Department of Senior Services Commissioner, expressed her excitement about what the future holds for us in aging as one views all that is transpiring across the nation. She stated Project 2020 will provide us with an opportunity to assist people before they spend down to qualify for Medicaid and to provide individuals with in-home services so they can remain at home instead of moving to a nursing home. In addition to highlighting the chronic disease self-management component of Project 2020, Ms. Collins described ADRCs as vital resources describing available services, identifying who is qualified to render services, and conducting client needs assessments. In Alabama, one may link to ADRCs via Alabama Connect, which is an online tool for researching available programs and services provided by state and local agencies. Ms. Collins stated all federal grants for which we have recently applied relate to community living incentives and encourage us to examine ways we can keep seniors in their homes for as long as it is safe to do so. ADSS wants to expand the Cash and Counseling model whereby individuals can choose their caregivers, the services they want to receive, and useful items they want to purchase for their homes. Ms. Collins stated ADSS and the AAAs are working in unison regarding the initiatives we want to pursue.

Ms. Pam McDaniel, AAA Director, described the purpose of the State Plan on Aging and emphasized today's public hearing is the first step in the Plan's development. She said it is crucial to solicit input from seniors, caregivers, concerned individuals and professionals so we may adequately address the concerns and issues confronting Alabama's older population. Ms. McDaniel described the next step in the process, obtaining input from the local areas through public hearings and completion of a comprehensive needs assessment. She stated that each AAA will develop its own Area Plan on Aging, which provides input to State Plan development. After describing Alabama's Aging Network, Ms. McDaniel identified AoA's four strategic goals that are intended to further the Administration's vision for LTC modernization. The State Plan will establish Alabama's direction as it works to promote the independence and well-being of its older citizens.

Ms. Hazel Bentley Kine, ASHL District 7, emphasized Alabama must develop a better senior care system as the age 60+ population rapidly increases. In addition to requesting budget increases for the AAAs, especially for meals, she stated seniors need protection from sexual offenders in LTC facilities. Ms. Kine described the ASHL's plan to develop a resolution to protect seniors by giving LTC facilities proper notice when a sexual offender is being released. She suggested seniors could remain in their homes with a 24/7 caregiver and encouraged the Personal Choices program be expanded.

Mr. Randy Frost, AAA Director, spoke on behalf of the Alabama Association of Area Agency on Aging (A4A) and requested (1) consideration of adequate funding for Alabama's Senior Nutrition Program giving priority to persons on waiting lists for home-delivered meals; (2) expansion of the HCBS program by increasing the number of persons served and to broaden the array of available services; (3) development of a person-centered system to streamline access to the service delivery network for all people with HCBS and LTC needs, to expand coordinated transportation systems, and to use IT technology to improve access to services and information; and (4) development and implementation of evidence-based wellness and health promotion programs to advance healthy aging.

Dr. Faye Baggiano, ASHL Region 9, spoke about the need to expand the E&D Waiver program. While the State of Alabama cannot provide everything that seniors need, Dr. Baggiano encouraged ADSS to expand the programs and services as much as possible and to provide more choices to seniors so they can stay in their homes and communities.

Mr. Ray Farmer described a recent paper plate campaign that educated legislators on the importance of nutrition centers in seniors' lives by helping isolated, at risk seniors stay connected to their community and improve their quality of life. He requested additional funding to maintain the centers and to address the long waiting lists. Mr. Farmer applauded volunteer participation in transporting home-delivered meals and sadly remarked many communities do not have a senior center.

Mr. Bill Fuller, Alabama Elder Justice Project, praised ADSS as a lighthouse on seniors' safety from abuse and exploitation as thousands of victims remain at risk. He expressed his appreciation for plans being made by ADSS and the AAAs to continue to embrace the safety of seniors. Mr. Fuller looked forward to assisting the new select House Committee on Elder Justice by convening multiple statewide public hearings on elder abuse and exploitation in order for the Alabama Legislature to examine the laws, resources, and safety net needed for seniors.

