

## VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the Planning and Service Area of **Region 3 / Middle Alabama Area Agency on Aging** for the period **October 1, 2010, through September 30, 2014**. It includes all assurances and plans to be conducted by the **Middle Alabama Area Agency on Aging** under provisions of the Older Americans Act, as amended, during the period identified. The Area Agency on Aging has been given the authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Older Americans Act, and is primarily responsible for the coordination of all Area Agency on Aging activities related to the purposes of the Older Americans Act, i.e., the development of comprehensive and coordinated systems for the delivery to older persons of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly within the Planning and Service Area.

This plan is hereby approved by the AAA Board of Directors and constitutes authorization to proceed with activities under the Plan upon approval by the Alabama Department of Senior Services.

The Area Plan on Aging hereby submitted has been developed in accordance with all State and Federal statutory and regulatory requirements as required in the Older Americans Act, the FY 2011-2014 Four-Year Area Plan Guide, and subsequent instructions from the Alabama Department of Senior Services.

\_\_\_\_\_ (Signed) \_\_\_\_\_  
(Date) (Area Agency on Aging Executive Director)

I hereby approve this Area Plan on Aging and submit it to the Alabama Department of Senior Services for approval.

\_\_\_\_\_ (Signed) \_\_\_\_\_  
(Date) (Chairman, Board of Directors)

For Middle Alabama Area Agency on Aging

## **APPLICATION FOR AWARD**

Applicant Organization: **Middle Alabama Area Agency on Aging (M4A)**

Address: **15863 Hwy 25  
Calera, AL 35040**

Chairman of the Board of Directors: **Richard Lovelady** Telephone: **205-648-6846**

Chief Executive of the Organization: **N/A** Telephone: **N/A**

Area Agency on Aging Director: **Carolyn G. Fortner** Telephone: **205-670-5770**

**Operational period covered by this application: October 1, 2010, through September 30, 2011.**

Total funds for which application is made: \$1,375,000.00.

Period covered by approved Area Plan: October 1, 2010, through September 30, 2014.

The applicant herewith submits to the Alabama Department of Senior Services the attached **Annual Operating Element** for the operational period covered above. The applicant requests an award of funds from the Alabama Department of Senior Services in the amount specified above. The applicant proposes to utilize the proceeds of the award as described in the Annual Operating Element, to implement the strategies of the approved Area Plan identified above. The Applicant agrees to adhere to and comply with all the terms, rules, conditions, laws, and policies applicable to this award, the Annual Operating Element, and the approved Area Plan. The proceeds of this award will not be used for any activities or purposes that are not included in the Annual Operating Element, nor to replace any funds presently available from other sources for activities or purposes that are included in the Annual Operating Element.

**Middle Alabama Area Agency on Aging  
Applicant Organization**

By \_\_\_\_\_  
**Richard Lovelady, Chairman, Board of Directors**

## **EXPENDITURES FOR TITLE III-B PRIORITY SERVICES**

FOR FISCAL YEAR 2010

Total Fiscal Year 2010 Supportive Services

Expenditures from Funds Awarded under Title III-B: \$325,000.00

	AWARD FUNDS	LOCAL MATCH	TOTAL
<b>ACCESS SERVICES (29.1%)</b>	<i>list below</i>	<i>list below</i>	<i>list below</i>
Outreach	\$35,000.00	\$3,889.00	\$38,889.00
Information/Assistance	\$70,000.00	\$7,778.00	\$77,778.00
Case Management	\$20,000.00	\$2,222.00	\$22,222.00
Transportation	\$80,000.00	\$8,889.00	\$88,889.00
Health/Mental Health	\$0	\$0	\$0
<b>ACCESS TOTALS</b>	<b>\$205,000.00</b>	<b>\$22,778.00</b>	<b>\$227,778.00</b>
<b>IN-HOME SERVICES (2.5%)</b>	<i>list below</i>	<i>list below</i>	<i>list below</i>
Homemaker	\$2,500.00	\$278.00	\$2,778.00
Chore	\$20,000.00	\$2,222.00	\$22,222.00
Personal Care	\$5,000.00	\$556.00	\$5,556.00
Alzheimer's Disease	\$0	\$0	\$0
<b>IN-HOME TOTALS</b>	<b>\$27,500.00</b>	<b>\$3,056.00</b>	<b>\$30,556.00</b>
<b>Legal Assistance (6.7%)</b>	<b>\$25,000.00</b>	<b>\$2,778.00</b>	<b>\$27,778.00</b>

The expenditures reported above are included pursuant to Older Americans Act, §306 (a)(2) to document compliance with §307 (a)(2). All expenditures shown above are from fiscal year 2011 funds. The expenditures shown above do not include any expenditures from funds awarded for services under Parts C-1, C-2, D, or E, nor from Titles VI or VII of the Older Americans Act. The expenditures of "Award Funds" must be no less than the following percentages of the total expenditures for supportive services (Part B) :

Access Services 29.1  
 In-home Services 2.5  
 Legal Assistance 6.7

(Reference AOA section 306 (A) (2) (A, B, C) and AOA Fiscal Guide 2004)

# **Middle Alabama Area Agency on Aging**

## **Region 3**



## **Four-Year Area Plan on Aging**

**For October 1, 2011 to September 30, 2014**

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## **Section I: History and Overview of Middle Alabama Area Agency on Aging**

### ***History of M4A***

Middle Alabama Area Agency on Aging (M4A) was designated, pursuant to the Older Americans Act (OAA), by Governor Guy Hunt as the Area Agency on Aging for Region 3 in the Birmingham Regional Planning District in 1989. Shortly thereafter, the 5 counties which comprise the M4A service area entered into a multi-jurisdictional agreement which empowered M4A to administer services to seniors in Region 3. The multi-jurisdictional agreement further empowered M4A to take all actions necessary to fulfill the requirements of the Older Americans Act and to address the concerns facing aging individuals in the M4A service area. The counties which signed this multi-jurisdictional agreement and which still comprise the service area and Board governance of M4A include Blount, Chilton, Shelby, St. Clair and Walker counties.

From its inception, M4A contracted with county governments or nonprofits which were closely affiliated with county governments and formed to receive federal and state funds from M4A to administer many OAA Title III services such as meals, transportation, homemaker, chore, friendly visiting, and telephone reassurance. In addition, M4A contracted with the law firm of Davis & Neal, based in Southeast Alabama, for its legal and State Health Insurance Assistance Programs. The main services provided in-house at M4A were ombudsman and Medicaid Waiver. Therefore, the primary functions of M4A were fiscal and administrative, to monitor the various Title III contracts and ensure that OAA assurances were being met.

For M4A, major change occurred in 2001 under the leadership of M4A's second Executive Director. Following her predecessor's resignation, the Agency was mired in controversy, facing an uncertain future. One of the new Executive Director's first tasks was to try to bring fiscal transparency and stability to M4A. Whereas one person previously had overseen the fiscal and programmatic integrity of M4A, under the new Executive Director, a fiscal officer was hired and clear distinctions were made with regard to M4A's and M4A's Executive Director's role in local transportation.

During this time as well, the Executive Director worked to bring many federal programs in-house and to establish new programs at M4A. For example, from 2001-2003, M4A brought SHIP, SMP (Senior Medicare Patrol Program), and legal services in-house. In addition, an Alabama Cares Coordinator and an Information and Referral Coordinator were hired. The State of Alabama also allocated funds to start a state medication assistance program, called SenioRx, and staff members were hired at M4A in order to serve the hundreds of older individuals who called and were qualified for SenioRx assistance.

In 2003-2004, there was continued change at M4A when the Agency ceased contracting locally for meals and began to purchase meals under a statewide contract with ADSS and the other 12 Area Agencies on Aging in Alabama. Although change brought greater fiscal clarity to M4A, this particular change proved unpopular to many. Kitchen staff and drivers who had once prepared and delivered meals were now unemployed; one senior center closed and two county senior service directors lost their jobs. In addition, as there were no drivers to deliver many hot homebound meals and the local governments were having great difficulty recruiting volunteers for such a task, many



hot homebound clients began to receive weekly frozen meal packets delivered by Valley Services. There was tremendous backlash.

Although much time has passed and local relationships have been restored and strengthened since the switch from locally prepared meals to state contract meals, center managers and participants in the M4A region still express concern over the comparative quality of the state-prepared meals and at the lack of transportation options within their counties.

From 2001-2006, M4A staff worked diligently to advertise the services of M4A and conduct outreach, including publicizing the 1-800-AGELINE number and the new SenioRx and Information and Referral Programs. Definitely, the state media that promoted SenioRx brought great public attention to the Area Agencies on Aging in Alabama. Furthermore, since all first-time callers to M4A undergo an assessment through the I&R program, callers were assessed not only for SenioRx but also for other M4A and community services, such as the E&D Waiver, the Medicare Savings Program, Alabama Cares, legal services, nutrition services, food stamps, and weatherization.

Much publicity was drawn to the Area Agencies on Aging again when the federal government made provisions for medication coverage under Medicare Part D. Under SHIP, thousands of Medicare beneficiaries in the M4A region received assistance in understanding the Medicare Drug Discount Cards and in choosing and signing-up for a Medicare Part D Plan. Although a SHIP initiative, all M4A staff assisted with outreach, education, and enrollment.

To this day, SenioRx and SHIP, along with nutrition (homebound meals), continue to be the services most requested by callers to M4A.

Although the flood of telephone calls that followed the implementation of SenioRx and the roll-out of Medicare Part D was the testing grounds for M4A's commitment to staff cross-training, M4A has been cross-training its staff since 2002 when SHIP/SMP were brought in-house and when the M4A Information & Referral program was established. All staff were SHIP trained, I&R trained, required to provide at least 2 days per month of intake, and provide outreach to 2 senior centers per month.

On intake days, the coordinator who had intake would not only assess first-time callers for various M4A services, the coordinator would also assess callers for other services, such as food stamps and LIHEAP. If callers had needs that fell into a "gap" (i.e., eyeglasses, hearing aids, home repair, utility bill assistance, etc.), the coordinator was responsible for case managing this caller and trying to locate resources that would fulfill this "gap" need.

As individual coordinators began to track down resources and develop relationships, they began to share their resources and contacts with fellow staff members. In addition, M4A began to conduct regular staff in-services so that coordinators had additional opportunities to develop the knowledge base to become aging professionals. Overtime, these resources were cataloged and bound into a *Resource Directory* which to this day continues to be updated as new resources and relationships are developed.

The monthly outreach at each of the senior centers not only allowed M4A to disseminate important information throughout its region, the monthly outreach also enabled M4A to begin developing relationships with each of its center managers and participants, which laid the important

groundwork for M4A to begin to repair its local relationships that were strained or damaged after meals were purchased under the state contract.

Finally, in FY 2005, M4A moved to Shelby County where the County and the City of Calera began to renovate a new office building to permanently house the Area Agency on Aging. In 2007, M4A staff moved into its current and permanent location on Hwy 25 in Calera.

The new facility not only has separate conference rooms for small meetings and larger meetings, it also has ample storage space and room for growth for M4A. Most importantly, however, M4A is located in the same building as the Calera Senior Center. Being in the same location as one of its senior centers has greatly enriched the professional experience of M4A staff members. The executive staff members particularly feel that they have greater understanding and empathy for the challenges of the local center managers and the local cities responsible for the senior centers.

### ***Accomplishments: FY 2007-FY 2010***

Since 2007, the M4A staff has worked on internal structure and organization. In addition, the Agency has been proactive in re-establishing and strengthening the community ties which were strained when M4A brought the nutrition program in-house and ceased to prepare meals in each of its counties.

In addition, in 2007, M4A contracted with a human resources consultant who assisted M4A's executive staff to develop and update job descriptions, performance evaluations, interview questions, and a salary structure. In addition, a law firm was hired to review and evaluate the Agency's *Employee Handbook* to ensure that the Agency's policies and procedures complied with relevant federal law. The Board by-laws were also reviewed, as well as the overall liability and exposure of the Agency.

The Board approved the new job descriptions, salary structure, and *Employee Handbook* as well as complied with auditor's recommendation to hire a fiscal officer who was a Certified Public Accountant. After an exhaustive search, a qualified CPA was hired, along with a competent bookkeeper. A new position, Director of Operations and Programs, was created at M4A to monitor and assist M4A Programs.

In 2007-2008, M4A also began to conduct annual Board trainings (now called Board enrichment) and a *Board Training Manual* was developed. Every effort is made to have Board trainings and enrichment coincide with staff appreciation so that all M4A staff may interact with Board members. The M4A staff and Board get together twice a year so that the bond and communication between M4A's policymakers and M4A's service coordinators remains strong.

In July 2006, M4A's Executive Director resigned as well as the fiscal officer and bookkeeper. Losing the experience and knowledge of both its Executive Director and fiscal staff at the same time was a tremendous set-back for M4A. Although M4A programs were healthy and strong, M4A lost its planning and fiscal continuity. In addition, although the M4A Board approved the hiring of a CPA and bookkeeper and ADSS was available to assist, much time, diligence and commitment were needed in order for M4A to regain the continuity it had lost.

As M4A's third Executive Director and new Fiscal Director began to learn about the AAA assurances together, they recognized the dissonance between fiscal and program. Many attempts

were made to bring the two halves of M4A together from 2007 – 2009. However, the new executive M4A staff had to develop a sufficient knowledge base, including an understanding of how the reporting system tracks service units, an understanding of how the units of service relate to funding, and an understanding of the service definitions themselves. Starting in FY 2010, M4A's executive staff has been meeting monthly with the program staff for staff meetings and program meetings; monthly staff meetings are general meetings in which staff news and updates are shared, as well as Agency updates and updates/initiatives from ADSS which affect M4A and require Program Coordinators' input and action. The latter meetings are one-on-one meetings between the M4A Program Coordinator and the executive staff. During these one-on-one meetings, program budgets, goals, new/current initiatives, and challenges are discussed as well as how the executive staff can work with program staff to meet challenges and goals.

Over the last 4 years, M4A has not only focused on improving communication within the Agency but also with our local communities. M4A's service area covers a large region in Central Alabama. In addition, M4A's service area is almost divided by Jefferson County. Nonetheless, M4A has committed itself to having an ongoing and consistent presence in each of its counties. For example, M4A staff are members of local community boards, support local outreach initiatives, attend Chambers of Commerce meetings, participate and host service providers' round tables or "lunch and learns," and are active in local VOADs, transportation committees, and philanthropic initiatives.

The deliberate cultivation of these local relationships has enabled M4A to have ready partners to implement initiatives such as the state-funded senior center adult day program, caregiver workshops, fall prevention awareness projects, fraud awareness projects, Medicare Part D enrollment events, and other significant initiatives that have benefited seniors and their caregivers.

M4A also has deliberately cultivated relationships with the media in each of our counties. These relationships have been beneficial in many ways but specifically beneficial when M4A has needed to publicize a project or community need. Additionally, media relationships have provided M4A with public opportunities we would not have had except for these relationships.

M4A Program Coordinators have also made outreach and public relations key components in their programs. For example, a few years ago, M4A's SenioRx Coordinator approached the Department of Public Health in St. Clair County about potential outreach partnerships. Although no formal agreement was signed, M4A SenioRx staff and Public Health staff developed a mutual respect and understanding for each entity's mission. Therefore, when Public Health downsized its medication assistance program, the relationship was already in place so that Public Health could transfer their medication clients to M4A.

M4A has also strengthened our relationships with faith-based organizations through initiatives such as NetWorks and the Fixing & Repairing Together Project.

NetWorks was a Positive Maturity initiative funded by United Way of Central Alabama and implemented in partnership with M4A, Hands on Birmingham, and Shelby County RSVP. The purpose of this project was to connect the volunteer community with opportunities to serve older individuals in Shelby County. A key component of this project was to develop relationships with faith-based organizations so that a network was established that could address specific unmet senior needs, such as home repair/modifications, safety checks, telephone reassurance, friendly visiting,

meal delivery, lawn maintenance (which along with home modification and homemaker enhanced M4A's fall prevention project), homemaker, pet care, and non-emergency transportation.

Although NetWorks was not funded for a second year, M4A has maintained the relationships with our faith-based organizations.

Another county in which M4A has strengthened our faith-based relationships is in Blount County. Three years ago, one of the pastors in Blount County asked M4A for technical assistance to enhance a home repair project for the elderly in Blount County. What the pastor proposed was having referrals go through the local Baptist Association and, thereafter, to be directed to partnering churches in each quadrant of the county. A lead church was designated to track finances and parishioners were identified who could assess the extent of the home repair or modification.

Working with these churches, M4A developed a home repair manual which included everything from training to forms that addressed confidentiality and liability. M4A also wrote a grant for the Baptist Association that would help to finance materials for home repairs. Parishioners and pastors also were highly successful in soliciting donations from local home supply stores.

The Blount County Fixing & Repairing Together Project is in its third year and has received funding from the Community Foundation of Greater Birmingham for two years. The success of this project continues and has opened doors in Blount County for M4A to work with other faith-based organizations, such as Mountain Point Ministries.

In 2010, Mountain Point Ministries signed an MOA with M4A so that M4A can provide outreach to rural seniors in Blount County. This faith-based organization will not only be a focal point for outreach to rural seniors but it will also be a location for enrollment events for Medicare Part D and a location where seniors can receive assistance to complete SenioRx applications, SNAP applications, Medicare Savings applications, low-income subsidy applications, etc. If the partnership with Mountain Point Ministries is successful, M4A hopes to partner with other rural faith-based organizations using the Mountain Point model.

From 2007–2010, M4A has also been a grantee or sub-grantee of numerous grants, including the REACH (Resources to Enhance Alzheimer's Caregivers' Health) grant, the Aging and Disability Resource Center sub-grant, the Digital Inclusion Initiative grant, the National Quality Caregiving Network grant through the Rosalynn Carter Institute for Caregiving, and local grants from the Community Foundation of Greater Birmingham and the Shelby County Community Health Foundation. In addition, M4A's Operations and Programs Director has written successful grants to CAWACO (Central Alabama's Resource, Conservation and Development Council) and PetCo, the former being a technological and educational grant to enhance the Digital Inclusion Initiative and the latter being a grant to fund M4A's "meals on wheels for pets" program.

In the future, M4A hopes to continue to develop in-house expertise so that M4A has the capacity to provide the quality technical assistance our cities, towns, counties and other local partners need. In addition to assistance with grants, M4A will continue to locate, develop, and disseminate best practices so that our communities and the service delivery system are person-centered and ready for the future.

## *New Directions and Changes*

Although much has changed with M4A since 1989, the core value of the Agency has remained the same: to provide professional and compassionate service every time to every client. This high caliber of service delivery to our clients is not possible without the continued cross-training, training, and professional growth of the M4A staff.

In the past, M4A's cross-training and in-services were conducted without a specific plan for the overall training. Rather, as staff encountered resources or met other service providers, the executive staff would review and, if appropriate, schedule an in-service. Although M4A does not want to do away with this informal and valuable method of training and sharing new resources and contacts, M4A does plan to develop a specific professional development track which will provide a framework for professional training. For example, to enhance the goals of the ADRC sub-grant from ADSS, M4A will develop specific training on the ADRC and person-centered philosophy, including an examination of models of person-centered planning, resources, and the development of effective communication skills.

Also to enhance the goals and purpose of the ADRC, M4A is requiring its program staff to take and pass the AIRS examination, specifically the examination for the CIRS-A designation. Prior to receiving the ADRC grant, only 17% of all M4A staff was AIRS certified. During the first year of the ADRC grant, M4A doubled the percentage of its staff who is AIRS certified to 35%.

Beginning in FY 2011, M4A has also directed each of its program coordinators to research regional and national conferences and to work with the M4A fiscal department to develop a budget so that each coordinator may attend one regional or national conference during the fiscal year. Coordinators have been instructed that they will be required to develop a presentation and in-service materials so that what they learn from these conferences may be shared with fellow staff members.

In order to continue to grow and change as an Agency, M4A believes strongly it is important that each staff member learn not only from state best practices but also to be exposed to regional and national best practices. Although not every best practice will be practicable for the M4A region or even for the State of Alabama, it is vital to have some understanding of successful practices in other states so that each M4A employee will be better equipped to advocate for effective change for Alabama's senior citizens.

Equipping M4A employees to advocate for Alabama's seniors goes hand-in-hand with deliberate efforts to equip our older adult population to advocate for themselves. Equipping our seniors to advocate for themselves individually and as a group is a significant directional change for M4A. M4A is already partnered with other organizations to examine senior leadership training models, which include advocacy training, to be implemented initially in at least one M4A county.

Utilizing tools, materials and training on person-centered planning will also equip M4A staff to work with our clients so that our clients can better self-advocate and, thereby, be empowered to make decisions about and take greater ownership of their own care goals and choices. M4A also is pleased to be partnered with the disabilities community on the Aging and Disability Resource Center and knows that these relationships (meetings, cross-training, and collaboration) will strengthen M4A's focus on person-centered planning and developing a person-centered system. M4A has already conducted trainings with disabilities organizations and also with Mental Health so that staff can be better equipped to assist callers, clients, and consumers. Developing a person-

centered system will require a significant amount of leadership, partnership, time and resources since developing a person-centered system is a paradigm change. Although many at M4A have been exposed to person-centered philosophy and planning, there have been no formal nor ongoing trainings; therefore, the knowledge base must be shallow at best, with most staff (including the current Executive Director) having a better grasp of the “buzz words” rather than the philosophy and practical and applicable understanding of person-centered planning. Therefore, not only must person-centered philosophy be thoroughly entrenched before the paradigm will shift, but practical models must be learned, practiced, and implemented; in other words, incorporating the “buzz” words into our vocabulary is not enough; we must have continued exposure and teaching not only to unlearn the old model (which, tragically, tended to silo older individuals) but to fully understand and implement the person-centered model.

In addition, M4A staff needs training not only on I&R assessment but on an assessment that will determine a client’s priority for long-term care counseling and services. Appropriate training on needs assessment is essential to identify those clients who are at-risk for Medicaid spend-down or institutionalization so that long-term care options counseling can be provided and, hopefully, institutional placement not only delayed but avoided altogether.

There is much work to be done!

Other recent changes at M4A include bringing the SHIP and SMP programs in-house (again). This was done because there was a strong sense at M4A that the staff had lost its level of SHIP expertise by outsourcing SHIP in 2007, although the previous SHIP contractors provided excellent staff and volunteer training. With M4A receiving the ADRC sub-grant, too, there was a strong sense that M4A could not be as effective of an ADRC partner if we outsourced SHIP. For example, at the February 2010 Aging and Disability Resource Center Conference in Virginia, one of the speakers from the disabilities community commented that, in the ADRC partnership, the aging network’s significant contribution was its expertise in SHIP, Part D, Medicare, and Medicaid.

With SMP, M4A felt that it was important for the Area Agency on Aging to spearhead fraud prevention, education, and detection in the region. Although this was effectively done in partnership with our previous contractor, it was again felt by the M4A executive team that SMP could best be done in-house. Although fraud education and detection may not be a part of long-term care rebalancing, they are still two valuable components that have the potential to significantly impact Medicare and Medicaid waste.

Beginning in July 2009, M4A also became the sub-grantee for both ADSS’s and Senior Service America, Incorporated’s (SSAI) Title V program. The inclusion of the Senior Community Service Employment Program (SCSEP) as an M4A program gave M4A a focal point for addressing one of our seniors’ most pressing reported needs: employment. Although SCSEP is not an employment program, it is a program which effectively provides training opportunities to older individuals so that they can develop or enhance skills to re-enter the competitive job market.

According to past needs assessment done in the M4A region, older individuals indicated that employment was a critical need. In addition, the need for employment was often related to an older individual’s inability to make ends meet due to high medical costs or the high cost of raising grandchildren. Having SCSEP has provided M4A with a valuable resource for older individuals, as well provided M4A with increased opportunities to partner with other public and nonprofit

organizations in our region. For example, through the SCSEP host agencies, M4A has developed an additional outreach focal point in Thorsby, located in North Chilton County. The Town of Thorsby was the community that closed its senior center when M4A brought the nutrition program in-house. Since that time, M4A has sought to re-establish relationships in this rural, under-served area of Chilton County. SCSEP provided this opportunity and, as a result, M4A has been able to disseminate information about all of its programs.

SCSEP host agency partnerships have also enabled M4A to take advantage of cross-training opportunities with Community Action, the American Red Cross, and the Departments of Human Resource.

As part of SCSEP, M4A has been partnered with SSAI and several community organizations on the Digital Inclusion Initiative. At one of M4A's recent county advisory meetings, one of the community stakeholders stated that technology presented a significant barrier to older individuals who needed to access services and information. Other members of the advisory group wholeheartedly agreed with this statement. Therefore, M4A is committed to closing this digital divide so that our seniors have true access to opportunities and valuable information on the Worldwide Web. For example, not only is M4A an active partner in the Digital Inclusion Initiative, M4A also successfully applied for a technological and educational grant for one of its senior centers that will provide the center with Internet connection and license for training materials so that digital courses can be taught to community seniors.

Last but not least, M4A received a sub-grant from ADSS in 2009 to implement the Aging and Disability Resource Center in the M4A region. The ADRC sub-grant is a 3-year grant which has already provided M4A staff with tremendous professional growth opportunities and partnership opportunities.

Over the last year, M4A's ADRC/I&R Team have been cultivating relationships with hospitals in each of M4A's 5-counties. Currently, M4A has agreements with hospitals in 4 of its counties. The hospitals have agreed to provide office space (furniture, telephone, Internet access, etc.,) free of charge in the hospital so that counseling can occur at least 2-4 days per month by trained ADRC representatives. Trained ADRC representatives include staff/providers not only from M4A but also from the disabilities community.

The ADRC Project Manager has also formed ADRC Advisory Groups in each county, following a similar model used by M4A for its advisory committee. These advisory groups have met several times to discuss the purpose and implementation of ADRC and to share resources, challenges, and solutions. The sharing and cataloging of resources by these advisory groups will enable M4A to add valuable resources to Alabama's statewide Virtual ADRC called AlabamaConnect.

The Project Manager has also provided in-services to M4A staff on ADRC philosophy and models, as well as scheduled speakers from the disabilities community to share their resources and expertise.

M4A believes strongly that the ADRC is the future for aging. Although much of what M4A has done through its Information and Referral program over the years models an ADRC, the philosophy of ADRC is a paradigm shift for M4A staff as well. For example, although M4A staff is highly client-focused, M4A is not client-focused in the same sense as person-centered planning. However, gauging from staff response to recent in-services and subtle changes around the Agency as a result

of the ADRC grant, it is evident that M4A is ready to embrace the ADRC and person-centered planning. The paradigm is changing and all of us at M4A hope for continued funding for all of our programs, ADRC and the technology to serve our clients and their caregivers with the highest level of professionalism and compassion.

### ***Requested Waivers***

None

### ***Description of the M4A's Advisory Body***

M4A's Advisory Committee evolved from focus group meetings convened in each county to examine local senior needs, explore solutions to meet specific needs, and finally to gauge community resources and commitment to address senior needs. Each county has an advisory committee comprised of older adult consumers, advocates, caregivers, and public and private service providers. The county advisory meetings are open to the public; therefore, elected officials will oftentimes participate in the meetings, although the consistent input from these county advisory groups comes primarily from those who serve seniors through community programs or those who receive services or provide services to seniors.

In the upcoming 4-years, M4A will work towards developing a more formalized advisory committee. Currently, there is a list of candidates which will require Board approval and there are drafts of advisory committee by-laws which will also require Board approval. However, with the recognition and deep respect for the variety in each of our counties, M4A will continue to convene its county advisory groups 2-3 times per year as these advisory groups have been critical in providing strategic direction to the Agency. Because of the relationships that have developed in these county advisory groups, M4A has been able to avoid the insularity that oftentimes plagues a regional entity. Instead, our advisory groups have taught M4A to think and to plan locally, while effectively communicating to our many communities that the Area Agency on Aging needs local partnerships, buy-in, and commitment in order to establish successful initiatives and to create an effective service delivery system. As was aptly said by one of our County Managers recently, "One size does not fit all." One regional advisory committee does not fit all the M4A counties and the list of advisory members is representational of the community partners who provide valuable criticism, advice, and direction to M4A.



## **Section II: Characteristics of the Planning and Service Area**

### ***Demographic Information***

DEMOGRAPHIC CLASSIFICATION	POPULATION AS OF August, 2010
Total persons, age 60 or older	75,135
Minority persons, age 60 or older	5,674
Low-income persons, age 60 or older	9,424
Low-income minority, age 60 or older	1,266
Black persons, age 60 or older	4,005
Hispanic persons, age 60 or older	630
Native American, age 60 or older	236
Other minority, age 60 or older	803
Rural persons, age 60 or older	52,816

Demographic Sources: *ADSS Demographic Profile for PSA#3; US Census Bureau; AUM Center for Demographic Research; Alabama State Data Center*

## ***M4A Region***

According to data reported by the Center for Demographic Research, Auburn University at Montgomery, counties in the M4A region had the 5<sup>th</sup> highest number of persons age 65 and older, behind OSCS, SARPC, TARCOG, and EARPDC (*2010 Alabama Health Data Sheet*). In addition, according to the US Census Bureau, Shelby County was the only county in Alabama ranked in the top 100 for the fastest growing counties in the United States from 2000 to 2009. This means that Shelby County is the fastest growing county in Alabama with a percentage growth in population estimated at 34.4% by the US Census Bureau. Of the top 10 fastest growing counties in Alabama from 2000 to 2008 according to the Center for Demographic Research, 3 of M4A's 5 counties were in the top 10: Shelby County, #1 at 31%; St. Clair, #3 at 23.3%; and Blount (#10 at 12.6%). Chilton County ranked #15 at 7.2% and the State of Alabama had an overall population growth rate during the same period at 4.8%.

The conclusion of this data is not only has the M4A region experienced a significant increase in overall population but also a significant increase in the senior population, a growth that has been disproportionate to adequate funding to address the growing demands of the region.

## ***Blount County***

Blount County was created by the Alabama Territorial Legislature on February 6, 1818, and formed from land ceded to the federal government by the Creek Nation on August 9, 1814. Blount County was named for Governor Willie Blount of Tennessee, who provided assistance to settlers in Alabama during the Creek War of 1813-1814. It is located in the northeastern quadrant of the state, which is sometimes known as the mineral region of Alabama. Blount County is bordered by Cullman, Marshall, Etowah, Jefferson, Walker, and St. Clair Counties and is drained by the Locust and Mulberry Forks of the Black Warrior River.

According to the Census Bureau, Blount County has a total area of 651 square miles (1,685 km<sup>2</sup>) of which 646 square miles (1,672 km<sup>2</sup>) is land and 5 square miles (13 km<sup>2</sup>) (0.77%) is water. According to US Census estimates for 2008, there were 57,441 people residing in the county. The racial makeup of the county was 96.3% White, 2.1% Black or African American, 0.6% Native American, 0.2% Asian, and 0.8% Latino or Hispanic.

According to the 2000 US Census, Blount County had 19,265 households out of which 34.3% had children under the age of 18 living with them, 65.5% were married couples living together, 7.9% had a female householder with no husband present, and 23.1% were non-families. 20.8% of all households were made up of individuals and 9.5% had someone living alone who was 65 years of age or older. The average household size was 2.62 and the average family size was 3.02.

Blount County's population spread was as follows: 25.4% under the age of 18, 8.4% from 18 to 24, 29.2% from 25 to 44, 24.1% from 45 to 64, and 12.9% were 65 years of age or older. The median age was 36 years. For every 100 females there were 99.7 males. For every 100 females age 18 and over, there were 97.3 males.

The median income for a household in the county was \$35,241, and the median income for a family was \$41,573. Males had a median income of \$31,455 versus \$22,459 for females. The per capita income for the county was \$16,325. About 8.6% of families and 11.7% of the population were below the poverty line, including 13.2% of those under age 18 and 17.4% of those age 65 or over.

In Blount County, the population is projected to grow to 76,031 in 2020, an increase of 38% over a 15 year period from 2004 to 2020. The county is expected to experience more growth in the 65+ population (72% over 15 years) as compared to the under-65 population (33% over 15 years).

**Blount County Population Projections: 2004-2020**

	2004 (Estimated)	2020 (Projected)	Number Change	% Change
Total County	54,988	76,031	+ 21,043	+ 38%
- 65 and Over	7,218	12,387	+ 5,169	+ 72%
- Under 65	47,770	63,644	+15,874	+ 33%
% of Population 65 or older	13.1%	16.3%	-	3.2% Increase

The profile of the senior population in Blount County is similar to the overall population of the RPCGB (Regional Planning Commission of Greater Birmingham) area. The county has slightly more seniors who are 75 and under as compared to the average for the area.

Seniors in Blount County were more often living below poverty level income compared to the overall area.

	Blount County	RPCGB
Current Population (2004 est.)	54,988	1,060,876
Number 65 and older (2004)	7,218	134,285
- % 65 and older (2004)	13.1%	12.7%
Households with One or More People 65+	4,651	95,017
- % of Households	24.1%	23.5%
<b>Composition of Senior Households</b>		
Number of One-person households	1,839	37,507
- % one-person households	39.5%	39.5%
<b>Age Distribution of Seniors (60 and older)</b>		
- % of total population ages 60-64	5.1%	4.5%
- % of total population ages 65-69	4.2%	3.6%
- % of total population ages 70-74	3.4%	3.1%
- % of total population ages 75-79	2.5%	2.7%
- % of total population ages 80-84	1.6%	1.9%
- % of total population ages 85+	1.4%	1.4%
<b>Poverty Level (estimated from 1999)</b>		
- Ages 65-74 - % below poverty level	13.5%	11.1%
- Ages 75 and over - % below poverty level	23.3%	15.7%

***Chilton County***

Chilton County, located in Central Alabama, is named for William Parish Chilton, Sr., who was Chief Justice of the Alabama Supreme Court and later represented Montgomery County in the Congress of the Confederate States of America. On February 4, 1861, William Parish Chilton, Sr., gaveled the Confederacy into existence, as acting leader of the Provisional Congress.

The foothills of the Appalachians end in Chilton County and the county still has vital paper mill industry, although it is most famous for its peaches.

According to the US Census Bureau, Chilton County has a total area of 701 square miles (1,815 km<sup>2</sup>). Nearly 694 square miles (1,797 km<sup>2</sup>) of it is land, and 7 square miles (18 km<sup>2</sup>) of it (0.97%) is water. According to US Census estimates for 2008, there were 42,444 people residing in the county. The racial makeup was 87.5% White, 11.1% Black or African American, 0.3% Native American, and 0.3% Asian.

According to the 2000 Census, there were 39,593 people, 15,287 households, and 11,342 families residing in the county. The population density was 57 people per square mile (22/km<sup>2</sup>). There were 17,651 housing units at an average density of 25 per square mile (10/km<sup>2</sup>).

The median income for a household in the county was \$32,588, and the median income for a family was \$39,505. Males had a median income of \$31,006 versus \$21,275 for females. The per capita income for the county was \$15,303. About 12.6% of families and 15.7% of the population were below the poverty line, including 19.4% of those under age 18 and 18.2% of those age 65 or over.

The population of Chilton County is projected to grow to 55,242 in 2020, an increase of 33% over 15 years (from 2004 to 2020). The county is expected to experience more growth in the 65+ population (73% over 15 years) as compared to the under-65 population (27% over 15 years).

**Chilton County Population Projections: 2004-2020**

	2004 (Estimated)	2020 (Projected)	Number Change	% Change
Total County	41,466	55,242	+13,776	+ 33%
- 65 and Over	5,235	9,071	+ 3,836	+ 73%
- Under 65	36,231	46,171	9,940	+ 27%
% of Population 65 or older	12.6%	16.4%	-	3.8% Increase

The senior population in Chilton County is slightly more likely to be in one-person households. This county also has slightly more seniors who are 75 and under as compared to the average for the RPCGB area. Seniors in Chilton County were more often living below poverty level compared to the seniors in the overall RPCGB area.

	Chilton County	RPCGB
Current Population (2004 est.)	41,466	1,060,876
Number 65 and older (2004)	5,235	134,285
- % 65 and older (2004)	12.6%	12.7%
Households with One or More People 65+	3,780	95,017
- % of Households	24.7%	23.5%
Composition of Senior Households		
Number of One-person households	1,564	37,507
- % one-person households	41.4%	39.5%
Age Distribution of Seniors (60 and older)		

- % of total population ages 60-64	4.9%	4.5%
- % of total population ages 65-69	3.9%	3.6%
- % of total population ages 70-74	3.3%	3.1%
- % of total population ages 75-79	2.5%	2.7%
- % of total population ages 80-84	1.5%	1.9%
- % of total population ages 85+	1.3%	1.4%
Poverty Level (estimated from 1999)		
- Ages 65-74 - % below poverty level	14.8%	11.1%
- Ages 75 and over - % below poverty level	22.6%	15.7%

### ***Shelby County***

Shelby County, established on February 7, 1818 and located in Central Alabama, is named in honor of Isaac Shelby, Governor of Kentucky. The county seat of Shelby County is Columbiana. As of 2009, U.S. Census estimated the population of Shelby County at 192,503. According to Wikipedia, Shelby County ranks among the 100 highest-income counties in the United States.

According to the US Census Bureau, Shelby County has a total area of 810 square miles (2,097 km<sup>2</sup>) of which 795 square miles (2,058 km<sup>2</sup>) is land and 15 square miles (38 km<sup>2</sup>) (1.83%) is water. According to US Census estimates for 2008, there were 187,784 people residing in the county. The racial makeup of the county was 87% White, 10.3% Black or African American, 0.3% Native American, and 1.5% Asian.

According to the 2000 Census, there were 143,293 people, 54,631 households, and 40,590 families residing in the county. The population density was 180 people per square mile (70/km<sup>2</sup>). There were 59,302 housing units at an average density of 75 per square mile (29/km<sup>2</sup>). The racial makeup of the county was 89.8% White, 7.4% Black or African American, 0.33% Native American, 1.03% Asian, 0.02% Pacific Islander, 0.71% from other races, and 0.72% from two or more races. 2.03% of the population was Hispanic or Latino of any race. Although the overall population has grown significantly in Shelby County from 2000 to 2008, the racial makeup has remained about the same.

There were 54,631 households out of which 36.7% had children under the age of 18 living with them, 63.6% were married couples living together, 8.1% had a female householder with no husband present, and 25.7% were non-families. 21.7% of all households were made up of individuals and 5.2% had someone living alone who was 65 years of age or older. The average household size was 2.59 and the average family size was 3.04.

In the county the population was spread out with 26.3% under the age of 18, 8.2% from 18 to 24, 33.7% from 25 to 44, 23.4% from 45 to 64, and 8.5% who were 65 years of age or older. The median age was 35 years. For every 100 females there were 96.2 males. For every 100 females age 18 and over, there were 92.6 males.

The median income for a household in the county was \$55,440, and the median income for a family was \$64,105. Males had a median income of \$45,798 versus \$31,242 for females. The per capita income for the county was \$27,176. About 4.6% of families and 6.3% of the population were below the poverty line, including 7.1% of those under age 18 and 8.2% of those age 65 or over.

Shelby County is projected to add over 75,000 residents by 2020. The rate of growth will be 45% over this period (from 2004 to 2020). In addition, the county is expected to grow more in the 65+ population (165% over 15 years) as compared to the under -65 population (34% over 15 years). This trend reflects both new residents moving to the area, and the aging of the current population of residents who are 50 years and older.

**Shelby County Population Projections: 2004-2020**

	2004 (Estimated)	2020 (Projected)	Number Change	% Change
Total County	165,677	241,030	+ 75,353	+ 45%
- 65 and Over	14,426	38,206	+ 23,780	+ 165%
- Under 65	151,251	202,824	+ 51,573	+ 34%
% of Population 65 or older	8.7%	15.9%	-	7.2% Increase

The profile of the senior population in Shelby County is very different from the other five counties in the RPCGB area. With just 8.7% of the population age 65 and older, and 15.9% of households with a senior member, it is the youngest county in the Regional Planning Commission of Greater Birmingham. Seniors living in Shelby County are less often living below the poverty level.

	Shelby County	RPCGB
Current Population (2004 est.)	165,677	1,060,876
Number 65 and older (2004)	14,426	134,285
- % 65 and older (2004)	8.7%	12.7%
Households with One or More People 65+	8,672	95,017
- % of Households	15.9%	23.5%
<b>Composition of Senior Households</b>		
Number of One-person households	2,837	37,507
- % one-person households	32.7%	39.5%
<b>Age Distribution of Seniors (60 and older)</b>		
- % of total population ages 60-64	4.2%	4.5%
- % of total population ages 65-69	2.9%	3.6%
- % of total population ages 70-74	2.2%	3.1%
- % of total population ages 75-79	1.8%	2.7%
- % of total population ages 80-84	1.1%	1.9%
- % of total population ages 85+	0.7%	1.4%
<b>Poverty Level (estimated from 1999)</b>		
- Ages 65-74 - % below poverty level	6.4%	11.1%
- Ages 75 and over - % below poverty level	11.5%	15.7%

***St. Clair County***

St. Clair County was established on November 20, 1818 and named in honor of General Arthur St. Clair, who came to America from Scotland as an officer in the British Army during the French and Indian War. He settled in America and served as a general in the Continental Army during the American Revolution. He also was the only Governor of the Northwest Territory.

Uniquely, St. Clair County has a county seat in Ashville and another in Pell City; it is the only county in Alabama with more than one county seat.

According to the US Census Bureau, St. Clair has a total area of 1,693 km<sup>2</sup> (654 square miles). 634 square miles (1,641 km<sup>2</sup>) of it is land and 20 square miles (51 km<sup>2</sup>) of it (3.04%) is water. According to US Census estimates for 2008, there were 79,837 residing in the county. The racial makeup of the county was 89% White, 9.3% Black or African American, 0.3% Native American, and 0.4% Asian.

According to the 2000 Census, there were 64,742 people, 24,143 households, and 18,445 families residing in the county. The population density was 102 people per square mile (39/km<sup>2</sup>). There were 27,303 housing units at an average density of 43 per square mile (17/km<sup>2</sup>). The racial makeup of the county was 90.03% White, 8.13% Black or African American, 0.37% Native American, 0.17% Asian, 0.03% Pacific Islander, 0.41% from other races, and 0.85% from two or more races. 1.06% of the population was Hispanic or Latino of any race. Although the overall population has grown significantly in St. Clair County from 2000 to 2008, the racial makeup has remained about the same.

There were 24,143 households out of which 35.1% had children under the age of 18 living with them, 62.8% were married couples living together, 10% had a female householder with no husband present, and 23.6% were non-families. 20.8% of all households were made up of individuals and 8.2% had someone living alone who was 65 years of age or older. The average household size was 2.6 and the average family size was 3.01.

In the county the population was spread out with 25.4% under the age of 18, 7.9% from 18 to 24, 30.7% from 25 to 44, 24.3% from 45 to 64, and 11.7% who were 65 years of age or older. The median age was 36 years. For every 100 females there were 101.8 males. For every 100 females age 18 and over, there were 98.8 males.

The median income for a household in the county was \$37,285, and the median income for a family was \$43,152. Males had a median income of \$33,914 versus \$24,433 for females. The per capita income for the county was \$17,960. About 9.6% of families and 12.1% of the population were below the poverty line, including 15.2% of those under age 18 and 12.6% of those age 65 or over.

St. Clair County is projected to grow to a 2020 population of 95,007, adding nearly 25,000 residents in 15 years (from 2004 to 2020). The rate of growth will be 35% over this period. In addition, the county is expected to grow more in the 65+ population (90% over 15 years) as compared to the under-65 population (28% over 15 years). This trend reflects both new residents moving to the area, and the aging of the current population of residents who are 50 years and older.

**St. Clair County Population Projections: 2004-2020**

	2004 (Estimated)	2020 (Projected)	Number Change	% Change
Total County	70,245	95,007	+ 24,762	+ 35%
- 65 and Over	8,350	15,835	+ 7,485	+ 90%
- Under 65	61,895	79,172	+ 17,277	+ 28%
% of Population 65 or older	11.9%	16.7%	-	4.8% Increase

The profile of the senior population in St. Clair County is slightly younger than the overall 6-county RPCGB planning area. While more households have a senior member, fewer of these are one-person households. St. Clair seniors are slightly less likely to be living below poverty level.

	St. Clair County	RPCGB
Current Population (2004 est.)	70,245	1,060,876
Number 65 and older (2004)	8,350	134,285
- % 65 and older (2004)	11.9%	12.7%
Households with One or More People 65+	5,395	95,017
- % of Households	26.8%	23.5%
<b>Composition of Senior Households</b>		
Number of One-person households	1,980	37,507
- % one-person households	36.7%	39.5%
<b>Age Distribution of Seniors (60 and older)</b>		
- % of total population ages 60-64	5.0%	4.5%
- % of total population ages 65-69	3.9%	3.6%
- % of total population ages 70-74	3.1%	3.1%
- % of total population ages 75-79	2.4%	2.7%
- % of total population ages 80-84	1.5%	1.9%
- % of total population ages 85+	1.0%	1.4%
<b>Poverty Level (estimated from 1999)</b>		
- Ages 65-74 - % below poverty level	11.0%	11.1%
- Ages 75 and over - % below poverty level	15.4%	15.7%

### ***Walker County***

Walker County, established on December 26, 1823, is named in honor of John Williams Walker, a member of the United States Senate. Jasper is the county seat, named after William Jasper, a Red Stick War hero from South Carolina.

According to the US Census Bureau, Walker County has a total area of 2,086 km<sup>2</sup> (805 square miles). Nearly 794 square miles (2,057 km<sup>2</sup>) of it is land, and 11 square miles (28 km<sup>2</sup>) of it (1.35%) is water. According to US Census estimates for 2008, there were 68,970 people residing in the county. The racial makeup of the county was 91.9% White, 6.7% Black or African American, 0.3% Native American, and 0.3% Asian.

According to the 2000 Census, there were 70,713 people, 28,364 households, and 20,478 families residing in the county. The population density was 89 people per square mile (34/km<sup>2</sup>). There were 32,417 housing units at an average density of 41 per square mile (16/km<sup>2</sup>). The racial makeup of the county was 92.15% White, 6.17% Black or African American, 0.28% Native American, 0.2% Asian, 0.02% Pacific Islander, 0.31% from other races, and 0.86% from two or more races. Nearly 0.86% of the population was Hispanic or Latino of any race. Therefore, neither the overall population nor racial makeup of Walker County has changed much from 2000 to 2008.



There were 28,364 households, out of which 30.7% had children under the age of 18 living with them; 56.3% were married couples living together, 11.9% had a female householder with no husband present, and 27.8% were non-families. 25.3% of all households were made up of individuals, and 11.2% had someone living alone who was 65 years of age or older. The average household size was 2.46, and the average family size was 2.93.

In the county, the population was spread out with 23.5% under the age of 18, 8.6% from 18 to 24, 28% from 25 to 44, 25.1% from 45 to 64, and 14.8% who were 65 years of age or older. The median age was 38 years. For every 100 females, there were 93.2 males. For every 100 females age 18 and over, there were 89.8 males.

The median income for a household in the county was \$29,076, and the median income for a family was \$35,221. Males had a median income of \$31,242 versus \$20,089 for females. The per capita income for the county was \$15,546. About 13.2% of families and 16.5% of the population were below the poverty line, including 21% of those under age 18 and 17.4% of those age 65 or over.

Walker has the area's highest percentage of widowed adults in the RPCGB area. In addition, Walker County residents are older than the residents in M4A's 5 counties and in the 6-county RPCGB planning area. Over one-third of residents are over 50 and it has the lowest per capita income in the M4A region and in the RPCGB planning area.

Walker County is projected to grow to a 2020 population of 73,894, with just 3,889 residents added (from 2004 to 2020). The rate of growth will be 6% over this same period. The county is expected to grow more in the 65+ population (36% over 15 years) as compared to the under-65 population (0% over 15 years).

**Walker County Population Projections: 2004-2020**

	2004 (Estimated)	2020 (Projected)	Number Change	% Change
Total County	70,005	73,894	+ 3,889	+ 6%
- 65 and Over	10,622	14,456	+ 3,834	+ 36%
- Under 65	59,383	59,438	+ 55	+ 0%
% of Population 65 or older	15.2%	19.6%	-	4.4% Increase

The profile of the senior population in Walker County is unique in the 6-county RPCGB area. It has the highest percentage of seniors and senior households, with the highest proportion of one-person households. In every age range within the senior population, Walker County has an above-average percent of seniors. Walker County has an above-average number of seniors living below the poverty level.

	Walker County	RPCGB
Current Population (2004 est.)	70,005	1,060,876
Number 65 and older (2004)	10,622	134,285
- % 65 and older (2004)	15.2%	12.7%
Households with One or More People 65+	7,604	95,017
- % of Households	26.8%	23.5%
Composition of Senior Households		

Number of One-person households	3,174	37,507
- % one-person households	41.7%	39.5%
Age Distribution of Seniors (60 and older)		
- % of total population ages 60-64	5.3%	4.5%
- % of total population ages 65-69	4.7%	3.6%
- % of total population ages 70-74	3.7%	3.1%
- % of total population ages 75-79	3.1%	2.7%
- % of total population ages 80-84	2.1%	1.9%
- % of total population ages 85+	1.6%	1.4%
Poverty Level (estimated from 1999)		
- Ages 65-74 - % below poverty level	14.8%	11.1%
- Ages 75 and over - % below poverty level	20.9%	15.7%

Sources: *US Census QuickFacts 2008 Estimates; US Census 2000; United Way of Central Alabama Planning and Community Initiatives Committee, 2006 Senior Needs Assessment;*  
[http://en.wikipedia.org/wiki/Blount\\_County,\\_Alabama;](http://en.wikipedia.org/wiki/Blount_County,_Alabama)  
[http://en.wikipedia.org/wiki/Chilton\\_County,\\_Alabama;](http://en.wikipedia.org/wiki/Chilton_County,_Alabama)  
[http://en.wikipedia.org/wiki/Shelby\\_County,\\_Alabama;](http://en.wikipedia.org/wiki/Shelby_County,_Alabama)  
[http://en.wikipedia.org/wiki/St.\\_Clair\\_County,\\_Alabama;](http://en.wikipedia.org/wiki/St._Clair_County,_Alabama)  
[http://en.wikipedia.org/wiki/Walker\\_County,\\_Alabama](http://en.wikipedia.org/wiki/Walker_County,_Alabama)

## 2009 Needs Assessments: Summary of Regional Information (M4A)

### Survey #1 (General Public and Sample of Current Clients)

#### 1. Number of Completed Surveys Received

Number of surveys received (sent)		
Congregate meal clients	20	(20)
Home-delivered meal clients	40	(40)
Alabama Cares clients	28	(28)
Medicaid Waiver clients	8	(9)
General Public	13	
Total completed surveys received	109	

#### 2. Number of Respondents by Gender

Males	29
Females	76

#### 3. Number of Respondents by Monthly Household Income

<u>Monthly Household Income</u>	<u>Number of Respondents</u>
Less than \$904	21
\$904 - \$1,127	24
\$1,128 - \$1,353	20
More than \$1,353	17
Subtotal	82
Missing (System)	27
Total	109

#### 4. Number of Respondents by Race

<u>Race</u>	<u>Number of Respondents</u>
African-American (Black)	16
Caucasian (White)	83
Mixed Race	1
Native American	5
Other	1
Subtotal	106
Missing (System)	3
Total	109

#### 5. Number of Respondents by Marital Status

<u>Marital Status</u>	<u>Number of Respondents</u>
Never married	10
Separated	1
Divorced	13
Widowed	42
Married	41
Subtotal	107
Missing (System)	2
Total	109

6. Number of Respondents by Educational Status and Gender

<u>Educational Status</u>	<u>Number of Respondents</u>
8 <sup>th</sup> grade or less	13
Some high school	36
High school diploma or GED	33
Technical school	1
Some college	9
Two-year college degree	3
Four-year college degree	6
Post graduate degree	6
Subtotal	107
Missing (System)	2
Total	109

7. Number of Respondents by Educational Status and Gender

<u>Educational Status</u>	<u>Males</u>	<u>Females</u>
High school diploma, GED, or less	22	53
Technical school or college	6	18
Total	28	71

8. Top Ten Services

<u>All Respondents</u>	
<u>Service</u>	<u>Number of Respondents</u>
Having meals delivered to my home*	77
Assistance in preparing meals*	64
Transportation to doctors' offices and shopping*	63
Assistance with laundry, housework, or yard work	56
Assistance in bathing or showering*	52
Having a day care center close by	52
Assistance in getting dressed	48
Information on government services	45
Information on services in town	42
Assistance with legal paperwork	41

<u>General Public</u>	
<u>Service</u>	<u>Number of Respondents</u>
Assistance in preparing meals	10
Transportation to doctors' offices and shopping	10
Nursing care or physical therapy at home	10
Information on health insurance	10
Information on keeping a healthy mind	10
Assistance in bathing or showering	10
Having meals delivered to my home	10
Assistance in getting dressed	10
Assistance with laundry, housework, or yard work	9
Assistance in caring for my relatives or friends	9

\*Note: Respondents from all AAAs identified these services as top needs.

### Congregate Meal Clients

<u>Service</u>	<u>Number of Respondents</u>
Information on diseases and health problems	17
Transportation to doctors' offices and shopping	15
Information on health insurance	15
Information on keeping a healthy mind	15
Assistance in preparing meals	14
Assistance with legal paperwork	14
Nursing care or physical therapy at home	14
Information on planning a healthy diet	13
Assistance in paying bills and balancing checkbook	12
Information on government services	12

### Home-delivered Meal Clients

<u>Service</u>	<u>Number of Respondents</u>
Having meals delivered to my home	37
Having a day care center close by	24
Transportation to doctors' offices and shopping	17
Assistance in preparing meals	17
Assistance in bathing or showering	14
Nursing care or physical therapy at home	12
Assistance with laundry, housework, or yard work	12
Information on diseases and health problems	10
Information on government services	10
Assistance in getting dressed	10

### Alabama Cares Clients

<u>Service</u>	<u>Number of Respondents</u>
Having meals delivered to my home	17
Assistance with laundry, housework, or yard work	17
Assistance in preparing meals	16
Assistance in caring for my relatives or friends	15
Transportation to doctors' offices and shopping	14
Assistance in getting dressed	14
Assistance in bathing or showering	13
Information on government services	11
Assistance in paying bills and balancing checkbook	11
Information on services in town	11

### Medicaid Waiver Clients

<u>Service</u>	<u>Number of Respondents</u>
Assistance with laundry, housework, or yard work	7
Assistance in preparing meals	7
Transportation to doctors' offices and shopping	7
Nursing care or physical therapy at home	7
Information on health insurance	7
Information on keeping a healthy mind	7
Information on planning a healthy diet	7
Assistance filling-out forms & paying medical bills	7
Assistance in fixing things in home	6
Information on diseases and health problems	6

**Survey #2 (Professionals in the Fields of Aging and Disability)**

9. Total Number of Respondents = 32

10. Number of Respondents by Type of Professional Field

<u>Professional Field</u>	<u>Number of Respondents</u>
AAA Staff	9
Advocate	1
Service Agency Staff	10
Volunteer	3
Other	9

11. Greatest Unmet Needs and Barriers to Services

<u>Greatest Unmet Need</u>	<u>Number of Respondents</u>	<u>Barriers to Services</u>	<u>Number of Respondents</u>
a. Transportation for people who no longer drive or are unable to use public transportation	11	a. Insufficient funding for programs and services	11
b. Quality, affordable health care	7	b. Regulatory or bureaucratic barriers that inhibit the organizations' ability to provide services	11
c. Adequate food and good nutrition	3	c. Public's lack of familiarity with the availability of your services	7

12. Personal and Service-related Barriers

<u>Personal Barriers</u>	<u>Number of Respondents</u>	<u>Service-related Barriers</u>	<u>Number of Respondents</u>
a. Lack of transportation	14	a. Long waiting lists	13
b. Loss of financial security	11	b. Lack of volunteers	9
c. Poor health or mobility	11	c. Eligibility determination process is cumbersome and lengthy	7
d. Caregiver unable to get off work	10	d. Lack of specialized professionals	7
e. Lack of family support	10	e. Refusal by providers to accept clients with Medicaid/Medicare because the reimbursement rate is too low	6

### **Section III: Service Delivery Plan**

M4A's greatest strength is its staff and the greatest strength of the staff is teamwork. This teamwork is built on communication and deliberate cultivation of relationships within the organization that reflect respect for the work of M4A, our clients, and each staff member as an aging professional. Definitely, the cross-training amongst staff deepens each employee's understanding of the goals and challenges facing each program coordinator and also an understanding of where programs overlaps and, therefore, collaboration and teamwork are possible.

As individuals, each staff member takes great ownership and pride in his/her program and in the mission of M4A itself. That being the said, the staff is flexible and not afraid of change; although there is not great ownership of the past, there is a respect for our past and a great desire to understand how the many pieces of the aging network can work together effectively and efficiently.

Because of the flexibility and creativity of the staff, the staff embraces common sense change and does not fear failure. Staff members have strong follow-through and integrity and are as quick to own their mistakes as they are their successes.

The executive staff shows that it respects and values the program coordinators, administrative support staff and volunteers as much as the administrative staff respects and values our clients, Board members, partners, and funding partners. Although there is a chain of command at M4A, the openness of the executive staff encourages communication—even complaints—from the program and administrative support staff. This openness has enabled executive staff to address gossip, favoritism, and employee dissatisfaction—all challenges which have the potential to negatively affect the productivity and well-being of each employee and, thereby, the Agency.

Although consumers are familiar with M4A services (such as meals, medication assistance, legal assistance, waiver, etc.), many consumer do not recognize that M4A is the agency that provides services. Therefore, one area that the Agency faces challenge is with brand recognition. Some of the goals and objectives of the Agency involve closing this brand recognition gap.

The reason the executive staff at M4A thinks it is important to promote the Agency as well its programs is because consumers need to associate the Area Agency on Aging as the entity to contact when older individuals and their caregivers need information or assistance. In other words, M4A wants to be identified by the people we serve and not only by the services M4A provides.

At M4A, assistance begins with the Information and Referral Department. All first-time callers to M4A speak with an I&R Specialist who works with the caller to determine needs, services, and eligibility for various services. With the ADRC grant, M4A's I&R Department, in collaboration with other M4A programs, has established additional focal points in the region so that valuable information can be disseminated to rural areas where low-income seniors have been identified for SHIP outreach (i.e., for low-income subsidy and the Medicare Savings Program) and SenioRx outreach. Some of these focal points (such DHR, family services, and public housing) are already locations where low-income seniors seek assistance. In addition, recently two I&R/ADRC staff members attended an assessment training that will equip them to better determine institutional risk and priority for services and counseling. In addition, focal points have been established in hospitals to provide outreach to our target population which is a shared target population for many other

service providers. Finally, M4A has strong relationships with staff from the Social Security Administration and from the Center for Independent Living who participates in the ADRC.

According to the results of the survey conducted by the Alabama Department of Senior Services, nutrition services (meals) are the number one concern of seniors in the M4A region, followed by home and community based services and transportation. These needs are primarily a reflection of the homebound clients M4A serves, although congregant meal clients, Medicaid Waiver clients, and service providers expressed similar top 3 needs or concerns. What is interesting and revealing about the survey results, however, are the barriers to access that consumers identified: long waiting lists, lack of volunteers, and a cumbersome eligibility process.

Since the income eligibility requirements were raised for the E&D Waiver Program, M4A has experienced difficulty getting deeming clients qualified for waiver services. Usually, the reason is not because the clients do not need the services but because the process of determination is cumbersome and lengthy. In addition, M4A's Waiver staff is required by Alabama Medicaid and ADSS to take clients off the waiting list on a first-come/first-serve basis. Although an eligibility screen is done before callers are placed on the E&D Waiver waiting list, this screen is not an assessment of need that would prioritize clients for services. M4A believes strongly that E&D Waiver services should be provided to clients based on priority for need. In addition, there should be separate deeming waiver slots that do not tie-up regular waiver slots, thereby preventing needy clients from being served.

M4A understands that some Area Agencies on Aging have case managers specifically for deeming waiver clients. M4A does not have such a case manager nor funding to hire such a case manager; therefore, M4A requests that ADSS provide technical assistance in FY 2011 to determine how M4A can use Medicaid Waiver funds to hire such a case manager who could directly be responsible for deeming clients. Such technical assistance and a new case manager would greatly increase M4A's capacity to serve these deeming clients who have been offered the hope of independence through in-home services only to have this hope crushed.

From 2000 to the most recent US Census data, the M4A region has grown significantly in its service population. At the last one-on-one meeting with the Alabama Department of Senior Services, M4A staff and Board members were told that M4A had experienced a decrease in the percentage of clients it serves from FY 2008 to FY 2009. M4A believes that this decrease can be traced to two factors: first, the lack of clarity as to whether a service unit should be reported as aggregate or individual and, second, the significant increase in the M4A service population. Over the course of FY 2010, M4A reviewed its service definitions and held a series of internal meetings in order to properly report units of service as aggregate or individual and to report units of service under correct funding sources. This process is ongoing and M4A expects to have accurate data on service units and clients served in FY 2010, with accuracy and reporting heightened in FY 2011.

As far as the increase in population, the formula by which M4A receives funding to provide its services is based on demographics and data taken from the 2000 US Census. For example, according to the 2000 Census, there was a total of 57,679 older individuals (age  $\geq 60$ ) in the M4A service Area. According to 2009 Census estimates, this number increased 33%. From 2000 to present, the funding for M4A—even from its county governments—has remained largely at level funding even though the demand for services has increased substantially. In addition, some funding has been reduced to the Area Agency on Aging. Finally, those persons served by the Area Agency



on Aging are not exclusively 60 or older. For example, the SenioRx Program provides services to those on SSDI (Social Security Disability Insurance) of any age; the E&D Waiver Program provides services to eligible clients of any age; and the Alabama Cares program provides services to caregivers of any age depending on the diagnosis of the care recipient. All of these factors add up to an increase in the potential and actual service population of the Area Agencies on Aging that is not accurately represented by the components which comprise the demographics of the funding formula.

Therefore, advocacy for increased funding to M4A on every level is essential, as is work with our faith-based communities. Even working with faith-based communities (cultivating relationships, developing projects, recruiting/training/motivating volunteers) requires coordination which requires staff which requires funding. M4A has partnered with volunteer-based agencies but have discovered that these agencies are just as hard-pressed to recruit volunteers, train, sustain, and keep them motivated as other agencies and faith-based groups.

Nonetheless, work with faith-based groups is a cornerstone of M4A's strategy for the service-delivery system. One of the goals of the Agency over the next four fiscal years is to enhance its relationships with the faith-based communities in each of its counties. Two of M4A's county advisory groups (Chilton County and Blount County) cited the importance of the faith-based community in identifying the needs of older individuals, promoting the services of the Area Agency on Aging, and in meeting the needs of older individuals.

In FY 2009-2010, M4A was involved in the planning and implementation of a Senior Summit spearheaded by the Center for Gerontology of the University of Alabama at Birmingham. The purpose of this summit was twofold: to make churches in the Regional Planning Commission of Greater Birmingham (RPCGB) area aware of senior needs and to begin a dialogue with the faith-based communities to gauge services currently being provided by the faith-based community.

Although this Summit was a regional Summit and hugely successful, participation was low amongst the faith community in the M4A region. Therefore, M4A is currently talking with partners about the possibility of having a similar summit in at least 2 M4A counties over the next two fiscal years. If the partnership does not push the initiative forward, M4A will spearhead this initiative in partnership with representatives and representative organizations in our advisory committees.

M4A is also working with a faith-based group in Blount County on outreach to M4A's target population. If this model proves successful, then M4A will look for a partner to implement this model in another area. However, the model is based on the realization that in M4A's 5-county region, the local church is still the best focal point to reach our most at-risk population. The success of the model will be determined by the number of participants who qualify for and M4A can sign-up for the low-income subsidy, the Medicare Savings Program, SenioRx, and food stamps.

To bring services to our rural and isolated clients, M4A is investing more funds in laptops with Wi-Fi capacity and purchasing air-time. To provide outreach to our clients with low-English proficiency, M4A is establishing relationships with Spanish-speaking organizations, since Latinos and Hispanics are the fastest growing minority population in most of the M4A counties. These relationships are very new.

In the past, the hub of M4A's service delivery system was the local senior centers in M4A's 5-county region. From FY 2006 to FY 2010, the number of senior centers in the M4A region increased from 23 to 25. With the ADRC and the ADRC being based in partnerships cultivated within and as a result of M4A's county advisory groups, a second hub of M4A's service delivery system in each county will be the ADRC focal points and the ADRC county advisory groups.

With each service agency in Alabama being affected by funding cuts and freezes, there is great recognition for the need to partner and a growing recognition that many service agencies share the same clients and are expending a tremendous amount of resources conducting the same assessments on the same clients. The ADRC is the first step towards creating a truly coordinated service delivery system that is person-centered. M4A is encouraging all of its partners to attend the Aging and Disability Resource Center conference and Pioneer Network conference. By examining different models of implementation, we think the service delivery system will change in our region to become consumer-driven, more cost-effective, and compassionate.

## **Section IV: Goals and Objectives**

### **Middle Alabama Area Agency on Aging**

The previous Area Plan (FY 2007 - FY 2010) focused on the organization, structure and building community relationships so that the public image and credibility of M4A were strengthened. As a result of achieving many of the prior Area Plan goals, M4A is organized, structured, and has strong community relationships in all 5 of our counties.

Therefore, the focus of M4A's FY 2011 - FY 2014 Strategic Plan will be to accomplish the goal of our new mission which is to help older individuals to access information, assistance, and resources that will empower them to self-advocate, live independently, and enjoy the highest quality of life.

As an office full of "helpers" and with a fast-growing 60+ population in all 5 of our counties, M4A staff members often feel overwhelmed by the needs of our clients and we often feel inadequate to make a true difference in the lives of the people with whom we come in contact. Of course, we are dedicated to connecting clients and callers with resources, services, and information; we are dedicated to listening to our clients and to being respectful and considerate to them and to each other; and we are dedicated to conducting home visits to ensure that our phone assessments are accurate and take into consideration the home environment and community supports of our clients and callers. Nonetheless, we rarely feel as if we have empowered our clients, caregivers, and their loved ones to advocate for themselves.

The most revolutionary thing occurring at M4A right now is the realization that we—as individuals and as an Agency—are not the silver bullet; however, our clients, their caregivers, and loved ones are the silver bullet and M4A has a vital role in empowering them to recognize their own role as decision makers and advocates.

For example, in the past, M4A's legislative advocacy has been an M4A effort, developed and implemented by M4A staff members. During the current year, A4A (the Alabama Association of Area Agencies on Aging) shared advocacy strategies and encouraged AAAs to have their senior center participants take the lead in advocacy. M4A's reaction to A4A's suggested strategies was not positive. The M4A administrative staff made numerous excuses for why our center participants could not lead an advocacy effort: our clients are frail, they'll be intimidated, it's too far to drive, their cities/towns won't be supportive, etc.

After we had pretty much concluded that our center participants would not and could not lead an advocacy effort, we decided to call some center managers so that they could confirm our paternalistic conclusion. Much to our surprise, our center managers were excited about the prospect of advocacy (especially when we explained that advocacy is simply standing up for oneself). After the center managers spoke with several other center managers who shared their ideas and enthusiasm with participants and their mayors and town/city council members, they asked M4A to draft a basic advocacy framework; after a quick meeting, courtesy notices regarding the grassroots effort were mailed. Then, the initiative took off. As more and more participants met with their representatives and shared their positive experiences with other seniors, the more that people wanted to participate in the initiative. Finally, for the many M4A staff members who volunteered to accompany senior groups to Montgomery, the experience has been energizing and cathartic as we

have seen timid seniors transformed into confident self-advocates and advocates for the aging network.

With the success of this grassroots experience to build on, M4A will devote the upcoming 4 years to shift our paradigm for planning and service delivery so that what we do is person-centered and focused on empowering our clients to self-advocate.

### **Goal #1**

**To be person-centered in our planning and implementation of Agency and program strategic goals.**

#### Objective 1.1

Currently, M4A is offering “Professional Development Workshops” for staff and other social workers/case managers involved in the care of the elderly and disabled. The goal of these workshops is not just resource sharing but relationship building and branding of M4A as the regional ADRC hub. In the near future, M4A will open up our PDWs to other social workers and caregivers, particularly those in the home health industry, hospitals, and disabilities community. As we grow with our PDWs, M4A will invite speakers, particularly from the disabilities community, who can share the philosophy and foundation of person-centered planning. Therefore, one of the first objectives to becoming person-centered in our planning and programs is for M4A to learn and internalize the philosophy of person-centered planning.

#### Objective 1.2

While entrenching the person-centered philosophy and semantics within M4A, M4A will also incorporate real world models so that staff and partners understand how the theory of person-centered planning translates into the real world. In other words, M4A will provide mental coat-hooks onto which our staff and partners will be able to hang person-centered planning. M4A has already had staff meetings to discuss person-centered planning and, in brainstorming sessions, the staff has identified elements of person-centered planning that they practice as part of their assessment and goal setting for clients and for their programs. M4A will build on this practice.

#### Objective 1.3

M4A will continue to have speakers who can share vital resources with us as part of our PDWs.

#### Objective 1.4

From all of this, M4A will develop a specific curriculum (which combines theory, pedagogy/models, and cross-training) that will be the foundation of implementing other aspects of the Aging and Disability Resource Center throughout the M4A region.

### **Goal #2**

**To increase the knowledge base and expertise of program staff to provide benefits counseling to clients and callers**

M4A’s objective and outcome to develop an effective person-centered curriculum or training program for staff will complement M4A’s goal to develop the expertise in all program staff to provide benefits counseling to M4A clients and callers.

Part of developing a person-centered curriculum for Professional Development Workshops will be to develop clear competencies for providing benefits and options counseling. For example, in the past at M4A, most staff absorbed “aging resources” by providing phone assessments for first-time callers to M4A. Although this was an effective method of learning, it still did not create specific and measurable competencies. Instead, there was an almost 100% organic quality to the way in which knowledge and competency were developed.

At M4A we want to continue to learn organically, through mentoring, through doing, and through creative exchange and partnerships. However, we also want to be deliberate about ensuring that our staff has the appropriate knowledge base to be benefits and options counselors.

#### Objective 2.1

M4A will work with ADSS, the TAE, and our partners to determine the competencies necessary to provide benefits and options counseling.

#### Objective 2.2

M4A will work with ADSS and the TAE to determine the substantive knowledge necessary to provide benefits and options counseling.

#### Objective 2.3

M4A will develop a training program and core competencies that will define basic benefits counseling and options counseling.

#### Objective 2.4

M4A will have all program staff Medicare certified.

#### Objective 2.5

M4A will have all program staff take the AIRS certification examination.

#### Objective 2.6

M4A will begin to investigate assessment tools that help to determine those at-risk for institutional placement (IADLs, ADLs, DON-R, Risk Assessments, MMSE)

### **Goal #3**

#### **To strengthen our relationships with disability advocates, especially Independent Living Resource Centers**

In October 2009, M4A became sub-grantee for ADSS’s ADRC grant. Although M4A had an existing relationship with disability advocates and service providers, the ADRC grant has provided M4A with a deliberate focus for our relationships and it has provided M4A with an opportunity to learn from the strengths and successes of disability advocates in our region. For example, recently M4A staff attended a county ADRC awareness meeting. At this meeting, several disability and aging network advocates were present. A question was asked of one of the disability advocates: what kind of services do you provide to someone with a disability who contacts your center? The advocate hesitated and then explained that “this” was not how his organization sought to help those with disabilities (i.e., by providing services, such as medication assistance, light housekeeping, home repairs, etc.). Instead, he said he sits down with the client, talks with the client about the client’s goals, weaknesses, strengths, family/community resources, and the personal responsibility

that the client will take in order to realize his/her goals. Although this particular disability advocate did not attend the ADRC Conference in Virginia, he repeated the sentient components of person-centered planning. In order to be a successful ADRC, to be person-centered, and to meet the challenges of modern aging, M4A must internalize the principles and philosophy of person-centered care.

One way in which we are learning from our partners and sharing ideas, strategies and resources is through the Professional Development Workshops. M4A has already had representatives from OASIS (the Alabama Department of Rehabilitation Services), AL DAN (the Alabama Disability Advocacy Network), and Chilton Shelby Mental Health provide workshops for M4A staff. M4A will continue to build on these workshops and partnerships.

#### Objective 3.1

Increase the number of Professional Development Workshops provided by speakers and advocates from the disabilities community.

#### Objective 3.2

Ask Independent Living Resources Center staff to provide person-centered workshops to M4A staff and partners.

#### Objective 3.2

Enter into a formal Memorandum of Agreement with Independent Living Resource Center(s).

#### Objective 3.3

Work with the disabilities community to create alternate focal points for benefits counseling in the M4A region.

#### Objective 3.4

Support and participate in initiatives of the disabilities community, especially those that affect our shared service population.

### **Goal #4**

**To work with local health care professionals so that their patients and our potentially shared clients are aware of community resources that will enable patients to remain safely in their homes immediately following discharge from the hospital and beyond.**

Currently, M4A's ADRC Project Manager has made contact with each major hospital in the M4A region: Medical Center Blount, Chilton Medical Center, Shelby Baptist Medical Center, St. Vincent's-St. Clair, and Walker Baptist Medical Center. Therefore, M4A is in the process of developing relationships with our hospitals so that goals of the ADRC grant can be accomplished, such as implementing an evidence-based person-centered hospital discharge plan. In the meantime, M4A has established focal points for outreach and coordination of services at four county hospitals: (Blount, Chilton, Shelby and Walker) and at a local parks and recreation center (Moody Parks and Recreation in St. Clair County).

While M4A is developing these relationships, we also want to make sure that our hospitals are aware that M4A is a resource to their discharge planners, patients, and patient caregivers. Unfortunately, as we have met with hospital personnel, we have learned that some hospitals have

had to cut-back on their discharge planning staff and much discharge planning is being done by nurse discharge planners who have many other critical responsibilities. All of these factors make the timing for partnerships opportune as M4A has knowledge of resources that nurses and discharge planners can access; in addition, health care professionals, once they are aware of the information and assistance available through the ADRC, can make patient and caregiver referrals so that ADRC representative can assist consumers with access to home and community based services.

Objective 4.1

M4A will strengthen its relationship with all 5 of the major hospitals in our region by entering into MOAs which will formalize how M4A will assist with coordination of services for patients.

Objective 4.2

M4A will develop community resource training and offer CEUs for hospital social workers and nurses.

Objective 4.3

M4A will provide hospitals with resource materials for distribution to patients and their caregivers and also as a resource for discharge planning staff.

**Goal #5**

**To enhance the “no wrong door” feature of Information & Referral/Assistance so that consumers can more easily access long-term care options.**

Objective 5.1

M4A will seek expertise from other AAAs who have entered into agreements with local/regional 2-1-1's to seamlessly transfer calls

Objective 5.2

M4A will approach its regional 2-1-1 and Independent Living Resource Centers regarding an MOA, if financially feasible, to seamlessly transfer consumer calls.

**Goal #6**

**To increase consumer awareness of long-term care options by developing an options counseling ADRC website in collaboration with Independent Living Resource Center**

ILRC and M4A staff members are already collaborating on county-specific and a regional ADRC websites. In order to make these websites more consumer directed, M4A's ADRC Project Manager and Executive Director have begun to examine ADRC websites on the TAE in order to determine what might be relevant and helpful information for consumers (caregivers, aging individuals, etc.) in the M4A region. ILRC and M4A already recognize that many consumers (and more consumers in the near future) will access information via the Internet. Therefore, it is vital not only to provide relevant resources but also to provide relevant guidance and opportunities for further research via the Internet. Although the ADRC website is now very basic and directed at ADRC partners, it is hoped that the website will eventually be consumer-focused or develop a consumer focus in addition to the ADRC partner focus.

Objective 6.1

M4A and ILRC will develop an ADRC website.

#### Objective 6.2

M4A and ILRC will examine other ADRC websites to learn what other jurisdictions are substantively including for their consumers (i.e., Medicaid Waiver information, caregiver resources, long-term care insurance, medication assistance, etc.).

#### Objective 6.3

M4A and ILRC will submit a draft of the consumer content of its website for review and comment by consumers.

#### Objective 6.4

M4A and ILRC will incorporate consumer content into its ADRC website.

### **Goal #7**

#### **To increase the organizational capacity of M4A through professional development of its program coordinators**

The current economic situation is not conducive to requests for additional funding, even though the public demand for assistance has increased. However, the current economy is open to creativity and initiative. Fortunately, at M4A we value creativity; furthermore, creative ideas and change are often precipitated by being exposed to new ideas and new ways of doing things. M4A has seen ideas translate into real growth and change as our long-term care ombudsmen have taken ideas from national conferences and implemented these ideas in practical and meaningful ways at the local level. Therefore, another primary goal of M4A in the upcoming 4 years is to budget sufficient funding so that each program coordinator attends one national conference each year as part of professional and program development, with the understanding that the coordinator will translate what he/she learns into a project that will impact M4A and/or its region.

#### Objective 7.1

M4A will set aside funding so that each program coordinator can attend one national conference per year.

#### Objective 7.2

Program coordinators who attend national conferences will be required to translate their professional experiences into substantive program changes, initiatives, and/or professional growth opportunities for M4A staff and partners.

### **Goal #8**

#### **M4A will increase our readiness for disaster.**

M4A already has a disaster or emergency preparedness plan. In addition, we have had staff trainings where staff members were in-serviced on a personal home safety plan and the various types of disaster preparedness needed for M4A. M4A has had the local Fire Chief and the State and County Emergency Management Association provide in-services to staff and also to provide feedback on the best locations to shelter in place (in case of a chemical spill—M4A is located across the road from a railroad track—and in case of tornadoes). We have an EAP (emergency action plan) storage locker which contains our emergency supplies (everything from a first aid kit to plastic sheeting and duct tape). In addition, all staff has flashlights, permanent marker pens, and a whistle



that can be worn around the neck and there is stock of water and other emergency supplies. All items are routinely checked and periodically changed out to ensure readiness in case of disaster. M4A also has an AED and staff has been trained to use the AED in case of an emergency.

M4A staff actively participates in county VOADs and have partnerships with our EMAs. Case Management staff maintains hardcopies of client information in secure locations at the case manager's home, in case of a disaster or emergency.

Finally, M4A recently began to back-up its server off-site; this was done so that M4A would have operational capacity in case a disaster took out M4A's server. Although the off-site location could not be a contingent operations site for M4A, M4A has learned that by backing-up off-site, it would take mere hours to download our information onto a new server.

#### Objective 8.1

M4A will obtain remote access for our fiscal director and nutrition coordinator so that M4A will have some capacity for remote operations in case disaster prevents access to the M4A office.

#### Objective 8.2

M4A will determine its basic needs for an alternate operational site in case of an emergency.

#### Objective 8.3

M4A will locate an alternate site(s) for operations in case a disaster prevented operation from M4A's Calera office.

#### Objective 8.4

M4A will complete its staff *Emergency Preparedness* instructions and begin to conduct safety drills.

### **Goal #9**

#### **Increase the availability of home and community services through partnerships with our faith-based organizations**

In 2007 and 2008, M4A partnered with Positive Maturity, Inc., and United Way of Central Alabama on a project (called NetWorks) designed to coordinate faith-based home and community based services in Shelby County. Although the project was successful, it did not receive continued funding. Nonetheless, M4A developed strong relationships with our faith-based and civic communities so that, although the coordination and infrastructure no longer exist, the resources are available and M4A can still make referrals to some of these groups.

#### Objective 9.1

Currently, M4A works closely with the Friendship Baptist Association in Blount County on home repair projects. M4A has assisted in writing grants and developing all training, forms, and liability materials. The Baptist Association is the central point of contact for referrals and of coordination for the churches in the county who have volunteered for home repair projects. Over the next 4 years, M4A would like to have similar coordination in at least two other counties so that our clients have a local resource for the coordination and provision of home and community based services.

#### Objective 9.2

M4A will participate in inter-agency initiatives to promote the activism of faith-based groups to address unmet senior needs.

#### Objective 9.3

M4A will partner with other community stakeholders to host faith-based senior summits in at least 2 of its 5 counties over the next 4 years.

### **Goal #10**

**M4A will increase awareness of elder rights and the need to recognize and report elder abuse, neglect and exploitation**

In FY 2007, one of M4A's county advisory groups identified adult abuse, neglect, and exploitation as their primary concern. Unfortunately, the advisory group members acknowledged that there were very few real resources in the community to substantively address the issue, except criminal prosecution for the offender and adult protective custody for older adult. In other words, there were no programs for the vast "in between" to educate caregivers and to provide alternatives to adult protective custody.

M4A is still working with the local advisory group and with a new partner to try to garner public funds for an adult day care. However, M4A also utilized funds from the Alabama Department of Senior Services to develop caregiver workshops so that those who may be at-risk for abusing, neglecting or exploiting their older loved ones could access information and help.

These workshops, held in two different counties, proved to be very successful, with many of the caregivers continuing to maintain contact with each other through support groups. One of the important aspects of these support groups was that it provided a safe place for caregivers to acknowledge, without judgment, their stress, weaknesses, and uncertainties as caregivers. In return, caregivers supported each other, provided sympathetic ears and strategies, and learned about caring for themselves, legal issues relevant to caregivers, etc.

M4A would like to continue these workshops, in addition to conducting workshops in partnership with our legal service provider and Alabama Cares Program.

#### Objective 10.1

M4A will conduct caregiver workshops designed to increase caregiver awareness of elder abuse, neglect and exploitation and to provide caregivers with resources for when they feel stressful and vulnerable.

#### Objective 10.2

M4A will make elder abuse a focal point of its Alabama Cares program over the next 4 years.

#### Objective 10.3

M4A will provide workshops on elder abuse and elder rights to professionals, caregivers and the general public.

### **Goal #11**

**To provide opportunities and resources for our clients to advocate for themselves**

One of the concerns our seniors have according to the results of the ADSS survey is access to meals. This was a concern for our clients served through the homebound meal program and our clients served through the congregate meal program. Although not indicated by the survey, I think a related concern of our congregate meal clients is that their centers remain open and viable, something some may perceive as being directly related to having sufficient meals to feed those in need. Although M4A has neither the power nor authority to increase funding for meals, our seniors do have the power to advocate for their unmet needs, including the need for additional meal funds, transportation, etc.

Objective 11.1

M4A will identify center managers who will work with M4A on advocacy efforts.

Objective 11.2

M4A and our center manager advocates will develop an outreach plan that will encourage advocacy amongst all centers.

Objective 11.3

M4A and our center manager advocates will encourage greater awareness at the local level of senior needs and activities.

Objective 11.4

M4A and our center manager advocates will encourage local representatives to participate in advocacy efforts.

**Goal #12**

**To increase multi-generational interaction between younger individuals and those who attend the senior centers in the M4A service area.**

Objective 12.1

M4A will identify community stakeholders who will work with M4A on this effort.

Objective 12.2

M4A and the community of stakeholders will investigate multi-generational models (i.e., models which increase younger people's understanding and empathy for older adults and their challenges; models which increase older people's understanding and empathy for younger people and their challenges; models which foster mentoring between the old and young; models which encourage youth volunteerism to serve the elderly).

Objective 12.3

One multi-generational model (or a variation) will be implemented

Objective 12.4

M4A will solicit feedback from the center managers in its region on multi-generational activities currently taking place and compile this information for distribution to the other center managers.

## **Performance Outcome Measures**

### **Goal #1**

- 1.1 M4A will have 3 Professional Development Workshops that focus on the disabilities community and resources during FY 2011.
- 1.2 M4A will identify models and speakers who can teach staff and partners about person-centered care.
- 1.3 M4A will draft a PDW curriculum before the end of the 2011 which incorporates the theory, models, and community resources needed for a person centered care.

### **Goal #2**

- 2.1 With M4A bringing the SHIP Program in-house, M4A will require that the new SHIP Coordinator provide at least biannual training to program staff on changes with SHIP, MIPPA, LIS, MSP, etc.
- 2.2 All M4A program staff will be Medicare certified by the end of FY 2011.
- 2.1 All M4A staff will have taken the AIRS certification examination (for CIRS-A) by the end of FY 2011 with the goal of having 4 new AIRS certified program staff for a total of 8 AIRS certified staff.
- 2.2 M4A will develop draft options and benefits counseling competencies and training program to be used in our ADRC, which will include determination of those at highest risk for nursing home placement.

### **Goal #3**

- 3.1 M4A will have at least 3 professional development workshops per year that will focus on resources for and strategic plans of the disability community.
- 3.2 M4A will support the advocacy efforts of the disabilities community by asking to participate in at least one advocacy event or outreach per year.
- 3.3 M4A will enter into at least 1 formal MOA with one disability organization.

### **Goal #4**

- 4.1 M4A will enter into an MOA with at least one hospital in each of its 5 counties.
- 4.2 M4A will develop community resource training and offer the training on-site at 3 hospitals.
- 4.3 M4A will obtain permission from one hospital in each of its 5 counties to place resource materials in each hospital.
- 4.4 M4A will invite hospital discharge planning staff to participate in ADRC meetings.
- 4.5 M4A will invite at least 1 hospital staff involved in discharge planning, oversight, or senior programs to be on the M4A Advisory Committee.

### **Goal #5**

- 5.1 Over the next 2 years, M4A will work within its ADRC Advisory Committee to explore the costs of transferring calls between M4A and the regional 2-1-1 system.
- 5.2 By the end of year 3, M4A will enter into an MOA with our 2-1-1 to transfer consumer calls.

### **Goal #6**

- 6.1 By the end of 2010, the ADRC website will be on-line.
- 6.2 By the end of 2011, M4A will complete a draft of the consumer content of the ADRC website
- 6.3 By July 2011, the ADRC website will contain consumer content.

**Goal #7**

- 7.1 By FY 2012, M4A will ensure that there is sufficient funding in each program so that program coordinators may attend a national conference.
- 7.2 In FY 2013, all M4A program coordinators will attend at least one national conference during the fiscal year.
- 7.3 In FY 2013, all M4A program coordinators will submit a work plan to M4A's administrative staff which will outline how the coordinator will utilize what he/she has learned at a national conference to enhance his/her program. The work plans will be substantive in nature and require specific goals, objectives, and outcomes.

**Goal #8**

- 8.1 By the end of 2010, M4A will locate at least one alternate site for operations in case of a disaster. M4A will enter into an MOA/MOU with the entity that owns this site.
- 8.2 By the end of 2010, M4A will publish its internal *Emergency Preparedness* instructions for staff. The instructions will include fire, tornado, chemical spill, terrorist threat/intruder, and pandemic flu.
- 8.3 M4A will immediately begin to conduct safety drills.
- 8.4 M4A will in-service staff annually on emergency preparedness.