Ms. Gina Germany, Co-Owner of Touching Hearts Senior Care in Mobile, AL, stated that society is in denial about aging. She stressed that sooner or later we must deal with aging, especially when it affects our parents. Ms. Germany emphasized that people to not plan on caring for their parents nor planning for their own retirement. She applauded Project 2020's strategy to build on HCBS that would generate significant savings for federal and state governments.

Ms. Lynn Mitchell, Legacy Leadership Institute, described the opportunities she has been given to learn about senior care in the area and service availability. She was pleased with the work being done by city and county networks and has enjoyed visiting LTC facilities and interviewing some of the residents.

Ms. Laura Grandquest, family caregiver, told a story about the caregiving challenges she experienced while caring for her mother. She stated people need to be at home where a family member or a trained professional caregiver can provide care oversight. Ms. Grandquest expressed her frustration at being unable to register complaints or commendations concerning registered CNAs if the CNAs are providing care in a private residence.

Ms. Anna Pritchett, AARP Alabama, stated they have recently worked with ADSS and other state partners on older workers' issues and identified opportunities to speak with employers about the importance of the older worker in the Alabama Workforce. With the economic downturn, disappearing pensions, and undependable savings, many retirees were forced to find jobs as they juggle caregiving responsibilities. Ms. Pritchett reminded the audience that the baby boomers will be entirely different than the current older population; their needs will be varied, they will be more vocal, want different things, and hopefully help us request more HCBS as the LTC Rebalancing Advisory Council, of which ADSS is a member, identifies recommended changes to achieve a coordinated continuum of care in Alabama.

In Ms. Pritchett's written comments, she commended ADSS for its dedication to improving the lives of so many Alabamians. She stated the aging network has historically been underfunded; this trend may continue as the economy struggles to recover. Ms. Pritchett encouraged ADSS to look to the future as it develops the State Plan on Aging, to address the needs of each constituency, the agency itself, the capacity of Alabama's aging service providers, seniors, and caregivers as they attempt to attain and coordinate care. She stated Alabamians want more choices and increased quality for HCBS and emphasized ADSS must be a champion for coordinating and expanding HCBS, a much more cost-effective means of care. Ms. Pritchett identified two critical areas: (1) address the aging workforce by more effectively engaging older adults in the workforce and removing potential barriers to employment; and (2) expand options for a public transportation system that is safe, accessible, dependable, and affordable while considering older adults' mobility requirements and desire for mobility options and enhancing mobility, promoting independence, facilitating employment opportunity, and fostering social engagement.

In preparation for the July 14, 2009 public hearing for the State Plan on Aging, the following legal notice was submitted to two newspaper companies, the Montgomery Advertiser and the Birmingham News, in Alabama:

LEGAL NOTICE OF PUBLIC HEARING

A Public Hearing will be held to obtain information from the general public for the Alabama Department of Senior Services State Plan on Aging. The Public Hearing will convene at 10:00 a.m., Tuesday, July 14, 2009, in the State Capitol Building Auditorium located at 600 Dexter Avenue in Montgomery. The public is invited to discuss long-term care needs and may propose changes to programs currently provided through the Alabama Department of Senior Services. Comments can be presented in person at the Public Hearing or they can be sent by mail, telephone, fax, or e-mail. To provide feedback by mail, send your correspondence to: Alabama Department of Senior Services, P.O. Box 301851, Montgomery, AL 36104. To provide an input by telephone, call (877) 425-2243 or fax (334) 242-5594. Feedback may also be provided by e-mail to ageline@adss.alabama.gov. To be considered for inclusion in the FY 2011-2014 State Plan on Aging, all responses must be received by 12:00 p.m., Friday, July 31, 2009.

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

Daily-Montgomery, Montgomery County, AL

PROOF OF PUBLICATION

State of Alabama

County of Montgomery:

Before the undersigned authority personally appeared Michelle Davis 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: 842278 **LEGAL NOTICE OF PUBLIC**

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

7/7/2009

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 \$ 117.12

Sworn to and subscribed before me this 10th day of July 2009
by Michelle Davis who is personally known to me.