**Goal #9**

- 9.1 M4A will discuss partnership opportunities with at least 4 churches in the M4A region.
- 9.2 M4A will offer to write grants and assist in the solicitation of funds and materials for faith-based organizations to provide minor home repairs and other home and community based services.
- 9.3 M4A, in partnership with local stakeholders, will convene a Senior Summit for faith-based organizations in 2 of its 5 counties between FY 2011 and FY 2014.
- 9.4 By the end of FY 2014, M4A will have two other faith-based organizations who have agreed to coordinate home and community based services as part of the Aging and Disability Resource Center.
- 9.5 M4A will pilot one project in which M4A will redirect its funding so that consumers may manage their own care to include accessing services through faith-based groups

**Goal #10**

- 10.1 M4A will develop elder abuse/elder rights information for distribution in our region.
- 10.2 M4A will focus distribution of elder abuse/elder rights information to its target population so that the number of legal clients served will increase 10% by the end of FY 2011.
- 10.3 M4A will develop an elder abuse/elder rights workshop and conduct 1 workshop before the end of FY 2012
- 10.4 M4A will conduct 3 caregiver workshops by the end of FY 2012.

**Goal #11**

- 11.1 M4A will identify 3 center managers who will work with M4A staff on advocacy efforts and an advocacy outreach plan.
- 11.2 The outreach plan will address the city/town, county, and statewide efforts.
- 11.3 At least 50% of M4A senior centers will agree to invite their local officials (city/town council members and mayors) to at least one event a year starting in FY 2011.
- 11.4 At least 50% of M4A senior centers will agree to invite their state representatives to a senior center event at least one time a year beginning in FY 2011.

**Goal #12**

12.1M4A will schedule meetings one of its counties and identify at least 3 community stakeholders who will work with M4A on this initiative.

12.2M4A will implement at least one multi-generational model in one of its counties before FY 2015.

12.3M4A will evaluate this multi-generational model for implementation in other counties.

## **Fiscal**

The mission of M4A's fiscal department is to accurately monitor the receipt of funds and the expenditures of those funds for all programs administered by M4A. These programs include Title III and Title VII of the Older Americans' Act, Medicaid Waiver, the Aging & Disability Resource Centers program, the Ombudsman program, the SenioRx program, the Senior Community Service Employment Program (Title V), SHIP and SMP programs. In addition, there are several other "special" programs authorized by the Alabama Department of Senior Services that are also monitored.

There are several ways that the fiscal department monitors. First of all, budgets are prepared for each program at the beginning of their fiscal year. These budgets are sent to ADSS for approval and then become the basis upon which expenditures for the program are monitored. Secondly, monthly and/or quarterly reports for each of these programs are prepared. These reports are also sent to ADSS for approval. These reports become the basis upon which M4A can determine how well a program is staying within its budget and whether increases or decreases in expenditures are warranted.

### **Goal #1**

**To better understand the relationship between fiscal and program data.**

#### Objective 1.1

The Fiscal Director will begin to attend ADSS meetings with the Executive Director.

#### Objective 1.2

The Fiscal Director will provide monthly fiscal reports to each program coordinator and will review fiscal data and program data with the program coordinators, Executive Director, and Director of Operations and Programs.

#### Objective 1.3

The Fiscal Director will utilize other AAA fiscal staff as resources for feedback and best practices.

### **Performance Outcome Measures**

#### **Goal #1**

- 1.1 By FY 2011, the Fiscal Director will provide monthly feedback to the various program coordinators. These meetings will assist the program coordinators to monitor their specific programs to determine how best to serve seniors in need of their services.
- 1.2 Starting in FY 2010, the Fiscal Director will attend 30% of all AAA Directors' meetings with the Executive Director.
- 1.3 By FY 2011, the Fiscal Director will attend 75% of all AAA Directors' meetings with the Executive Director.

## **Information and Referral Program**

The Middle Alabama Area Agency on Aging's (M4A) Information and Referral/Assistance program acts as the single point of entry for individuals seeking help. When a consumer calls M4A for assistance, they are transferred to a trained intake specialist. The intake specialist completes a written assessment screening the caller for in-house programs, as well as outside community resources. Then he/she provides appropriate information and makes appropriate referrals.

In addition to completing intakes and making referrals, the Information and Referral program also maintains and updates resources, enters intakes into AIMS and files them, schedules and plans in-services to provide staff training, provides CEUs for appropriate professional development opportunities, coordinates quarterly round table meetings for Shelby County, and participates in community education and outreach. In previous years, the Information and Referral program has been in charge of the managing and distributing Farmer's Market vouchers. It is likely that the Information and Referral program will retain this responsibility in the coming years.

The Information and Referral program receives an estimated average of 10 intake calls a day. This amount increases at the end of the year due to open enrollment and consumers reaching their Medicare gap/donut hole. The intake specialists try very hard to return every intake call within 24 hours, if he/she is not available to take the call when it first comes in. This cuts down on the number of callers we are not able to reach. If the intake worker is still not able to reach the client after three attempts, he/she mails a letter to the client asking them to call the agency if they still need assistance.

The intake specialists are one of the greatest strengths of the Information and Referral program. We currently have four staff members doing intake, and they are highly trained and knowledgeable of M4A's programs, as well as community resources. This allows them to really perform options/benefits counseling and make comprehensive, appropriate referrals.

One of the biggest obstacles that the program faces is the ever changing nature of resources and the lack of funding received by social services agencies. The services and requirements of social service agencies change frequently, and this makes keeping resources up-to-date a big challenge. Also, since funding throughout the whole social services system is very limited, there is often not enough money to serve the vast number of consumers needing assistance. This leads to lengthy waiting lists and numerous unmet needs.

### **Goal #1**

**Cross train all M4A staff on agency programs and community resources in order to better provide information and referral to consumers, thus allowing them to access services that enable them to remain in their homes with a high quality of life**

#### **Objective 1.1**

Incorporate a professional development track as part of staff training. M4A has instituted a professional development track for staff, as well as community service providers. The professional development track is a path of coordinated quarterly in-services focusing on a specific topic. This fiscal year's topic is the Aging and Disability Resource Center, and the in-services have focused on resources for the disabled community. Community service providers are being invited to the in-



services in order to increase inter-agency training and partnership. CEUs will be provided to attendees.

#### Objective 1.2

Get all program staff, especially the Information and Referral staff, Medicare/ SHIP certified. M4A is diligently working on training all program staff on Medicare. All program staff will complete applications to be SHIP volunteers and take the test to be Medicare/SHIP certified.

### **Goal #2**

**Modify M4A's intake system as a result of becoming an Aging and Disability Resource Center, in order to provide information and referrals that empower consumers to make informed decisions about existing health and long-term care options.**

#### Objective 2.1

Modify the intake form to meet the needs of the ADRC. The Information and Referral Coordinator will work with the ADRC Project Manager to modify the M4A intake form. These modifications are necessary to collect the required data for the ADRC, and to thoroughly screen consumers for services/benefits and provide comprehensive information and referral.

#### Objective 2.2

Include certain programs as part of the Information and Referral/Intake team. M4A already has the ADRC case manager and SHIP AmeriCorps volunteer on the Information and Referral team completing intakes. The Agency also plans to include the Alabama Cares Coordinator, SHIP/SMP Coordinator, and Legal Coordinator as part of the intake team. This makes a lot of sense for the agency, especially with the creation of the ADRC, because so much of what these programs do centers around home and community based services and access to public benefits.

#### Objective 2.3

Hold quarterly Information and Referral meetings. The Information and Referral/intake team will meet quarterly. These meetings will serve as a chance to update each other on agency programs and community resources, discuss any issues within program, discuss/modify program policies and procedures, etc.

### **Goal #3**

**Get all program staff CIRS-A certified in order to provide information and referral that empowers consumers to make informed decisions.**

#### Objective 3.1

Get the first five program staff CIRS-A certified in April 2010. M4A is currently in the process of trying to get all program staff CIRS-A certified. Five staff members will be taking the CIRS-A exam this April at the AGS conference in Montgomery. The staff members taking the exam have been provided study materials to prepare.

#### Objective 3.2

Get the rest of the current program staff CIRS-A certified in 2011. Next year the rest of the program staff will be taking the exam. They have to wait until next year in order to meet the certification requirement of working in the information and referral field for one year.

### Objective 3.3

Maintain a fully CIRS-A certified program staff. After the initial CIRS-A certification, staff must recertify every two years. This will require completing 10 hours of applicable documented professional development during every two year certification period. M4A will also need to have any new staff that come on board take the CIRS-A exam after their first year of employment.

## **Goal #4**

### **Build stronger partnerships with other service agencies in the M4A service area.**

#### Objective 4.1

Maintain and expand the current quarterly Shelby County Round Table meetings. M4A currently coordinates a quarterly round table meeting for Shelby County service providers. M4A will continue to hold these meetings and will increase attendance of these meetings. They are a valuable opportunity for providers to learn about agencies and services in the county.

#### Objective 4.2

Start new Round Table meetings, or attend current ones, in the other four counties in the M4A service area. St. Clair County had quarterly round table meetings, but the last couple of meetings have been cancelled due to lack of participation and interest. M4A will work to revive these important meetings. M4A will also find out about any round table meetings the other counties may be having and try to start them in counties where needed.

#### Objective 4.3

Invite service providers to M4A's professional development in-services. Community service providers are being invited to the in-services in order to increase inter-agency training and build relationships. It is just as important for the outside service providers to know what M4A and each other do, as it is for M4A to know what they do.

#### Objective 4.4

Offer CEUs to social workers that attend our professional development meetings and round tables as an incentive. Sometimes it can be very difficult for social workers to attend meetings due to their already busy schedules. However, they must receive CEUs; therefore, offering CEUs may increase attendance.

## **Goal #5**

### **Become more familiar with, and form stronger relationships with, faith based and community organizations, in order to take advantage of the strengths they possess and the beneficial position they have to assist individuals in meeting needs**

#### Objective 5.1

Invite faith based organizations to attend and speak at professional development meetings and round table meetings. Having faith based organizations at meetings is a vital way to learn about what services they may be able to provide to M4A's clients. At the same time, they can learn what services M4A may be able to provide to their parishioners.

#### Objective 5.2

Include faith based organizations in our resource guide and utilize them to meet unmet needs of clients. Faith based organizations are often in a position to meet needs that M4A, and other service

agencies, may not be able to meet. By utilizing these organizations, M4A can indirectly meet the unmet needs of its clients.

### **Performance Outcome Measures**

#### **Goal #1**

- 1.1 Hold at least quarterly (4 times a year) professional development in-services.
- 1.2 Have at least 75% of program staff are Medicare certified SHIP volunteers.
- 1.3 Have all, 100%, Information and Referral/intake staff Medicare certified SHIP volunteers.

#### **Goal #2**

- 2.1 The Information and Referral program will hold at least 4 team meetings a year.
- 2.2 M4A will have at least five program staff members on the Information and Referral/intake team.

#### **Goal #3**

- 3.1 M4A will have at least 50% of all program staff CIRS-A certified.
- 3.2 M4A will have 100% of Information and Referral/intake staff CIRS-A certified.

#### **Goal #4**

- 4.1 M4A will have an average attendance at the Shelby County Round Table meeting of at least 25 people.
- 4.2 M4A will hold or attend round table meetings in at least 4 of our five counties.
- 4.3 M4A will have an average of at least 10 outside service providers attend our professional development in-services.

#### **Goal #5**

- 5.1 M4A will have at least 1 faith based community representative at every professional development meeting and round table meeting.
- 5.2 M4A will be familiar with and make referrals to at least three faith based organizations in each of the five counties.

## **Nutrition Program**

The M4A Nutrition Program is responsible for assessing the needs and determining the nutritional services for the eligible participants in our five county area with the funds available to the program. The five counties in our area, Blount, Chilton, Shelby, St. Clair and Walker, each with different funding and needs, have to be evaluated for services available to them under the Title III C-1 and C-2 eligibility criteria. Each homebound meal client is assessed for their nutritional risk score and daily living abilities which help the nutrition coordinator determine the individual's needs for meals and education materials on nutrition.

The meals in the program may be hot meals served at a senior center for those participants who have transportation to their local senior center. Hot meals may also be served to the homebound individuals who are unable physically or cognitively to receive meals at the center but are within the determined route for delivery of the meals. Volunteers delivering the meals usually allow time for a friendly visit with the client. Meals may also be a frozen pack of 5 or 7 meals delivered weekly by an approved vendor for those clients in a more rural area not easily delivered by the closest senior center.

The target population includes older individuals (age 60+) or other eligible participants living in a rural area with the greatest economic need. Many of these clients have a high nutritional risk score, live alone, are isolated and at risk for placement in a long-term care facility.

The main obstacle in meeting the needs of the clients are funding for meals and the staff to assess the requests for assistance in obtaining meals. Other obstacles are not having enough volunteers to deliver hot meals to the homebound clients as well as clients not understanding the value of the meals and the importance of donations to sustain the program.

The strengths are the hard working and caring senior center managers who serve the meals as well as have activities for the participants at the center. The M4A staff helps the clients with the greatest needs to be served while keeping within the guidelines and budget of the program. The guidelines and assessment tools set for the nutrition program streamline the process of determining the client's strengths and weaknesses and how M4A can best meet their needs.

### **Goal # 1**

**Enable more seniors to remain in their home with a high quality of life by identifying the most at risk clients and increase the number receiving meals and nutrition education through the Nutrition Program while staying within budget.**

#### **Objective 1.1**

Use referrals to the program with criteria guidelines, assessment tools and home visits to identify the most nutritionally at risk clients in the least accessible areas for obtaining a meal.

#### **Objective 1.2**

Develop, obtain and distribute nutrition and healthy living materials to the senior center and homebound clients as well as those on a waiting list for meals.

## **Goal #2**

**Empower older Alabamians to stay healthy and active through increasing the number of seniors involved in the under-served rural senior centers with social and mental activities. They will also be served a nutritious meal as well as given healthy living education materials to help them live healthier at home.**

### Objective 2.1

Encourage eligible clients to attend the senior centers by posting flyers in the local public buildings, stores and churches.

### Objective 2.1

Encourage senior center managers to request local residents to share their talents with the senior center participants with classes at the center. This may increase the attendance at the senior center and reduce isolation of the participants who might otherwise be home alone.

## **Goal #3**

**Include faith based and community organizations in the plans to meet the needs of our clients. Educate them on the program, offer donation opportunities and encourage volunteer involvement from local churches and organizations in close proximity to the senior centers.**

### Objective 3.1

Prepare a presentation and handout materials on the program, the donation opportunities and volunteer needs of the program for the clients.

### Objective 3.2

Identify active churches and organizations in each senior center area

### Objective 3.3

Contact those churches and organizations and do presentations on the Nutrition Program and how the churches can help the seniors in their area.

## **Performance Outcome Measures**

### **Goal # 1**

1.1 Reduce the waiting list clients with nutrition risk score of 10 or more by 25%.

1.2 Distribute additional healthy living education materials by 25%.

### **Goal#2**

1.1 Distribute senior center information flyers every six months.

1.2 Each senior center manager will furnish the names of residents and or organizations and the dates they taught a class at the senior center

### **Goal #3**

1.1 Track number of new organizations contacted.

1.2 Track number of organizations where presentations were given.

1.3 Add at least one new involved organization per year in each county

## Alabama Cares

The Alabama Cares Program is a service program that works to relieve the stress of care giving on the family caregiver and enhance the care giving experience through education and respite services. This program is available to caregivers of any age who care for an individual who is 60 years and older with or without a dementia related-disease and/or a debilitating condition; grandparents 55 and older raising minor grandchildren; or family caregivers 55 and providing care for a person between the ages of 18-60 who have a debilitating condition. Caregivers must provide 20 hours of care to the care recipient and may live with or without the care recipient. Services such as supplemental supplies (pull-ups, wipes, and lotions), LifeLine Safety Devices, respite, housekeeping and personal care are provided.

One of the biggest accomplishments of this program was participation in the REACH Alzheimer's Research project because it provided clients with educational resources and the agency as a whole, a new set of knowledge. Another accomplishment of the Cares program is the recent recertification of clients and the understanding of the caregivers needs.

Strength of the program is the coordinator who is a seasoned, licensed social with a compassionate heart and clear understanding of the caregiver needs. A weakness of the program is the waiting list which currently stands at 417 clients from 5 counties. Second to that, another weakness is the inability to prioritize the waiting list, by developing a *triage component that would place NEEDS* above the typical "first come first serve" agenda.

Assets include flexible service providers who are willing to work within our budgetary constraints. Also, understanding, compassionate caregivers who are grateful for the services we provide. Obstacles include level program funding combined with a growing population of baby boomers.

### **Goal #1**

**Empower older people, their caregivers and/or families to make informed decisions about long term care options.**

#### Objective 1.1

Provide caregivers with information packets at each visit

#### Objective 1.2

Develop and implement a rating scale of need (assess need to prioritize for services)

#### Objective 1.3

Provide viable resources to those caregivers who are our own waiting list

#### Objective 1.4

Create a newsletter for current clients and the community at large

#### Objective 1.5

Encourage Cares Coordinator to attend yearly National Conference to learn about the ADRC and how it benefits caregivers.

## **Goal #2**

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

### **Objective 2.1**

Identify the need of the caregiver and plan services around the need.

### **Objective 2.2**

Provide services in the home through providers that meet the guidelines of M4A's RFP.

### **Objective 2.3**

Develop or team with ongoing community support groups for caregivers.

## **Goal #3**

**Increase the safety for seniors and reduce the incidence of elder abuse, neglect and exploitation by providing in-depth case management of caregivers and networking with other elder care community resources (DHR Adult Protective Services, State Medicare Eligibility Personnel).**

### **Objective 3.1**

Educate caregivers on the signs of abuse, neglect and exploitation.

### **Objective 3.2**

Attend one conference that trains the coordinator to recognize abuse, neglect and exploitation.

### **Objective 3.3**

Develop relationships with area DHR-Adult Protective Services Departments.

## **Performance Outcome Measures**

### **Goal #1**

- 1.1 Increase caregiver awareness of community services through educational packets of information that each caregiver and Cares referral will receive.
- 1.2 Increase the number of educational conferences the coordinator currently attends.
- 1.3 Refine the waiting list as a means of serving those most in need first.
- 1.4 Increase the number of caregivers who attend the annual Ombudsman Caregiver Workshop each year.

### **Goal #2**

- 1.1 Provide service needs around the goal of the caregiver in an effort to reduce his/her stress, thus giving them the strength to remain a family caregiver.

- 1.2 Increase or team with the number of caregiver support groups in the region (independent or in partnership).

**Goal #3**

- 1.1 Meet with at least 2 DHR Adult Protective Workers to discuss the prevalence of abuse/neglect/fraud relating to seniors in the M4A regions.
- 1.2 Provide quality and relevant information to caregivers regarding abuse/neglect & exploitation, etc.



**Medication Management, Health Promotion, Material Aid, Public Education, Outreach, Friendly Visits, Telephone Visits, Recreation & Chore: “Other”**

Under the service category, “other”, several important facets of client contacts are classified. These services are provided by senior center managers, volunteers in the senior centers, M4A staff and volunteers and are recorded as aggregate numbers. Contacts specific to the Senior Center are estimated based upon the daily attendance at the center and the senior center manager’s report of how often the activity occurs. Contacts reported by the M4A staff are based upon actual participation in the activity, such as displaying at a health fair or giving a presentation to a civic organization. In the past year, M4A has increased its contact significantly due to not only an increase in activity, but also better, more accurate recordkeeping.

The strength of these contacts is that nearly all of them occur on a daily basis and do not require additional work for the center manager or staff other than keeping track of the actual events. Additionally, each activity involves actual participation which increases person to person contact amongst the seniors, thus reducing isolation. For example, a friendly visit to a homebound client’s home to see how she is recovering from surgery, can brighten her day and raise her spirits, increasing her quality of life and potentially her healing. Small things such as these make a big difference in the lives of our seniors, especially those who are frail, elderly and live alone.

A weakness of these contacts is funding. With more funding, greater medication awareness programs could be provided. More funding to provide needed items of Material Aid, such as hygiene supplies, warm blankets or food items, could increase the client’s well-being and reduce the need for other community services such as Community Action or the Nutrition Program. Another weakness is reaching our seniors who do not leave their home. Many of these activities would greatly benefit them, if there were qualified volunteers willing to work with home-bound clients.

**Goal #1**

**Empower older to stay active and healthy through participation in person-centered activities, such as health promotion events and recreational opportunities that stimulate the brain or encourage fellowship. (Health promotion, recreation, public education, medication management)**

Objective 1.1

Provide center managers with suggested activities that will increase participation, such as “soup can exercises”. Provide printed information as well as hands on instructions for this program and others that can be conducted at a senior center, community center, congregation or home.

Objective 1.2

Work with local municipalities to increase the number of seniors who participate in the Senior Olympics. Moral support and financial support (transportation) will be requested.

Objective 1.3

Work with local senior groups and area paramedics to provide a blood pressure screening 1-2 x month at each senior center.

#### Objective 1.4

Work with local fitness experts to provide exercise programs such as yoga, aerobics or weights for seniors.

#### **Goal #2**

**Enable seniors to remain in their own homes with high quality of life for as long as possible through provision of home and community based services. (Minor home repairs, chore services)**

#### Objective 2.1

Further the home repair program in Blount county and work to develop it in surrounding counties where there is a proven track record of coordinated faith-based efforts. Garner grant support to provide material aid in the form of building materials.

#### Objective 2.2

Bridge the relationship with faith based organizations and the RSVP Programs in our region to develop a strong network of volunteers who are willing to dedicate time to assist seniors with basic chore services in their home, such as washing dishes, folding laundry, retrieving the mail and preparing meals periodically.

#### **Goal #3**

**Develop a care team approach through faith-based organization that will increase interaction and decrease isolation amongst seniors who are homebound. (Outreach, friendly visits, telephone reassurance)**

#### Objective 3.1

Identify coordinators in faith-based organizations who have an interest in assisting seniors with periodical phone calls and friendly visits.

#### Objective 3.2

Develop coalitions of faith-based organizations in each county who can provide outreach to home bound, seniors in need of interaction.

### **Performance Outcome Measures**

#### **Goal #1**

1.1 Double the current number of centers which currently participate in the Senior Games

1.2 Double the current number of health organizations that provide regular blood pressure checks at senior centers

#### **Goal #2**

2.3 Double the number of grantees who provide financial sponsorship to maintain the Repair Program in Blount County. Increase the number of repairs by 25%.

2.4 Double the number of seniors receiving Chore by improving the recordkeeping data of the center managers to accurately reflect the number of clients provided Chore by volunteers.

**Goal #3**

- 3.1 Identify one congregation to pilot a care-team approach to providing interaction with seniors in one county
- 3.2 .Develop a focus group in one county who can explore the feasibility of providing outreach to homebound seniors through a pilot program.

## **Legal Services**

Since 2006, the Middle Alabama Area Agency on Aging has contracted with Davis & Neal for its legal services. Davis & Neal provide a calendar of legal visits to M4A each quarter which shows the centers and other focal points where the legal service provider will be available for legal counseling. In addition, Davis & Neal, although their offices are located in South Alabama, maintain a toll free number for legal referrals from M4A. M4A faxes legal referrals to Davis & Neal's Opelika office weekly for those callers who contact M4A with other needs (meals, Alabama Cares, utility assistance, etc.,) and legal needs.

In order to provide back-up assistance to M4A's Long-term Care Ombudsman Program, Davis & Neal make themselves available by phone, fax, and Internet.

Attorney Jan Neal and Dawn Glasscock (of Davis & Neal) have partnered with other M4A programs, such as the Alabama Cares Program and SHIP/SMP, in order to promote fraud and elder rights awareness.

For FY 2010, M4A and Davis & Neal agreed to extend their legal agreement for another fiscal year. However, for FY 2011, M4A will send out an RFP for its legal services. Part of the RFP will include a proposal for addressing the issue of elder abuse, neglect, and exploitation.

### **Goal #1:**

**To provide outreach to those at risk for institutional placement so that they will be aware of long-term care options**

#### Objective 1.1

M4A and its legal service provider will target caregivers and their loved ones for educational outreach in partnership with the Alabama Cares Program.

#### Objective 1.2

M4A and its legal service provider will provide at least 3 workshops or conferences over the next 4 years which will focus on elder rights and fraud awareness.

### **Goal #2**

**To increase the number of those in M4A's target population who are accessing legal services.**

#### Objective 2.1

M4A will conduct outreach in new focal points (public housing units, churches) with the goal of increasing referrals to our legal service provider.

#### Objective 2.2

M4A will develop and distribute, with input from our legal service provider and ADSS, a new legal services brochure with the goal of increasing referrals to our legal service provider.

## **Performance Outcome Measures**

### **Goal #1**

1.1 M4A will conduct 2 caregiver workshops in the next 4 years.

1.2 M4A will conduct 3 elder right/fraud awareness workshops in the next 4 years.

**Goal #2**

- 2.1 M4A will conduct at least 6 outreach events at alternate focal points (i.e., focal points other than senior centers) to increase the number of legal referrals from low-income minority elders, older individuals with limited English proficiency, older individuals with disabilities, older individuals at-risk of institutional placement, and older individuals residing in rural areas.
- 2.2 By the end of FY 2011, M4A will draft and publish a new legal services brochure that targets the attention and needs of low-income minority elders, older individuals with limited English proficiency, older individuals with disabilities, older individuals at-risk of institutional placement, and older individuals residing in rural areas.

## **Ombudsman Program**

The Ombudsman Program is designed to serve as an advocate for all residents of long-term care facilities, regardless of the resident's age, income and insurance status. As advocates, we work to educate, empower, and intervene on the residents' behalf. We also function as a sounding board for questions, complaints, and concerns in long-term care which affect the residents we serve. In addition, we are a resource for residents, facilities, families, caregivers, and other community members by providing information on a wide array of long-term care and aging issues.

The residents' wellbeing is always the heart of the Ombudsman Program, advocating with the resident as our focus regardless of who initially contacts us. Our effectiveness as advocates comes through getting to know the residents we serve, by spending time in the facilities and by training and utilizing volunteers as friendly visitors and pen pals, with hopes of developing relationships through which we can serve as stronger advocates. While relationships with the residents remain of vital importance to the Ombudsman Program, the reality of maintaining meaningful relationships with approximately 2500 residents is a monumental task. While the volunteer program continues to grow in friendly visitors and pen pals, it has proven difficult to retain volunteers and maintain their interest and dedication to the program. We continue to work to establish meaningful opportunities for our volunteers that will improve volunteer retention and will allow us to realize the potential of the volunteer program in building relationships with residents.

The proactive efforts of the Ombudsman Program are a growing strength at the Middle Alabama Area Agency on Aging, taking on issues of importance before a problem arises. We provide education to residents, family members, facility staff, and other community members on issues such as residents' rights, abuse and neglect, and quality of life issues. We also provide an abundance of educational material to those who call needing basic information on long-term care, options of care, facility information, and other aging issues.

Our goals for FY 2011 through 2014 all come together to strengthen the program's relationships with those who are living in long-term care, those caring for individuals in long-term care, and those who will pursue long-term care for themselves or someone else in the near future. It is our goal to build these relationships through a variety of avenues, some new, some improved, and some ongoing in an effort to provide meaningful quality information that will benefit current and future residents of our area's long-term care facilities.

### **Goal #1**

**Empower residents of long-term care facilities, family and facility caregivers, and the community to make informed decisions about aging and long-term care options.**

#### Objective 1.1

Coordinate community education events in efforts to educate on long-term care and aging issues that affect those living in and those seeking residence in long-term care facilities.

#### Objective 1.2

Provide educational information to resident councils in area long-term care facilities regarding the Ombudsman Program and other resources, programs, services that would benefit them.

### Objective 1.3

Provide educational information to family councils in area long-term care facilities regarding the Ombudsman Program and other resources, programs, services that would benefit them.

### Objective 1.4

Provide information on a one-on-one basis to individuals contacting the Ombudsman Program for a variety of information and assistance.

### Objective 1.5

Make educational resources available to those in our area, including but not limited to the M4A Ombudsman Program's comprehensive Guide to Caregivers booklet, which covers information such as information about M4A, the Ombudsman Program, facilities in the area, choosing a long-term care facility, paying for long-term care, family and friends involvement in long-term care, dementia education and other valuable resources.

## **Goal #2**

**Work to prevent abuse, neglect, and exploitation and to protect the rights of residents in long-term care facilities.**

### Objective 2.1

Educate facility staff of area long-term care facilities on residents' rights, abuse, neglect, exploitation and other quality of life issues that affect the residents in their care.

### Objective 2.2

Provide educational opportunities for residents, family members, and the community to learn about residents' rights, abuse, neglect, exploitation and other quality of life issues that affect the residents in their care.

### Objective 2.3

Monitor area long-term care facilities through routine visits.

### Objective 2.4

Recruit, train, and work to retain volunteers in the friendly visitor and pen pal volunteer programs. Education will include the topics of residents' rights, abuse, neglect, exploitation and other quality of life issues that affect the residents in their care. While their purpose is friendly visits and letters to residents, volunteers will be trained on how to recognize abuse, neglect, exploitation and other violations of residents' rights and how to report those to the Ombudsman in cases that they suspect such issues.

### Objective 2.5

Provide information and consultation on a one-on-one basis regarding concerns of abuse, neglect, exploitation and violations of residents' rights in long-term care facilities.

### Objective 2.6

Refer instances of abuse, gross neglect and financial exploitation to appropriate regulatory agency(s).

## **Performance Outcome Measures**

### **Goal #1**

- 1.1 Provide at least 5 community education events per year, at least one will be a large regional event each year. We will also add one educational event to be held in each of our five counties between FY 2011 and 2014.
- 1.2 Participate in at least 5 resident council meetings per year.
- 1.3 Participate in at least 1 family council meeting per year.

### **Goal #2**

- 2.1 Provide at least 5 facility trainings to nursing home staff and 1 to assisted living staff each year. We will also develop one new in-service module for facility trainings each year.
- 2.2 As listed in Performance Outcome Measures 1.1, 1.2, and 1.3, provide at least 5 community education events per year, participate in at least 5 residents council meetings per year, and participate in a at least 1 family council meeting per year.
- 2.3 Conduct routine visits of nursing homes once every quarter and assisted living facilities once every six months.
- 2.4 Increase number of total volunteers by 50% by FY 2014.



## **The State Health Insurance Assistance Program (SHIP) and the Senior Medicare Patrol Program (SMP)**

The State Health Insurance Assistance Program or SHIP is funded by the Centers for Medicare and Medicaid Services (CMS) and is designed to provide one-on-one counseling for Medicare beneficiaries. Because of Medicare Part D, the options that a Medicare beneficiary has for coverage have increased. Therefore, the knowledge base and responsibilities of the SHIP Coordinator and SHIP counselors have increased. In addition, SHIP also encompasses counseling on long-term care benefits. Long-term care benefits are another area that has grown and become increasingly complex due to the variety of choice and the importance of long-term care planning and insurance.

M4A has always had a strong SHIP program, even though a continued weakness of the program has been the capacity to recruit, train and retain SHIP volunteers. The strength of M4A's SHIP and SMP programs is staff cross-training. All M4A program coordinators have been in-serviced on SHIP and most are Medicare certified, AIRS certified, or participate in the monthly intake process.

In FY 2007, however, M4A began to outsource its SHIP and SMP programs with Davis & Neal, a law firm based in South Alabama with SHIP and legal expertise and also with a proven track record for effectively serving older adults throughout the State of Alabama. Although the partnership with Davis & Neal has been beneficial and positive, the administrative staff at M4A has noticed the decline in M4A's in-house SHIP expertise. This decline in SHIP expertise is not a reflection of the excellent training programs, resources, oversight and availability of our contractors. Rather, it is a reflection of the difference in having a SHIP Coordinator in-house who can schedule frequent and more complex trainings for staff and also who can be readily available to answer complex SHIP questions.

With M4A responsible for achieving the goals of the ADRC sub-grant, the administrative staff at M4A felt strongly that it was time to bring both the SHIP and SMP programs in-house again. In addition, the SHIP/SMP Coordinator, like the Alabama Cares Coordinator, will be an integral part of M4A's I&R/A Program and the development of a strong ADRC with in-house expertise to provide options and benefits counseling.

### **Goal#1**

**Empower older people, 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**

Coordinate town hall meetings in each county to expose Medicare recipients to the various plans that are available in their region.

#### **Objective 1.2**

Increase the number of SHIP Resource Centers.

#### **Objective 1.3**

Work jointly with the ADRCs to provide valuable SHIP and SMP information for seniors and caregivers.

Objective 1.4

Provide one-on-one assistance through Open Enrollment Events.

Objective 1.5

Provide one-on-one assistance via telephone (in-take).

**Goal #2**

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

Objective 2.1

Provide community awareness programs, such as “Don’t Be Fooled” in each county to include local law enforcement, legal service providers and Medicare Fraud information.

Objective 2.2

Educate the community about fraud and abuse scams through the print media.

Objective 2.3

Provide printed materials regarding fraud, scams and exploitation targeting seniors.

**Goal #3**

**Increase the awareness of Medicare fraud and the legal services of the Agency by providing elder right protection activities.**

Objective 3.1

Educate the community on the benefits of accessing M4A’s Legal Service Provider for fraud related incidents.

Objective 3.2

Encourage the Legal Service Providers to address Medicare fraud issues in presentations.

**Performance Outcome Measures**

**Goal#1**

- 1.1 Provide at least one town hall meeting in each county.
- 1.2 Double the number of SHIP resource centers (may incorporate ADRCs)
- 1.3 Double the number of volunteers to assist with SHIP Enrollments and intake.

**Goal #2**

- 1.1 Double the number of volunteers who currently provide educational presentations about fraud and neglect.
- 1.2 Develop 1 media campaign to increase awareness in one county.
- 1.3 Double the amount of printed information that is provided to senior centers, contractors, faith based organizations and homebound seniors.

**Goal #3**

- 1.1 Coordinate one fraud awareness/elder rights program in each county.
- 1.2 Strengthen the relationship with the Legal Service Provider to double the number of fraud prevention presentations that are currently given.

## **Transportation**

Transportation is one of the vital access services under Title III of the Older Americans Act. Currently, M4A has senior center transportation agreements in 3 of our 5 counties: Blount, Shelby, and St. Clair. Transportation is provided in Chilton County as well, although M4A does not contract with Chilton County Transit and Chilton County Transit does not transport seniors to and from the centers. M4A has successfully worked with Chilton County Transit to transport seniors to and from the senior centers for special events such as the Older Americans' month picnics, health fairs, and cultural events.

ClasTran (the Birmingham Regional Paratransit Consortium) has fixed routes in Walker County for the general public (including seniors) to access shopping, pharmacies, and other places of interest. Last spring, M4A worked with ClasTran to develop senior center ridership (i.e., to increase the number of participants at the senior centers through transportation). Canvassing was done by local center managers and participants to locate seniors who would attend the centers if transportation were available. Most of the seniors who were located already attended the centers because their neighbors, who also attended the centers, picked them up and drove them to the centers. In addition, although ClasTran was willing to provide free center transportation for up to 1-2 months, ClasTran eventually planned to charge a small fee. Although the fee was nominal, most of the seniors balked at the cost. Compromises were offered (i.e., for M4A to subsidize a good portion of the annual transportation) but the initiative ultimately failed, not because of lack of need but because the existing rural transportation model was not workable for our seniors.

In order to be eligible for transportation, a rider must be 60 years of age or older or the spouse of someone 60 or older. M4A also allows care attendants to ride with passengers who require a care attendant.

According to several surveys conducted by the Alabama Department of Senior Services, M4A and our partners, the lack of transportation is a significant unmet need which creates a barrier for older individuals who need transportation for their doctors' appointments, to purchase groceries and medicines, and to take advantage of employment opportunities. The lack of adequate and appropriate transportation also creates barriers to social and recreational opportunities, thus causing isolation.

In the recent past, M4A has been involved in initiatives to coordinate transportation, increase funding for transportation, and create transportation alternatives. However, even low-cost volunteer-based transportation alternatives (utilizing trained volunteers for transportation and using church vans for transportation) require significant coordination. In addition, while funding may be available to purchase transportation vehicles, there seems to be little funding to operate and maintain the vehicles and to coordinate transportation so that it is efficient and effective.

So, M4A's transportation strengths are that we have local partnerships and effective communication with these partners and our local communities. In addition, we are aware of the unmet transportation needs and are willing to take on creative projects (like volunteer transportation programs) in order to meet these needs with little funding. The obstacles to meeting the growing transportation needs of our clients are funding and coordination, which M4A will continue to address in our county advisory groups and transportation steering committees.

M4A's internal weakness regarding transportation has been our failure to provide our contractors with accurate logs so that our contractors can report their transportation services to us. M4A became aware of this weakness while working with ADSS to compare our transportation data from FY 2008 to FY 2009. Therefore, one practical goal for transportation is to increase the number of transportation units through accurate reporting.

**Goal #1**

**To increase our understanding and the publics' understanding of transportation needs.**

Objective 1.1

M4A will utilize our media contacts to highlight public interest stories regarding seniors and transportation.

Objective 1.2

M4A will participate actively in our transportation steering committees in order to understand the larger issue of public transportation and how our service needs and funds may complement each other.

**Goal #2**

**To better capture the transportation services which are provided in our region.**

Objective 2.1

M4A has surveyed all of our current contractors to determine whether they provide transportation services. For those that do provide transportation services, M4A will work with them to update logs in order that accurate logs can be sent to each contractor so that the contractor can report units back to us.

Objective 2.2

M4A will provide our contractors with definitions of transportation units (and assisted transportation) so that our contractors will understand better how to report to us.

**Performance Outcome Measures**

**Goal #1**

- 1.1 As part of our participation in the transportation steering committees, M4A will develop a greater understanding of the transportation needs, funding, and obstacles for at least two other service agencies (i.e., the Department of Human Resources and Mental Health).
- 1.2 M4A will develop at least 3 news stories highlighting the need for public transportation.

**Goal #2**

- 2.1 M4A will increase the number of transportation units we report by 10% (13,345 to 14,680).
- 2.2 M4A will increase the number of registered transportation clients by 10% (141 to 155).

## **Senior Community Service Employment Programs**

The mission of M4A's Senior Community Employment Program (SCSEP) is to enable older persons to achieve gainful employment and personal development, while promoting training for transition into unsubsidized employment. This mission is accomplished through recruitment, assessment and enrollment of eligible applicants into the program and assigning them to community service agencies, referred to as host agencies for training.

Host Agencies are government and non-profit (501C-3) agencies in our communities. These agencies having a never ending need to expand services may use the skills and talents of older workers while providing them with needed training. This training helps the senior to obtain skills that helps them to become more marketable in the workforce.

There are three eligibility criteria:

- Age- to be eligible, an individual must be fifty-five (55) years of age or older on the date they are determined eligible for enrollment in the Program.
- Income- an individual or the family household income must not exceed one hundred and twenty-five percent (125 %) of the Federal Poverty level. (Family as defined in SSAI/ADSS Policy 306-B).
- Place of Residence- Individual(s) enrolled in the M4A Senior Employment Program, must reside in, Shelby, St. Clair, Chilton, Blount or Walker County.

SCSEP endeavors to place the older worker with a host agency that allows them to receive training in the area of employment they are seeking. Very often seniors are looking for clerical and other positions which require at least basic computer skills. The SCSEP staff has recruited more host agencies that allows the participant to on the job computer training. Most recently in a joint venture with Senior Service America we have initiated a program call the Digital Divide that teaches the older basic of the computer and how to access the internet.

Strengths of the SCSEP program are the enthusiastic participants enrolled and the dedication from the community agencies that partner with us. Obstacles include the high unemployment rate and the fact that most of our participants live in rural areas and are unable to commute to areas where they are more likely to find employment.

### **Goal #1**

**To empower the older worker to become job ready, having marketable skills for jobs they are interested in and are physically able to perform.**

#### **Objective 1.1**

SCSEP enhances employment opportunities for older Americans and promotes them as a solution for businesses seeking trained, qualified, and reliable employees. Older workers are a valuable resource for the 21st century workforce, and SCSEP is committed to providing high-quality job training and employment assistance to participants. Participants are placed in a wide variety of community service positions at non-profit and government agencies including senior centers, local

governmental agencies, schools, libraries and thrift stores. These positions are training assignments designed to provide skills that enable participants to obtain unsubsidized employment.

#### Objective 1.2

Currently we are able provide additional training for some of our participants through our Digital Inclusion Initiative. The Digital Inclusion Initiative is a self-paced coaching and tutorial program that demonstrates how SCSEP participants can make a measurable impact on reducing the digital divide by helping older adult learners to navigate the Internet. SCSEP participants, who serve as trained Peer Coaches, help to reduce the anxiety felt by these adults as they complete the Generations on Line (GoL) web based tutorial. The GoL tutorial is aimed at the large population of older Americans who cannot afford or choose not to enroll in computer training or Internet training. The program is not limited to SCSEP participants; it is available to any person 55 years and older.

#### Goal #2

**To form additional partnerships with community and faith based organizations. Faith based organizations can assist SCSEP by sharing their knowledge of local resources and serving as host agencies. We can assist them by helping them to expand services by placing SCSEP participants with their agencies.**

#### Objective 2.1

Faith based and community organizations have their fingers on the pulse of the community and can help us by providing information on additional available resources to seniors. Very often these local organizations provide services that are not widely advertised because they are for the residents of that community. By identifying and supporting these organizations resources we will reach more people, more effectively. These organizations also have the ability to influence the attitudes and behaviors of their community members by building on relationships of trust and respect.

#### Objective 2.2

These agencies primarily manned by volunteers have a need for expanding services through manpower. SCSEP can assist them with the expansion of services while SCSEP participants placed with the agencies will gain valuable employment skills. Training opportunities for SCSEP participants with these community and faith based organizations also affords an opportunity for the SCSEP participants to network and learn of job opportunities in their communities.

### Performance Outcome Measures

#### Goal #1

- 1.1 To double the number of SCSEP participants who are offered positions in local companies.
- 1.2 To double the number of SCSEP participants and older individuals who receive digital inclusion training

#### Goal #2

- 2.1 Increase awareness of SCSEP amongst faith-based and community-based programs by holding quarterly lunch and learns (i.e., in combination with the M4A county round tables or other intra-Agency partnerships and outreach).
- 2.2 Enter into 5 new Host Agencies with faith-based and/or community-based organizations.
- 2.3 Place 3 SCSEP participants with faith-based and/or community-based organizations.

## **Medicaid Waiver**

The Medicaid Waiver program enables many blind, elderly, and disabled persons to receive care in their homes and to avoid or delay being placed in a nursing home or institution. To qualify, the persons must meet two criteria: financial and medical. The financial criteria is where the individual must have Full Medicaid, and the medical criteria the individual must be disabled enough that he/she would qualify for a nursing home. With the medical criteria, the person's physician must make the medical decision. If the individual meet both criteria, the individual is entitled to Medicaid Waiver Services. These services include: homemaker, personal care, respite, home delivered meals, adult day health, and companion.