M. Davis Affiant

Paula B. Smith Notary Public

My commission expires 03-30-2013



AFFIDAVIT OF PUBLICATION
THE BIRMINGHAM NEWS COMPANY
PUBLISHERS OF
THE BIRMINGHAM NEWS

PASTE CLIPPING HERE



On this 11TH day of AUGUST

A.D. Two Thousand, and Nine, Paul McCarty
declares that he is an Accounting Clerk of "The
Birmingham News" published in the City of
Birmingham, in the County of Jefferson, in the State
of Alabama, and that the advertisement true copy of
which is herewith attached, appeared in "The
Birmingham News" on the following dates:

JULY - 07 - 2009

JUNE - 16, 23, 30 - 2009

Paul McCarty
Signed: Paul McCarty

State of Alabama
County of Jefferson

On 08-11-, 2009, Paul McCarty

personally appeared before me, who is personally known
to me to be the signer of the above document, and he
acknowledged that he signed it.

Randy S. Crayn
Randy S. Crayn, Notary Public

MY COMMISSION EXPIRES JANUARY 23, 2012

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Marlene Jones	ADSS		✓
Marilyn McCorkee	TAREC		✓
Clara McEwen	WARC		✓
Page Sack	ADSS		
Pat Dammann	MACA		✓
Jennifer Williams	MFCOA		✓
J. Ray Warren	ADSS Board member		
Norma Coats	ADSS		✓
Deis Ball	DNR		✓
Mary Wedgeworth	SCADC-AAA		✓
Mildred Lewis	SCADE-AAA		✓
Annay Stewart	CAPC		✓
Carly Rainey	CAPC		✓
Ronald B. Allen	ADSS Board		
Howell	LEAG-AAA		✓

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Dr. Wendee Davidson	AIDB - Senior Services		X
Carol Olsen	ASHL District II		X
Laurence M. Seibert	NARCOS / AAA		X
Laurence M. Seibert	ASHL		X
Laurence M. Seibert	ASHL - District II		X
Megan Ann Ostroff	ADSS		X
Johnny Holman	ADSS		X
Chicoe Calandro	ADSS		X
Matthew B. Quinn	ADSS		X
Greg Edwards	ADSS		X
Robert E. Quinn	ADSS		X
Jackie Hodson	IRIC		X
Sam Stone	ADSS		X
Barry Robinson	TRACOG		X
David Robinson	MUFA		X

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Maury Williams	M4H		✓
Dorinda Johnson	M4H		✓
Frank Williams	M4COP		✓
Julia Kelly Bennett	SCADC		
Walter Bennett	CAPC		✓
Quaker Kipatich	SCADC		✓
Diana G. Reynolds			
Maury Williams	FRCH		✓
William Williams	FRCH		✓
Jessie Gregory			
Patricia Gault			
Carroll Anderson			
Wanda Gault			
Norma Spence			
Walter Johnson			

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
<i>Robert Johnson</i>	<i>Lee Russell Section</i>		
<i>Cheryl Russell</i>	<i>Lee Russell</i>		
<i>Angela Williams</i>			
<i>Dorothy Darnay</i>			
<i>Maria Belkum</i>			
<i>Ann Williams</i>			
<i>Cherdi Beaswell</i>			
<i>Carli Graham</i>			
<i>Myrtle M. Lee</i>			
<i>Bernie Jackson</i>			
<i>Deborah Smith</i>			
<i>Jeanie Kay Smith</i>			
<i>Mr. Mrs. Babney</i>			

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Virginia Moore Bell	ADSS		<input checked="" type="checkbox"/>
Jack D. Ballard	ADSS		<input checked="" type="checkbox"/>
Kenny Williams	ADSS		<input checked="" type="checkbox"/>
Grant Wodgers, Jr.	ADSS		<input checked="" type="checkbox"/>
TDD Coffey	ADSS		<input checked="" type="checkbox"/>
Robert Franklin	ADSS		<input checked="" type="checkbox"/>
Delia Branch	ATRC AFA		<input checked="" type="checkbox"/>
Jane Miller	ADSS		<input checked="" type="checkbox"/>
William D.D. Voigt	ADSS		<input checked="" type="checkbox"/>
Shirley Huntley	ADSS		<input checked="" type="checkbox"/>
Bob Culver	TARC OIG		<input checked="" type="checkbox"/>
Karen Crawford	SCADC		<input checked="" type="checkbox"/>
Sharon A. Beed	SCADC		<input checked="" type="checkbox"/>
Barb Homann	SCADC		<input checked="" type="checkbox"/>
Homer Homann	SCADC		<input checked="" type="checkbox"/>

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Jackie Ayers	ANHA		<input checked="" type="checkbox"/>
John Charles Rigg	ATRC		<input checked="" type="checkbox"/>
Julie			
Betty Kessel	BRCCG		
Robin Amick	ZRCM		
Mae Richmond	SCADC		<input checked="" type="checkbox"/>
Nancy Malaini	AMBS		<input checked="" type="checkbox"/>
Sharon Davis	SCABC		<input checked="" type="checkbox"/>
Annice Kite Beard			
Early Shadwick			
Mary Mason			
Mary Johnson			

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
D. H. FULER	The Alabama Elder Justice Project (AEP)		<input checked="" type="checkbox"/>
Edward Boydgate			
Gregory Green			
Erma Jean			
William B. Johnson			
Robert Johnson	SARCO		
Dean Don Corroch	ASH		
Dean Don Corroch			
Minnie J. Divil			

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
✓ Joyce Beathes-Kinn	ASHL District 7	✓	
Dr. Faye Baggiano	Region 4	✓	
RAY H FARMER	TARCOG	✓	
Bandy Frost	A4A	✓	
Bill Fuller	AA. Elder Justice Project	✓	

Alabama Department of Senior Services
 Public Hearing for FY 2007-2010 State Plan on Aging
 Tuesday, July 14, 2009; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Not signed in

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Lynn Mitchell			
Laura Grendquest			
Janet Bryant			
Virtuce Austin			
Gina Germany			

Appendix L: Public Hearing (May 2010)

To provide the general public with an opportunity to comment on the proposed Fiscal Years 2011-2012 State Plan on Aging, ADSS held a public hearing on May 21, 2010. This appendix contains the public hearing agenda, synopsis, written comments, legal notices, and sign-in sheets.

**Public Hearing
On the State Plan on Aging
For Fiscal Years 2011-2012 &
Older Americans Act Reauthorization**

**State Capitol Auditorium
Montgomery, Alabama
Friday, May 21, 2010**

Welcome/Introductions	Ray Edwards, ADSS Board Chair
Review of Public Hearing Process & Purpose	Commissioner Irene Collins
Comments	Public
Closing Remarks	Commissioner Irene Collins

PUBLIC COMMENTS WELCOME

Public comments will be accepted until **noon on Friday, May 28, 2010**. Comments must be submitted via one of the following methods:

- 1) **Phone** - 1-877-425-2243
- 2) **FAX** - 1-334-242-5594
- 3) **Email** - ageline@adss.alabama.gov
- 4) **Mail** - Alabama Department of Senior Services
P.O. Box 301851
Montgomery, AL 36104-1851

Thank you in advance for your feedback and suggestions!

Proceedings from the Public Hearing
on the State Plan on Aging
for Fiscal Years 2011-2014

State Capitol Auditorium
Montgomery, Alabama
Friday, May 21, 2010 @ 10:00 a.m.

Commissioner Collins welcomed those in attendance to the Public Hearing. She just returned from a one-day trip to Dallas, TX, attending a forum on the Health Care Reform and its process as well as technology, how to care for our systems, and how we can work together with the challenges of system inter-operability. It was very interesting to hear the two different perspectives of the Health Care Reform from Tom Daschle and Mitt Romney. ADSS is heavily involved in the Health Care Reform about which you will hear more about as time goes on. Today is our Public Hearing which will allow us the opportunity to talk about and receive comments on the Reauthorization of the Older Americans Act and the State Plan.

Commissioner Collins gave special recognition to the ADSS Staff, ADSS Board, Executive Directors, and the Area Agency on Aging Directors for their hard work and dedication to the aging population we serve. She discussed how programs have grown dramatically over the last seven years due to the aging baby boomer population. Because there aren't enough of us to provide all the services we are called upon to do, we are going to have to do things differently, such as look at new ways to reach out and get things done. Dealing more with electronic information, information is available through the Aging and Disability Resource Center (ADRC) which is the key to all we do throughout the nation. There will be some mandates and requirements dealing with the ADRC that will ensure compliance with state and federal guidelines.