In the past, M4A has been able to serve 174 clients in our five county area; these clients met the criteria for the Elderly and Disabled Waiver. Recently, however, there has been a change to the financial criteria for Waiver services (to 300% of the federal poverty level), which has increased the number of deeming clients on our waiting list. Because our waiting lists are full of deeming clients who need home and community based services, the time it takes to receive approval for services has increased astronomically and the percentage of those being approved has dropped dramatically. Therefore, M4A has had huge obstacles to filling our Medicaid Waiver slots not because there is lack of need but because we do not have the discretion, tools and authority to assess and prioritize clients based on need and must serve clients on a first come/first serve basis.

In addition, much of the information requested for deeming clients, deeming clients do not have or they have to pay for the requested information. These clients are already low income and have difficulties making ends meet, which makes it difficult to get all the information requested by Medicaid. Due to lack of information, M4A has had a high denial rate for its deeming clients.

Each Medicaid Waiver case manager has a caseload of 30-45 clients that are visited monthly and monitored. In addition, care plans are re-assessed regularly.

Medicaid Waiver Services is a much needed service that has allowed many people to remain at home in a clean and safe environment and avoid or delay being institutionalized.

However, we must continue to focus on the needs of the clients and remain abreast about the community and resources in order to make clients, caregivers, families, and the community aware of the services available and improve the living of the home community based individual.

### **Goal #1**

**Provide home and community based services through the Elderly and Disabled Waiver program so that those at risk for institutional care can remain in their home with the needed supports to enjoy a high quality of life.**

#### Objective 2.1

Educate medical facilities including social workers/discharge planners about Medicaid Waiver services.

#### Objective 2.2

Make contact or meet one-on-one with new agencies or medical facilities.



### Objective 2.3

Increase community awareness of the Elderly and Disabled Waiver program so that M4A receives more referrals.

### **Goal #2**

**Ensure that our Medicaid Waiver case managers and their clients are prepared for emergencies.**

### Objective 3.1

Provide Medicaid Waiver clients and/or their caregivers with literature on Emergency Preparedness and ensure that all Medicaid Waiver clients have emergency supplies on hand (list of medications/dosages/frequency, doctors, medical conditions, essential medical devices/assistive technology; emergency prescription medications, water, shelf stable food, flashlights, batteries, etc.).

### Objective 3.2

Keep updated client lists, alternate contacts, EMA numbers, and community resources in a secure location at home so that information can be readily accessed in an emergency.

## **Performance Outcome Measures**

### **Goal #1**

- 1.1 Meet or make contact with at least 3 Social Workers in all hospitals in the 5 county area.
- 1.2 Have each case manager make a list of the Hospice and Home Health Agencies in the 5 county areas and give these agencies information about the Elderly and Disabled Waiver Program.
- 1.3 Provide presentations at community centers, American Red Cross, Emergency Management facilities, hospitals, home health organizations, etc., quarterly to increase awareness of the Elderly and Disabled Waiver Program.
- 1.4 Develop and distribute E&D Waiver fliers in community focal points (grocery stores, convenience stores, doctors' offices, pharmacies) biannually.

### **Goal #2**

- 3.1 Each case manager will participate in a County VOAD and be active in the VOADs.
- 3.2 By the end of FY 2010, the Medicaid Waiver staff will develop a list of essential emergency supplies and ensure that all clients have these supplies.
- 3.3 Each case manager will stay in contact with local fire departments and emergency management agencies, and find out what type of assistance and supplies they are able to give to individuals in case of disaster in their county.
- 3.4 Each case manager will keep an updated list of clients who rely upon medical equipment and make sure Alabama Power is aware of these at-risk individuals.

## **SenioRx Program**

Because the high cost of prescription drugs can be a great burden, we strive to reduce economic stress, promote better health and improve quality of life of Alabama's aging population, and eligible disabled, by providing ways to reduce the expense of life sustaining medications. We keep the eligible public informed about SenioRx by partnering with state agencies and community organizations. Because the aging population, and eligible disabled, has access to free and low-cost medications through the SenioRx program, we are able to reduce the incidents of emergency room visits and hospital admissions, and improve the quality of life of our target population.

Prescription help is available if:

- The individual is 55 years of age or older with no prescription drug coverage, or
- The individual is any age but Social Security Disabled and in the 24-month waiting period for Medicare, or
- The individual is in the Medicare Part D "Gap", and
- The individual has a chronic medical condition, and
- The annual household income is less than \$21,600/1 person or \$29,140/2 people.

Major obstacles we are currently facing:

- Our five-county service area is wide-spread, making it nearly impossible for us to provide personalized, one-on-one case management.
- Many physicians are charging their patients a fee for each medication application completed by SenioRx. In other words, if a patient takes a file with 10 applications for 10 different medications for the physician to sign, it could cost them at least \$100.
- Not enough funding to provide adequate staffing to conduct effective outreach and process applications.

### **Goal #1**

**To help older individuals and those with disabilities access free prescription medications offered through the pharmaceutical companies.**

#### **Objective 1.1**

One of the critical health concerns of older individuals is to be able to access medications. Even with Medicare Part D, many older people and people with disabilities cannot afford needed medications. The state-funded SenioRx Program helps people 55 and older who have no prescription drug coverage, or any age deemed Social Security Disabled and in the 24-month waiting period for Medicare, or those in the Medicare Part D "Gap", and those with chronic health conditions access free medications that are available through the pharmaceutical companies. All must meet established income guidelines. On average, SenioRx clients receive 8 free medications per month through the SenioRx Program.

### **Goal #2**

**To provide information to older individuals so that they can access public benefits such as the low-income subsidy.**

#### **Objective 2.1**

Because client medication involves health insurance, the SenioRx staff is very familiar with Medicare plans, Medicare Part D plans, the low-income subsidy through the SSA, and the Medicare

Savings Program. After receiving referrals for medication assistance, the SenioRx staff becomes the second line of defense at the AAA to ensure that individuals have the information they need to access public benefits and to make choices that best meet their healthcare needs.

#### Objective 2.2

The SenioRx Coordinator is AIRS certified and all SenioRx staff will be AIRS certified and Medicare certified.

#### **Goal #3**

**To help older individuals meet their needs for in-home services by saving them money on their prescription drug costs which can be used for in-home services and supports.**

#### Objective 3.1

Because the SenioRx Program literally saves clients hundreds of dollars per month on medications, the SenioRx program frees-up money that clients can use to purchase food, clothing, uncovered medications, and to pay for rent, utilities, insurance copayments and deductibles. Clients or consumers may also use the cost-savings from SenioRx to access in-home services such as homemaker and personal care. The cost-savings can also be used for home modifications such as a wheelchair ramp, grab bars, and for DME such as a shower chair. All of these services plus the provision of needed medications enable older individuals to remain in their homes and to enjoy the highest quality of life.

#### **Goal #4**

**To provide wellness education to older individuals so that they are better informed to make healthy decisions about nutrition and exercise.**

#### Objective 4.1

Through the SenioRx Program, seniors receive wellness education at the 24 senior centers as well as faith-based communities in the M4A region. By providing wellness education, the SenioRx program provides information that will empower seniors to make healthy decisions about exercise, nutrition and medication management.

#### **Goal #5**

**To strengthen and expand our relationships with health professionals and others, so that more consumers are aware of our services.**

#### Objective 5.1

Because of the nature of what the SenioRx Program does, it is imperative for the SenioRx Program to have partnerships with healthcare providers (mainly doctors' offices, clinics, and other healthcare organizations that can make referrals to SenioRx and can work with the SenioRx Program to help consumers to access prescription medications). Although the relationships are not formalized by MOAs/MOUs, there is a strong community awareness of the SenioRx Program so that healthcare professionals know where to turn when their patients need assistance with medications. In addition, the SenioRx Program has an Advisory Council comprised mainly of representatives of the healthcare industry. Members of the Advisory Council also conduct Wellness Programs at Senior Centers.

## Objective 5.2

The SenioRx Program has established hubs in three of our five counties: Blount (Oneonta; Chilton (Thorsby) and Walker (Jasper). These hubs were established in order to provide one-on-one enrollment assistance to our clients. The three existing hubs were staffed by partnering with SCSEP (Senior Community Service Employment Program) and training senior employees (who have been assigned positions in prominently public agencies, i.e., Human Resources, Family Services, City Hall, etc.) in the SenioRx enrollment procedures. Initially, we were encouraged by the number of applications received from each hub, but the number of applications received from the hubs quickly diminished to non-existent, leaving us with questions about the costs of supplies for each location. In addition, the application must still be processed once it is received in the office at M4A.

Hubs were not established in the remaining two counties (Shelby and St. Clair) due to the impending creation of the ADRCs. We are looking forward to the time when all five ADRC's are established, and one-on-one SenioRx enrollment will be conducted on location at the ADRCs. In addition to SenioRx enrollment, the ADRCs will be provided with Wellness and Outreach information.

## Performance Outcome Measures

The SenioRx Program is a state-funded medication assistance program. The *Performance Outcome Measures* are outlined in M4A's *Work Plan* and Agreement with the Alabama Department of Senior Services and include some of the following:

### Goal #1

- 1.1 The SenioRx Program will serve 656 clients
- 1.2 At least 30% of clients served will be new clients

### Goal #2

- 2.1 The SenioRx staff will work collaboratively with M4A's I&R/A and SHIP programs.
- 2.2 The SenioRx staff will work collaboratively with the Social Security Administration and health clinics within the M4A region.

### Goal #3

- 3.1 The SenioRx staff will participate in ADRC and I&R/A training.
- 3.2 By FY 2013, all current SenioRx staff will be AIRS and Medicare certified.

### Goal #4

- 4.1 The SenioRx program will increase its current number of focal points for wellness by 25%.
- 4.2 The SenioRx program will increase its Advisory Committee by 40%, thus increasing the partners who provide wellness education.

### Goal #5

- 5.1 The SenioRx program will conduct one information outreach to healthcare professionals.
- 5.2 The SenioRx program will participate in 15 health/information fairs/outreach events.

## **Aging and Disability Resource Center**

The Aging and Disability Resource Center (ADRC) is a highly visible and trusted place where people can come to receive long-term care options. ADRC's target populations are seniors and the disabled but the ADRC is open to anyone who seeks guidance in long-term care options.

In FY 2010, M4A received a sub-grant to start an Aging and Disability Resource Center in the M4A region. Currently, M4A is developing relationships with the major hospitals in the M4A region to pilot the evidence-based person-centered hospital discharge plan portion of the ADRC grant. In addition, M4A is currently conducting ADRC "awareness" or focus groups in each county in order to develop an Advisory Committee, social service volunteers, and also to ensure that all segments of the disabilities community may partner in this initiative. Eighty-nine people attended our first meetings. Some agencies that attended include: Social Security Administration, Community Action, American Red Cross, Independent Living Center, Vocational Rehabilitation, Baptist Association, County Emergency Assistance, Alabama Cooperative Extension Systems, Veterans Affairs, Hospice and Home Health Agencies, and Private-Fee-For-Service Agency. These county meetings will continue in order to develop partnerships, develop the operational components of the ADRC, and to ensure full community ownership, awareness, and support of the ADRC.

### **Goal #1**

**Provide older individuals, those with disabilities, and their loved ones with a visible focal point so that they know who to call and where to go in order to obtain reliable information on which to make informed decisions about their long-term care and health needs.**

The system that is in place for consumers, older people and their families to make informed decisions about and be able to access existing health and long-term care options is inadequate, fragmented, and hard to access. Oftentimes, those seeking assistance or information are shuffled from one service agency to the next, ending up with a list of phone numbers and no real help. Therefore, in order for individuals to be empowered, they must have a trusted place to turn to for reliable and accurate information.

#### **Objective 1.1**

Provide streamlined access to health and long-term care through the Aging and Disability Resource Center (ADRC). The Aging and Disability Resource Centers are mandated by the Administration on Aging and the Centers for Medicare and Medicaid Services to work with both public and private entities to create a "one stop shop" for long-term care support and services. These centers are highly visible and trusted local places that will enable older people, their families, those who are disabled, and other consumers, to make informed decisions about their long-term care needs. This center will have highly trained and specialized ADRC staff (including volunteers) to assist individuals through benefits counseling as well as provide individuals with information on long-term care support services that may meet their needs and goals. Each center will work with individuals to examine each person's needs, preferences, desired outcomes, and the resources available to achieve those desired outcomes.

#### **Objective 1.2**

Develop a stronger relationship between aging and disability communities so that the mission of the ADRC is a shared mission. Aging and disability agencies have not partnered to the extent that the ADRC will bring these two communities together to share resources and serve common goals. At

M4A, we will work to forge stronger relationships through communication, cross-training, and participation in outreach events, meetings, and other initiatives.

## **Goal #2**

**Help consumers, especially those at risk for institutionalization, and their caregivers access public benefits and community-based services that will enable them to remain safely and independently in their homes.**

### **Objective 2.1**

M4A will continue to provide benefits counseling to those who call 1-800-AGELINE. In addition, the ADRC will have focal points in each county where consumers may go for information on public benefits and private healthcare options. These focal points will be staffed so that those needing face-to-face assistance may be able to access in-person help.

### **Objective 2.2**

M4A, through the ADRC, is developing relationships with each major hospital in the M4A region. The purpose of these relationships is so that M4A (the ADRC) can be a resource to patients, family members, but especially to discharge staff who are looking for home and community based services so that their patients can effectively make the transition from the hospital to home.

## **Goal #3**

**The ADRC will develop partnerships with local faith-based organizations to better serve older individuals, their caregivers, and those who are disabled.**

### **Objective 3.1**

M4A will invite faith-based groups to the ADRC meetings and continue to work with faith-based organizations who want to increase their capacity for missions through grants and pilot projects.

### **Objective 3.2**

M4A will identify churches in each of its 5 counties who will be likely focal points for coordinating faith-based services.

## **Performance Outcome Measures**

### **Goal #1**

- 1.1 Train at least 2 people per county for the ADRC focal points.
- 1.2 Operate focal points one day per week for 6 hours.
- 1.3 Provide 3 cross-trainings opportunities each year for aging and disability agency staff.
- 1.4 Formalize ADRC Advisory Committee to include representatives from the aging community and disabilities community.

### **Goal #2**

- 2.1 Promote the ADRC in each county to increase the number of individuals receiving assistance.
- 2.2 Provide resource information in each hospital and offer at least one annual CEU course for hospital social work and discharge planning staff so that they have an opportunity to increase their knowledge base of community resources and social service agencies.

**Goal #3**

3.1 M4A will have at least one faith-based organization on its ADRC Advisory Committee.

3.2 M4A will identify and partner with at least one faith-based group in 2 of its 5 counties to focus on coordination of referrals for home and community based services offered by volunteers.

## PERFORMANCE OBJECTIVES

### Part B Services

**FY 2011**

<b>1. Outreach</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	1,575	1,575	1,575	1,575

YEAR-END TOTAL UNITS: 6,300

FUND SOURCE(S) FOR OUTREACH: Title IIIB, state, local

CONTRACTOR(S) FOR OUTREACH: None; outreach is provided by M4A staff, through media, volunteers, senior center managers, and other partners (such as members of our advisory committees)

<b>2. Information &amp; Assistance</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	5,436	5,436	5,436	5,436

YEAR-END TOTAL UNITS: 21,744

FUND SOURCE(S) FOR INFORMATION & ASSISTANCE: Title IIIB, local

CONTRACTOR(S) FOR INFORMATION & ASSISTANCE: None; I&A is provided by M4A staff, volunteers, senior center managers, and other partners (such as members of our advisory committees)



**PERFORMANCE OBJECTIVES  
Part B Services  
FY 2011**

<b>3. Case Management</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate 623	Aggregate 623	Aggregate 625	Aggregate 625
Number of Units	5,436 57,300	5,436 57,300	5,436 57,300	5,436 57,300

YEAR-END TOTAL UNITS: 250,944

FUND SOURCE(S) FOR CASE MANAGEMENT: Title IIIB, Title XIX, local

CONTRACTOR(S) FOR CASE MANAGEMENT: None; case management is provided by M4A staff

<b>4. Assisted Transportation</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	NA	NA	NA	NA
Number of Units	NA	NA	NA	NA

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: NA

YEAR-END TOTAL UNITS: NA

FUND SOURCE(S) FOR ASSISTED TRANSPORTATION: NA

CONTRACTOR(S) FOR ASSISTED TRANSPORTATION: NA

M4A does not provide assisted transportation.

**PERFORMANCE OBJECTIVES  
Part B Services  
FY 2011**

<b>5. Transportation</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	100	100	100	100
Number of Units	977	973	1,160	3,435

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 125

YEAR-END TOTAL UNITS: 6,545

FUND SOURCE(S) FOR TRANSPORTATION: Title IIIB, local

CONTRACTOR(S) FOR TRANSPORTATION: Blount County Transportation (no contract but they report units to M4A), Chilton County Transit (no contract but they provide transportation for events), ClasTran (agreement to provide local contribution), St. Clair County Transportation (agreement to provide local contribution)

<b>6. Adult Day Care/Health</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	19	19	19	19
Number of Units	780	780	1,266	913

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 25

YEAR-END TOTAL UNITS: 3,739

FUND SOURCE(S) ADULT DAY CARE/HEALTH: Title IIIB, Title XIX, Title IIIE  
CONTRACTOR(S) FOR ADULT DAY CARE/HEALTH Almeda Robertson Adult Day Care Center/Oneonta Senior Center; Sunshine Manor

**PERFORMANCE OBJECTIVES**  
**Part B Services**  
**FY 2011**

<b>7. Recreation</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	129,835	129,835	129,835	129,835

YEAR-END TOTAL UNITS: 519,340

FUND SOURCE(S) FOR RECREATION: Title IIIB, local

CONTRACTOR(S) FOR RECREATION: None; recreation is provided through the senior centers

<b>8. Material Aid</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	2,401	2,401	2,402	2,402

YEAR-END TOTAL UNITS: 9,606

FUND SOURCE(S) FOR MATERIAL AID: Title IIIB, local, donations

CONTRACTOR(S) FOR MATERIAL AID: None; material aid is provided by the AAA, volunteers, faith-based organizations, senior centers and other local community organizations

**PERFORMANCE OBJECTIVES**  
**Part B Services**  
**FY 2011**

<b>9. Public Education</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	31,945	31,945	31,946	31,946

YEAR-END TOTAL UNITS: 127,782

FUND SOURCE(S) FOR PUBLIC EDUCATION: Title IIIB, local

CONTRACTOR(S) FOR PUBLIC EDUCATION: None; public education is provided by M4A staff, media, volunteers, center managers, and advisory committee members

<b>10. Telephone Reassurance</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	1,030	1,030	1,030	1,030

YEAR-END TOTAL UNITS: 4,120

FUND SOURCE(S) FOR TELEPHONE REASSURANCE: Title IIIB, local

CONTRACTOR(S) FOR PHONE REASSURANCE: None; telephone reassurance is provided by AAA staff, volunteers, and center managers

**PERFORMANCE OBJECTIVES**  
**Part B Services**  
**FY 2011**

<b>11. Friendly Visiting</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	180	180	181	181

YEAR-END TOTAL UNITS: 722

FUND SOURCE(S) FOR FRIENDLY VISITING: Title IIIB, local

CONTRACTOR(S) FOR FRIENDLY VISITING: None; friendly visiting is provided by the AAA, volunteers, faith-based organizations, senior center managers and other community organizations

**PERFORMANCE OBJECTIVES**

**Nutrition Services**

**FY 2011**

<b>1. Home-Delivered Meals</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	520	525	530	535
Number of Units	32,000	32,000	32,000	32,000

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 540

YEAR-END TOTAL UNITS: 128,000

FUND SOURCE(S) FOR HOME-DELIVERED MEALS: C2, Title XIX, local

CONTRACTOR(S) FOR HOME-DELIVERED MEALS: Valley Services

<b>2. Congregate Meals</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	1,200	1,200	1,250	1,250
Number of Units	31,750	31,750	31,750	31,750

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 1,450

YEAR-END TOTAL UNITS: 127,000

FUND SOURCE(S) FOR CONGREGATE MEALS: C1, Title XIX, local

CONTRACTOR(S) FOR CONGREGATE MEALS: Valley Services

**PERFORMANCE OBJECTIVES**  
**Nutrition Services**  
**FY 2011**

<b>3. Nutrition Counseling</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	NA	NA	NA	NA
Number of Units	NA	NA	NA	NA

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: NA

YEAR-END TOTAL UNITS: NA

FUND SOURCE(S) FOR NUTRITION COUNSELING: NA

CONTRACTOR(S) FOR NUTRITION COUNSELING: NA

M4A does not have the qualified staff to provide nutrition counseling.

<b>4. Nutrition Education</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	9,146	9,146	9,146	9,146

YEAR-END TOTAL UNITS: 36,584

FUND SOURCE(S) FOR NUTRITION EDUCATION: Title IIIB, local

CONTRACTOR(S) FOR NUTRITION EDUCATION: Provided by the senior centers in Blount, Chilton, Shelby, St. Clair, and Walker Counties through mutual agreement with M4A.

# PERFORMANCE OBJECTIVES

## Part D Services

**FY 2011**

<b>1. Health Promotion</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	9,711	9,711	9,711	9,711

YEAR-END TOTAL UNITS: 38,844

FUND SOURCE(S) FOR HEALTH PROMOTION: Title IIIB, Title IIID, local

CONTRACTOR(S) FOR HEALTH PROMOTION: Local Fire Departments, Center Managers

Services under Title IIIB are not included.

<b>2. Medication Management</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	Aggregate	Aggregate	Aggregate	Aggregate
Number of Units	7,562	7,562	7,563	7,563

YEAR-END TOTAL UNITS: 30,250

FUND SOURCE(S) FOR MEDICATION MANAGEMENT: Title IIIB, Title IIID, local

CONTRACTOR(S) FOR MEDICATION MANAGEMENT: Center Managers, Community Volunteers



# PERFORMANCE OBJECTIVES

## Part E Services

**FY 2011**

<b>1. Caregiver Information</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	25	25	25	25
Number of Units	45	74	61	85

YEAR-END TOTAL UNITS: 265

FUND SOURCE(S) FOR CAREGIVER INFORMATION: Title III E, local

CONTRACTOR(S) FOR CAREGIVER INFORMATION: None; information provided by M4A staff

<b>2. Caregiver Access Information</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	25	25	25	25
Number of Units	69	245	57	31

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 100

YEAR-END TOTAL UNITS: 402

FUND SOURCE(S) FOR CAREGIVER ACCESS INFORMATION: Title III E, local

CONTRACTOR(S) FOR CAREGIVER INFORMATION: None; information provided by M4A staff

**PERFORMANCE OBJECTIVES  
Part E Services  
FY 2011**

<b>3. Caregiver Counseling</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	20	20	20	27
Number of Units	50	41	40	80

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 87

YEAR-END TOTAL UNITS: 211

FUND SOURCE(S) FOR CAREGIVER COUNSELING: Title IIIE, local

CONTRACTOR(S) FOR CAREGIVER COUNSELING: None; all counseling provided by M4A staff

<b>4. Caregiver Respite</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	20	25	25	30
Number of Units	900	925	925	950

YEAR END NUMBER OF UNDUPLICATED PERSONS SERVED: 100

YEAR END TOTAL UNITS: 3,700

FUND SOURCE(S) FOR CAREGIVER RESPITE: Title IIIE, local

CONTRACTOR(S) FOR CAREGIVER RESPITE: Alabama Cares Contractors

**PERFORMANCE OBJECTIVES**  
**Part E Services**  
**FY 2011**

<b>5. Caregiver Supplemental</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	25	25	25	25
Number of Units	218	122	154	269

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 100

YEAR-END TOTAL UNITS: 763

FUND SOURCE(S) FOR CAREGIVER SUPPLEMENTAL: Title III E, local

CONTRACTOR(S) FOR CAREGIVER SUPPLEMENTAL: Alabama Cares Contractors

## PERFORMANCE OBJECTIVES

### In-Home Services

**FY 2011**

<b>1. Homemaker</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	110	120	120	120
Number of Units	25,555	25,555	25,555	25,555

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 130

YEAR-END TOTAL UNITS: 102,220

FUND SOURCE(S) FOR HOMEMAKER: Title IIIB, Title XIX, local

CONTRACTOR(S) FOR HOMEMAKER: Senior Center Volunteers, E&D Waiver Contractors

<b>2. Chore</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	12	12	12	12
Number of Units	250	250	250	250

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 30

YEAR-END TOTAL UNITS: 1,000

FUND SOURCE(S) FOR CHORE: Title IIIB, local

CONTRACTOR(S) FOR CHORE: Senior Center Volunteers

**PERFORMANCE OBJECTIVES  
In-Home Services  
FY 2011**

<b>3. Personal Care</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	20	20	20	20
Number of Units	10,917	10,917	10,918	10,918

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: 80

YEAR-END TOTAL UNITS: 43,670

FUND SOURCE(S) FOR PERSONAL CARE Title XIX

CONTRACTOR(S) FOR PERSONAL CARE: E&D Waiver Contractors

All Personal Care services provided under Title XIX (Elderly & Disabled Waiver)

<b>4. Alzheimer's Disease Support</b>	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
Number of persons to be served	NA	NA	NA	NA
Number of Units	NA	NA	NA	NA

YEAR-END NUMBER OF UNDUPLICATED PERSONS SERVED: NA

YEAR-END TOTAL UNITS: NA

FUND SOURCE(S) FOR ALZHEIMER'S DISEASE SUPPORT: NA

CONTRACTOR(S) FOR ALZHEIMER'S DISEASE SUPPORT: NA

M4A does not receive this funding

## **Section V: Addenda**

*1. Planning and Service Area Map(s)*

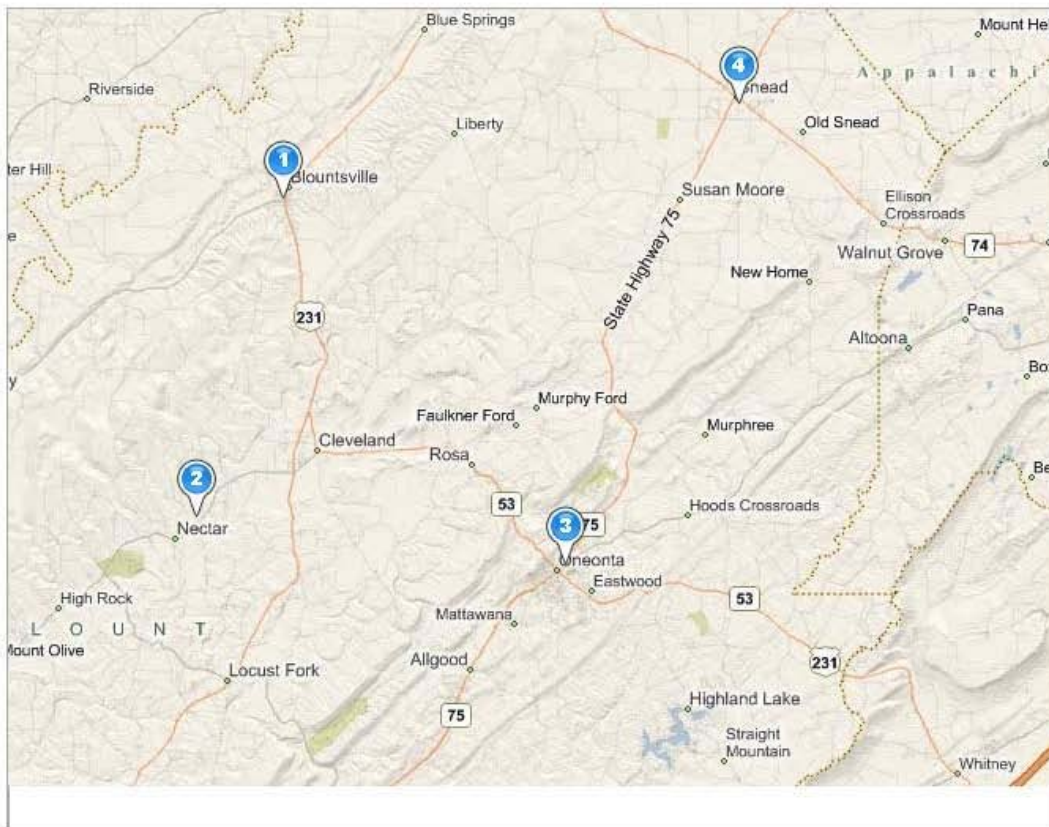
**Region 3**



# Blount County

## Blount County Senior Centers

1. **171 Water St, Blountsville, AL 35031**  
Blountsville Senior Center
2. **14697 SR 160, Cleveland, AL 35049**  
Nectar Senior Center
3. **111 Jack Fendley Dr, Oneonta, AL 35121**  
Oneonta Senior Center
4. **268 Richman Dr, Snead, AL 35952-4417**  
Snead Senior Center

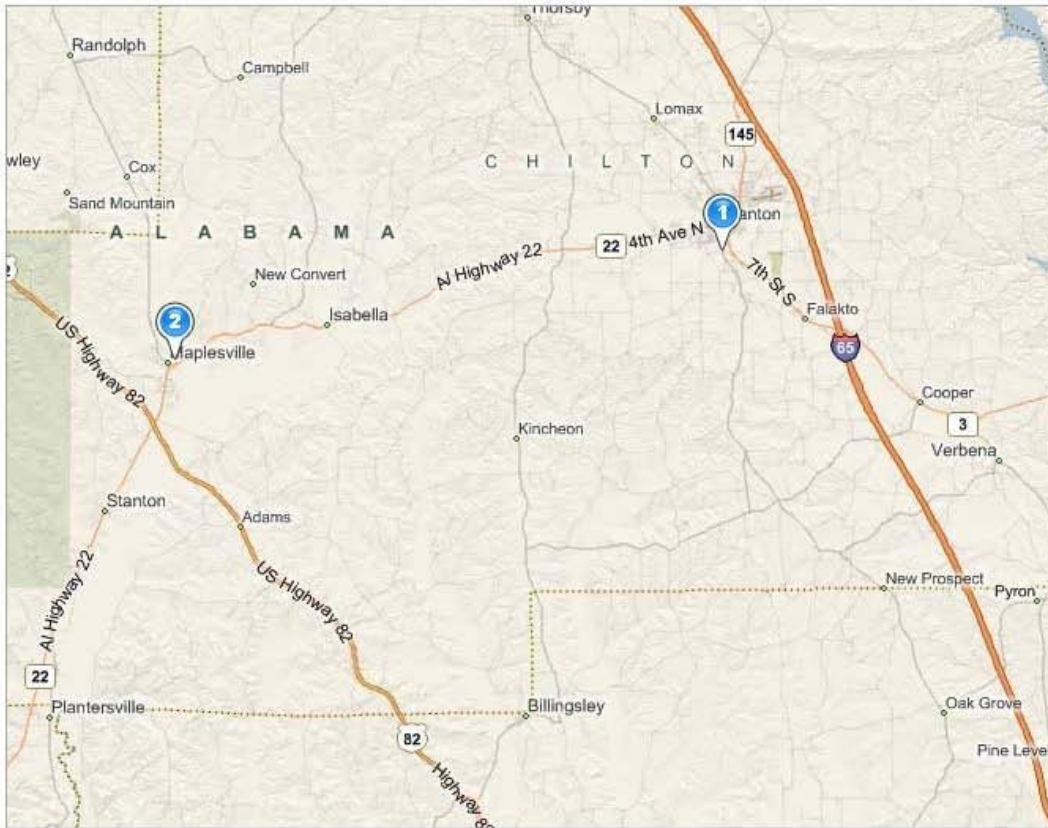




# Chilton County

## Chilton County Senior Centers

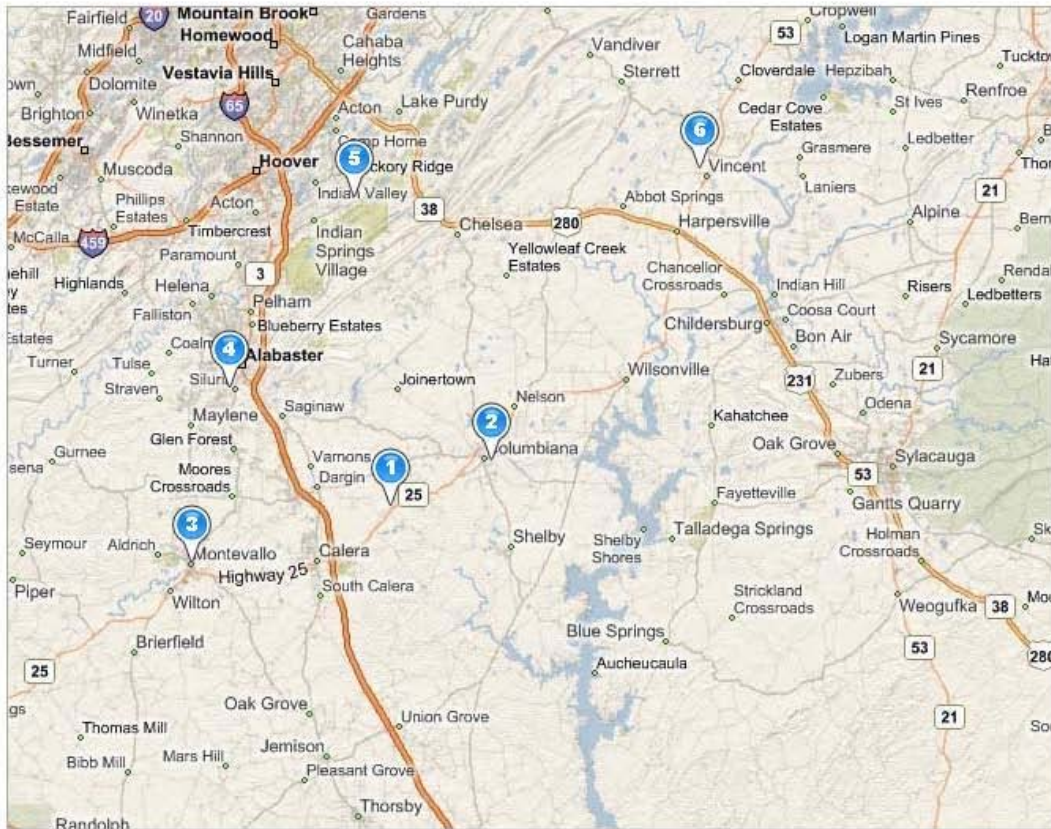
1. **500 Enterprise Rd, Clanton, AL 35045-3374**  
Clanton Senior Center
2. **9499 Al Highway 22, Maplesville, AL 36750**  
Maplesville Senior Center



# Shelby County

## M4A Office and Shelby County Senior Centers

1. **15863 SR 25, Calera, AL 35040**  
M4A Office and the Calera Senior Center
2. **Washington St, Columbiana, AL 35051**  
Columbiana Senior Center
3. **434 Vine St, Montevallo, AL 35115-4012**  
Montevallo Senior Center
4. **808 15th Ave SW, Alabaster, AL 35007-8828**  
Alabaster Senior Center
5. **5452 Cahaba Valley Rd, Birmingham, AL 35242-3510**  
Heardmont Senior Center
6. **4498 Highway 83, Vincent, AL 35178**  
Vincent Senior Center

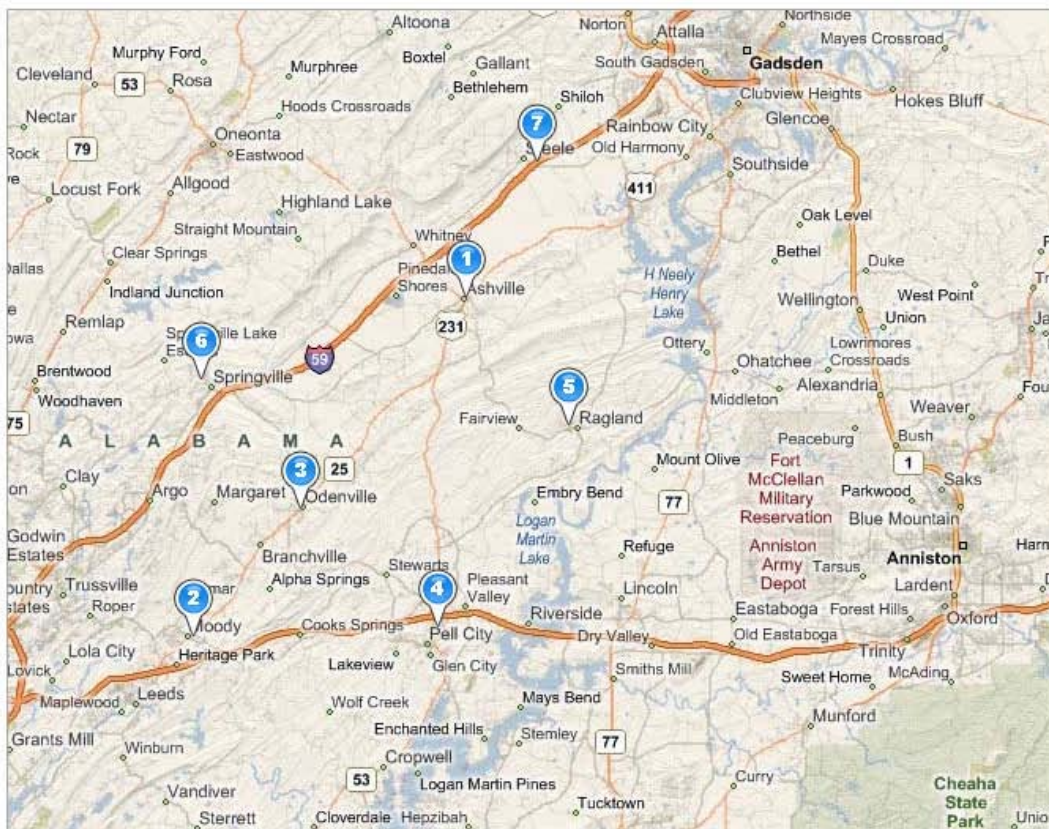




# St. Clair County

## St. Clair County Senior Centers

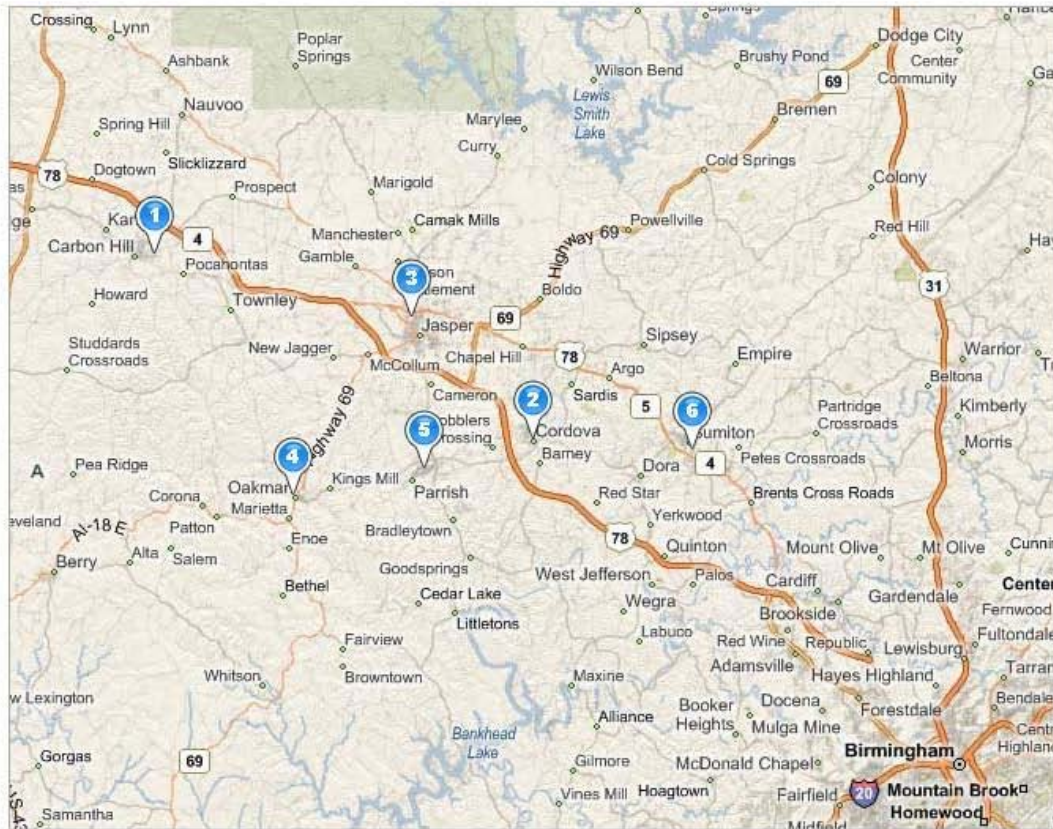
1. **115 8th St, Ashville, AL 35953-3410**  
Ashville Senior Center
2. **670 Park Ave, Moody, AL 35004-3229**  
Moody Senior Center
3. **185 Alabama St, Odenville, AL 35120-3028**  
Odenville Senior Center
4. **801 Comer Ave, Pell City, AL 35125-1508**  
Pell City Senior Center
5. **220 Fredia St, Ragland, AL 35131**  
Ragland Senior Center
6. **587 Village Springs Rd, Springville, AL 35146-3137**  
Springville Senior Center
7. **925 Steele Station Rd, Steele, AL 35987-1737**  
Steele Senior Center



# Walker County

## Walker County Senior Centers

1. **819 3rd St NE, Carbon Hill, AL 35549-4909**  
Carbon Hill Senior Center
2. **Cordova, AL**  
Cordova Senior Center
3. **1050 Kiker Ln, Jasper, AL 35501-4179**  
Jasper Senior Center
4. **Market St NW, Oakman, AL 35579**  
Oakman Senior Center
5. **1300 Main Dr, Parrish, AL 35580**  
Parrish Senior Center
6. **193 Bryan Rd, Sumiton, AL 35148**  
Sumiton Senior Center



## ***2. Legal Authorizing Documentation***



RECEIVED APR 20 2004



GUY HUNT  
GOVERNOR

STATE OF ALABAMA

GOVERNOR'S OFFICE  
MONTGOMERY 36130

RECEIVED  
FEB 28 1989

February 24, 1989

Honorable Bruce Etheredge, Chairman  
Middle Alabama Area Agency on Aging  
Community Services Building  
Post Office Box 1270  
Columbiana, Alabama 35051

Dear Mr. Etheredge:

In accordance with the Older Americans Act of 1965, as amended, and the Code of Alabama, 1975; and pursuant to the requests of the five counties Blount, Chilton, Shelby, St. Clair and Walker in the Birmingham Regional Planning Commission District and the Alabama Commission on Aging, it is my pleasure to designate the Middle Alabama Area Agency on Aging (M4A) as the area agency on aging for your planning and service area effective January 1, 1989.

It is always a pleasure to accede to the wishes of such as you who comprise M4A, who give such unselfishly to improve the lives of our senior citizens. Please be assured of my continuing support of your efforts.

Sincerely,

*Guy Hunt*  
Guy Hunt  
Governor

GH:cc



A M E N D E D  
MULTIJURISDICTIONAL AGREEMENT FOR THE FORMATION  
OF THE MIDDLE ALABAMA AREA AGENCY ON AGING

1. Definitions:

(a) Agency - "Agency" shall mean this consortium of governmental units in the same Regional Planning and Development District and which are parties signatory to this agreement.

(b) The Board - The "Board" of the Agency shall be that group comprised of three representatives of each county which is a member of the Agency designated as follows: 1) the Chairman of the governing body of each governmental unit; and 2) and 3) two individuals appointed by the governing body of the governmental unit to serve for terms of one year and until their successors are designated.

(c) Regional Planning and Development District - that geographical area of the State of Alabama as created pursuant to Ala. Code, § 11-85-51, and various executive orders by the Governor of the State of Alabama as a planning and development district and commonly referred to as District 3.

2. The following units of government are parties signatory to this agreement and are members of the Agency:

- a) Shelby County
- b) Chilton County
- c) St. Clair County
- d) Blount County
- e) Walker County

Said five counties are contiguous and contain a population of over 100,000.

3. The geographical area to be served by this multijurisdictional agreement is coincidental with that geographical area of the governmental units which are parties signatory to this agreement and are within the Regional Planning and Development District.

4. All governmental units located within the designated multijurisdictional area have expressed their desire to be affiliated with the Middle Alabama Area Agency on Aging





through a resolution adopted by the appropriate governing body. The Agency is formed pursuant to Ala. Code § 11-80-5 and 11-85-52 through 11-85-59 and federal law.

5. The appropriate elected official of each governmental unit has been empowered to execute this agreement.

6. Ala. Code §§ 11-85-58 permits the Agency to serve as the administrator of an aging program within the entire geographical area covered by this agreement.

7. The parties to this agreement pledge their full support and cooperation in the establishment, organization and operation of the Middle Alabama Area Agency on Aging.

8. The parties to this agreement agree to provide for the space, supplies, staff and other necessary resources for the effective operation of the Agency.

9. Each governmental unit member shall be entitled to three votes on the Board. The Board shall consist of: 1) the chairman of the governing body of each governmental unit of the Agency; and 2) and 3) two individuals appointed by the governing body of the governmental unit to serve for terms of one year and until their successors are designated. The term of membership on the Board of the Agency for member #1, above, shall coincide with the elective term of the individual Board member and may remain so only as long as his status as an elected chairman of the member government which he represents is maintained.

10. The Middle Alabama Area Agency on Aging shall initially consist of the parties signatory to this agreement. Additional governmental units may become members of the Agency by complying with the following requirements:

(1) A proposed additional member must also be located within the Regional Planning and Development District.

(2) A resolution must be adopted by the proposed member's appropriate governmental body expressing the desire to become a member of the Agency, pledging full support and cooperation with the Agency, and empowering the appropriate elected official of the proposed member government to become a party signatory to this agreement.



(3) There must be a favorable vote by two-thirds of the members of the Board of the Middle Alabama Area Agency on Aging.

(4) The appropriate elected official of the proposed member government must sign this agreement.

(5) The Alabama Commission on Aging must approve the change in the region.

11. A member government of the Agency may withdraw by the following procedures:

(1) A resolution must be adopted by the appropriate governmental body of the member government expressing a desire to terminate association with the Agency.

(2) A letter, with a copy of the above described resolution attached, must be sent by the appropriate elected official of the withdrawing member to all other members of the Agency, giving notification of the desire to withdraw from the Agency. Services rendered by the Agency to the withdrawing member shall be terminated immediately upon the adoption of the withdrawal resolution described above.

(3) The Alabama Commission on Aging must approve the change in the region.

12. The officers of the Board shall be designated as: Chairman, Vice-Chairman, Secretary and Treasurer. These officers shall be elected from the Board membership, by the members of the Board. A Board member may hold more than one position.

13. The Agency shall employ an Executive Director to serve as the chief administrative officer of the Agency and shall be delegated such powers and authority as the Board may prescribe by Bylaws and resolution.

14. Each governmental unit member shall contribute to the financing of the Agency according to the contribution requirements of applicable laws and regulations.

15. The Agency is hereby granted and shall have the powers necessary to conduct the day to day business of an area agency on aging and to plan and provide social support services for the aged in the prescribed geographical region, and to take those actions it deems necessary to deal with

the problems which are confronting the older sector of the population generally and take all actions necessary to administer an aging program consistent with the provisions of the Older Americans Act. Pursuant to § 305 of the Older Americans Act, the Agency may function only in the provision of an aging program and shall not serve any unrelated function.

16. A copy of this multijurisdictional agreement shall be maintained in the office of the chief administrative elected official of each member government of this Agency.

17. This agreement may be amended by ordinance or resolution duly-adopted by the governing body of all member governments of the Agency.

Dated this 8<sup>th</sup> day of September, 1989.

Shelby County, Alabama

By: Thomas A. Snowden, Jr.  
Its Chairman

Chilton County, Alabama

By: Kenneth Patterson  
Its Chairman

St. Clair County, Alabama

By: Bruce Etheredge  
Its Chairman

Blount County, Alabama

By: Frank E. Owen  
Its Chairman

Walker County, Alabama

By: John E. Roberts  
Its Chairman

### ***3. Governing/Advisory Body By-laws***

BYLAWS OF THE  
MIDDLE ALABAMA AREA AGENCY ON AGING  
(As amended November 8, 2005)

Definitions:

Agency - "Agency" shall mean this consortium of governmental units in the same Regional Planning and Development District and which are parties signatory to this agreement.

Board - The "Board" of the Agency shall be that group comprised of three representatives of each member county designated as follows: the Chairman of the governing body of each county unit (County Commission) and two other individuals appointed by the member county's governing body.

Middle Alabama Area Agency on Aging - That geographical area of the State of Alabama designated by executive orders of the Governor of the State of Alabama

ARTICLE I

Name, Principle Office and Area

- 1.1 The Agency shall be known as the Middle Alabama Area Agency on Aging.
- 1.2 The Agency shall maintain its principle office in the County approved by the Board of Directors and may establish field offices or service centers at such other places as it may deem appropriate.
- 1.3 The area served by this Agency shall be the geographical area known as the Middle Alabama Area Agency on Aging comprised of Blount, Chilton, Shelby, St. Clair and Walker Counties.

ARTICLE II

Purpose

- 2.1 It is the purpose of this Agency to develop and maintain a comprehensive, coordinated network for delivery of supportive services to persons age 60 and older. The Area Agency on Aging shall be the leader relative to all aging issues on behalf of all persons 60 and older in the planning and service area. This means that the Area Agency shall proactively carry out, under the leadership and direction of the State Department of Senior Services, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community- based systems in each community in the planning and service area. These services shall be designed to assist persons 60 and older in leading independent, meaningful and dignified lives in their own homes and communities.

### ARTICLE III

#### General Powers and Authority

- 3.1 The Board shall exercise its powers and authority in accomplishing its objectives and purposes as provided by the laws of the State of Alabama and further as set forth in Public Law 89-73, and accordingly shall:
- a) Adopt, amend and repeal Bylaws, rules and regulations Governing the conduct of its business and the performance of its function;
  - b) Provide for the internal organization and administration of the Board;
  - c) Appoint and fix the salaries of a Director and other such personnel as may be necessary to enable the Agency to carry out its functions;
  - d) Accept, use and dispose of gifts or donations of services or property (real, personal, or mixed, tangible or intangible);
  - f) Enter into and perform such contracts, leases, agreements or other transactions as may be necessary in carrying out its functions;
  - g) Take such other action and seek local funding as may be necessary or appropriate to carry out its purposes under the Law and consistent therewith.
- 3.2 The Board shall provide, in accordance with its capabilities, special planning services to local units of government and shall coordinate planning and development matters of importance to the elderly throughout the region.

### ARTICLE IV

#### Organization of Board

- 4.1 The Board shall consist of the county units of government in the Middle Alabama Area Agency on Aging, which are Blount, Chilton, St. Clair, Shelby and Walker Counties.
- 4.2 The Board shall consist of three (3) members from each county. The Chairman of the County Commission will serve as one member with the others being another Commission member or members at large as appointed by the member County Commission. The Commission may appoint one alternate per county to officially attend meetings on behalf of absent board member. The alternate has all the rights and privileges, including the right to vote, as a board member, but none of the obligations of the membership.
- 4.3 The Chairman of the County Commission shall serve as his term of office permits. If the Chairman of the Commission is unable to fulfill the requirements of serving on this board then he will appoint another Commissioner. Other board members may serve one (1) year and/or until their successors are designated. Members may be considered for reappointment by the member County Commission provided they are members in good standing. To be in good standing, members must regularly attend meetings (absent no more than two meetings per year).

## ARTICLE V

### Election and Term of Officers

- 5.1 The Board shall elect officers Bi-annually from among their number at the last meeting of the current fiscal year beginning September 2003. The Chairman shall appoint a nominating committee at the regularly scheduled meeting prior to the last meeting. By August 31, the Director will have requested and received from each governing body the names of the appointed board members and will provide such to the nominating committee. This committee will make its recommendation at the September meeting. Any person duly appointed by their County Commission to serve on the board is eligible to serve as an officer.
- 5.2 The candidate for each office receiving a majority vote of the Board membership shall be declared elected.
- 5.3 All officers shall be elected by the Board and shall serve for a term of two (2) years and can succeed themselves. If the event or circumstance of election, resignation or death shall leave open an office, the nominating committee will make a recommendation at the following meeting and the candidate receiving a majority vote of the Board membership shall be declared elected.
- 5.4 An officer elected by the members of the Board may be removed at any time without cause by affirmative vote of the majority of the members of the Board. Any vacancy occurring in any office shall be filled for the unexpired term thereof by the members in the same manner as provided for elections.

## ARTICLE VI

### Officers and Duties

- 6.1 The Officers of the Board shall consist of a Chairman, Vice Chairman and Secretary/Treasurer. These three officers are elected by the Board membership.
- 6.2 The Chairman shall preside at all meetings and hearings of the Board and have the duties normally conferred by parliamentary usage of such officers. He shall act as prime sponsor for the Board in all matters pertaining to it, and may act without its immediate consent in matters of general importance. The Chairman shall report all actions to the Board. The chairman shall have the power to appoint Committees to act on behalf of the Board and as Chairman shall be an ex-officio member of all committees.
- 6.3 The Vice-Chairman shall, in the absence or disability of the Chairman, perform the duties and exercise the powers for the Chairman.
- 6.4 The Secretary/Treasurer shall correspond and allocate funds on behalf of the Board as directed by the Chairman and Board of Directors.
- 6.5 A copy of all correspondence by any Board Member concerning Middle Alabama Area Agency on Aging must be sent to the Board Chairman beforehand.
- 6.6 The Executive Director shall serve as staff director of the Board. The Executive Director shall be charged with the duty of keeping the minutes, issuing notices of meetings and corresponding in the name of and on behalf of the Agency as directed by the Chairman and Board of



Directors. The minutes are to be mailed to all Board Members at least five (5) days prior to the next meeting.

- 6.7 The Board may appoint such agents and employees as shall be deemed necessary that shall hold their employment for such times and shall exercise such powers and perform such duties as shall be determined from time to time by the Board.
- 6.8 The officers shall perform other duties as might from time to time, be prescribed by the members of the Board.

#### ARTICLE VII

##### Major Responsibilities of the Board of Directors

- 7.1 Determine the Organization's Mission and Purpose following all Federal, State and Local Guidelines.
- 7.2 Appoint the Executive Director.
- 7.3 Provide support of Executive Director and Review his or her performance. Set Salary guidelines and merit steps.
- 7.4 Ensure effective organizational planning. Approval Area Plan.
- 7.5 Ensure adequate resources for planning, programming and expansion.
- 7.6 Manage Resources Effectively.
- 7.7 Monitor the organization's Programs and Services.
- 7.8 Enhance the organization's Public Image.
- 7.9 Serve as Court of Appeal.
- 7.10 Assess Boards own performance.

#### ARTICLE VIII

##### Staff

- 7.1 The Board shall appoint an Executive that is primarily responsible to carry out the strategic plans and policies as established by the board of directors. The Executive Director reports to the board of directors. The Executive Director sets the direction and oversees the operations of the Area Agency on Aging. The Board may contract with consultants for required services.
- 7.2 The Board of Directors will approve an organizational chart, annually, and more often if needed.
- 7.2 The Board may, by proper resolution, grant either general or specified authority to the Director to execute instruments for and on behalf of the Board.
- 7.3 The Director shall be the chief administrative officer of the Agency and shall be in charge of and responsible for all professional planning and development activities, and of the administration of the functions and offices of the Agency, subject, however, to the policies established by the Board and to the general supervision of the Board. The Director shall follow the approved organizational chart and make appointments of staff personnel, prepare a recommended budget, prepare reports and publications and direct the work of the staff. The Director may testify before appropriate public bodies or committees; thereof, on such policies and recommendations as may be adopted and approved by the Board and may consult and confer with appropriate public officials on behalf of the Board in connection with the program of the Agency and advocacy for the aging population.

- 7.4 The Director, shall, from time to time, recommend to the Board the size of the staff required and the composition thereof. Such personnel as are authorized shall be appointed by the Director. Promotions and salaries shall be determined by the Director as long as they fall within the prescribed brackets as set by the Board. The salary of the Director shall be determined by the Board.
- 7.5 All staff personnel shall be subject to such personnel policies as may, from time to time, be established by the Board.

ARTICLE IX  
Meetings

- 8.1 All regular meetings and special meetings of the Board shall be open and public meetings.
- 8.2 At least four meetings will be held annually, one per quarter. A meeting will always be held in September to approve budgets, Contracts, etc. for the next fiscal year. Board members will be given 30 days notice of meetings.
- 8.3 Special Meetings of the Board shall be called at the discretion of the Chairman and/or Executive Committee when necessary. All members of the Board will be notified not less than three (3) working days in advance of such special meeting.
- 8.4 Each member of the Board, including the Chairman, shall have one vote on all matters voted upon. Proxy voting shall be permitted.
- 8.5 Proxies are authorized for each member Board members must have a written proxy in order to cast the absent member's vote. Only a member may vote another member's proxy. A proxy may be given to any member regardless of either member's county of appointment. A signed proxy may be issued for each meeting or annually as a standing proxy.
- 8.6 Forty (40%) percent of the active Board Members must be present to constitute a quorum for the transaction of business at such meetings. Every decision of a majority of the members present and by proxy at any meeting which there is a quorum shall be valid as the binding act of the Board.
- 8.7 If a quorum is not obtained at any meeting, the members present and entitled to vote, shall have the power to transact business for the Board except that these actions shall be subject to approval by a mail vote, which shall be conducted by the Director. To conduct a mail vote, minutes of the meeting shall be prepared and mailed with a proxy vote form to each voting member of the Board not attending the meeting. Upon attaining a majority vote by mail, every decision and action of business transacted at the meeting shall become valid as a binding act of the Board.

ARTICLE X  
Order of Business

- 9.1 The order of business at regular meetings shall be:
- A. Call to Order -- proxies determined to be in order.
  - B. Approval of agenda
  - C. Approval/Disposition of minutes
  - D. Executive Directors Report
  - E. Old Business
  - F. New Business (Items may be deferred for study as necessary and voted upon at the next meeting).
  - G. Adjournment

ARTICLE XI  
Advisory Council

- 10.1 The Board shall have an Advisory Council whose responsibilities shall be to advise the Board on such issues as advocacy, planning, development and delivery of benefits and services to aging citizens throughout the geographical area of the Agency.
- 10.2 The Advisory Council shall be comprised of six (6) members from each county with one member including an agency consumer, the County Director of Adult Protective Services and one private or non-profit service provider of senior services. The overall composition of this council will satisfy the requirements of the Alabama Department of Senior Services. The Executive Director will make recommendations for approval of the Board of Directors.

ARTICLE XII  
Public Hearings

- 11.1 In addition to those required by law, the Board may at its discretion hold public hearings when it decides that such hearings will be in the public interest.
- 11.2 Notice of such hearings shall be published in newspapers of general circulation within the counties of Blount, Chilton, Shelby, St. Clair and Walker at least five (5) days prior to the date of such public hearings.
- 11.3 Pertinent information shall be presented in summary by the Secretary or a designated member of the Board and parties in interest shall have privilege of the floor. No statement shall be recorded or shown to as evidence for any court of law without notice to the parties.



### ARTICLE XIII

#### Financial, Fiscal Year and Budget

- 12.1 The fiscal year of the Agency shall be from October 1 to September 30.
- 12.2 Annually, and at least thirty (30) days prior to the end of the Agency's year, the Executive Director shall prepare an update to the Area Plan setting forth the proposed activities and goals and objectives of the Agency for the ensuing fiscal year. This plan will include the budget and staff requirements for such programs which shall be used as the operating guide of the Agency for the particular period. The Area Plan and its updates shall be submitted to the Board for approval and, if approved, for adoption.
- 12.3 Contracts: The board of directors may authorize any officer or officers, agent or agents, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Agency.
- 12.4 Loans: No loans shall be contracted on behalf of the Board and no evidences of indebtedness shall be issued in its name unless authorized by a resolution of the board of directors. Such authority may be general or confined to specific instances.
- 12.5 Checks, Drafts, or Orders: All checks, drafts, or other orders for the payment of money, notes, or other evidences of indebtedness shall be signed by such officer or officers, agent or agents of the Agency and in such manner as from time to time shall be determined by resolution of the board of directors.
- 12.6 Deposits: All funds of the Agency not otherwise employed shall be deposited from time to time to the credit of the Corporation in such banks, trust companies, or other depositories as the board of directors shall select.

### ARTICLE XIV

#### Board Policies and Procedures

- 13.1 All Board of Directors will follow a Conflict of Interest Policy and will sign a Disclosure of Certain Interests and Confidentiality Policy Statement. No member will vote on an issue or question in which he/she has a direct personal or pecuniary interest.

### ARTICLE XV

#### General

- 14.1 None of the members of the Board shall be personally liable under, upon, or in connection with any agreements or undertakings entered into by the Agency or its representatives, or in connection with any other obligations or liabilities of the Agency.
- 14.2 In any case where a provision of these Bylaws or an amendment thereto may be in conflict with the Multijurisdictional Agreement establishing the Board or any amendments thereto, said agreement and amendments thereto shall prevail.
- 14.3 The Agency shall provide its Board Members with Board of Directors Liability Insurance.

14.4 Board members receive no compensation for board service other than reimbursement of expenses incurred as a result of board participation.

ARTICLE XVI

Amendments

15.1 The Bylaws of the Board may be amended by two-thirds vote of all the members of the Board, and at any meeting, thereof, provided that the notice of such meeting shall include a reference to a proposed amendment.

Adopted by the Middle Alabama Area Agency on Aging on the 8th day of November 2005.

Approved: \_\_\_\_\_  
Larry Dillard, Chairman

\_\_\_\_\_  
Date

#### ***4. Governing/Advisory Body Membership***

##### **M4A Board Members FY 2010**

###### **Blount County**

Judge David Standridge

Rev. Glenn Bynum

Commissioner David Cochran

Mr. Chris Green (Alternate)

###### **Chilton County**

Ms. Gay West

Ms. Martha Thornburgh

(VACANCY)

(ALTERNATE VACANCY)

###### **Shelby County**

Commissioner Daniel Acker

Commissioner Jon Parker

Mr. Earl Cunningham

Mr. Reginald Holloway (Alternate)

###### **St. Clair County**

Commissioner Stanley Batemon

Ms. Lee Ann Clark

Mr. Gene Ford

(ALTERNATE VACANCY)

###### **Walker County**

Commissioner Bruce Hamrick

Mr. Richard Lovelady

Mr. William Fowler

(ALTERNATE VACANCY)

## M4A Advisory Committee

**OAA 306(a)(6)(D):** The Area Agency on Aging will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. Members of the county focus groups have served in an advisory capacity to M4A.

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/PARTICIPANT?				
Bud Jones		X		X			Nonprofit
Robbie Hulgan		X	X	X			
Jane Childers		X	X	X			
Vanessa McKinney				X			Senior Wellness Chilton Medical
Jan Davis							Provider
Lloyd Nutter		X					Volunteer
Lynn Price		X					Volunteer
Addie Duke	X		X	X			
Tomoka Gaddis							General Public
Rose DeVinner	X		X	X			
Judy Dean		X					Chilton Medical
Synithia Williams							ACES
Grace Nichols							Volunteer/CG
Carol Savage		X					WACF
Mary Ruth Barner		X	X	X			
Marie Jewes				X			DHR
Trecia Benefield							CILS, CG

***5. M4A Organizational Chart and Staff Plan***

## Middle Alabama Area Agency on Aging (M4A) Organizational Chart 2010

### M4A Mission Statement

- To help older individuals access information, assistance, and resources that will empower them to self-advocate, live independently, and enjoy the highest quality of life

### M4A Governance and Policy Making Body

- M4A Board of Directors

### M4A Executive and Administrative Staff

- Executive Director: Carolyn Fortner (FT)
- Fiscal Director: Dianne Nance (FT)
  - Administrative Assistant/Bookkeeper: Renee Green (PT)
- Operations and Programs Director: Kelly Lippert-Flick (PT)
  - Administrative Assistant/Receptionist: Sharon Echols (FT)

### M4A Program Staff

- Information & Assistance Coordinator and Aging & Disability Resource Center: Ashley McGee (FT/Project Manager); Christina Doege (FT/Coordinator), Jennifer Travis-Scott (FT/Case Manager)
- Alabama Cares Coordinator: Rachel Glorioso (FT)
- SHIP/SMP Coordinator: Rachael Creech (FT)
- Legal Services Provider: Davis & Neal
- Long-term Care Ombudsmen: Jodi Beth Posey (PT), Stacy Farry (PT)
- Nutrition Coordinator: Debbie Battles (FT/Coordinator), Cheryl Gaines (FT/Shelby County), Melissa Fowler (FT/Program Assistant)
- Title V Project Director: Sheila Baker (FT)
- Elderly & Disabled Waiver: Arnita Hicks (Lead Case Manager / FT), Jennifer Davis (FT), Lateshia Davidson (FT), Courtney Durden (FT)
- SenioRx/Wellness Coordinator: Mary Joyce Gilliland (FT), Judith Drew (FT), Dorothy Snodgrass (PT)

### M4A Programs

- Aging and Disability Resource Center
  - Information & Assistance
  - Alabama Cares
  - SHIP/SMP
  - Legal
  - SenioRx/Wellness (State Medication Assistance)
- Ombudsman
- Nutrition
- Senior Community Service Employment Program
- Elderly & Disabled Waiver
- Transportation

## *6. Grievance Procedure*

### **Middle Alabama Area Agency on Aging Grievance Procedure**

The following procedure is to be followed by AAA staff, Service Contractors and Applicants for Services under the Older American's Act of 1965, as amended or for any other AAA funded services or programs:

The aggrieved party must first notify the Program Director of any questions, grievance, or denial of service within 15 days, in writing and try to resolve situation before requesting an informal hearing with the AAA Director. The program director shall respond within 10 days to complainant with a written response or a date, time and place for a scheduled meeting to resolve situation.

The appellant if unsatisfied with response shall, in writing, within 15 working days request an informal meeting with the AAA Director. Such request shall include:

- Identify the action being challenged;
- Identify the parties to the action being challenged;
- Identify the role of each party to the action being challenged;
- Identify the cause for the challenge; and
- Identify the outcome desired from the informal hearing.

The AAA Director will respond within 15 days establishing a date, time and place for an informal hearing. The AAA Director will investigate all information in the grievance and submit a written compromise or final decision within 30 days of the informal grievance hearing.

Any appeals to this decision should be made in writing to the Chairman of the AAA Board of Directors for determination as to whether a formal hearing with the Board will be granted. This appeal should be made in writing within 15 days, identifying all of the previously required information and reason for request. The Board of Directors will have 30 days to respond in writing or to schedule, in writing the date, time and place of a formal hearing to resolve grievance.

After the Board's decision, the aggrieved party may, within 15 days from the date of the Board decision, appeal in writing to the Alabama Department of Senior Services. In the written appeal, the aggrieved party must specify the reason for the appeal and submit all previously required information: Alabama Department of Senior Services / 770 Washington Avenue / RSA Plaza, Suite 470 / Montgomery, AL 36130.

**7. *Request for Waivers***

None



## **8. *Sample Provider Contract***

**A CONTRACT BETWEEN  
THE MIDDLE ALABAMA AREA AGENCY ON AGING  
AND  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX**

**October 1, 20XX – September 30, 20XX**



**CONTRACT BETWEEN THE  
MIDDLE ALABAMA AREA AGENCY ON AGING  
AND**

**XXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXX**

THIS CONTRACT is entered into this the 1<sup>st</sup> day of October, 20XX by and between the **MIDDLE ALABAMA AREA AGENCY ON AGING**, hereinafter referred to as **M4A**, operating under the laws of the State of Alabama and formed pursuant to §§ 11-85-57 to -59 Code of Alabama (1975) (see also § 11-1 -10), with offices located at 15863 Hwy 25, Calera, Alabama 35040, and XXXXXXXXXXXXXXXX with offices located at XXXXXXXXXXXXXXXX hereinafter referred to as the Contractor.

**WHEREAS**, M4A is administered by the Alabama Department of Senior Services, hereinafter referred to as ADSS;

**WHEREAS**, M4A contracts through this instrument for such services as described in **Attachment A Scope of Services**;

**WHEREAS**, the monetary reimbursement for the provision of various services shall be as detailed in **Attachment B Reimbursement Plan**;

**WHEREAS**, the geographical service area shall include: Blount, Chilton, Shelby, St. Clair and Walker Counties of the State of Alabama;

**WHEREAS**, under no circumstance shall a debt to the State of Alabama arise or be created under this Contract in accordance with Section 213 of the Constitution of Alabama of 1901, as amended;

**NOW THEREFORE**, for general consideration and mutual promises exchanged between the parties hereto it is agreed as follows:

1. **The Contractor** shall, in a satisfactory and proper manner according to generally acceptable practices and as determined by M4A, provide certain goods or services described in **Attachment A Scope of Services**, attached hereto and made a part of this Contract.
2. **The Contractor** shall, ensure that its contracted service provision is in accordance with all federal, state and local law and regulations, including food and fire safety and all other health and safety requirements. Contractor further assures that no unlawful benefits

will be received from individuals associated with the Contractor as a result of the contract. Neither the Contractor nor any of its employees shall be considered an employee of M4A or be entitled to M4A benefits.

3. **Initiation of Services** – Service provision by the Contractor shall commence as soon as possible after the execution of this contract and shall continue through September 30, 2010. Upon written mutual consent between M4A and the Contractor, this Contract may be renewed for two one-year terms.
4. **Contract Termination** – This Contract may be terminated for the convenience of M4A or the Contractor or for any cause listed in **Attachment C Termination of Contract**. See **Attachment C** for additional grounds and procedures for contract termination.
5. **Personnel** – The Contractor warrants that, at all times during the duration of this contract, it shall employ personnel capable of dispensing the goods or services called for herein in a satisfactory and proper manner. Designated Contractor personnel shall be required to attend all scheduled meetings called by M4A dealing with the operation of this Contract.
6. **Equipment and Facilities** – The Contractor agrees to maintain adequate space, equipment and facilities required to perform the services as called for under this Contract.
7. **Insurance** - The Contractor shall maintain appropriate general liability insurance coverage in the amounts consistent with the types of services being rendered **and name M4A as an additional insured**. Adequate liability insurance coverage for the Contractor’s premises used under this Agreement and for vehicles used in contract performance shall be maintained. Contractors shall maintain no less than \$300,000 of liability insurance. If the Contractor provides skilled level respite care, the Contractor shall provide to M4A a certificate of insurance reflecting maintenance of no less than \$1,000,000 of professional liability insurance. Employees shall be covered by workmen’s compensation insurance. **The Contractors shall provide to M4A a certificate of insurance which evidences general liability insurance, professional liability insurance (if required), and workers compensation. M4A requires the Contractor be bonded, including third party bonding, and provide M4A proof of bonding.** Proof of insurance shall be made available to M4A as requested and during routine program inspections. The Contractor shall be fully licensed as required by all applicable laws and regulations to perform the duties specified in this Contract.
8. **Documents Provided** – M4A shall provide to the Contractor all documents, policies, procedures, guidelines and forms required to enable the Contractor to carry out Contract performance in an efficient and satisfactory manner. All documents and records generated and developed under this Contract shall become the property of M4A.
9. **Modification/Amendments** – The Contractor agrees to accept and adopt as part of this Contract any changes in requirements or regulations set forth as new policy by the ADSS or M4A. Any new guidelines, regulations, policies or interpretations set forth after the commencement of this Contract shall be provided in writing to the Contractor. Such

modifications shall become effective as soon as possible but no later than thirty days from M4A's written notification to the Contractor of such policy change(s). Compliance with the above-described modifications shall be mandatory. Should the Contractor elect to reject said modifications, the Contractor shall thereupon provide M4A with thirty days written notice of the Contractor's intention to reject said modifications and to terminate this Contract. This Contract may be amended upon the mutual agreement of M4A and the Contractor. Such changes that are mutually agreed upon between the Contractor and M4A shall be incorporated in written amendments to this Contract.

10. **Maintenance of Records** – The Contractor shall maintain documentation as deemed necessary by M4A. Client information shall be obtained, processed, and maintained in a manner that ensures that the confidentiality of the client is not violated. The Contractor shall maintain financial records, supporting documents, statistical records and all other records pertinent to contract fulfillment for a period of five years from the date of the last payment made by M4A to the Contractor. However, if audit, litigation, or other legal action by or on behalf of M4A or ADSS has begun but is not completed at the end of the five-year period, or if audit findings, litigation, or other legal action has not been resolved at the end of the five-year period, the records shall be retained until resolution.
11. **Billing** – Required documentation and payment requests shall be submitted to M4A at the close of each month. These forms shall be submitted to M4A by the fifth working day of the following month in order for the Contractor to receive payment on the fifteenth of the month.
12. **Payment of Funds** – M4A shall pay accumulated authorized costs to the Contractor on a monthly basis. It is expressly understood and agreed to by the Contractor that the goods and services sold to M4A program participants covered under this Contract and being purchased shall be priced at or below the cost of the same goods and services being sold to the general public. The Contractor assumes the responsibility of payment of all applicable Federal, State and/or Local taxes. In compliance with the Internal Revenue Service regulations, M4A agrees to provide, if applicable, the Contractor with "Form 1099 MISC." (a statement of miscellaneous earnings) if the Contractor receives payment of \$600.00 or more during the calendar year. **M4A shall make no payment for services rendered in violation of this Contract. The Contractor agrees that payments made for services rendered in violation of this Contract may be recovered through appropriate administrative and legal action.**
13. **Funding Mechanism** – The Contractor will compile the amount of goods and services provided and at month's end shall complete a Service Log and Service Summary Sheet (see Exhibits I and II). These forms shall be submitted to M4A by the fifth working day of the month in order for payment to be made to the Contractor by the fifteenth day of the month. The Service Summary Sheet (Exhibit II) requesting reimbursement shall bear the signature of Contractor personnel authorized to sign billing on behalf of the Contractor who has an official signature on file with M4A.
14. **Inspections** – At any time during normal business hours, the Contractor shall make available to M4A and ADSS and any authorized designee all appropriate Contractor records with respect to all matters covered by this Contract.

15. **Evaluation** – The Contractor agrees that M4A may carry out monitoring and evaluation activities as determined necessary by M4A and ADSS. The Contractor agrees to assume responsibility for the timely submission of all reports as required.
16. **Subcontracts** – Subcontracting of services is prohibited without prior written approval of M4A. Reimbursement shall not be paid in the case of unauthorized subcontracting. The Contractor shall not promote private or personal interests in conjunction with the performance of this Contract.
17. **Confidentiality** – All reports, information, and data given to, prepared or assembled by the Contractor under the terms of this contract are confidential and shall not be made available to **any** individual or organization by the Contractor without the prior written approval of M4A. No data or information obtained from or about Alabama Cares program participants shall be released or repeated without the prior written consent of the participant and M4A.
18. **Eligibility** – The Contractor/M4A/Client shall be responsible for verifying that service recipient is identified as a Middle Alabama Area Agency on Aging (M4A) Alabama Cares Client.
19. **Liability** – The Contractor does hereby agree that it shall, to the limits of the Constitution and the laws of the State of Alabama, indemnify and save harmless M4A against any and all liability, loss, damage, cost or expense resulting from any person suffering any personal injury, death, property loss, or damage caused by the Contractor.
20. **Publicity** – The Contractor agrees that all publicity, reports, and media releases pertaining to any facet of M4A programs shall require written approval of M4A. Upon receiving such written approval, the Contractor shall acknowledge that activities under this Contract are as a result of funding from the Alabama Department of Senior Services and the **MIDDLE ALABAMA AREA AGENCY ON AGING (M4A)**.
21. **Service Provision** – M4A does not guarantee the Contractor any service provision or a specific number of units of services under this Contract.
22. **M4A reserves the right to:**
  - a. Contract with more than one provider/agency to perform the same services concurrently.
  - b. Contract with more than one provider/agency to perform a portion of the services concurrently.
  - c. Provide services from M4A directly in lieu of contracted services.
  - d. Require the Contractor to supply additional information not originally requested in order to substantiate its capability for contract performance and compliance with federal and state rules and regulations.
  - e. Extend or amend this Contract with the mutual agreement and concurrence of M4A and the Contractor.
23. **The Contractor** shall furnish the following information on the person authorized to sign for the Contractor pertaining to all financial matters:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Payee - specify to whom check should be mailed

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

24. **Debarment/Lower Tier Provision** – The Contractor certifies that it and lower-tier participants involved in this Contract are not presently debarred, prohibited or excluded from participating in the transactions under this Contract.
25. **Certification** Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions – By signing and submitting this lower-tier proposal, the prospective lower-tier Contractor, as defined in C.F.R. Part 76, certifies to the best of its knowledge and belief that its principals: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency; Where the prospective lower-tier Contractor is unable to certify to any of the above, such prospective Contractor shall attach an explanation to this proposal. The prospective lower-tier Contractor further agrees by submitting this proposal that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower-Tier Covered Transaction,” without modification in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.
26. **Civil Rights** - The Contractor shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352), and the regulations issued pursuant thereto. An Assurance of Compliance with such regulations is attached (See **Attachment D-1 Form HHS-441**). The Contractor certifies that it has no commitments or obligations that are inconsistent with compliance with these or any other pertinent federal regulations and policies and that any other agency, organization or party that participates in this project shall have no such commitment or obligations.
27. **The Contractor** shall comply with the Americans with Disabilities Act (ADA) (See **Attachment D-2**), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973 and all applicable Department of Health and Human Service regulations.
28. **The Department** of Health, Education and Welfare on May 4, 1977, issued final regulations in the Federal Register entitled **Nondiscrimination on the Basis of Handicap (Title 45, Part 84)**, which provides for implementation of Section 504 of the Rehabilitation Act of 1973. Section 504 provides that no otherwise qualified handicapped person be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. **Vietnam Era Veterans Readjustment Assistance** – The Contractor shall

prohibit job discrimination against qualified Vietnam Era Veterans and special disabled veterans in employment.

29. **No Federal funds** shall be used by the Contractor or on behalf of the Contractor to influence or attempt to influence an officer or employee of any agency (including Congress) in connection with the awarding of any federal contract, federal loan, or other federal payment. (See **Attachment D3**).

30. The Contractor certifies that it shall provide and shall continue to provide a drug-free workplace according to the Drug-Free Workplace Act of 1988, 45 C.F.R. Part 76, Subpart F and as published in the May 25, 1990, Federal Register (See **Attachment E**).

**IN WITNESS WHEREOF**, this Contract has been executed by the **Middle Alabama Area Agency on Aging**

BY: \_\_\_\_\_  
Carolyn G. Fortner, Executive Director

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Approved:** BY: \_\_\_\_\_  
Richard Lovelady, M4A Board Chairman

DATE: \_\_\_\_\_



## **ATTACHMENTS**

A - Scope of Services

B - Reimbursement Plan

C - Termination of Contract

D1 - Assurance of Compliance with the Civil Rights Act of 1964

D2 - Assurance of Compliance with the Americans with Disabilities Act

D3 - Certification Regarding Lobbying

E - Drug – Free Workplace Regulations

## ATTACHMENT A

### SCOPE OF SERVICES FOR RESPITE CARE

#### A. Definition

Service provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

#### B. Objectives

The objective of respite care services is to provide temporary care for clients who live at home and are cared for by their families or other informal support systems. This service provides temporary, short-term relief for the primary caregiver and continues the supervision and supportive care necessary to maintain the health and safety of clients. Respite is intended to supplement rather than to replace care provided to clients.

#### C. Description of Services to Be Provided

1. Respite care is the provision of care deemed necessary to maintain the health and safety of a client when the primary caregiver is temporarily unavailable to provide such care.
2. The unit of service is one hour of direct respite care (unskilled) provided in the client's residence. The amount of time does not include the respite worker's transportation time to and from the client's home.
3. The type of in-home respite care (unskilled) provided to each client shall depend upon the individual client's needs.
  - a. Unskilled respite services shall provide the services ordinarily performed by the family member or primary caregiver that is being relieved. Unskilled respite duties shall include, but are not limited to, any household care, meal preparation and personal care services needed by the client during the in-home respite period.
4. Respite services are for the relief of the family member or primary caregiver therefore, there must be a primary caregiver.
5. Respite is not an entitlement. It is based on the needs of the individual care recipient and the primary caregiver.

6. Payment will not be made for respite care furnished by a member of the client's family.

**D. Staffing**

1. Unskilled respite shall be provided by a person meeting the following qualifications:

- a. Must have references that will be verified thoroughly;
- b. Must be able to read and write;
- a. Must have at least completed eighth grade;
- b. Must be able to follow assignments with minimal supervision;
- c. Must have no physical/mental impairment to prevent lifting, transferring or providing any other assistance to the care recipient;
- d. Must assist client appropriately with daily living activities;
- e. Must complete a probationary period determined by the employer with continued employment contingent on completion of in-service training and client/caregivers' satisfaction;
- f. Have sufficient education and language ability to communicate effectively, understand written instructions and write basic reports;
- g. Be fully ambulatory;
- h. Must be at least 21 years of age;
- i. Must have documented record of having completed six hours of training in the care of adults, families, and/or the disabled; home management; household duties; preparation of food; and be able to communicate observations verbally and in writing;
- j. Must have emotional and mental maturity necessary to work with the elderly or disabled;
- k. Must be able to work independently on an established schedule;
- l. Must possess a valid driver license and reliable transportation;
- m. Must not be a member of the care recipient's family; and,
- n. Must submit to a program for the testing, prevention, and control of tuberculosis.

2. The unskilled respite supervisor shall:

- a. Make an initial visit to the client's residence prior to the start of services for the purpose of evaluating the needs of the care recipient and duties desired by the caregiver;

- b. Be immediately accessible by phone and be physically accessible within sixty minutes from the client's residence during the hours services are being provided. Any deviation from this requirement must be prior approved in writing by M4A. If this position becomes vacant, M4A must be notified within 24 hours and informed of the Contractor's plans for interim supervision;
  - c. Document training, supervision and evaluation of workers;
  - d. Provide supervision deemed appropriate for the services being performed. In the event of client/caregiver complaints or suspicion of substandard workers performance, M4A shall have the right to require a minimum supervision amount of every sixty days and a maximum of every thirty days for each client; and
  - e. Observe each worker providing personal care to at least one client at a minimum of every six months or more frequently if warranted by substandard performance of the worker. This function may be carried out in conjunction with other supervisory visits.
3. The following are minimum training requirements for unskilled respite workers. The minimum training requirement must be completed prior to working with a client. The Contractor is responsible for providing/or conducting the training.
- a. The training program should stress the physical, emotional and developmental needs and ways to work with the population served, including the need for respect and dignity of the client, his/her privacy, and his/her property. The training program must be approved by M4A.
  - b. All workers shall have at least six hours, in-service training annually from the following areas:
    - 1. Maintaining a safe and clean environment;
    - 2. Following written instructions;
    - 3. Providing care including individual safety, laundry, meal planning, preparation and serving, and household management;
    - 4. First aid in emergency situations;
    - 5. Documenting services provided;
    - 6. Bathing, personal grooming, personal hygiene (client and the worker);
    - 7. Proper transfer technique (assisting clients in and out of bed);
    - 8. Assistance with ambulation;
    - 9. Client supervision;

10. Monitoring of client's condition;
  11. Basic recognition of medical problems and medical emergencies;
  12. Completion of required forms and paperwork;
  13. Communication skills; and
  14. Basic infection control.
- c. Proof of the training must be recorded in the personnel file.
  - d. The annual in-service training requirements may be done on a pro-rated basis. Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, list of trainees, location and outcome of training.
4. An ongoing infection control program must be in effect.
  5. Personnel folders shall be maintained to document that each member of the staff has met the above requirements.

#### E. Conduct of Service

1. An individual client record shall be maintained.
2. The name of the primary caregiver and the care recipient shall be identified in the file.
3. If necessary, the Contractor shall be responsible for procuring the skilled nursing orders from the physician.
4. In-home respite services shall begin on the date negotiated by the caregiver and the Contractor.
5. The Contractor shall notify M4A Alabama Cares Coordinator/Assistant Coordinator within two working days of the following changes:
  - a. Care recipient enters a nursing home;
  - b. Care recipient dies or moves out of the service area; or
  - c. Care recipient no longer wishes to receive respite services.
6. A daily log shall be maintained that reflects the services provided by the respite worker and the time expended for this service.
7. The Contractor shall develop and maintain a policy and procedure manual that describes how it will perform its activities in accordance with the terms of this contract. The manual is subject to approval by M4A.

8. The Contractor shall comply with federal and state confidentiality laws and regulations with regard to client and employee files.
9. Unskilled respite workers shall not perform skilled medical services.
10. Holidays, Missed Visits, Attempted Visits, and Hours of Operations.
  - a. Holidays - The Contractor shall furnish to M4A a list of regularly scheduled holidays and shall not be required to render services on those days.
  - b. Missed Visits
    - 1) A missed visit occurs when the client is at home waiting for scheduled services, but the services are not delivered. The Contractor shall notify M4A immediately (the same work day) in writing when a missed visit occurs by faxing or emailing the M4A Alabama Cares Coordinator.
    - 2) The Contractor shall have a written policy assuring that, when a respite worker is unavailable, the supervisor assesses the need for services and makes arrangements for a substitute to provide services as necessary.
      - a) If the supervisor sends a substitute, the substitute shall complete and sign the daily log after finishing duties.
      - b) If the supervisor does not send a substitute, the Supervisor shall contact the client and inform him or her of the unavailability of the respite worker.
    - 3) The Contractor will document missed visits in the client's files.
    - 4) The Contractor shall not bill for missed visits or attempted visits.
  - c. Attempted Visits
    - 1) An attempted visit occurs when the respite worker arrives at the home and is unable to provide services because the client is not at home or refuses services.
    - 2) If an attempted visit occurs:
      - a) The Contractor shall not bill for the attempted visits;
      - b) The supervisor shall contact the client to determine the reason why the client was not present or why services were refused. Documentation of this discussion shall be maintained in the client's file; and

- c) The Contractor shall notify M4A Alabama Cares Coordinator/Assistant Coordinator promptly whenever two consecutive attempted visits occur.
- d) The Contractor shall furnish to M4A its daily hours of operation.

#### 11. Rights, Responsibilities, and Service Complaints

- a. The Contractor shall inform the caregiver and care recipient of the right to complain about the quality of respite services provided and shall provide information about how to file a complaint.
  - 1) Complaints made against respite workers shall be investigated by the Contractor and documented in the client's file.
  - 2) All complaints that are to be investigated shall be referred to the supervisor, who shall take appropriate action.
  - 3) The supervisor shall take any action necessary and document the action taken in the client and employee's files.
  - 4) The supervisor shall contact the Alabama Cares Coordinator/Assistant Coordinator by letter or telephone about any complaint and any corrective action taken.