Commissioner Collins stated that at this time the State Plan is a four-year plan; however, due to constant changes in the Health Care Reform which will affect us and modifications not yet finalized, we will be reducing the document to a two-year plan.

Ms. Nancy Robertson, Top of Alabama Regional Council of Governments AAA Director – is representing the Alabama Association of Area Agencies on Aging (A4A). A4A's comments reflect the priorities identified by the 13 AAAs serving our 890,000 older Alabamians and their caregivers. A4A requests that ADSS consider addressing the following areas in the state plan:

- Planning for the changes that will be brought about by the tremendous growth of the aging population;
- Developing adequate funding for programs that serve seniors across the state, including support for caregivers, and the OAA Senior Nutrition Program, giving priority to addressing the existing waiting list for home-delivered meals;
- Expanding the HCBS program to increase the number of persons served and to broaden the array of services provided to HCBS clients, including home modification and personal emergency response systems;

- Developing a person-centered system to streamline access into the service delivery network for all people with HCBS LTC needs; and
- Developing and implementing evidence-based wellness and health promotion programs.

Mrs. Jessie Klonaris, Nursing Home Resident – Mrs. Klonaris is a member of the older population and has lived in three nursing homes. Mrs. Klonaris stated there are some good and bad points to being in a nursing home. She further stated the staff has so much to do and home care would be preferable; however, home health and other workers should be more familiar with their surroundings to provide assistance. Mrs. Klonaris stated money is not everything, but it is at her age.

Ms. Liz Prosch, Organizational Development Director, Methodist Homes Corporation – Ms. Prosch spoke on behalf of the Alabama Coalition for Culture Change. The Coalition wishes to focus on three initiatives of the organization that align with the State Plan on Aging and the OAA. These initiatives are 1) advancing holistic and person-centered approaches to care and services for older adults, 2) promoting new and innovative models of care and service delivery to elders, and 3) strengthening stakeholder collaboration.

Mrs. Jacqueline Lishkoff, Ms. Alabama Nursing Home 2009 – Mrs. Lishkoff stated she was very thankful for the nursing homes. When she first arrived at the nursing home, she was unable to walk or do anything for herself; she was just a mess. With the love and attention she received, Mrs. Lishkoff can walk and do some other things for herself; she has become a normal person again. She wants to be an advocate and provide care and service to others in need.

Mrs. Hazel Kine, Alabama Silver-Haired Legislature – Mrs. Kine is a Silver-Haired Legislator from Lawrence County and is on the NARCOG Advisory Council in Decatur. There are several areas of concern that need to be addressed in the State Plan, which include:

- Funding a Caregiver Emergency fund;
- Expanding the Personal Choices Program to all 67 counties;
- Removing tax on basic food items to help seniors on food stamps get all they need; and
- Furnishing fall detection/monitoring devices

Ms. Joan Carter, State Director of AARP Alabama – Ms. Carter stated that AARP appreciated the opportunity to offer a perspective on the implementation of Older Americans Act (OAA) programs and services through the ADSS State Plan. In this period of economic downturn, AARP is most concerned that programs, authorities, and partnerships that have already proven effective in meeting the needs of vulnerable older Alabamians be maintained and strengthened.

AARP believes that successful state delivery strategies may include:

- Expanding home- and community-based care programs;
- Streamlining administrative operations; and
- Adopting assessment and care management practices

AARP urges the retention of provisions that enable the Ombudsmen to:

- Provide information to the public and lawmakers;
- Comment on laws or regulations affecting care institutions;
- Execute their mission free of conflict of interest at any level; and
- Assure the confidentiality of resident complaints and program records.

AARP also urges that legal assistance be reaffirmed as a required service under the Act unless waived in accordance with guidelines from the Secretary.

Mr. Chris Schmidt, Administrator of Hillview Terrace Rehab Select – Mr. Schmidt thanked the ADSS Board for the opportunity to address the public hearing on behalf of the 226 member facilities of the Alabama Nursing Home Association. Alabama nursing homes lead the way in high quality care. Care techniques and training will only go so far without skilled, compassionate staff. Alabama’s nursing homes are setting new standards for high quality care while at the same time providing a safe, nurturing environment.