#### F. Administrative Requirements

In addition to all conditions and requirements contained elsewhere in this Scope of Services as well as in this Contract, the Contractor shall adhere to the following stipulations:

- 1. The Contractor shall designate an individual to serve as the agency administrator. This need not be a full time position; however, the designated administrator shall have the authority and responsibility for the direction of the Contractor's respite care program. The Contractor shall notify M4A within three working days in the event of a change in the agency administrator, address, or phone number.
- 2. The Contractor organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on client care level staff shall be stated in writing. This information shall be readily accessible to all staff and shall include an organizational chart. A copy of this information shall be forwarded to M4A at the time this Contract is

implemented. Any future revisions or modifications shall be distributed to all staff of the Contractor and to M4A.

3. The Contractor shall have written bylaws or their equivalent, which are defined as “a set of rules adopted by the Contractor for governing the respite provider’s operations.” Such bylaws or their equivalent shall be made readily available to staff of the respite provider and shall be provided to M4A upon request.
4. Administrative and supervisory functions shall not be delegated to another agency or organization.
5. A governing body or designated persons so functioning shall assume full legal authority for the operation of the Contractor. A listing of the members of the governing body shall be made available to M4A upon request.
6. The Contractor shall acquire and maintain during the life of this Contract liability insurance to protect all paid and volunteer staff, including board members, from liability incurred while acting on its behalf. Upon request, the Contractor shall furnish a copy of the insurance policy to M4A.
7. The Contractor shall maintain a policy and procedures manual describing how activities will be performed in accordance with the terms of this Contract and including the Contractor’s emergency plan. The manual shall be made available during office hours for guidance of its governing body and personnel and to M4A upon request. The policy and procedures manual is subject to the approval of M4A.
8. The Contractor shall maintain an office that will be open during normal business hours and staffed with qualified personnel.
9. Documentation and Record-Keeping
  - a. The Contractor shall maintain a record keeping system that documents the units of service delivered. All files related to provision of services funded, in part or in full, by M4A shall be made available to M4A and ADSS.

The Contractor shall maintain a file that shall include the following:

1. Documentation of training for supervisors and workers;
2. All services provided;



3. Records of all complaints lodged by clients or family members/responsible parties and any actions taken; and
  4. The Contractor shall retain a client's file for at least five years after services are terminated.
- b. The Contractor shall maintain records on each employee that shall include the following:
1. Each employee's application for employment;
  2. Job Description;
  3. Record of health (physicals, tuberculin tests, and immunizations);
  4. Record of pre-employment and in-service training;
  5. Orientation;
  6. Evaluations;
  7. Supervisory visits;
  8. Work attendance;
  9. Reference contacts; and
  10. Records of all complaints/incidents lodged by the client, family, or responsible party and action taken.
- c. The Contractor shall comply with federal and state confidentiality laws and regulations in regard to client and employee files.

## ATTACHMENT B

### REIMBURSEMENT PLAN

- A. Contractor will be paid according to the Care Plan. (See Exhibit IV) Contractors will receive Care Plans in advance which will indicate the maximum amount Contractors will be reimbursed per client per month. **There will be no retroactive billing.** If the client's Care Plan is changed, then the Contractor shall not be reimbursed for any unused service hours from previous months.
- B. If a service provider is scheduled to be at a client's home and cannot be at the client's home at the scheduled time, the Contractor must ensure that the client receives services at the scheduled time or that the client is notified at least 24 hours in advance and is rescheduled for services. There will be no retroactive billing and Contractor will not be paid for missed/attempted visits or for services that have not been provided regardless of the Care Plan. If M4A continues to receive complaints from clients who have not received scheduled services and/or have not been timely notified that scheduled services cannot be performed, M4A will give the client(s) the option of changing Contractors.
- C. At the end of each month, the Contractor shall forward to M4A the Service Log and Service Summary Sheet. (See Exhibit I and Exhibit II) The Contractor is responsible for accurately completing and submitting the service log and summary sheet. M4A will no longer update and/or complete the service log or any other paperwork for Contractor. Contractor will not be paid until all documentation is accurately completed and submitted to M4A. The Contractor shall also submit to M4A every month: a Home Attendant Daily Service Report for each client the Contractor serves under this contract; a Client Monthly Service Report, which indicates the name of the client, the dates of service, the types of services, the name of the service provider (i.e., name of the employee providing respite, housekeeping, etc.), hours of service, and amount billed; and a Missed/Attempted Visit Report for each client. Contractors will not be paid for missed/attempted visits. All aforementioned documentation must be received by M4A by the **fifth working day** of the month in order for payment to be made on the fifteenth working day of the month.
- D. The Contractor shall not charge purchasers, utilizing the Alabama Cares Program, any more for services than is charged to other purchasers or programs for goods/merchandise or services. Violation of this provision shall result in Contract termination.

## ATTACHMENT C

### TERMINATION OF CONTRACT

#### **Reasons and Procedures for Contract Termination**

1. The Contractor and M4A expressly agree that their responsibilities to one another shall be contingent upon availability of federal, state and local funds and those such responsibilities under this Contract shall terminate if said funds cease to be available.
2. If M4A's Contract with the Alabama Department of Senior Services (ADSS) under which this contract is made is terminated by ADSS, then M4A shall have the right to terminate this Contract.
3. If, through any cause, the Contractor shall fail to fulfill in timely and proper manner its obligations under this Contract, then M4A shall have the right to terminate this Contract.
4. If the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, then M4A shall have the right to terminate this Contract.
5. If the Contractor should reject acceptance of mandatory changes in guidelines, regulations or policies set forth by M4A or ADSS, then M4A shall have the right to terminate this Contract.
6. Should M4A deem contract termination necessary, M4A shall give written notice thirty days in advance to the Contractor of such termination and specifying the effective date thereof.
7. Further, this Contract may be canceled by either party at any time upon written notice to the other party giving at least thirty days' notice prior to the proposed termination date.
8. The Contractor agrees that M4A shall have the right to terminate this Contract without advance notice if the Contractor or its staff demonstrates personal actions or appearances that discredit M4A. The following examples shall be considered just cause for contract termination:

- a. Contractor incompetence, inefficiency, or negligence in the performance of duties; or
  - b. Conviction of a crime by the Contractor or unlawful conduct including violation of or refusal to comply with pertinent laws and regulations when such conduct impairs the efficiency of the provision of services or brings M4A into public disrepute; or
  - c. Use of hallucinogenic or intoxicating substances by the Contractor while on or off duty or any misconduct when such conduct threatens order, safety, health or public respect for M4A by Contract association; or
  - d. Contractor demonstration of chronic physical or mental incapacity to perform the work required under this Contract; or
  - e. Repeated discourtesy to the public, to clients or to M4A staff (including but not limited to M4A Board, administrative staff and program staff) by the Contractor; or
  - f. Contractor refusal and/or failure to pay just debts; or
  - g. Theft or destruction of client or M4A property by the Contractor, whether carelessly or willfully caused; or
  - h. Contractor habitual tardiness or unauthorized lapses in the provision of client services; or
  - i. Contractor falsification of service provision records; or
  - j. Contractor sexual harassment of any client or participation in sexual situations or activities during working hours; or
  - k. Contractor release of any confidential information.
9. In the event of Contract termination, all finished and unfinished documents, data, studies, and reports prepared by the Contractor under this Contract shall, at the option of M4A, become the property of M4A, and the Contractor shall be entitled to compensation for any reimbursable expenses necessarily incurred in the satisfactory performance of the Contract for a period of three months from the last day of this Contract.

**ATTACHMENT D1**

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

**XXXXXXXXXXXXXXXXXXXXXXXXXXXXX (hereinafter called the "Applicant")**

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this Agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date \_\_\_\_\_

By \_\_\_\_\_

Signature

Title

**ATTACHMENT D2**

**ASSURANCE ON COMPLIANCE WITH THE**

**U.S. DEPARTMENT OF JUSTICE AMERICANS WITH DISABILITIES ACT**

The Contractor, (hereinafter called the “Sub-grantee”), HEREBY AGREES that it will comply with Title II of the Americans with Disabilities Act, 1988 signed into law in 1990 by President George Bush (Federal Register July 26, 1991) and all requirements imposed by or pursuant to the Regulations issued by the Department of Justice pursuant to Title II, to the end that, in accordance with Title II of the Act and the Regulations, no qualified individual with a disability in the United States shall be discriminated against or excluded from participation in or the benefits of the services, programs, or activities for which the Sub-grantee received Federal financial assistance from the department (hereinafter called the “Grantor”) and hereby GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement. Furthermore, no qualified individual with a disability shall, because of inaccessible or unusable facilities of a public entity, be excluded from participation in, or be denied the benefits of the services, programs, or activities of a public entity or be subject to discrimination by any public entity.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Sub-grantee by the Grantor, this assurance shall obligate the Sub-grantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Sub-grantee for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Sub-grantee for the period during which the Federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property discounts or other Federal financial assistance extended after the date hereof to the Sub-grantee by the Grantor including installment payments after such date on account of applications for Federal financial assistance were approved before such date. The Sub-grantee recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Sub-grantee, its successors, transferees, and assignees, and the person or persons whose signature(s) appears below are authorized to sign this assurance on behalf of the Sub-grantee.

Date \_\_\_\_\_

By \_\_\_\_\_

Signature

Title

**ATTACHMENT D3**

**Certification Regarding Lobbying**

**Certification for Contracts, And Cooperative Agreements Grants, Loans**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an office or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Date \_\_\_\_\_

By \_\_\_\_\_

Signature

Title

Note: If Disclosure Forms are required, please contact: Mr. William Sexton, Deputy Director, Grants and Contracts Management Division, Room 341F, HHH Building, 2002 Independence Avenue, SW, Washington, DC 20201-0001.

## **ATTACHMENT E DRUG-FREE WORKPLACE REGULATIONS**

The Drug-Free Workplace Act of 1988 is part of Public Law 100-690. It is designed to deal comprehensively with the nation's problem of drug abuse. The Act, which became effective March 18, 1989, requires the Contractors and Grantees of federal agencies to certify that they will provide a drug-free workplace. The Federal Grantee is required to make such a certification before receiving a contract or grant from a Federal agency. The penalty for noncompliance can be as severe as the loss of Federal grants for a period of five years.

The Drug-Free Workplace Act of 1988 requires the **MIDDLE ALABAMA AREA AGENCY ON AGING** (M4A) and M4A's Board of Directors to do the following:

- Publish a policy statement
- Communicate this policy to its employees
- Establish a drug-free awareness program
- Notify the Federal-granting agency of any employee's conviction for any drug-related violation on the system's premises
- Impose a sanction on any convicted employee
- Make a good faith effort to continue to maintain a drug-free workplace

This Act covers only on-the-job drug use.

This Act does not require drug testing of employees.

This information is provided to all employees in an effort to promote an awareness of drug-free workplace legislation and System regulations dealing with a drug-free workplace. All aspects of American life are affected by the drug problem.

### **DRUG-FREE WORKPLACE POLICY STATEMENT**

U.S. Department of Health and Human Services  
Certification Regarding Drug-Free Workplace Requirements

By signing this proposal, the applicant is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 C.F.R. Part 76, Subpart F. The regulations, published in the May 25, 1990 Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set below is a material representation of fact upon which reliance will be placed when HHS determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the



grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations.)

If the workplace identified to HHS changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see above).

Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

“Controlled substance” means a controlled substance in Schedules I through V of the Controlled Substances Act (21 USC 812) and as further defined by regulation (21 C.F.R. 1308.11 through 1308.15).

“Conviction” means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

“Criminal drug statute” means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use or possession of any controlled substance;

“Employee” means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) all “direct charge” employees; (ii) all “indirect charge” employees; (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent Contractors not on the grantee's payroll; or employees of sub-recipients or sub-Contractors in covered workplaces).

The applicant certifies that it will provide or will continue to provide a drug-free workplace by:

- Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the subcontractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- Establishing an ongoing drug-free awareness program to inform employees about:
  - The dangers of drug abuse in the workplace;
  - The subcontractor's policy of maintaining a drug-free workplace;
  - Any available drug counseling rehabilitation and employee assistance programs;
  - The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a);
- Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the contract, the employee will:
  - Abide by the terms of the statement;

Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended;

Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or Local health, law enforcement, or other appropriate agency.

Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

Date \_\_\_\_\_

By \_\_\_\_\_  
Signature Title

## **EXHIBITS**

Forms to be used in conjunction with this contract are scheduled as follows and are exhibited herein. Form use is mandated by M4A and is subject to change as needed.

**SERVICE SUMMARY SHEET** – Used each month to report the total number of units and the dollar amount requested. An official and authorized signature (which must be on file at M4A) is required.

**SERVICE LOG** – Used to log and total all sales of goods or services. Carry forward the totals from the Service Log to the Service Summary Sheet.

**FEE FOR SERVICES** – Form used as agreement of the type of services that the Contractor and M4A have agreed upon to provide to the AL Cares clients.

**CARE PLAN** – Used to document all service provision payments to the Contractor and to provide verification.

**EXHIBIT I**

MIDDLE ALABAMA AREA AGENCY ON AGING (M4A)  
 15863 Hwy 25, Calera, AL 35040  
 SERVICE SUMMARY  
 REQUEST FOR REIMBURSEMENT

CONTRACTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE# \_\_\_\_\_  
 MONTH: \_\_\_\_\_ YEAR \_\_\_\_\_

SERVICE	RATE	TOTAL UNITS	TOTAL DOLLAR AMOUNT REQUEST	(M4A USE ONLY)	
				TOTAL UNITS	TOTAL \$\$\$
UNSKILLED RESPITE	\$XXXX		\$		\$
SKILLED RESPITE	\$XXXX		\$		\$
HOMEMAKER	\$XXXX		\$		\$
PERSONAL CARE	\$XXXX		\$		\$
COMPANION	\$XXXX		\$		\$
			\$		\$

I REQUEST REIMBURSEMENT FOR GOODS OR SERVICES RENDERED FOR PROGRAM (S) ADMINISTERED BY THE MIDDLE ALABAMA AREA AGENCY ON AGING. THE SIGNATURE APPEARING BELOW MUST BE ON FILE AT M4A AS AN AUTHORIZED SIGNATURE.

\_\_\_\_\_  
 ADMINISTRATOR / OFFICIAL                      DATE  
 M4A12/17/2001

MIDDLE ALABAMA AREA  
AGENCY ON AGING  
SERVICE LOG



CONTRACTOR: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_

CAREGIVER / PURCHASER NAME	PURCHASE AMOUNT	UNITS PROVIDED
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
<b>TOTALS</b>		



**EXHIBIT III**

**MIDDLE ALABAMA AREA AGENCY ON AGING (M4A)  
15863 Hwy 25, Calera, AL 35040**

*Fee For Services*

The Contractor agrees to provide the following services to M4A Alabama Cares clients at the stated hourly rate. All services must be authorized by the Alabama Cares Coordinator or by an Executive Staff Member of M4A pursuant to a Care Plan. Unused service hours may not be carried forward when the Contractor receives written notification from M4A that the Client's Care Plan services have been reduced or terminated:

Unskilled Respite	\$XXXX per unit/hour
Homemaker Services	\$XXXX per unit/hour
Personal Care	\$XXXX per unit /hour

Changes to the above may only be made if agreed by the Middle Alabama Area Agency on Aging and the Contractor.

---

**CONTRACTOR** **DATE**

M4A12/17/2001

**EXHIBIT IV**

**CAREGIVER CARE PLAN**

Caregiver Name: \_\_\_\_\_ AIMS \_\_\_\_\_

Care Recipient Name: \_\_\_\_\_ County: \_\_\_\_\_

Care Coordinator Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Identified Problems/Concerns of Caregiver:      Service To Receive:      Date of Assessment:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Respite is allotted for only these hours on this Care Plan. M4A will not pay for additional services or hours.**

## **HIPAA BUSINESS ASSOCIATE AGREEMENT**

This HIPAA BUSINESS ASSOCIATE AGREEMENT is made the **1<sup>st</sup> day of October, 20XX**, by and between the **Middle Alabama Area Agency on Aging** (hereinafter referred to as the "COVERED ENTITY") and **Name of Business Associate** (mailing address of **Business Associate**) (hereinafter referred to as the "BUSINESS ASSOCIATE.")

WHEREAS, COVERED ENTITY maintains and operates offices in the State of Alabama and has an obligation under the Privacy Rule of the Health Insurance Portability and Accountability Act, Public Law No. 104-191, to protect the privacy of health information of the clients its serves; and

WHEREAS, BUSINESS ASSOCIATE provides ancillary services which assist or complement COVERED ENTITY in the carrying out of its mission of providing individual and family assistance and services, including homemaker services, respite services, unskilled respite services, and/or personal care; adult foster/day care, adult services, food stamps, and public assistance benefits to its clients and thus may from time to time have access to confidential health information of those clients;

NOW THEREFORE, the parties agree as follows:

### **1. Definition:**

Catchall definition: Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 C.F. R. Sections 160.103 and 164.501.

#### **Examples of specific definitions:**

- (a) *Business Associate.* "Business Associate" shall mean the same person or entity listed above as Business Associate.
- (b) *Covered Entity.* "Covered Entity" shall mean the **Middle Alabama Area Agency on Aging**.
- (c) *Individual.* "Individual" shall have the same meaning as the term "individual" in 45 C.F.R. Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. Section 164.502(g).
- (d) *Privacy Rule.* "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E.
- (e) *Protected Health Information.* "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 C.F.R. Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- (f) *Required By Law.* "Required By Law" shall have the same meaning as the term "required by law" in 45 C.F.R. Section 164.501.
- (g) *Secretary.* "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designees.

### **2. Obligations and Activities of Business Associate**

- (a) Business Associate agrees not to use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law.
- (b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- (c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- (d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- (e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- (f) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information relating the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available in a timely manner to the Covered Entity, or to the Secretary, or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.



- (g) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required by Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. Section 164.528.
- (h) Business Associate agrees to provide to Covered Entity or an Individual information collected in accordance with this Agreement to permit Covered Entity to respond in a timely manner to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. Section 164.528.

### **3. Permitted Uses and Disclosures by Business Associate: General Use and Disclosure Provisions**

- (a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- (b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. Section 164.504(e)(2)(i)(B).
- (d) Business Associate may use Protected Health information to report violations of law to appropriate Federal and State Authorities, consistent with Section 164.502(j)(1).

### **4. Obligations of Covered Entity**

- (a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 C.F.R. 164.20, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.
- (b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
- (c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. Section 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

### **5. Permissible Requests by Covered Entity**

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

### **6. Term and Termination**

- (a) *Term.* The Term of this Agreement shall be effective as of the day first written notice above, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is unfeasible or illegal to return or destroy Protected Health Information or, if for any other reason the Business Associate decides not to destroy or return the Protected Health Information to the Covered Entity, protections are extended to such information, in accordance with the termination provisions in this Section.
- (b) *Termination for Cause.* Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
  - i. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
  - ii. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
  - iii. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.
- (c) *Effect of Termination.*
  - i. Upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity unless unfeasible or illegal to do so or the Business Associate for any other reason decides not to return or destroy the Protected Health Information.

This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate.

- ii. Business Associate shall extend the protections of this Agreement to such Protected Health Information for so long as Business Associate maintains such Protected Health Information.

**7. Miscellaneous**

- (a) *References.* A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.
- (b) *Amendment.* The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Public Law No. 104-191.
- (c) *Survival.* The respective rights and obligations of Business Associate shall survive the termination of this Agreement.
- (d) *Interpretation.* Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

EACH PARTY has caused this Agreement to be properly executed on its behalf as of the date first written above.

For: \_\_\_\_\_

For: Middle Alabama Area Agency on Aging

By: \_\_\_\_\_  
(Printed Name and Title)

By: Carolyn Fortner, Executive Director

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

## ***9. List of Contractors and Services***

### **Alabama Cares Contract Provider List:**

#### ***In-Home Respite Services:***

##### **Addus Health Care Inc.**

117 South Crest Drive, Suite 203

Homewood, AL 35209

Telephone: (205) 940-8500

Fax: (205)940-8555

Administrator/Director: Donna Kennedy

Office Supervisor: Monique Williams, [Monique.Williams@addus.com](mailto:Monique.Williams@addus.com)

President and CEO: Mark Heaney

Regional Director for Alabama: Michael Brown

Alabama State Director: Donna Kennedy

Branch Director for Birmingham, Alabama: Monique Williams

##### **Comfort Keepers**

13521 Old Highway 280, Suite 153

Birmingham, AL 35242

Office: (205) 981-1800

Owner: Brent Watson and Co-owner: Jonathan Watson

Office Manager: Kim Bryant

E-mail: [centralalabama@comfortkeepers.com](mailto:centralalabama@comfortkeepers.com)

Email: [brentwatson@comfortkeepers.com](mailto:brentwatson@comfortkeepers.com)

##### **Delta Home Care**

5106 McClelland Blvd., Suite C

Anniston, AL 36206

14 Farmer Street Newnan, GA 30263

Office: (256) 820-3939

Administrator: Michael Kuntz, 256-820-3939, [michael@deltahomecare.com](mailto:michael@deltahomecare.com)

Office Supervisor: Vacant (previously Tiffany Smith)

Office Coordinator: Jennifer Whitehead, 256-820-3939, [deltahomecare2@cablone.net](mailto:deltahomecare2@cablone.net)

Office Coordinator: Mandy Kuntz:, 256-820-3939, [mandy@deltahomecare.com](mailto:mandy@deltahomecare.com)

President: Louis Kuntz

E-mail: [deltahomecare@cablone.net](mailto:deltahomecare@cablone.net)

Phone: 1-866-336-5034

Fax: 1-866-420-7460

##### **Home Instead (Senior Care)**

2059 Columbiana, Rd, Suite 115

Vestavia, Hills Al. 35216

Office: (205) 822-1915

Fax: (205) 263-1915

Andrea Martin: [Andrea.martin@homeinstead.com](mailto:Andrea.martin@homeinstead.com)

**Oxford HealthCare**

1636 Hilyer Robinson Industrial Pkwy  
PO Box 3175  
Oxford, AL 36203  
Branch Manager: Denise Dempsey, [DDempsey@helpathome.com](mailto:DDempsey@helpathome.com)  
1-800-467-6936  
256-835-3337  
Fax: 256-835-3395  
Staffing Coordinator: Cathy Dover, [Cdover@helpathome.com](mailto:Cdover@helpathome.com)  
Billing Supervisor: Kaye Shears, [KShears@helpathome.com](mailto:KShears@helpathome.com)  
CEO: Ron Ford

**Blount County Department of Public Health**

Life Care Office, P.O. Box 208  
Oneonta, AL 35121  
Telephone Number (888)469-8806  
Supervisor: Beverly Perea  
Office Supervisor: Sandra Jones  
E-mail: [Sandra.Jones@adph.state.al.us](mailto:Sandra.Jones@adph.state.al.us)

**Chilton County Department of Public Health**

301 Health Agency Sub-unit  
P.O. Box 1778  
Clanton, AL 35045  
Office: (205) 755-8407  
Supervisor: Margaret Ezell  
Office Supervisor: Barbara McCormick  
E-mail: [Barbara.McCormick@adph.state.al.us](mailto:Barbara.McCormick@adph.state.al.us)

**Alabama Department of Public Health (Shelby and St. Clair County)**

P.O. Box 240  
Vincent, AL 35178  
Office: (205) 672-3170  
Supervisor: Beverly Perea  
Office Supervisor: Laura Grogan  
E-mail: [Laura.Grogan@adph.state.al.us](mailto:Laura.Grogan@adph.state.al.us)

**Walker County Department of Public Health**

Life Care Division  
P.O. Box 3207  
Jasper, AL 35502  
Office: (205) 221-8804  
Supervisor: Lee Foster  
Office Supervisor: Janet Newell  
E-mail: [Janet.Newell@adph.state.al.us](mailto:Janet.Newell@adph.state.al.us)

***Adult Day Health Centers:***

**Sunshine Manor**

100 Shadow Wood Park  
Hoover, AL 35244  
Office: (205) 403-0556  
Administrator: Dianne Scott  
E-mail: sunsh6@gmail.com

***Emergency Response Systems:***

LifeLine  
1-800-451-0525, extension 1380  
Rate: \$ 27.00 monthly

***Transportation Services:***

**Chilton County Transit** (Must be a resident of Chilton County)

Rate: \$1.50 (within Clanton- one way trip- Round Trip= \$3)  
\$25.00 (round trip to Birmingham)  
Office: (205) 755-5941  
Fax: (205) 755-3206  
Jan Davis, Director  
Chiltontransit@bellsouth.net

***Medical Equipment and Supplies:***

**MASH, Inc.**

1130 1<sup>st</sup> Street, North  
Alabaster, AL 35007  
Jake Ellis, mashcorporate@bellsouth.net  
Office: (205) 664-2059  
Fax: (205) 663-4144

**Medico Home Medical Equipment**

1600 7<sup>th</sup> Street North  
Clanton, AL 35045  
Francis Cleckler  
Office: (205) 280-3700  
Fax: (205) 280-3777

**Turenne PharMedCo, Inc**

2776 E, Gunter Park Drive, Suite H  
Montgomery, AL 36109  
Office: 1-800-278-1777  
Fax: 877-453-2184 or 334-279-6688  
ann.feth@pmcoteam.com

## **Medicaid Waiver-M4A Providers**

### **Comfort Keepers**

Address: 13521 old Highway 280 Suite 153, Birmingham, AL 35242  
Telephone number: (205) 981-1800  
Authorized Services -HM, PC, and USR  
Owner: Brent Watson and Co-owner: Jonathan Watson  
Office Manager: Kim Bryant  
E-mail: centralalabama@comfortkeepers.com

### **Tower Home Care effective 1/1/09 (from-Gentiva Health Services)**

Address: P.O Box 7608-1631 Hamric Drive East Oxford, AL 36203  
Telephone number: (800) 284-0709/(256) 238-5150  
Authorized Services -HM, PC, and USR  
Branch Manager: Randall Poe  
Staffing Specialist: Betty Wilkinson  
E-mail: Randall.Poe@towerhomecare.com

### **Delta Home Care**

Address: 5106 McClelland Blvd., Suite C Anniston, AL 36206/ 14 Farmer Street Newnan, GA 30263  
Telephone Number: (256) 820-3939  
Authorized Services: HM, PC, and USR  
Administrator: Michael Kuntz  
Office Supervisor: Tiffany Smith  
E-mail: deltahomecare@cableone.net

### **Oxford Health Care (Oxford and Birmingham Office)**

Address: P.O. Box 3175 Oxford, AL 36203  
Telephone Number: (800) 467-6936  
Authorized Services: HM, PC, and USR  
Administrator: Denise Dempsey  
Staffing Coordinator: Cathy Dover  
Address: 1225 2<sup>nd</sup> Avenue South  
Birmingham, AL 35233  
(205) 251-9132 or 1-866-489-9132  
Office Supervisor: Monica Fomby  
Office Assistant: Kim Tidwell  
E-mail: <http://www.helpathome.com/oxford>

### **Blount County Department of Public Health**

Address Life Care Office, P.O. Box 208 Oneonta, AL 35121  
Telephone Number: (888) 469-8806  
Authorized Services: HM, PC, USR  
Supervisor: Beverly Perea  
Office Supervisor: Sandra Jones  
E-mail: [Sandra.Jones@adph.state.al.us](mailto:Sandra.Jones@adph.state.al.us)

**Walker County Department of Public Health**

Address: Life Care Division P.O. Box 3207 Jasper, AL 35502

Telephone number: (205) 221-8804

Authorized Services: HM, PC, and USR

Supervisor: Lee Foster

Office Supervisor: Janet Newell

E-mail: [Janet.Newell@adph.state.al.us](mailto:Janet.Newell@adph.state.al.us)

**Alabama Department of Public Health (Shelby and St. Clair County)**

Address: P.O. Box 240 Vincent, AL 35178

Telephone Number: (205) 672-3170

Authorized Services: HM, PC, and USR

Supervisor: Beverly Perea

Office Supervisor: Laura Grogan

E-mail: [Laura.Grogan@adph.state.al.us](mailto:Laura.Grogan@adph.state.al.us)

**Sunshine Manor**

Address: 100 Shadow Wood Park, Hoover, AL 35244

Telephone Number: (205) 403-0556

Authorized Services: Adult Day Care Level II

Administrator: Dianne Scott

E-mail: [sunsh6@gmail.com](mailto:sunsh6@gmail.com)

**Chilton County Department of Public Health**

Address: 301 Health Agency Sub-Unit P.O. Box 1778 Clanton, AL 35045

Telephone Number: (205) 755-8407

Authorized Services: HM, PC, and USR.

Supervisor: Margaret Ezell

Office Supervisor: Barbara McCormick

E-mail: [Barbara.McCormick@adph.state.al.us](mailto:Barbara.McCormick@adph.state.al.us)

**Addus Health Care Inc.**

Address: 117 South Crest Drive, Suite 203

Homewood, AL 35209

Telephone Number: (205) 940-8500

Fax: (205) 940-8555

Authorized Services: HM, USR, PC, CP

Administrator/Director: Donna Kennedy

Office Supervisor: Monique Williams

E-mail: [Monique.Williams@addus.com](mailto:Monique.Williams@addus.com)

**All Caring Home Health**

Address: 3606 6<sup>th</sup> Avenue South Birmingham, AL 35222

Telephone Number: (205) 599-2877/2864

Fax: (205) 599-2863

Authorized Services: HM, USR, PC, CP

Owner/Administrator: Dorcas Smith

Office Administrator/Supervisor: Linda Mashburn / E-mail: [allcaring@1affinity.com](mailto:allcaring@1affinity.com)

**All-In-One Home Health, LLC**

Address: 1923 Courson Court, Leeds, AL 35094

Telephone Number: (205) 702-4213

Fax: (205) 702-4214

Authorized Services: HM, PC, USR, CP

Owner/Director: Teresa Dickerson

Office Manager: Shiba Alfatah

E-mail: [www.allinonecare.org](http://www.allinonecare.org)



### **Title III Contractors**

#### **City of Blountsville**

Mayor Randy Millwood  
Clerk, Aletha Bailey  
P.O. Box 196  
Blountsville, AL 35031  
205-429-2406; FAX- 205-429-3191  
[abailey@otelco.net](mailto:abailey@otelco.net)  
Congregate Meals  
HB Meals  
Transportation  
Nutrition Education  
I/A  
Health Promotion  
Recreation  
Material Aid  
Public Education  
Telephone Reassurance  
Friendly Visiting  
Medication Management  
Homemaker  
Chore

#### **Town of Nectar**

Mayor Ricky Box  
Clerk - Sue Gaither  
P O Box 235  
Cleveland, AL 35049  
205-559-7780; FAX – 205-559-8151  
Congregate Meals  
HB Meals  
Transportation  
Nutrition Education  
I/A  
Health Promotion  
Recreation  
Material Aid  
Public Education  
Telephone Reassurance  
Friendly Visiting  
Medication Management  
Homemaker  
Chore

**City of Oneonta**

Mayor Darryl Ray

Clerk – Tammie Noland

P O Box 750

Oneonta, AL 35121

205-274-2150; FAX – 205-274-2156

[tnoland@cityofoneonta.us](mailto:tnoland@cityofoneonta.us)

[mayor@otelco.net](mailto:mayor@otelco.net)

[www.cityofoneonta.us](http://www.cityofoneonta.us)

Congregate Meals

HB Meals

Adult Day Care

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Snead**

Mayor Tim Kent

Clerk – Rae Ware

P O Box 505

Snead, AL 35952

205-466-3200; FAX – 205-466-3535

[aqua4@hopper.net](mailto:aqua4@hopper.net)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Clanton**

Mayor Billy Joe Driver

Clerk – Debbie Orange

P O Box 580

Clanton, AL 35046

205-755-1105; FAX – 205-755-7650

[cclanton@hiwaay.net](mailto:cclanton@hiwaay.net)

Congregate Meals

HB Meals

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**Town of Maplesville**

Mayor Kurt Wallace

Clerk – Sheila Haigler

P O Box 9

Maplesville, AL 36750

334-366-4212; FAX – 334-366-4210

Congregate Meals

HB Meals

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Alabaster, Parks & Recreation**

Ricky Nance, Director

Alicia Walters, Senior Manager

100 Depot Street

Alabaster, AL 35007

205-664-6840; FAX – 205-664-6842

[Rnance@cityofalabaster.com](mailto:Rnance@cityofalabaster.com)

[alee@cityofalabaster.com](mailto:alee@cityofalabaster.com)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Calera**

Mayor Jon Graham

Clerk – Connie Payton

10947 Hwy 25

Calera, AL 35040

205-668-2500; FAX – 205-668-3624

[cityclerk@calera.org](mailto:cityclerk@calera.org)

[mayor@calera.org](mailto:mayor@calera.org)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Columbiana**

Mayor Allen Lowe  
Clerk – Gina Antolini  
107 Mildred Street  
Columbiana, AL 35051  
205-669-5800; FAX – 205-669-5811

[cityclerk@cityofcolumbiana.com](mailto:cityclerk@cityofcolumbiana.com)

Congregate Meals  
HB Meals  
Transportation  
Nutrition Education  
I/A  
Health Promotion  
Recreation  
Material Aid  
Public Education  
Telephone Reassurance  
Friendly Visiting  
Medication Management  
Homemaker  
Chore

**Parks and Recreation Authority**

(Heardmont Park)  
Director — Kay Mundy  
5452 Cahaba Valley Road  
Birmingham, AL 35242  
205-991-2015; FAX – 205-991-0622  
[shelbycountyparkandrec@charter.net](mailto:shelbycountyparkandrec@charter.net)

Congregate Meals  
HB Meals  
Transportation: to/from the center but do not report to M4A  
Nutrition Education  
I/A  
Health Promotion  
Recreation  
Material Aid  
Public Education  
Telephone Reassurance  
Friendly Visiting  
Medication Management  
Homemaker  
Chore

**City of Montevallo**

Mayor Ben McCrory

Clerk – Herman Lehman

545 Main Street

Montevallo, AL 35115

205-665-2555; FAX – 205-665-9203

[hlehman@cityofmontevallo.com](mailto:hlehman@cityofmontevallo.com)

[bwmccrory@cityofmontevallo.com](mailto:bwmccrory@cityofmontevallo.com)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**Vincent Housing Authority, Vincent Senior Center**

Mary Williford, Ex. Director

P O Box 396

Childersburg, AL 35044

256-378-6008; FAX – 256-378-6010

[limboughhelencha@bellsouth.net](mailto:limboughhelencha@bellsouth.net)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Ashville**

Mayor Robert McKay

Clerk – Bertha Wilson

P O Drawer 70

Ashville, AL 35953

205-594-4151; FAX – 205-294-7292

[thecityclerk@windstream.net](mailto:thecityclerk@windstream.net)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Moody**

Mayor Joe Lee

Clerk – Patsy Beard

670 Park Avenue

Moody, AL 35004

205-640-5121; FAX – 205-338-3071

[pbeard@moodyalabama.gov](mailto:pbeard@moodyalabama.gov)

[jlee@moodyalabama.gov](mailto:jlee@moodyalabama.gov)

Congregate Meals

HB Meals

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Odenville**

Mayor Rodney Christian

Clerk – Priscilla Newton

P O Box 113

Odenville, AL 35120

205-629-6366; FAX – 205-629-7153

[odenvillecourt@alltel.net](mailto:odenvillecourt@alltel.net)

[buckchristian@kendallmetering.com](mailto:buckchristian@kendallmetering.com)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Pell City**

Mayor William Herford

Clerk – Jennifer Brown

1905 First Avenue N

Pell City, AL 35125

205-338-2244; FAX – 205-338-2320

[jenniferbrown@epell.net](mailto:jenniferbrown@epell.net)

[mayor@epell.net](mailto:mayor@epell.net)

Congregate Meals

HB Meals

Transportation: for outing/trips but not to/from the center; and not reported to M4A

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore



**Town of Ragland**

Mayor Lanis White

Clerk – Penny Owens

220 Freida Street – Suite 102

Ragland, AL 35131

205-472-0400; FAX – 205-472-2154

[townclerk@ragland.net](mailto:townclerk@ragland.net)

[mayor@ragland.net](mailto:mayor@ragland.net)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Springville**

Mayor William Isley, Jr

Clerk - Brenda Roberts

P O Box 919

Springville, AL 35146

205-467-6133; FAX – 205-467-6136

[springvillead@windstream.net](mailto:springvillead@windstream.net)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**Town Of Steele**

Mayor Westley McHugh

P O Box 425

Steele, AL 35987

256-538-8145; FAX – 256-538-8167

[townofsteele@bellsouth.net](mailto:townofsteele@bellsouth.net)

Congregate Meals

HB Meals

Transportation

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Carbon Hill**

Mayor Chris Hart

Clerk – Polly Haley

P O Box 519

Carbon Hill, AL 35549

205-924-9961; FAX – 205-924-9962

[chcity4411@charterinternet.com](mailto:chcity4411@charterinternet.com)

Congregate Meals

HB Meals

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Cordova**

Mayor Jack Scott

Clerk – Elaine Stewart

74 Main Street

Cordova, AL 35550

205-483-9266; FAX – 205-483-0106

Congregate Meals

HB Meals

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Jasper**

Mayor V.L. “Sonny” Posey

Clerk – Kathy Chambless

P O Box 1589

Jasper, AL 35501

205-221-2100; FAX – 205-221-8522

City Hall – [chall@jaspercitey.com](mailto:chall@jaspercitey.com)

Clerk – [kchambless@jaspercitey.com](mailto:kchambless@jaspercitey.com)

Mayor – [sposey@jaspercitey.com](mailto:sposey@jaspercitey.com)

Congregate Meals

HB Meals

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Oakman**

Mayor Joyce Todd

Clerk – Deanna Wood

P O Box 267

Oakman, AL 35579

205-622-3232; FAX – 205-622-2828

Congregate Meals

HB Meals

Health Promotion

Recreation

**City of Parrish**

Mayor Wayne Gross

Clerk – Marcy Brown

P O Box 89

Parrish, AL 35580

205-686-9991/205-275-6299; FAX – 205-686-9994

Congregate Meals

HB Meals

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

**City of Sumiton**

Mayor Petey Ellis

Clerk – Judy M. Glover

P O Box 10

Sumiton, AL 35148

205-648-9191; FAX – 205-648-3017

[www.cityofsumiton.com](http://www.cityofsumiton.com)

Congregate Meals

HB Meals: included in our agreement but none provided through the center

Nutrition Education

I/A

Health Promotion

Recreation

Material Aid

Public Education

Telephone Reassurance

Friendly Visiting

Medication Management

Homemaker

Chore

## ***10. Emergency/Disaster/Pandemic Plans***

Middle Alabama Area Agency on Aging

# Emergency Action Plan

*Precaution and Prevention*

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## General Office Safety



### Precaution and Prevention

1. No M4A employee or visitor should carry guns or other weapons into the building.
2. The front door is to remain locked at all times outside of business hours.
3. If there are employees in the building outside of business hours, the key should remain in the key hole for quick unlocking of door.
4. If an employee coming in at 8:00 AM sees the key still in the key hole, he/she should remove it and place it in the designated spot.
5. If an employee leaves at 4:30 PM and the door is unlocked, he/she should place the key in the key hole and lock the door after exiting the building.
6. The lobby door is code locked, as well as the door entering the office from the senior center/bathroom hallway. Only employees should have knowledge of the code at any time.
7. All visitors and volunteers must be signed-in and signed-out of the building.
8. All visitors and volunteers must have badges.
9. Visitors should be retrieved from the lobby and escorted through the building by the employee they are visiting.
10. Employees should check the parking lot from a window before leaving the building at night.
11. A code system will be used for alerting employees to intruders/unwelcome visitors in or outside of the building.
12. If an intruder has entered the building, the receptionist should lock-down in the small conference room or across the hall, if safe to do so.
13. If an intruder has entered the building, staff not in the office should be alerted.
14. Employees should not let strangers/visitors “piggy back” with them through the door.
15. Employees are required to let their supervisors know where they are going to be when out in the field and to carry pepper spray with them (if needed). If an employee ever feels in danger when in the field, he/she should immediately leave the location and alert M4A management and/or emergency responders if necessary.

## Exiting the Building after Office Hours



### Precaution and Prevention

1. Before leaving the building at night, employees should look out the windows to check for unfamiliar persons in the parking lot.
2. If there is/are an unfamiliar person(s) in the parking lot, the employee should not exit the building.
3. The employee should see if there are any coworkers still in the building.
4. If there are still coworkers in the building, the employee should check with them to see if they are expecting anyone.
5. If another coworker is expecting someone, the coworker should check from a window to make sure the unfamiliar person is the expected visitor.
6. If no coworker is expecting someone or if there are no other coworkers in the building, then the employee should immediately call the police and any other emergency responder necessary and remain in the building.
7. The employee should never exit the building until it is deemed completely safe.

**For all Emergencies, CALL 9-1-1 first!**

**Calera Police Department: 9-1-1**  
**205-668-3505**

**Calera Fire Department: 9-1-1**  
**205-668-3518 Station 1 @ 17th Ave**  
**205-668-3632 Station 2 @ George Roy Pkwy**

**Shelby County Sheriff: 9-1-1**  
**205-669-4181**

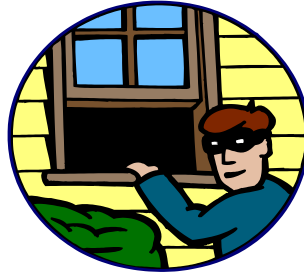
## Visitor Procedures



### Precaution and Prevention

1. If someone comes to see an M4A employee, the employee should be called to the front by the (acting) receptionist to let the person in and escort them through the building.
2. The person should be signed-in and given a visitor badge by the receptionist.
3. If the employee being visited deems the person a dangerous or unwelcome visitor, the employee should let the receptionist know not to let the person in.
4. If the employee tells the receptionist not to let the visitor in due to danger, the receptionist should calmly tell the visitor that the employee will be right with them in a moment. The receptionist should then go to the highest level administration staff member available to tell him/her of the situation.
5. The administrative staff member should immediately call the police to remove the unwelcome visitor.
6. An office page should be made indicating the potential danger (see page 9, *Lock-Down*).
7. When the page is heard by other employees, they should remain in their office with the door locked, lights off, and get under their desk/table. Flashlights may be used for light.
8. If an employee is in another employee's office when the page is heard, they should remain in that employee's office and lock-down with him/her.
9. If an employee is not in an office or other lockable room, he/she should attempt to make it to the closest lockable room and lock-down.
10. If safe to do so, the receptionist should retrieve the sign-in book and contact staff members who are out of the office to alert them not to return to the office.
11. If an employee knows that another employee is out of the office and may return to the office, he/she should contact the employee (if safe to do so) to alert employee not to return to the office.
12. All employees should remain in their offices under lock-down until the police have arrived, the premises are deemed safe, and an M4A administrative staff member knocks on their door to let them know it is safe to end lock-down (see page 15, *Who Decides?*).

**In Case an Intruder or Unwelcome Visitor Enters the Building:  
Lock-Down System**



If an intruder or unwelcome visitor has entered the building, the following codes will be used to alert employees to the danger and where the intruder is.

- “Could a manager please call extension **100**”-**Intruder in the lobby or outside of the building**
- “Could a manager please call extension **200**”-**Intruder in the M4A building**
- “Could a manager please call extension **300**”-**Intruder in the Senior Center or bathroom hallway**

When employees hear the page, they should remain in the office/room they are in with the door locked, lights off and get under a desk or table if possible. Their flashlight may be used for light. If an employee is not in a lockable room when the page is heard, he/she should quickly and quietly move to the closest lockable room. Once there, he/she should lock the door, turn the lights off, and get under a desk or table if possible. The receptionist should go into the small conference room, copy room or nearby office if safe to do so. The highest level member of the administration staff who is available should contact the police. If safe, the sign-in sheet should be used by the receptionist to identify employees out of the office, so that these employees can be called and alerted not to return to the building. Employees that know of a co-worker who is out of the building and might return to the office should call the employee (if it is safe to do so) to alert the employee not to return to the office. Employees should remain in lock-down until the police have arrived, the premises are deemed safe, and an M4A administrative staff member knocks on their door to let them know it is safe to end lock-down.

**LOCATION FOR LOCK-DOWN: UNDER YOUR OFFICE DESK  
LOCK YOUR OFFICE & TURN OFF LIGHTS IF POSSIBLE  
STAY IN LOCK-DOWN UNTIL POLICE ARRIVE**

## Fire Safety



### Precaution and Prevention

1. Coffee pots and other electronic appliances are turned off and unplugged nightly.
2. Each long hallway has two smoke alarms, one emergency light, and a fire extinguisher.
3. The entire staff will be trained at an in-service on how to use the fire extinguishers.
4. The smoke alarms will be tested monthly and the batteries will be changed twice a year (at the time change). Smoke alarms will be replaced every ten years. A sticker will be placed on each smoke alarm to indicate date replaced.
5. The SenioRx Outreach Coordinator will be responsible for the maintenance and testing of the smoke alarms, as well as the fire extinguishers and emergency lighting system.
6. A staff and senior center fire drill will be performed quarterly. An air horn will be used (1 long blast) to announce beginning of a fire drill. The intercom/page can also be used.
7. First aid kits will be kept in the kitchen and in the receptionist's office.
8. The staff is required to sign-in when they enter office and sign-out when leaving office. The sign-in book can be used to account for staff members in an emergency.
9. Volunteers/visitors will be required to sign-in when entering the building and sign-out when exiting. They will also be asked to wear a badge/nametag. It will be the responsibility of the receptionist to sign them in and give them a badge/name tag. It will be the responsibility of the staff member whom the volunteer/visitor is visiting to make sure the volunteer/visitor signs-out and returns the badge/nametag.

### **In Case of an Actual Fire!**



In the case of an actual fire, please listen for the air horn or for the word “FIRE!” Currently (as of 04/2010), the M4A office does not have a pull-down fire alarm or other fire alarm that can be heard throughout the building. Intercom/page can also be used in case of an actual fire or fire drill. Staff will be instructed that if they hear a smoke alarm going off or see a fire, they should immediately yell “FIRE!” and use the Intercom/page if it is safe to do so.

The evacuation route (or emergency exit route) will be out the closest exit and to the gravel area on the North end of the parking lot in front of the building. Be aware of fire trucks and other emergency vehicles that may be in or pulling into the parking lot. Do not stand in the parking lot or stand close to the curbs, as this may put you in danger or hinder rescue vehicles.

The receptionist will be responsible for retrieving the staff and volunteer/visitor sign-in books and the first aid kit from his/her office.

Once in our evacuation area, the sign-in books will be used to account for all staff members and visitors/volunteers.

Once in our evacuation area, first aid will be administered to those who are in need.

The Fiscal Director has possession of the EAP binder and will take it with him/her when evacuating the building. The bookkeeper will act in the Fiscal Director’s absence.

The Fiscal Director is designated to call the fire department, police, and other necessary emergency responders once in the gathering place.

Emergency responders will be alerted to anyone who is unaccounted for.

**EVACUATE TO: GRAVEL AREA ON NORTH END OF PARKING LOT**

**EVACUATION SIGNAL: 1 LONG BLAST OF THE AIR HORN**

**BRING YOUR FLASHLIGHT, MARKER AND WHISTLE**

## **In Case of an Actual Weather Emergency!**



1. The Executive Director will make the decision to shelter-in-place or evacuate.
2. The staff contact list will be used to locate staff outside of the building and alert them to the situation and procedure.
3. If the decision to shelter-in-place is made, the staff shall shelter-in-place in the kitchen. The Senior Center shall shelter-in-place in the bathroom hallway.
4. When sheltering-in-place, staff members will bring their flashlight, marker, and whistle with them.
5. The receptionist will be responsible for bringing the sign-in books and the first aid kit from his/her office.
6. The Fiscal Director will be responsible for bringing the EAP binder. The bookkeeper will be responsible for getting it in the Fiscal Director's absence.
7. All EAP materials/supplies are located in the EAP cabinet in the kitchen.
8. Once in the designated shelter-in-place area, the sign-in books will be used to account for all staff and visitors/volunteers.
9. Center manager(s) will account for center participants and homebound.
10. Once in the designated shelter-in-place area, employees will use their marker to write their names on their bodies, as well as any pertinent medical information if needed.
11. Once in the shelter-in-place area, first aid will be administered to those in need.
12. Emergency responders will be called if needed.

After the weather emergency is over and it is safe, a damage/injury/and plan assessment will be completed. The building will be checked for damage and injured people will be tended to. The evacuation plan will be evaluated to see how well it worked in a real emergency.

**SHELTER-IN-PLACE: KITCHEN**  
**SHELTER-IN-PLACE SIGNAL: SEVERAL SHORT BLASTS OF THE AIR HORN**  
**BRING YOUR FLASHLIGHT, MARKER AND WHISTLE**



## Hazardous Condition: #1



### Precaution and Prevention

Hazardous materials are substances that pose a potential risk to life, health or property when released due to their chemical nature. It can range from an **accidental chemical spill** on a roadway to **an intentional act of terrorism**. The important thing to know is how to prepare for an incident. **Shelby County does not have any designated “bomb fallout” shelters.** The exhibition building and a building behind the city hall in Columbiana are for temporary weather related shelter only.

1. Have a warning signal
2. Evacuate is 1 long blast from air horn
3. Shelter-in-place is several, short blasts from air horn
4. News and instructions through radio, television or Internet
5. Know evacuation routes from your building
6. Know “in-shelter” area of the building
7. Have hazardous material emergency shelter kit ready and staff trained to use it

### **SHELTER-IN-PLACE: KITCHEN**

**SHELTER-IN-PLACE SIGNAL: SEVERAL SHORT BLASTS OF THE AIR HORN  
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE**

## **Hazardous Condition: #2**



### **Precaution and Prevention**

The hazardous material emergency shelter kit should have the following items:  
(These items are in the EAP Cabinet located in the M4A Break Room/Kitchen)

1. Plastic sheeting (2-4 mil.) for covering the exterior doors and in-shelter area
2. Duct tape for securing the plastic sheeting
3. Masks for each person (consider frequent visitors/volunteers)
4. Plastic bags for disposing of contaminated materials/clothes
5. Rags for spills and stuffing under doors
6. Sheets to wrap injured/exposed persons
7. Scissors to remove contaminated material from clothes and make bandages.

### **SHELTER-IN-PLACE: KITCHEN**

**SHELTER-IN-PLACE SIGNAL: SEVERAL SHORT BLASTS OF THE AIR HORN  
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE**

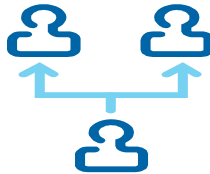
## In Case of an Actual Hazardous Condition: #1



### Who Decides?

Depending on circumstances and the nature of the hazard (which could include an attack), the first important decision is whether to evacuate or shelter-in-place. After viewing available information from radio, television, Internet, emergency alerts, and after consultation with key staff, the **decision to shelter-in-place or evacuate will be made by the Executive Director**, who will notify staff.

### If the Executive Director Is Not In the Office: Order of Succession To be used in All Emergencies or Substantive Decision Making Events When the Executive Director is not in the Office



1. Executive Director
2. Director of Operations/Programs
3. Fiscal Director
4. Lead Medicaid Waiver Case Manager
5. SenioRx Outreach Coordinator
6. Nutrition Coordinator

## In Case of an Actual Hazardous Condition: #2



What if We Evacuate?



If the decision is made to evacuate, the staff will be notified where the hazard/attack is located and where to evacuate, depending on the location of the hazardous event.

Staff should:

1. Keep vehicle **gas tank at least half-full at all times** in case of emergency evacuation.
2. Become familiar with **alternate routes home**, if home is a safe place to evacuate (away from the hazardous condition/attack).
3. If time permits, **notify a family member** as to your evacuation route/location.

**The three ways to minimize exposure to hazardous materials are: Distance-Shielding-Time!**

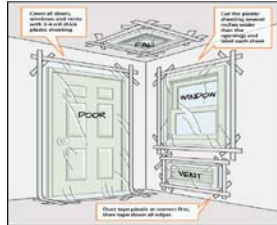
4. **Distance:** The more distance from you and the incident is the safest method.
5. **Shielding:** The more of a heavy, dense material between you and the incident the better.
6. **Time:** Most chemicals and radiation lose their strength with time so staying away from the exposed area for an extended time is the safest route to take.

**EVACUATE TO: GRAVEL AREA ON NORTH END OF PARKING LOT  
EVACUATION SIGNAL: 1 LONG BLAST OF THE AIR HORN  
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE**

### In Case of an Actual Hazardous Condition: #3



#### What if We Shelter-in-Place?



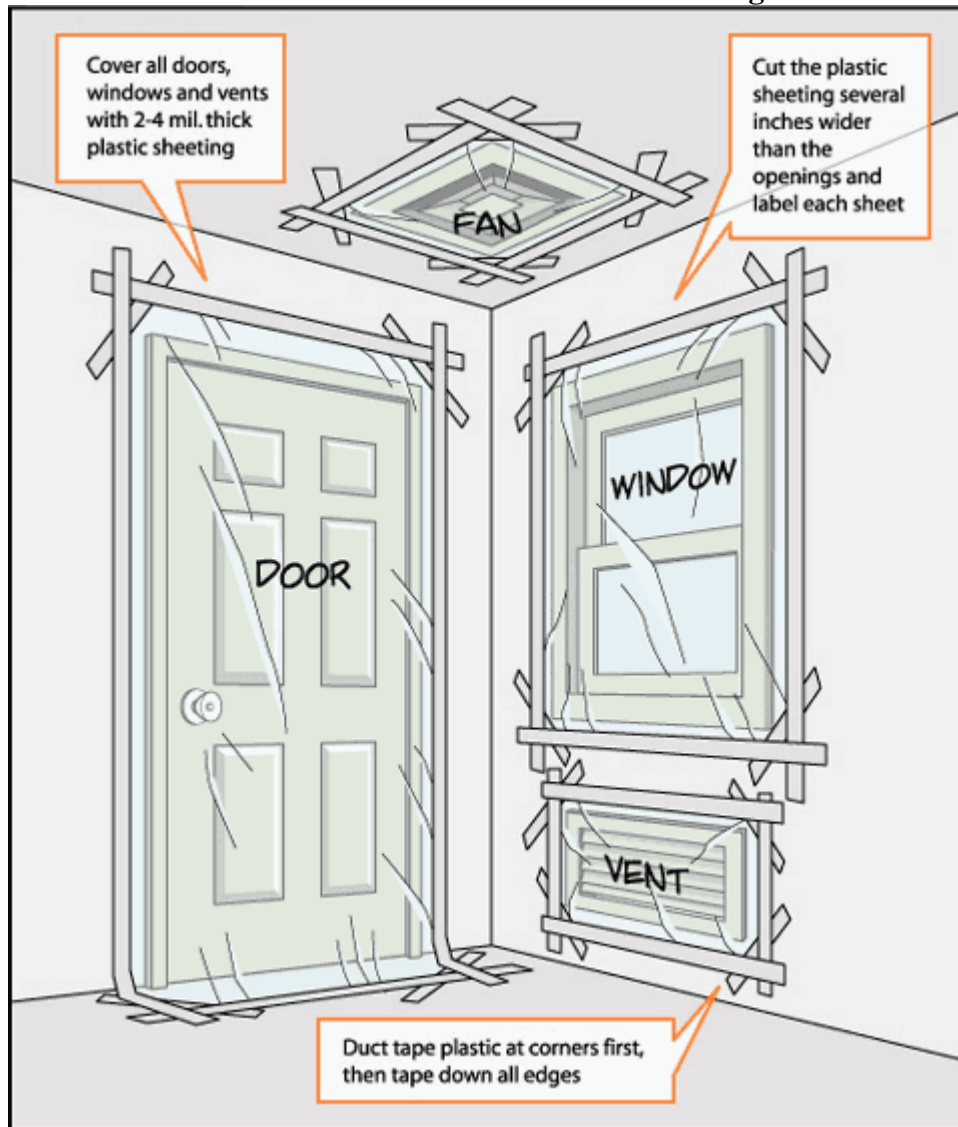
The staff will be notified to shelter-in-place and the designated employees will ready the in-shelter area located in the **M4A kitchen**:

1. EAP emergency kit and the hazardous material kit are located in the EAP cabinet in the kitchen.
2. Normal air circulation should be turned off by the Fiscal Director. If available, 100% recirculation is started as soon as possible (not available in the M4A Office Building).
3. Plastic sheeting is placed with duct tape over both doorways going into the kitchen and the air vents in that area, after the staff and visitors in the building are accounted for and have entered the in-shelter area.
4. Check for any injuries or exposure to hazardous material. If anyone has been exposed to a hazardous material, removing exposed clothing and showering is recommended, if possible.
5. Monitor television or other communications method (cell phone) to know when it is safe to leave the sheltered area.

#### **SHELTER-IN-PLACE: KITCHEN**

**SHELTER-IN-PLACE SIGNAL: SEVERAL SHORT BLASTS OF THE AIR HORN  
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE**

## Shelter In-Place Diagram



Source: [http://www.ready.gov/america/makeaplan/shelter\\_in\\_place.html](http://www.ready.gov/america/makeaplan/shelter_in_place.html)

#### **In Case of an Actual Hazardous Condition: #4**



#### **What to do when it's Safe to Leave the Shelter Area:**



1. Staff members who are emergency-trained or certified should check fellow staff members and visitors/volunteers for any injuries or contamination.
2. The Executive Director will determine whether emergency responders should be contacted.
3. If there is damage to the building, then the building should be evacuated immediately. If the building is evacuated, no one should return to the office building until it has been examined and deemed safe. The phone tree will be used to notify staff about when it is safe to return to the office building.

## In Case of an Actual Hazardous Condition: #5



### Additional Warnings for Hazardous Materials:

**Potential mail bombs:** If a suspicious package is received it should be left alone-do not shake or empty contents. Keep all persons away from the area and call local law enforcement immediately.

**Suspicious packages:** Suspicious packages may have one or more of the following recognition points: Misspelling of common words, excessive weight for size, protruding wires or foil, lopsided or uneven shape, excessive postage, or no return address.

**Bomb threats by phone:** Never ignore a threat of this nature. Remain calm and make notes of the following:

1. Phone number from caller ID
2. Male or female voice?
3. Young or mature voice?
4. Any foreign or regional sounding accent to voice?
5. Background noises?
6. Any specifics the caller gives about where the bomb is located and when it may detonate?

A bomb threat checklist will be used by employee answering the call (see page 22, *Bomb* Section).

**Notify Executive Director, who will determine if evacuation and 9-1-1 should be called. If Executive Director is not in the office, then follow the *order of succession* (see page 15) and notify the next in command. If the building is to be evacuated, follow the fire evacuation procedures.**



## Responding to a Bomb Threat #1



### General Guidelines

1. Try to get more than one person to listen to call using a covert signaling system.
2. Stay calm and try to get as much information as possible.
3. Record all information possible.
4. Inform caller that the office is occupied and detonation could result in serious injuries or death.
5. Pay close attention to background noises and the voice of the caller (accent, voice quality, mood, tone, speech impediments, and any other potentially identifying or important characteristics).
6. Check the caller ID and record phone number and name. Do not erase.
7. Utilize bomb threat checklist.

## Responding to a Bomb Threat #2



### Bomb Threat Checklist

Exact time of call \_\_\_\_\_

Date of call \_\_\_\_\_

Sex of caller \_\_\_\_\_

Caller ID information (phone number/name) \_\_\_\_\_

Any identifying characteristics of voice (foreign accent or language, profanity, soft/deep/loud, stressed/calm/excited, laughing/crying, speed, speech impediment, etc...)

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Background noise(s) \_\_\_\_\_

Any notable remarks or information from phone call

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Any information about bomb (type, appearance, location, when will it explode, and what will detonate it) \_\_\_\_\_ (use back of page)

## Guidelines for Processing Suspicious Mail



Many people have questions about how mailrooms and offices should handle mail that may contain a written threat of chemical or biological materials inside or mail that may contain some form of powder.

### **What Constitutes a Suspicious Parcel?**

Some typical characteristics Postal Inspectors have detected over the years, which should trigger suspicion include parcels that:

1. Are unexpected or from someone unfamiliar to you.
2. Are addressed to someone no longer with your organization or are otherwise outdated.
3. Have no return address or have one that can't be verified as legitimate.
4. Are of unusual weight, given their size, or are lopsided or oddly shaped.
5. Are marked with restrictive endorsements such as "Personal" or "Confidential."
6. Have protruding wires, strange odors, or stains.
7. Show a city or state in the postmark that does not match the return address.

### **General Precautions for Those Who Handle Large Volumes of Mail:**

1. Wash your hands with warm soap and water before and after handling the mail.
2. Do not eat, drink or smoke around the mail.
3. If you have open cuts or skin lesions on your hands, disposable latex gloves may be appropriate.
4. Surgical masks, eye protection or gowns are NOT necessary or recommended.

### **If a Letter is Received that Contains Powder or Contains a Written Threat:**

**DO NOT shake or empty the contents of any suspicious envelope or package.**

1. **DO NOT** attempt to clean up any powders or liquids.
2. Place envelope or package in a plastic bag or some other type of container to prevent leakage of contents. If no container is available, then cover with anything (i.e., clothing, paper, trash can, etc.) and do not remove cover.
3. Isolate the specific area of the workplace so that no one disturbs the item.
4. Evacuation of the entire workplace is NOT necessary at this point.
5. Have someone call 9-1-1 and tell them what you received, and what you have done with it. Law enforcement should also place a call to the local office of the FBI and tell them the same information. Indicate whether the envelope contains any visible powder or if powder was released. Also notify building security official or an available supervisor.
6. If possible, LIST all people who were in the room or area when this suspicious letter or package was recognized. Give the list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.
7. Wash your hands with warm water and soap for one minute.

8. Do not allow anyone to leave the office that might have touched the envelope.
9. Remove heavily contaminated clothing and place in a plastic bag that can be sealed; give bag to law enforcement personnel.
10. Shower using ONLY soap and water as soon as possible.
11. When emergency responders arrive, they will provide further instructions on what to do.

**Important:**

1. Do not panic.
2. Do not walk around with the letter or shake it.
3. Do not merely discard the letter.

**NOTE:** If you suspect the package to be an explosive device, DO NOT cover, touch, or move the item. Follow your bomb threat procedures and notify the local law enforcement (9-1-1).

*Source: Shelby County EMA Handout: Guidelines for Processing Mail*

**Quick Chart**  
**Threat, Signal, Meeting Place & What to Do**

<b>Threat</b>	<b>Warning Sound</b>	<b>Where to Meet</b>	<b>Who to Call</b>	<b>What to Do</b>
Fire	1 long or audible	Gravel Area	9-1-1	Bring flashlight / Exit Building Quickly
Bomb	1 long or audible	Gravel Area	ED calls 9-1-1	Bring flashlight / Exit Building Quickly
Hazardous Material: <b>Evacuate!</b>	1 long or audible	Gravel Area	ED calls 9-1-1 and/or EMA 669-3999	Bring flashlight, marker & whistle Always keep gas tank half-full Know alt routes home/alt safe place ED will tell where hazard is located Travel away from hazard Contact loved one re your route/destination
Hazardous Material: <b>Shelter!</b>	Several Short or audible	Kitchen	ED calls 9-1-1 and/or EMA 669-3999	Bring flashlight, marker & whistle FD will turn off all air units Close/seal doors and vents Render first aid
Inclement Weather	Several short or audible	Kitchen	Phone Tree	In office: shelter Out of office: caution
Intruder	NONE Ext 100: reception Ext 200: building Ext 300: sr. center	Lock-down	ED calls 9-1-1	Go to nearest office and lock door Turn off lights, close shades Get under desk & remain quiet Wait for law enforcement

**Quick Chart**  
**Emergency Telephone Numbers**

County	Sheriff	EMA	Red Cross	Salvation Army	Public Health	Court-house	Transp.	Hospital	Other
Blount	625-4127 625-4913 (dispatch)	625-4121	274-2115	625-4852	274-2120	625-4160	625-6250	274-3000	625-4673 Hope House
Chilton	755-4698	755-0900	755-0707	none	755-1287	755-1555	755-5941	755-2500	755-3188 Baptist Assoc.
Shelby	669-4181	669-3999	987-2792 987-2793	663-7105	664-2470	669-3710	325-8787	620-8100	685-5757 Oak Mtn. Missions 669-7858 Baptist Assoc.
St. Clair	884-6840	884-6800	884-1221	none	338-3357	338-9449	506-8585	338-3301	328-5656  328-2420 Salvation Army (Birmingham)
Walker	384-7218	384-7233	387-1478	221-7737	221-9775	384-7281	325-8787	387-4169 387-4000	384-9231 Jasper Area Family Resource Center

Police and Fire for all Counties: 9-1-1

United Way Information for all Counties except Chilton: 2-1-1

United Way of Chilton County: 755-5875

## EMERGENCY PHONE TREE – May 20, 2010

**CAROLYN** will make the first call with instructions to **KELLY, who will call DIANNE, who will call SHARON** who will make the next calls. Each person is responsible for calling the person under their name on the list to pass on instructions. If you cannot reach your contact, then call the person your contact is responsible for calling. If you are not at home at the time of inclement weather, then call Carolyn for instructions. If your phone is out of order, then wait for the news reports and use your judgment as to whether or not you should travel.

Carolyn Fortner – x105  
x101

H - (205) 755-3858 \*  
C - (205) 299-2470

KELLY FLICK – x103

H - (205) 481-4566  
102

C - (205) 835-4117

Stacy Farry – x 108

H - (205)-678-2143  
C - (205)-422-3408

Arnita Hicks – x113

H - (205) 672-7308  
C - (205) 601-0443

Cheryl Gaines – x115

H - (205) 621-8890  
C - (205) 746-0665

Judith Drew - x 118

H – 205-854-3782

C – 205-919-6992  
Geof - (205)919-6991

Dorothy Snodgrass- x121

H - (205) 668-4363  
C - (205) 516-3555

Courtney Durden – x124

H & C – 205-567-7663  
1981

Lateshia Davidson – x131

H & C- (205) 790-0867

Mary Lou Shuhart—x114

H—205-621-2004

DIANNE NANCE – x104

\*H- (205) 668-1174  
C- (205) 715-9952

Rachel Glorioso – x114

H –

C –

Ashley McGee – x112

H & C- 205-739-8200

Debbie Battles, x 117

H—205-669-2227

C—205-913-3095

Johnny Horn – x127

H – 205-323-0449

C- 205-913-3095

C – 205-533-1021

Jeanne Spann - x130

H – 205-663-5938

H & C – 205-299-0371

C – 205-356-6374

Diana White—x133

H—205-335-1502

Donna Brame, X110

H –662-617-120

Christina Doege – x134

H & C - (205) 821-4268

Sheila Baker – x135

H – 205-780-8271

C – 205-531-0960

SHARON ECHOLS –

H- (205) 755-9559 \*  
H#2 (205) 280-8520\*  
C- (205) 217-2327 \*

Jennifer Travis-Scott – x

H & C – 205-447-5489  
Mother's – 205-201-4236

Jodi Posey – x109

H - (205) 755-4083\*  
C - (205) 541-8419

Josh (205) 482-1760)

Melissa Fowler – x116

H & C – 205-389-0596

Sally Edwards – Mother

H – 205-755-7298

C – 205-217-5280

Mary Gilliland- x119

H - (205) 755-4148 \*

C - (205) 389-4212 \*

Rachael Creech – x 123

Dalton - 205-299-4559

Jennifer Davis –x126

H - (205) 664-3111

C - (205) 389-2417 \*

Mother's C-(205) 389-

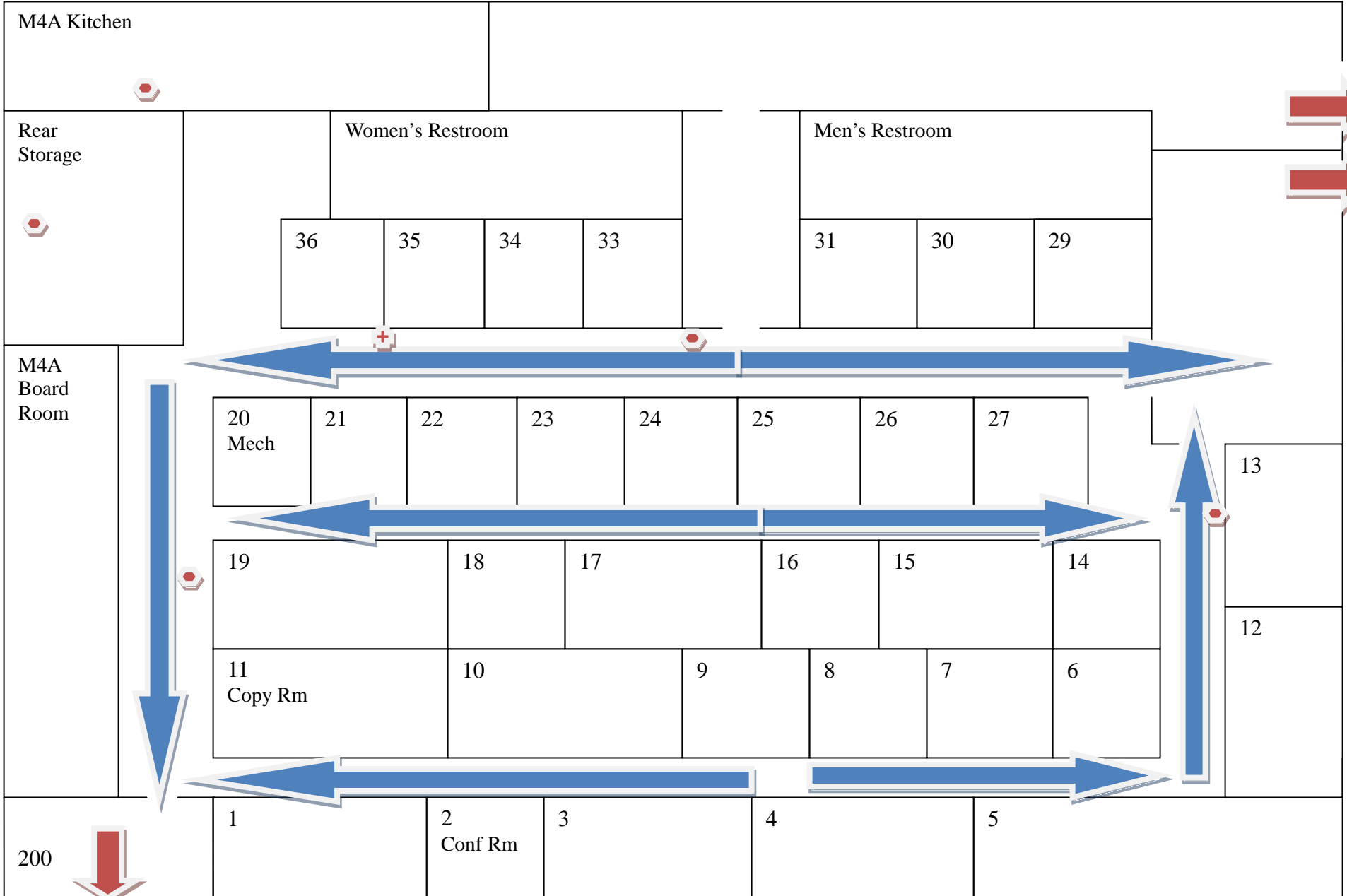
Lynn Price - x129

H – 205-646-2428 \*

C - 205-245-4009\*

### Emergency Exit Plan

**EXITS ARE MARKED WITH RED ARROWS; FIRE EXTINGUISHERS WITH RED DOTS; AND THE AED WITH A RED CROSS. THE ROUTE YOU TAKE WILL DEPEND ON WHERE THE FIRE IS LOCATED AND WHERE YOU ARE WHEN YOU HEAR THE ALERT. IF THE CENTER IS OPEN, THE NEAREST EXIT MAY BE THE SENIOR CENTER. SUGGESTED EXIT ROUTES ARE MARKED IN BLUE. MAP IS NOT TO SCALE!**





## Employees Who Are CPR, AED, and/or First Aid Certified



(As of 04/12/2010)

Staff Member	CPR	AED	First Aid
Jennifer Davis	X		
Christina Doege	X	X	
Sharon Echols	X		
Stacy Farry	X		
Kelly Lippert-Flick	X	X	
Arnita Hicks	X		
Jodi Beth Posey	X	X	

**EAP Cabinet Inventory (Located in the Kitchen)**  
**(As of 06/03/2009)**

Quantity	Item	Expiration Date
4 gallons	Bottled water	12/01/2009
8 - 5 ounce cans	Tuna	10/02/2011
5 - 13 ounce cans	Chicken	12/08/2011
18 - 5 ounce cans	Vienna sausage	11/06/2011
24 - 4 ounce cans	Mixed fruit	04/30/2011
1	Can opener	
4	Trash bags	
1 roll	Paper towels	
2	Black markers	
	Napkins	
	Disposable bowls	
	Disposable spoons	
	Disposable cold cups	
2	Blankets	
2	Flashlights	
1 container	Clorox wipes	
1 small bottle	Hand sanitizer	
1	First Aid Kit	2011
2	2 mils. Sheeting to cover doors	
6	2 mils. Sheeting to cover vents	
1 roll	Duct tape	
1 pair	Scissors	
1 box	Latex-free exam gloves	
1 bottle	Bayer Regular Aspirin	02/2012
1	Instant Temple Thermometer	
20	AA Batteries	2015

In addition, there are towels, washcloths, soap, shampoo and deodorant in the Men's Bathroom.

## **Emergency Action Plan Training Documentation**

I, \_\_\_\_\_, was trained on the Emergency Action Plan of the Middle Alabama Area Agency on Aging on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. The training included a review of safety rules and procedures. I understand what is expected of me to help in preventing emergencies and how to respond as dictated by the Emergency Action Plan in the case of emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Damage Assessment



Immediately following a disaster, it is important to assess any physical harm to the staff and damage to the M4A office building. This form should be used for such an assessment.

### Initial Assessment Questions

1. Are staff members injured? Yes or No (circle one)

**If yes, complete the *Staff Injury Assessment Form*.**

2. Is there any damage or loss to the M4A Office Building? Yes or No (circle one)

**If yes, complete the *M4A Office Building Damage Assessment Form*.**

3. Date of disaster which caused injury or damage:

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4. Type of disaster:

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5. Name of person completing *Damage Assessment*:

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Signature

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Date

## M4A Staff Injury Assessment Form



Please complete a *Staff Injury Assessment Form* on each staff member who was/is injured as a result of a disaster. (Your initials here: \_\_\_\_\_ / Date: \_\_\_\_\_)

Name of injured employee: \_\_\_\_\_

How was employee injured and on what part of the body:

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What treatment was provided during shelter-in-place and who provided the treatment:

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What is the employee's current status? (Please check)

- Being attended by emergency personnel
- En route to hospital: \_\_\_\_\_ (Hospital Name)
- At the hospital: \_\_\_\_\_ (Hospital Name)
- Other (Please explain fully):

---

---

Has the employee's emergency contact been notified: Yes or No (circle one) If yes, who was contacted?

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## M4A Office Building Damage Assessment Form



As soon as possible after a disaster, please complete the *M4A Office Damage Assessment Form*.  
(Your initials here: \_\_\_\_\_ / Date: \_\_\_\_\_)

1. What disaster has damaged the M4A Office Building (fire, flood, tornado, etc.):

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2. What part of the office building was damaged (kitchen, reception, lobby, rear storage, etc.):

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3. To the best of your ability, describe the damage in as much detail as possible:

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4. Please list any office equipment damaged, including computers, supplies, furniture, appliances, etc.:

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5. Is there electricity? Yes or No (circle one)

6. Is the air/heat working? Yes or No (circle one)

7. Is there water? Yes or No (circle one)

8. Are the toilets working? Yes or No (circle one)

9. Is there telephone service? Yes or No (circle one)

10. Is Internet available? Yes or No (circle one)

11. Are we connected to the state (ADSS)? Yes or No (circle one)

12. Is the M4A hard drive (F-drive) working (can it be accessed)? Yes or No (circle one)

13. Other:

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## M4A Emergency Plan Assessment Form



After an actual emergency which requires lock-down, shelter-in-place or evacuation, the M4A Executive Director shall assess the strengths and weaknesses of the emergency plan that was utilized. The following assessment questions are guidelines for this evaluative process:

What emergency plan was used: \_\_\_\_\_

When was the plan used: \_\_\_\_\_

What problems occurred in the implementation of the plan:

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What may have caused the problems identified in #3:

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How will the problems be corrected and when:

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What were strengths of the emergency plan:

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## HOMELAND SECURITY ADVISORIES

**Color-coded Threat Level System** is used to communicate with public safety officials and the public at-large through a threat-based, color-coded system so that protective measures can be implemented to reduce the likelihood or impact of an attack. Raising the threat condition has economic, physical, and psychological effects on the nation; so, the Homeland Security Advisory System can place specific geographic regions or industry sectors on a higher alert status than other regions or industries, based on specific threat information.

### RED-SEVERE RISK OF TERRORIST ATTACKS

- Complete all recommended actions at lower levels.
- Listen to local emergency management officials.
- Stay tuned to TV or radio for current information/instructions.
- Be prepared to shelter or evacuate, as instructed.
- Expect traffic delays and restrictions.
- Provide volunteer services only as requested.
- Contact your school/business to determine status of work day.

### ORANGE-HIGH RISK OF TERRORIST ATTACKS

- Complete recommended steps at lower levels.
- Exercise caution when traveling, pay attention to travel advisories.
- Review your family emergency plan and make sure all family members know what to do.
- Be Patient. Expect some delays, baggage searches and restrictions at public buildings.
- Check on neighbors or others that might need assistance in an emergency.

### YELLOW-ELEVATED RISK OF TERRORIST ATTACKS

- Complete recommended steps at levels green and blue.
- Ensure disaster supplies are stocked and ready.
- Check telephone numbers in family emergency plan and update as necessary.
- Develop alternate routes to/from work or school and practice them.
- Continue to be alert for suspicious activity and report it to authorities.

### BLUE-GENERAL RISK OF TERRORIST ATTACKS

- Complete recommended steps at level green.
- Review stored disaster supplies and replace items that are outdated.
- Be alert to suspicious activity and report it to proper authorities.

### GREEN-LOW RISK OF TERRORIST ATTACKS

- Develop a family emergency plan. Share it with family and friends, and practice the plan. Visit [www.Ready.gov](http://www.Ready.gov) for help creating a plan.
- Create an “Emergency Supply Kit” for your household.
- Be informed. Visit [www.Ready.gov](http://www.Ready.gov) or obtain a copy of “Preparing Makes Sense, Get Ready Now” by calling 1-800-BE-READY.
- Know where to shelter and how to turn off utilities (power, gas, and water) to your home.
- Examine volunteer opportunities in your community, such as Citizen Corps, Volunteers in Police Service, Neighborhood Watch or others, and donate your time. Consider completing an American Red Cross first aid or CPR course, or Community Emergency Response Team (CERT) course.

## OSHA EAP Requirements

### 1. 29 CFR 1910.38 Emergency action plans

To prepare for any contingency, an emergency action plan establishes procedures that prevent fatalities, injuries, and property damage. An emergency action plan is a workplace requirement when another applicable standard requires it. The following standards reference or require compliance with 1910.38: 29 CFR 1910.119, 1910.120, 1910.157, 1910.160, 1910.164, 1910.272, 1910.1047, 1910.1050, and 1910.1051.

<p>Procedural, Program, and/or Equipment Requirements</p>	<p>Identify possible emergency scenarios based on the nature of the workplace and its surroundings.</p> <p>Prepare a written emergency action plan. The plan does not need to be written and may be communicated orally if there are 10 or fewer employees. At a minimum, the plan must include:</p> <ul style="list-style-type: none"> <li>The fire and emergency reporting procedures;</li> <li>Procedures for emergency evacuation, including the type of evacuation and exit routes;</li> <li>Procedures for those who remain to operate critical operations prior to evacuation;</li> <li>Procedures to account for employees after evacuation;</li> <li>Procedures for employees performing rescue and medical duties; and</li> <li>Names of those to contact for further information or explanation about the plan.</li> </ul>
<p>Training Requirements</p>	<p>Review the emergency action plan with each employee when the plan is developed, responsibilities shift, or the emergency procedures change. Provide training to employees who are expected to assist in the evacuation.</p>
<p>Assistance Tools</p>	<p>Standard - 29 CFR 1910.38 Emergency Action Plan.</p> <p>Directive - CPL 02-01-037 Compliance Policy for Emergency Action Plans and Fire Prevention Plans.</p> <p>E-Tools - OSHA's Expert System - Emergency Action Plan.</p> <p>E-Tools - Evacuation Plans and Procedures - Emergency Action Plan Checklist.</p> <p>E-Tools - Evacuation Plans and Procedures - Evacuation Elements.</p> <p>Fact Sheet - Planning and Responding to Workplace Emergencies.</p> <p>Fact Sheet - Evacuating High-Rise Buildings.</p> <p>Other Agency Resources - EPA Local Emergency Planning Committee (LEPC) Database.</p>

### 2. 29 CFR 1910.39 Fire prevention plans

This plan requires employers to identify flammable and combustible materials stored in the workplace and ways to control workplace fire hazards. Completing a fire prevention plan and reviewing it with employees reduces the probability that a workplace fire will ignite or spread.

A fire prevention plan is a workplace requirement when another applicable standard requires it. The following standards reference or require compliance with 1910.39: 29 CFR 1910.157, 1910.1047, 1910.1050, and 1910.1051.

Procedural, Program, and/or Equipment Requirements	Prepare a written fire prevention plan. The plan does not need to be written and may be communicated orally if there are 10 or fewer employees. Develop a plan that includes Major fire hazards, hazardous material handling and storage procedures, ignition sources and controls, and necessary fire protection equipment; How flammable and combustible waste material accumulations will be controlled; Maintenance of heat-producing equipment to reduce ignition sources; Names or job title of persons to maintain equipment to reduce ignition sources and fire potential; and Names or job title of persons to help control fuel source hazards.
Training Requirements	Inform employees about relevant fire hazards and self-protection procedures in the fire prevention plan when they are initially assigned to a job.
Assistance Tools	Standard - 29 CFR 1910.39 Fire Prevention Plans.  Directive - CPL 02-01-037 Compliance Policy for Emergency Action Plans and Fire Prevention Plans.  E-Tools - Evacuation Plans and Procedures - Fire Prevention Plan Requirements.  Other Agency Resources - National Fire Protection Agency (NFPA) Code - Life Safety Code NFPA 101.