Mr. Ray Farmer, Top of Alabama Regional Council of Governments Advisory Board President – Mr. Farmer stated that in order to get input directly from the seniors in his area they conduct an extensive needs survey asking seniors what was their highest priority needs. This year over 3,000 seniors participated in the survey. At our advisory council meeting, the results were merged into one combined list; the top two needs were meals and transportation. The other needs were services to homebound, fitness, prescription drug assistance, health care, caregiver support, utility bill assistance, group activities, information and assistance, insurance counseling, legal, reaching new people, crime prevention, chore service, long-term care, adult day care, financial service/employment, volunteer opportunities, and housing.

Mr. Bill Voigt, Office of Senior Citizens Services, AAA Executive Director – Mr. Voigt spoke on behalf of the Alabama Gerontological Society (AGS) for which I currently serve as President. Some of the topics presented at our most recent AGS conference need to be addressed in the State Plan. The first topic is Elder Abuse. World Elder Abuse Awareness Day occurs soon and it’s very important that we support such recognition to raise awareness about something that wasn’t discussed until just a few years ago. The next topic concerns preparing service providers to effectively work with seniors and their caregivers. Issues include how to

understand instructions on prescription bottles, how to navigate legal issues, how to communicate, and how to prepare a family for the loss of a loved one.

Empress Lewis, Senior Aides Worker, Middle Alabama Area Agency on Aging – Ms. Lewis stated that through the Senior Aides program she learned skills that she thought she was incapable of doing and how to be more of service to others.

In preparation for the May 21, 2010 public hearing for the State Plan on Aging, the following legal notice was submitted to two newspaper companies, the Montgomery Advertiser and the Birmingham News, in Alabama:

LEGAL NOTICE OF PUBLIC HEARING

A Public Hearing will be held to present the Alabama Department of Senior Services State Plan on Aging at 10:00 a.m., Friday, May 21, 2010, 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. It may be reviewed from 10:30 a.m., Monday, May 3 through noon, Friday, May 28, 2010, 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) 425-2243 or fax (334) 242-5594. A copy can also be obtained by emailing a request to age-line@adss.alabama.gov. 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, Friday, May 28, 2010 to be considered for inclusion in this State Plan on Aging. An afternoon session will be held to discuss the reauthorization of the Older Americans Act. The public is invited to attend.

Daily-Montgomery, Montgomery County, AL

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: 861015 LEGAL NOTICE OF PUBLISH

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

5/7/2010

5/14/2010

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.

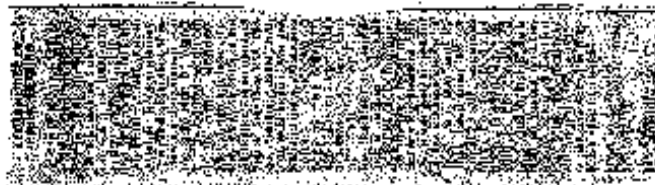
Now due on said account is \$ 234.24

Sworn to and subscribed before me this 26th day of May, 2010,
by Linda Scott who is personally known to me.

Linda Scott Affiant

Stephen J. Hanks Notary Public

My Commission Expires August 14, 2013



AFFIDAVIT OF PUBLICATION
 THE BIRMINGHAM NEWS COMPANY
 PUBLISHERS OF
 THE BIRMINGHAM NEWS

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LEGAL NOTICE CONCERNING HEARING
 A Public Hearing will be held on Tuesday, May 18, 2010, at 10:00 a.m. in the Board Room of the Birmingham Public Health Department, 1000 19th Street, Birmingham, Alabama 35203. The hearing is to discuss the proposed amendments to the Birmingham Public Health Department's Board of Health. The amendments include changes to the Board's composition and the Board's powers. The amendments are available for review at the Birmingham Public Health Department's website, www.bphd.org. The amendments will be discussed at the hearing and the Board will vote on them. If you have any questions, please contact the Birmingham Public Health Department at (205) 325-1000.

On this 14th day of May
 A.D. Two Thousand, and Ten, Vickie Webb
 declares that she is an Accounting Clerk of "The
 Birmingham News" published in the City of
 Birmingham, in the County of Jefferson, in the State
 of Alabama and that the advertisement a true copy of
 which is herewith attached, appeared in "The
 Birmingham News" on the following dates:

- May 14, 2010
- May 7, 2010
- April 30, 2010
- April 23, 2010

Vickie Webb
 Signed- Vickie Webb

State of Alabama
 County of Jefferson
 On 5/14, 2010, Vickie Webb-
 personally appeared before me, who is personally known
 to me to be the signer of the above document, and she
 acknowledged that she signed it.

Storia Vann Billingsley
 Storia Vann Billingsley, Notary Public
 MY COMMISSION EXPIRES AUGUST 3, 2012

Alabama Department of Senior Services
 Public Hearing for FY 2011-2012 State Plan on Aging
 and Older Americans Act Reauthorization
 Friday, May 21, 2010; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Tom Howard	SCAAS		✓
Karen H. Taylor	ADSS		✓
Marcetta Roberts	ADSS		✓
Kelly Williams	ADSS		✓
Dianne Haskins	ADSS		✓
Adana Davis	ADSS		✓
Thomas Logan	ADSS		✓
Richard Helms	ADSS		✓
Mary Anne Ledford	ADSS		✓
Patricia Merritt	ADSS		✓
Russ Place	ADSS		✓
Carl Roberts	AMP		✓
Eric Gera Stort	LRCC-AAA		✓
Kevin Whitman	LRCC-AAA		✓

Alabama Department of Senior Services
 Public Hearing for FY 2011-2012 State Plan on Aging
 and Older Americans Act Reauthorization
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 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Diana McFarland	West Ala. AAA		
Elizabeth Stansell	ADSS		
Mike Nyberg	Seniors - AAA		
Steve St. Gerard	Seniors - AAA		
Tracie McFarland	Seniors - AAA		
Alison Williams	AL Nursing Home Assn.		
John Motson	ADSS		
T. Ray Warren	ADSS		
Carole Craftin	ADSS		
Robert G. Gamm	ADSS		
Michael Bridges	ADSS		
Kelli Giddens	ADSS		
Tracy Giddens	ADSS		
Michelle Giddens	ADSS		

Alabama Department of Senior Services
 Public Hearing for FY 2011-2012 State Plan on Aging
 and Older Americans Act Reauthorization
 Friday, May 21, 2010; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
<i>Ernesta Gooden</i>	<i>M4A</i>		<input checked="" type="checkbox"/>
<i>Billy Flock</i>	<i>M4A</i>		<input checked="" type="checkbox"/>
<i>Oranma News</i>	<i>M4A</i>		<input checked="" type="checkbox"/>
<i>Shene B Collins</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>David K. Smith</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>Lee Sandlin</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>David Smith</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>Gregory Clark</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>William Thomas</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>Lois B. Fitzgerald, Jr.</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>John Proctor</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>John Bentley</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>Missie Grant</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>
<i>John W. Haskins</i>	<i>ADSS</i>		<input checked="" type="checkbox"/>

Alabama Department of Senior Services
 Public Hearing for FY 2011-2012 State Plan on Aging
 and Older Americans Act Reauthorization
 Friday, May 21, 2010; 10:00 a.m.
 State Capitol Auditorium, Montgomery, Alabama

Sign-In Sheet

Name	Agency/Organization	Speaker	Guest
Charlotte Blodde	Lee-Russell CCG		
Josephine Lynch			
Melissa Marshall	The Coalition Against Domestic Violence		X
Lia Race Professor	Oxide B...		

Appendix M: State Plan Assurances

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

ASSURANCES

Sec. 305, 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.

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);

(4)(A)(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 in the planning and service area;

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on - -

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

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

(6)(F) Each area agency will:

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

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

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including - -

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

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

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

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency - -

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

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

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

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

Sec. 307(a), 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(a), 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 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 intra-state 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)

(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)

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.

James B. Collins

6-11-19

Signature and Title of Authorized Official

Date

Appendix N: References

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STATE PLAN ON AGING FISCAL YEARS 2011-2012

Prepared by the

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