## ***11. Long-term Care Facilities and Senior Housing Facilities***

### **Blount County Facilities**

#### **Skilled Nursing Facilities**

Golden Living Center--Oneonta  
215 Valley Road  
Oneonta, AL 35121  
(205) 274-2365 / 120 Beds

T.L.C. Nursing Center  
212 Ellen Street  
P.O. Box 698  
Oneonta, AL 35121  
(205) 625-3520 / 103 Beds

#### **Assisted Living Facilities**

Jacobs House North and South  
101 Jacobs Lane  
Hayden, AL 35079  
(205) 647-7410 / 16 ALF & 16 SCALF Beds

Magnolia House  
100 4<sup>th</sup> Avenue West  
Oneonta, AL 35121  
(205) 625-5550 / 40 ALF Beds

Prince Place  
925 Vaughn Road  
P.O. Box 1269  
Trafford, AL 35172  
(205) 681-5933 / 16 ALF Beds

Olive Home, Inc. – Oneonta  
1100 2<sup>nd</sup> Avenue East  
Oneonta, AL 35121  
(205) 625-3190 / 30 ALF & 18 SCALF Beds

Summer's Landing  
115 Lakeview Drive  
Cleveland, AL 35049  
(205) 274-8443 / 10 ALF Beds

#### **Specialty Care Assisted Living Facilities**

Jacobs House  
101 Jacobs Lane  
Hayden, AL 35079  
(205) 647-7410

Olive Home, Inc. – Oneonta  
1100 2<sup>nd</sup> Avenue East  
Oneonta, AL 35121  
(205) 625-3190

## **Chilton County Facilities**

### **Skilled Nursing Facilities**

Hatley Healthcare  
300 Medical Center Drive  
Clanton, AL 35045  
(205) 755-4960 / 201 Beds

### **Assisted Living Facilities**

Gardens of Clanton  
850 Scott Drive  
Clanton, AL 35045  
(205) 280-0884 / 16 ALF

Homeland Assisted Living Facility  
149 First Avenue  
Jemison, AL 35085  
(205) 688-4835 / 16 ALF

### **Specialty Care Assisted Living Facilities**

None

## **Shelby County Facilities**

### **Skilled Nursing Facilities**

Chandler Health and Rehab  
850 Northwest 9<sup>th</sup> Street  
Alabaster, AL 35007  
(205) 663-3859 / 230 Beds

Columbiana Health and Rehabilitation  
22969 Highway 25  
Columbiana, AL 35051  
(205) 669-1712 / 63 Beds

Shelby Ridge  
881 3<sup>rd</sup> Street NE  
Alabaster, AL 35007  
(205) 620-8500 / 131 Beds

### **Assisted Living Facilities**

Chelsea's Hidden Acres  
1221 Highway 69  
Chelsea, AL 35043  
(205) 678-8906 / 16 ALF Beds

Maplewood Ridge (I and II)  
2124 Old Montgomery Highway  
Pelham, AL 35124  
(205) 988-5177 / 32 ALF Beds

Knowlwood Assisted Living  
4804 Highway 25  
Montevallo, AL 35115  
(205) 665-5955 / 16 ALF Beds

Ridge View at Meadow Brook  
700 Corporate Ridge Drive  
Birmingham, AL 35242  
(205) 991-8900 / 84 ALF Beds

Maplewood Lane Assisted Living  
222 Tucker Road  
Helena, AL 35080  
(205) 664-1202 / 16 ALF Beds

Somerby at St. Vincent's One Nineteen  
200 One Nineteen Blvd  
Hoover, AL 35242  
(205) 776-6000 / 80 ALF Beds

Danberry at Inverness  
235 Inverness Center Drive  
Hoover, AL 35242  
(205) 443-9500 / 72 ALF

### **Specialty Care Assisted Living Facilities**

Ashton Gables  
2184 Parkway Lake Drive  
Birmingham, AL 35244  
(205) 403-7400 / 48 SCALF Beds

Lake View Estates Assisted Living  
2634 Valleydale Road  
Birmingham, AL 35244  
(205) 981-0001 / 64 SCALF Beds

Shangri-la Assisted Living  
155 Egg and Butter Road  
Columbiana, AL 35051  
(205) 669-9202 / 16 SCALF Beds

## **St. Clair County Facilities**

### **Skilled Nursing Facilities**

Health Care, Inc.  
38286 US Highway 231  
P.O. Box 130  
Ashville, AL 35953  
(205) 594-5148 / 63 Beds

Golden Living Center—Pell City  
510 Wolf Creek Road North  
Pell City, AL 35125  
(205) 338-3329 / 94 Beds

Meadowview Nursing Center  
7300 Highway 78 East  
Pell City, AL 35125  
(205) 640-5212 / 59 Beds

The Village at Cook Springs  
415 Cook Springs Road  
P.O. Box 10  
Cook Springs, AL 35052  
(205) 338-2221 / 168 Beds

### **Assisted Living Facilities**

Rosewood Manor  
605 15<sup>th</sup> Street North  
Pell City, AL 35125  
(205) 884-4663 / 16 ALF Beds

Village at Cook Springs Assisted Living  
415 Cook Springs Road  
P.O. Box 10  
Cook Springs, AL 35052  
(205) 338-2221 / 81 ALF & 15 SCALF Beds

Sunrise on the Circle  
225 Kings Circle  
Pell City, AL 35125  
(205) 814-4200 / 28 Beds

### **Specialty Care Assisted Living Facilities**

Village at Cook Springs Assisted Living  
415 Cook Springs Road  
P.O. Box 10  
Cook Springs, AL 35052  
(205) 338-2221 / 15 SCALF Beds

## **Walker County Facilities**

### **Skilled Nursing Facilities**

ConsultAmerica of Carbon Hill  
350 NE 4<sup>th</sup> Street  
Carbon Hill, AL 35549  
(205) 924-4404 / 59 Beds

Cordova Healthcare Center  
70 Highland Street West  
Cordova, AL 35550  
(205) 483-9282 / 114 Beds

Ridgeview Health Care Center, Inc.  
903 11<sup>th</sup> Street NE  
Jasper, AL 35501  
(205) 221-9111 / 148 Beds

Ridgewood Health Care Center  
201 Oakhill Road  
Jasper, AL 35501  
(205) 221-4862 / 98 Beds

Shadescrest Health Care Center  
331 25<sup>th</sup> Street West  
P.O. Box 1012  
Jasper, AL 35501  
(205) 384-9086 / 107 Beds

### **Assisted Living Facilities**

Country Manor  
Blackwell Dairy Road  
P.O. Box 2305  
Jasper, AL 35502  
(205) 221-9744 / 15 ALF Beds

Sunrise Manor  
1609 Sunrise Road  
Jasper, AL 35504  
(205) 387-7400 / 16 ALF Beds

Lakewood Senior Living of Jasper I & II  
2004 Viking Drive  
Jasper, AL 35501  
(205) 221-1650 / 32 ALF Beds

The Terrace Senior Living Community  
2100 Viking Drive  
Jasper, AL 35501  
(205) 384-0660 / 14 ALF Beds

### **Specialty Care Assisted Living Facilities**

None



***12. Listing of senior centers, meal drop-off points, and community focal points***

***Senior Centers***

**Blount County**

**City of Blountsville**

Mayor Randy Millwood  
Clerk - Aletha Bailey  
P O Box 186  
Blountsville, AL 35031  
205-429-2406; FAX – 205-429-3191  
[abailey@otelco.net](mailto:abailey@otelco.net)

**Town of Nectar**

Mayor Ricky Box  
Clerk - Sue Gaither  
P O Box 235  
Cleveland, AL 35049  
205-559-7780; FAX – 205-559-8151

**City of Oneonta**

Mayor Darryl Ray  
Clerk – Tammie Noland  
P O Box 750  
Oneonta, AL 35121  
205-274-2150; FAX – 205-274-2156  
[tnoland@cityofoneonta.us](mailto:tnoland@cityofoneonta.us)  
[www.cityofoneonta.us](http://www.cityofoneonta.us)

**City of Snead**

Mayor Tim Kent  
Clerk – Rae Ware  
P O Box 505  
Snead, AL 35952  
205-466-3200; FAX – 205-466-3535  
[aqua4@hopper.net](mailto:aqua4@hopper.net)

**Chilton County**

**City of Clanton**

Mayor Billy Joe Driver

Clerk – Debbie Orange

P O Box 580

Clanton, AL 35046

205-755-1105; FAX – 205-755-7650

[cclanton@hiwaay.net](mailto:cclanton@hiwaay.net)

**Town of Maplesville**

Mayor Kurt Wallace

Clerk – Sheila Haigler

P O Box 9

Maplesville, AL 36750

334-366-4212; FAX – 334-366-4210

**Shelby County**

**City of Alabaster**

**Parks & Recreation**

(Alabaster Senior Center)

Larry Vann, Director

Alicia Walters, Senior Manager

100 Depot Street

Alabaster, AL 35007

205-664-6840; FAX – 205-664-6842

[lvann@cityofalabaster.com](mailto:lvann@cityofalabaster.com)

[alee@cityofalabaster.com](mailto:alee@cityofalabaster.com)

**City of Calera**

Mayor Jon Graham

Clerk – Connie Payton

10947 Hwy 25

Calera, AL 35040

205-668-2500; FAX – 205-668-3624

[cityclerk@calera.org](mailto:cityclerk@calera.org)

**City of Columbiana**

Mayor Allen Lowe

Clerk – Gina Antolini

107 Mildred Street

Columbiana, AL 35051

205-669-5800; FAX – 205-669-5811

[cityclerk@cityofcolumbiana.com](mailto:cityclerk@cityofcolumbiana.com)

**Parks and Recreation Authority**

(Heardmont Park)

Kay Mundy

5452 Cahaba Valley Road

Birmingham, AL 35242

205-991-2015; FAX – 205-991-0622

[shelbycountyparkandrec@charter.net](mailto:shelbycountyparkandrec@charter.net)

**City of Montevallo**

Mayor Ben McCory

Clerk – Herman Lehman

545 Main Street

Montevallo, AL 35115

205-665-2555; FAX – 205-665-9203

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

**Vincent Housing Authority**

(Vincent Senior Center)

Mary Williford, Ex. Director

P O Box 396

Childersburg, AL 35044

256-378-6008; FAX – 256-378-6010

[limboughhelencha@bellsouth.net](mailto:limboughhelencha@bellsouth.net)

**St. Clair County**

**City of Ashville**

Mayor Robert McKay  
Clerk – Bertha Wilson  
P O Drawer 70  
Ashville, AL 35953  
205-594-4151; FAX – 205-294-7292  
[thecityclerk@alltel.com](mailto:thecityclerk@alltel.com)

**City of Moody**

Mayor Joe Lee  
Clerk – Patsy Beard  
670 Park Avenue  
Moody, AL 35004  
205-640-5121; FAX – 205-338-3071  
[pbeard@moodyalabama.gov](mailto:pbeard@moodyalabama.gov)

**City of Odenville**

Mayor Rodney Christian  
Clerk – Priscilla Newton  
P O Box 113  
Odenville, AL 35120  
205-629-6366; FAX – 205-629-7153  
[odenvillecourt@alltel.net](mailto:odenvillecourt@alltel.net)

**City of Pell City**

Mayor William Hereford  
Clerk – Jennifer Brown  
1905 First Avenue N  
Pell City, AL 35125  
205-338-2244; FAX – 205-338-2320  
[jenniferbrown@cityofpellcity.com](mailto:jenniferbrown@cityofpellcity.com)

**Town Of Ragland**

Mayor Lanis White  
Clerk – Penny Owens  
220 Freida Street – Suite 102  
Ragland, AL 35131  
205-472-0400; FAX – 205-472-2154  
[townclerk@ragland.net](mailto:townclerk@ragland.net)

**City of Springville**

Mayor William Isley, Jr

Clerk - Brenda Roberts

P O Box 919

Springville, AL 35146

205-467-6133; FAX – 205-467-6136

[springvillead@windstream.net](mailto:springvillead@windstream.net)

**Town of Steele**

Mayor Westley McHugh

P O Box 425

Steele, AL 35987

256-538-8145; FAX – 256-538-8167

[townofsteele@bellsouth.net](mailto:townofsteele@bellsouth.net)

**Walker County**

**City of Carbon Hill**

Mayor Chris Hart  
Clerk – Polly Haley  
P O Box 519  
Carbon Hill, AL 35549  
205-924-9961; FAX – 205-924-9962  
[chcity4411@charterinternet.com](mailto:chcity4411@charterinternet.com)

**City of Cordova**

Mayor Jack Scott  
Clerk – Elaine Stewart  
74 Main Street  
Cordova, AL 35550  
205-483-9266; FAX – 205-483-0106

**City of Jasper**

Mayor V.L. “Sonny” Posey  
Clerk – Kathy Chambless  
P O Box 1589  
Jasper, AL 35501  
205-221-2100; FAX – 205-221-8522  
CITY HALL – [chall@jaspercitey.com](mailto:chall@jaspercitey.com)  
CLERK – [kchambless@jaspercitey.com](mailto:kchambless@jaspercitey.com)  
MAYOR – [sposey@jaspercitey.com](mailto:sposey@jaspercitey.com)

**City of Oakman**

Mayor Joyce Todd  
Clerk – Deanna Wood  
P O Box 267  
Oakman, AL 35579  
205-622-3232; FAX – 205-622-2828

**City of Parrish**

Mayor Wayne Gross  
Clerk – Marcy Brown  
P O Box 89  
Parrish, AL 35580  
205-686-9991/205-275-6299; FAX – 205-686-9994

**City of Sumiton**

Mayor Petey Ellis  
Clerk – Judy M. Glover  
P O Box 10  
Sumiton, AL 35148  
205-648-9191  
FAX – 205-648-3017  
[www.cityofsumiton.com](http://www.cityofsumiton.com)

***Additional Focal Points***

**ADRC Focal Points**

***Blount County***

Blount County Services Building  
1004 Second Avenue East  
Oneonta, AL 35121

***Chilton County***

Chilton Medical Center  
1010 Lay Dam Rd.  
Clanton, AL 35045  
P. O. Box 2220  
Clanton, AL 35046  
(205) 755-2500; (205) 280-3569 fax  
Contact:  
Judy Dean, Social Worker

***Shelby County***

Shelby Baptist Medical Center  
1000 First Street, North  
Alabaster, AL 35007  
205-620-8100; 205-620-7003 fax  
Contact:  
Scott Williams, Chief Operating Officer

***St. Clair County***

City of Moody Parks and Recreation  
670 Park Avenue  
Moody, AL 35004  
205-640-5121; FAX – 205-338-3071  
[pbeard@moodyalabama.gov](mailto:pbeard@moodyalabama.gov)  
Contact:  
Patsy Beard, City Clerk

***Walker County***

Walker Baptist  
3400 U.S. Highway 78 East  
P. O. Box 3547  
Jasper, AL 35502  
(205) 387-4000; (205) 357-4011 fax  
Contact:  
Robbie Hideman, Chief Operating Officer



**Distribution and Outreach Sites**

Town of Thorsby  
PO Box 608  
Thorsby, AL 35171  
205-646-2809  
Contact: Dearl Hilyer, Mayor

Blountsville Manor  
40 Ratliff Street  
Blountsville, AL 35031  
205-429-2489  
Contact: Kim Martin

Oneonta Housing Authority  
606 Fairground Avenue  
Oneonta, AL 35121  
205-625-5955  
Contact: Kim Hamby

American Red Cross  
1101 Viking Drive  
Jasper, AL 35501  
205-387-1478  
205-648-8764  
Contact: Lona Courington

Argo Activity Center  
991 Old Bankhead Road  
Cordova, AL 33550  
205-648-2440  
Contact: Anne Muse

Mountain Point Ministry  
47350 US Highway 231  
Oneonta, AL 35121  
Contact: Brother Bud Jones

**SenioRx, SHIP, and Information & Assistance Focal Points**

Blount County Department of Human Resources  
415 5<sup>th</sup> Avenue East  
PO Box 68  
Oneonta, AL 35121  
205-274-5212  
Contact: Daisy Taylor (Office Manager)  
Contact: Marcia Parker (Executive Director)

Jasper Area Family Services  
2209 Delaware Avenue  
Jasper, AL 35501  
205-387-0511, Extension 5831  
Contact: Donna Kilgore

Town of Thorsby  
PO Box 608  
Thorsby, AL 35171  
205-646-2809  
Contact: Dearl Hilyer, Mayor

Mountain Point Ministry  
47350 US Highway 231  
Oneonta, AL 35121  
Contact: Brother Bud Jones

***12. Public Meetings Regarding the Area Plan***

**Dates and Locations of Meeting(s) and Numbers of Persons in Attendance and Their Representation**

Shelby County Advisory Group

M4A Office, Calera, AL

April 13, 2010

9 am – 11 am

10 attendees, representing M4A, Mental Health, RSVP, senior centers, and Emergency Assistance

Chilton County Advisory Group

Clanton Senior Center, Clanton, AL

April 13, 2010

2 pm – 4 pm

7 attendees, representing M4A, the hospital (M4A ADRC partners), M4A Board, transportation, and a nonprofit

Walker County Advisory Group

CHS Building, Jasper, AL

April 14, 2010

10 am – 12:00 pm

13 attendees, representing M4A, the SSA, Public Health, the M4A Board, Community Action, and senior centers

St. Clair County Advisory Group

Pell City Civic Center, Pell City, AL

April 21, 2010

10 am – 12:00 pm

7 attendees, representing M4A, the M4A Board, city/senior center, and transportation

Blount County Advisory Group

Frank Green Building, Oneonta, AL

April 21, 2010

2 pm – 4:00 pm

11 attendees, representing M4A, DHR, county government, senior centers, DHR, and a nonprofit

Regional Hearing

Community Services Building, Pelham, AL

May 17, 2010

1:00 pm – 2:30 pm

8 attendees, representing M4A and the County newspaper

### **Methods to Publicize Meeting**

1. Media: Public notices faxed and/or emailed to newspapers and other media outlets
2. Electronic: Email blasts sent to community stakeholders, M4A Board members, County Advisory Group Members, County Commissions, Mayors, City/Towns Clerks, Center Managers, and ASHL members
3. Snail Mail: Invitations sent to community stakeholders, M4A Board members, County Advisory Group Members, County Commissions, Mayors, City/Towns Clerks, Center Managers, and ASHL members

### **Manner in which the Meeting(s) were Conducted**

After giving their introductions, the attendees were given handouts which included a draft of M4A's goals and objectives, AoA's strategic objectives and focus areas, and results of the ADSS senior needs survey for Region 3.

- I. Introductions (Carolyn Fortner, M4A)
- II. Overview of AoA Strategic Objectives and Focus Areas
- III. Overview of Survey Results for M4A Region
- IV. Overview of M4A Draft Strategic Goals and Objectives

Attendees were then given an opportunity to review the handouts; thereafter, there was open discussion about the local and regional needs of the community and strategies by which to meet those needs addressed and not addressed in the draft plan.

## **Comments on the Area Plan, Who Made the Comments, and Changes as a Result of the Meetings**

### Shelby County Advisory Group

- There needs to be a multi-generational component to senior centers and greater participant interaction with other generations. (Senior Center Manager)

**M4A Response:** A couple of the senior centers in Walker County are involved in multi-generational programs where older individuals “adopt” a grandchild or where older individuals provide food and supplies to school age children. In addition, centers in Shelby County are involved in a public school initiative called “Give Me Five” in which high schools students are required to provide 5 hours per year of community service. Some of the senior centers in Shelby County also receive assistance from university students. M4A believes that the effort to be multi-generational is best a local effort.

*M4A Change to Area Plan: M4A will investigate opportunities to partner on multi-generational projects. In addition, M4A will ask center managers for feedback (perhaps at a center manager training or enrichment) on how to engage younger generations in the activities of older generations.*

- Center Managers need more professional enrichment opportunities; for example, the center managers need an overview of M4A programs. (Senior Center Manager)

**M4A Response:** M4A has provided each center manager with a county resource directory developed by M4A’s I&R team. In addition, M4A provided an overview of M4A services to the center managers at the recent April 2010 center managers’ training.

- The Internet and technology are barriers to older adults accessing information, services and opportunities. Something needs to be done to address this barrier to access. (Senior Center Participant and Community Leader)

**M4A Response:** M4A is working on bridging the digital divide through SSAI and CAWACO grant funds.

### Chilton County Advisory Group

- Faith-based organizations in the county need a greater awareness of the needs of seniors in Chilton County. (M4A Board Member; Community Volunteer)

**M4A Response:** Last fiscal year, M4A was part of a group of service providers in the RPCGB region that planned and hosted a “Senior Summit” at Dawson Memorial Baptist Church which brought together religious leaders from across Jefferson County and from some of the M4A counties. There is current discussion amongst this group of planners to have a follow-up summit in each county. If this initiative gets off the ground, then M4A will partner with groups to pull together county ecumenical meetings. If this initiative does not get off the ground, then M4A will work with our community partners in Chilton and Walker counties on a faith-based senior summit. Overall, however, the importance of developing and sustaining relationships with our faith-based community is part of M4A’s Area Plan for FY 2011-FY 2014. See: Area Agency Goal #9; Medication Management Goals #2-3; Information & Referral Goal #5; and ADRC Goal #3.

*M4A Change to the Area Plan: M4A will partner with other community stakeholders to host faith-based senior summits in at least 2 of its 5 counties over the next 4 years.*

- Transportation!

**M4A Response:** See Area Agency Goals #1-2.

Walker County Advisory Group

- There needs to be intergenerational programs (for example, within the schools) so that children are aware of the contributions made by prior generations. Children need more opportunities to interact with their elders. (Center Managers; Public Service Provider)

**See Prior Response: M4A Response: A couple of the senior centers in Walker County are involved in multi-generational programs where older individuals “adopt” a grandchild or where older individuals provide food and supplies to school age children. In addition, centers in Shelby County are involved in a public school initiative called “Give Me Five” in which high schools students are required to provide 5 hours per year of community service. Some of the senior centers in Shelby County also receive assistance from university students. M4A believes that the effort to be multi-generational is best a local effort.**

*M4A Change to Area Plan: M4A will investigate opportunities to partner on multi-generational projects. In addition, M4A will ask center managers for feedback (perhaps at a center manager training or enrichment) on how to engage younger generations in the activities of older generations.*

- We need transportation! (Senior Center Manager)

**See Prior Response: M4A Response: See Area Agency Goals #1-2.**

- The senior centers need to be advertised more. (Senior Center Manager)

**M4A Response: The senior center managers in Walker County have done an outstanding job of promoting the senior centers, including utilizing media to highlight events and accomplishments of the center and center participants. In addition, M4A has worked diligently to develop media relations and currently does more advertising and media than it ever has. M4A believes that the effort and planning to increase participation and public awareness of the senior centers is primarily and best a local effort. However, M4A also has a role as a committed partner to our local cities and towns. Increasing public awareness of the senior centers and promoting the senior centers is in the Area Plan. See Nutrition Program Goal #2, Objective 2.1.**

- M4A needs to provide outreach to healthcare professionals (i.e., medical doctors) so that they know about M4A services. (Center Managers)

**M4A Response: Through the SenioRx Program, M4A currently does provide outreach to medical professionals in all 5 of its counties; in addition, M4A particularly concentrates this type of outreach in Walker County since M4A’s agreements for SenioRx and SHIP services with ADSS identifies Walker County as one of the counties that has the highest number of M4A’s target population for SenioRx and SHIP. M4A has mailed letters, dropped off fliers and created “goodie” bags for medical doctors in Walker County.**

- Faith-based organizations in the county need to be aware of senior needs in Walker County. (M4A Board Member; Center Managers)

**See Prior Response: M4A Response: Last fiscal year, M4A was part of a group of service providers in the RPCGB region that planned and hosted a “Senior Summit” at Dawson Memorial Baptist Church which brought together religious leaders from across Jefferson County and from some of the M4A counties. There is current discussion amongst this group of planners to have a follow-up summit in each county. If this initiative gets off the ground, then M4A will partner with groups to pull together county ecumenical meetings. If this initiative does not get off the ground, then M4A will work with our community partners in Chilton and Walker counties on a faith-based senior summit. Overall, however, the importance of developing and sustaining relationships with our faith-based community is part of M4A’s Area Plan for FY 2011-FY 2014. See: Area Agency Goal #9; Medication Management Goals #2-3; Information & Referral Goal #5; and ADRC Goal #3.**

***M4A Change to the Area Plan: M4A will partner with other community stakeholders to host faith-based senior summits in at least 2 of its 5 counties over the next 4 years. M4A Change to the Area Plan: M4A will partner with other community stakeholders to host faith-based senior summits in at least 2 of its 5 counties over the next 4 years.***

- There needs to be more outreach to rural areas so that the under-served and least likely to be served can receive healthcare counseling, living wills and Powers of Attorney. (Public Service Provider)

**M4A Response: M4A is currently developing more focal points for outreach (ADRC sites and SHIP/SMP outreach sites) and hopes to have staff and resource in the future to conduct on-site outreach in rural and isolated locations throughout its 5-county region. Through the ADRC grant, M4A was able to hire an additional Social Worker who conducts home visits in all 5 of the M4A counties. Unfortunately, M4A has also had to downsize its staff by 3 FTEs and the grant that sustains the new Social Worker (ADRC Case Manager) ends in FY 2012. M4A hopes that local funding from its counties will sustain the ADRC Case Manager position and additional funds from AoA will allow M4A to hire an additional ADRC (Information & Referral) Specialist. Both positions are critical to provide case management to seniors and to help seniors to access long-term care options and public benefits.**

**M4A has hosted numerous workshops (fraud conferences, caregiver workshops, legal workshops, and SHIP enrollment events) designed to reach our “hard to reach” seniors. Nonetheless, M4A is painfully aware that the seniors who need us most are the seniors who are least likely to call us or come to an event. Therefore, M4A is committed to media and outreach and committed, too, to sustaining our current and developing new relationships with faith-based organizations, who continue to be the best sources of outreach and contact with our most vulnerable seniors and their caregivers.**

#### St. Clair County Advisory Group

- Older individuals need programs to keep them mentally and physically active and engaged. Senior centers are important hubs to keep older individuals active and engaged but we need transportation to get our most vulnerable seniors to these hubs of activity and fellowship. (Public Service Provider)

**See Prior Response: M4A Response: See Area Agency Goals #1-2.**

- Caregivers need support to continue to care for their loved ones; they need more options so that they can keep their loved one at home, while maintaining their own physical and mental health. (Public Service Provider)

**M4A Response: One of the primary goals of AoA, ADSS, and the Area Agencies on Aging is to develop options for older individuals so that they can age in place. Similarly, AoA, ADSS and the Area Agencies on Aging understand that providing options to caregivers is critical to enabling older individuals to age in place and have the highest quality of life. The current M4A 4-Year Area Plan is committed to developing options so that older individuals have real choice and their caregivers have real support. Currently, however, the resources available to our seniors and caregivers require that we cobble together services that may or may not be sustainable. In addition, we (AAA staff) oftentimes solve problems indirectly. For example, if an older individual calls M4A asking for financial assistance to hire a homemaker, M4A does not have financial assistance nor homemaker services. Although we can refer the caller to home health organizations and even provide them a list of local homemakers, the caller probably does not have income to hire a homemaker. Therefore, what the M4A ADRC (I&R)**

**Specialist does is assess the caller for other services. If we can save the caller money on his/her medications or Medicare, then this savings may free-up monthly income so that the caller can hire a homemaker. The problem, however, is that usually our callers have more needs. Therefore, it is critical that those who serve seniors and their caregivers advocate for changes in the way our Medicaid and Medicare dollars are spent.**

#### Blount County Advisory Group

- People need more options in order to recuperate at home and stay in their homes. For example, there should be more programs based on the home health or hospice model (in-home services) which are less expensive than being in a nursing home facility, assisted living facility, or hospital. (County Representative)

**See Prior Response: M4A Response: One of the primary goals of AoA, ADSS, and the Area Agencies on Aging is to develop options for older individuals so that they can age in place. Similarly, AoA, ADSS and the Area Agencies on Aging understand that providing options to caregivers is critical to enabling older individuals to age in place and have the highest quality of life. The current M4A 4-Year Area Plan is committed to developing options so that older individuals have real choice and their caregivers have real support. Currently, however, the resources available to our seniors and caregivers require that we cobble together services that may or may not be sustainable. In addition, we (AAA staff) oftentimes solve problems indirectly. For example, if an older individual calls M4A asking for financial assistance to hire a homemaker, M4A does not have financial assistance nor homemaker services. Although we can refer the caller to home health organizations and even provide them a list of local homemakers, the caller probably does not have income to hire a homemaker. Therefore, what the M4A ADRC (I&R) Specialist does is assess the caller for other services. If we can save the caller money on his/her medications or Medicare, then this savings may free-up monthly income so that the caller can hire a homemaker. The problem, however, is that usually our callers have more needs. Therefore, it is critical that those who serve seniors and their caregivers advocate for changes in the way our Medicaid and Medicare dollars are spent.**

- Blount County needs more focal points for providing services (such as meals, outreach, I&R assessment, etc.). (County Representative; Nonprofit Service Provider)

**M4A Response: M4A has entered into a tentative agreement which will establish a focal point for outreach and services in Southern Blount County through Mountain Point Ministry. M4A has approached other churches in West Blount County to establish a similar focal point. As with Walker County, ADSS (CMS and AoA) has identified Blount County as a county which is high in M4A's target population for SHIP (i.e., for seniors/Medicare beneficiaries who qualify for the low income subsidy and the Medicare Savings Program).**

- M4A needs to be more effective in publicizing its services to its target population in Blount County. (All)

**M4A Response: As a result of the county advisory group meeting, M4A received much support and a wealth of suggestions on how to better publicize itself and its services to Blount County seniors and their caregivers. M4A will follow up on these suggestions.**

#### Regional Hearing

- M4A needs to promote itself as the single point of entry for seniors and their caregivers requesting information and assistance. The public knows about M4A programs such as meals and medication assistance but many more do not know that they should contact M4A (the Area Agencies on Aging) for any need. (M4A Program Coordinator)



**M4A Response: See Area Agency Goals #5-6; Information & Referral Goal #4; and ADRC goal #1.**

- M4A needs to focus on advocacy in the upcoming 4-years. The senior population is growing and the waiting lists of seniors who need services are also growing. Although government cannot meet all needs, our elected officials need to be aware of senior needs. (M4A Program Coordinator)

**M4A Response: See Area Agency Goal #11.**

- M4A needs to focus on local/community partnerships—through faith-based organizations and civic organizations. Because there is a dearth of public options for caregivers and seniors, it is important to continue to work with organizations and cultivate new relationships with organizations who serve or who have the capacity to serve older individuals. (M4A Program Coordinator)

**See Prior Response: M4A Response: Last fiscal year, M4A was part of a group of service providers in the RPCGB region that planned and hosted a “Senior Summit” at Dawson Memorial Baptist Church which brought together religious leaders from across Jefferson County and from some of the M4A counties. There is current discussion amongst this group of planners to have a follow-up summit in each county. If this initiative gets off the ground, then M4A will partner with groups to pull together county ecumenical meetings. If this initiative does not get off the ground, then M4A will work with our community partners in Chilton and Walker counties on a faith-based senior summit. Overall, however, the importance of developing and sustaining relationships with our faith-based community is part of M4A’s Area Plan for FY 2011-FY 2014 (See: Area Agency Goal #9; Medication Management Goals #2-3; Information & Referral Goal #5; and ADRC Goal #3).**

***M4A Change to the Area Plan: M4A will partner with other community stakeholders to host faith-based senior summits in at least 2 of its 5 counties over the next 4 years.***

## **Other Comments and M4A Responses**

### Electronic Feedback on Area Plan:

- The new direction of self advocacy is timely. A very clear definition of what M4A's definition of self-advocacy (for the senior world) might be in order. I envision this to mean taking a role and a responsibility in communicating one's own needs and desires; then identifying resources and support that can assist with having them met. It was said well in a meeting I went to this morning ... that agencies and groups need to keep coming back over and over again [to advocate] and express exactly what their needs are, however long it takes.

**M4A Response: M4A uses the term “advocacy” to mean both self-advocacy and advocating for each other. M4A has limited resources (staff); therefore, on the microcosm, we focus our resources on advocating for those who cannot advocate for themselves.**

- Page 13 of 44 in your plan – “lengthy waiting lists and numerous unmet needs.” [D]oes your board [receive] update[s] on “exactly” what those unmet needs are – so they can look at ways to assist? .... [I]f there are very apparent needs that are going unmet, leadership needs to know what they are—so they can have an opportunity to address and correct if possible.

**M4A Response: M4A can begin to provide the Board members with quarterly updates of waiting lists.**

- What is the benefit of becoming an ADRC, compared to what you are currently doing? How will intake be modified? Goal 2, page 14.

**M4A Response: M4A already operates as an ADRC in that we assess all first-time callers not only for M4A services but also for other public benefits. In a nutshell, ADRCs assist consumers to access long-term care (LTC) options. Since many of the LTC options are informal in Alabama (i.e., think of the cobbling and coordination we did with NetWorks), the challenge of providing LTC options counseling is significant. Also, if permanent state (federal?) funding is not allocated to sustain the ADRCs in Alabama, I am uncertain what the long-term benefit will be except that we have directed more and more consumers to us without the resources (staff and long-term care options) to meet their needs.**

- Objective 2.1 – Encourage eligible clients to attend senior centers by posting flyers in public buildings, stores and churches. Curious to know if the means are there to take on more clients, and if not, how will you obtain it?

**M4A Response: The funding is not available to take on more clients but the need (for senior recreation, meals, respite, caregiver support, opportunities to learn, socialize, etc.) is there. The demand for participation in the center and homebound meal programs and for other services is an advocacy issue.**

- Page 23 – Goal 3 –Will you have a staff member take this on to start a “Care team” – How will this work?

**M4A Response: This will be done through the ADRC and Alabama Cares Program.**

- Page 23 – Goal 1 performance outcome measures –[regarding the Masters Games] A lead agency needs to take this task on in Shelby County and be the lead to educate the public and get participation going—it seems a natural fit that it would be the Agency on Aging. Partnerships and sponsorships for increased participation could be solicited.

**M4A Response: M4A will do what it can to promote the Masters Games and encourage participation. We hope that a center manager or center managers in each of our counties will spearhead this activity.**

## **Summary of Changes to the Area Plan as a Result of Comments**

- M4A Change to Area Plan: M4A will investigate opportunities to partner on multi-generational projects. In addition, M4A will ask center managers for feedback (perhaps at a center manager training or enrichment) on how to engage younger generations in the activities of older generations. (See **Goal #12 and Performance Outcome Measure 12**)

### **Goal #12**

**To increase multi-generational interaction between younger individuals and those who attend the senior centers in the M4A service area.**

#### **Objective 12.1**

**M4A will identify community stakeholders who will work with M4A on this effort.**

#### **Objective 12.2**

**M4A and the community of stakeholders will investigate multi-generational models (i.e., models which increase younger people's understanding and empathy for older adults and their challenges; models which increase older people's understanding and empathy for younger people and their challenges; models which foster mentoring between the old and young; models which encourage youth volunteerism to serve the elderly).**

#### **Objective 12.3**

**One multi-generational model (or a variation) will be implemented**

#### **Objective 12.4**

**M4A will solicit feedback from the center managers in its region on multi-generational activities currently taking place and compile this information for distribution to the other center managers.**

### **Performance Outcome Measures for Goal #12**

**12.4M4A will schedule meetings in one of its counties and identify at least 3 community stakeholders who will work with M4A on this initiative.**

**12.5M4A will implement at least one multi-generational model in one of its counties before FY 2015.**

**12.6M4A will evaluate this multi-generational model for implementation in other counties.**

- M4A Change to the Area Plan: M4A will partner with other community stakeholders to host faith-based senior summits in at least 2 of its 5 counties over the next 4 years. (See **Objective 9.3 and Performance Outcome Measure 9.3**)

#### **Objective 9.3**

**M4A will partner with other community stakeholders to host faith-based senior summits in at least 2 of its 5 counties over the next 4 years.**

### **Performance Outcome Measure 9.3**

**M4A, in partnership with local stakeholders, will convene a Senior Summit for faith-based organizations in 2 of its 5 counties between FY 2011 and FY 2014.**

## **Minutes from County Advisory Group Meetings Regarding the Area Plan**

### ***Blount County Advisory Group Meeting***

BLOUNT COUNTY ADVISORY COUNCIL MEETING - MINUTES

APRIL 21, 2010 2pm – 4pm

The Blount County Advisory Group met in a called meeting to discuss the ft2011-2014 Area Plan.

In attendance were: Nora Sims, Nectar Center Manager; Sue Gaither, Nectar Town Clerk; Chris Green, Revenue Commissioner – Blount County & M4A Board Member; Sheron Garner, Blountsville Center Manager; Robbie Hulgan, Oneonta Center Manager; Bro. Bud Jones, Hope House; Rae Ware, Snead City Clerk; Marcia Parker, DHR; Ralph Mitchell, Blount County Administrator.

Carolyn Fortner opened the meeting with introductions. Then she went over the strategic objectives & focus areas of the AOA.

Hayden has a great need for meals. The areas that need the meals the most are the Hayden/Warrior zips on the waiting list. The Mayor Thelma Smith is ready to proceed. Hayden is talking about getting a Health Center. They would really like to have meals at the Community Center. The community center has a commercial kitchen & has just been updated.

- ✓ Like to see how services can be enhanced.

#### **DISTRIBUTING INFORMATION**

- ✓ Assimilate the information – use workshops, speakers
- ✓ Churches are good place to give out information & probably the best way
- ✓ Blount County Methodist Club. Baptist Association
- ✓ Pharmacies are another good place to give out information
- ✓ The senior center is also
- ✓ People don't know where to start getting information
- ✓ CF – We at M4A want people to get to the point that when they want any information that we will be their starting point

Chris Green asked if there was still a minimum of 25 meals a day. CF answered - Yes there was.

Also gave Nora Sims contact information for a client

Carolyn Fortner closed the meeting by thanking everyone for coming.

***Chilton County Advisory Group Meeting***

**CHILTON COUNTY ADVISORY COUNCIL MEETING - MINUTES**

APRIL 13, 2010 2PM – 4PM

The Chilton County Advisory Group met in a called meeting to discuss the fy2011 – 2014 Area Plan.

In attendance were the following persons:

Judy Dean – Chilton Co. Medical Center; Joycelyn Jones, Chilton Co. Medical Center, Student Intern; Jan Davis – Chilton County Transit; Lloyd Nutter – Senior Ministry (Handyman for Seniors); Martha Thornburgh – M4A Board Member, Carolyn Fortner, M4A, Sharon Echols, M4A.

Carolyn Fortner opened the meeting with the explanation of the AOA - federal, ADSS - state & AAA – local. All 13 of Alabama's AAA's like M4A are the local part of the aging network. Commissioner Collins is appointed by the Governor. (Ms. Greenlee wants to bring the aging network back down to the basics).

The strategic objectives of the AOA are to:

1. Empower older people to make informed decisions.
2. Home & community based services.
3. Empower older people to stay active & healthy.
4. Ensure the rights of older people.

The money comes from the AOA – then to ADSS – then down to the AAA's.

SURVEY

- ✓ Meals are the #1 need among seniors.

**TRANSPORTATION**

Conversation between Jan Davis – Chilton Transit (JD) & Carolyn Fortner – M4A (CF)

JD - Does ADSS provide funding for transportation for seniors?

CF - Older Americans Act Funding – Title III B

CF - If Chilton gave money to M4A for transportation then we (M4A) could partner with Chilton Transit

JD – If you can do a fare, then you can cut cost. \$3 for a city trip vs. \$18 hour.

JD – Nothing is designated for Senior transportation – it's all public. Medicaid pays for fares to go to the doctor – (limited per year).

- Get money donated by churches then distributed to the Seniors to pay fares.
- Chilton Transit only goes to Maplesville on M-W-F.
- (ClasTran in Walker Co. has under-utilized general public routes)
- Not nearly the amount of seniors riding that need to be riding.
- Chilton to Birmingham is \$25-30 & have to be back by 1:30pm.

CF – What changes are needed in AL for transportation?

JD - Needs state funding - all the money is from the Federal & local levels.

CF – What else needs to be done?

JD - If there is state funding will eliminate fares so that money can be used for operational expenses.

## Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

- ✓ Montgomery had a slot for taxi to p/u the elderly. Wait list of course but the problem in Clanton is no taxi service at all.
- ✓ Liability is horrendous
- ✓ Try to do a specific area on certain days?
- ✓ Maybe try apartment roundup?

### HOUSING

- ✓ Lloyd Nutter – some houses don't need to be lived in – falling down around the resident.
  - Gets most of his help for home repairs from churches
  - The Methodist church just helped with building a front deck, back deck, handrail & steps
- ✓ CF – for an ecumenical group - who would be a good candidate for chairman?
  - Community Cares
  - Lynn Best – UMC – Joyce Vaughn
- ✓ There are some churches that are involved in Meals on Wheels—start with them.
- ✓ Get more help from the individual churches
- ✓ Get help from the politicians
- ✓ Is housing a need in Chilton County?
- ✓ Would studio apartments go over for seniors? A 10x20 space with everything that you need – living room, bed room, bathroom, kitchen.

### SUGGESTIONS

The survey is pretty much right on target for meals, yard work , etc.

- ✓ CF – funding is coming for Alabama Cares – (485ppl on wait list)
- ✓ The strongest thing about Chilton County is the faith base.
- ✓ One of the fears of older people is that someone is going to take over their life (like their children)
- ✓ What are the choices for seniors? What do the seniors want?
- ✓ One of the fears of the advisory council is that we are missing the people that need help – their pride gets in the way.
- ✓ We - M4A- have one shot at helping people.
- ✓ Older people want to keep their independence

Area plan is to be consumer directed – listen to their choices & goals, being more person centered, have more face to face, taking time to listen.

Let the person be where they want to be, not where they should be.

### COMMENTS

- ✓ Advantage to having a friendly visit program is that someone is periodically checking on seniors that are in need.
- ✓ We don't want a senior to be in an unsafe home or in an unsafe condition (abusive?).
- ✓ Technology training – the Board of Education is a good place for computer training

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Closing remarks made by Carolyn Fortner – would like to have advisory council meeting 2-3 times per year.

Thanked everyone for coming.

***Shelby County Advisory Group Meeting***

**SHELBY COUNTY ADVISORY COUNCIL MEETING - MINUTES**

APRIL 13, 2010 9am – 11am

The Shelby County Advisory Group met in a called meeting to discuss the fy2011 – 2014 Area Plan. In attendance were the following persons:

Marvin Copes, RSVP; Mary Ross, Pres. Pea Ridge Senior Center; C.W. Lawley, Pea Ridge Senior Center; Jim Seagle, VP Pea Ridge Senior Center; Theresa Green, Manager, Heardmont Park Senior Center; Hettie Wagner, Shelby Emergency Assistance; Jody Gothard, Chilton/Shelby Mental Health Center; Sandy “Bo” Robertson, Manager, Calera Senior Center (came in after 10:00am break); Carolyn Fortner, Ex. Dir., M4A; Sharon Echols, Admin. Asst/Recpt., M4A.

Carolyn Fortner opened the meeting with the explanation of the AOA - federal, ADSS - state & AAA's like M4A are the local part of the aging network. (Ms. Greenlee wants to bring the aging network back down to the basics).

The strategic objectives of the AOA are to:

- Empower older people to make informed decisions.
- Home & community based services.
- Empower older people to stay active & healthy.
- Ensure the rights of older people.

The 4 focus areas of AOA (Comments on each area)

1. Elder Protection - We all – not just seniors – need to be better informed about adult protection.
2. EAP – Emergency Action Plans – all seniors & their families need to have one in place so that the children know where Mom/Dad keeps their information & medication.
3. Faith Based - Federal state & local agencies can't do it all by themselves. Churches can step in to help with some of the volunteer work.
4. Health Care Coordination .

**2009 SURVEY - NEEDS ASSESMENT**

Carolyn Fortner went over the top 10 needs of the respondents of the survey.

The #1 need in the M4A area is meals – the wait list for Blount, Chilton, St. Clair & Walker counties is 400+ (Alabama Cares wait list is 385+)

The Senior Promise – legislative advocacy

Training older adults to be advocates - for meals, transportation & senior needs.

There are no new dollars (so we have to do better with the money that AL has).

**MEALS DELIVERED TO THE HOME**

- ✓ Volunteer base is aging themselves
- ✓ Young people will volunteer – but they work during the day & meals aren't delivered at night.
- ✓ Churches are good volunteer resources.
- ✓ Sometimes it's even hard to find volunteers from the churches. There are gray areas that need to be covered.
- ✓ Senior volunteers will work but don't want to lead
- ✓ When a volunteer retires/dies it's hard to fill the spot



## Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

- ✓ When you have a radius of service – you are not serving the whole population.
- ✓ You have to have the funding to get the meals to serve the whole population.

### IN HOME SERVICES

- ✓ Dignity has to be preserved.
- ✓ There is a need especially when children from out-of-state call & needs someone to check on parents. A good volunteer base is the church SS class – a person that the recipient is familiar with & knows.
- ✓ Multi-generational volunteers - Middle School & High School students for community service.
- ✓ Cook a meal & deliver to HB persons.
- ✓ Do a church wide pot luck on a Saturday – 1 Saturday a month - bring to the church; plate it & deliver it to HB in your community.
- ✓ Friendly visits & telephone calls (also fits into disaster preparedness)
- ✓ Meals are a great outreach for reaching HB persons

### TRANSPORTATION

- ✓ Money has to allocated to have a transportation system
- ✓ Key areas have such limited transportation access.
- ✓ RSVP van is used very often – volunteers don't want to drive to Birmingham.
- ✓ Needs are growing for transportation. ClasTran limits # of trips per week.
- ✓ RSVP limits to 2 trips per month per group.
- ✓ Encourage churches to use their vans for shopping trips.

### GOALS & OBJECTIVES FOR M4A

- ✓ A person who volunteers for 1 thing is usually the 1 who volunteers for several different things.
- ✓ Technology is a problem for seniors - applying on line for jobs, communicating with children, grandchildren. Need to bring seniors into the computer age.
- ✓ SSAI has grants for Digital Inclusion - computer classes for seniors.
- ✓ Generations on Line
- ✓ CAWACO grant for Calera Senior Center to get Internet.
- ✓ Technology has discriminated against older persons
- ✓ AoA is looking forward to the Baby Boomers.
- ✓ The public needs to know that all services are connected to the Ageline telephone #.
- ✓ The center managers need to know what programs are available @ M4A.
- ✓ Trying to do a training that will be more enriching.
- ✓ Needs more information out about respite care.
- ✓ Maybe do wellness check @ the centers once a month.
- ✓ Monthly/weekly article for seniors in the Shelby County Reporter or for Senior Living.
- ✓ WE HAVE TO KEEP MOVING ONWARD & UPWARD.

Carolyn Fortner closed the meeting by thanking everyone for coming.

***St. Clair County Advisory Group Meeting***

**ST. CLAIR COUNTY ADVISORY COUNCIL MEETING - MINUTES**

APRIL 21, 2010 10am – 12 noon

The St. Clair County Advisory Council met in a called meeting to discuss the fy2011 – 2014 Area Plan.

In attendance were: Lee Ann Clark, St. Clair co. Extension Office & M4A Board Member, Gene Ford, M4A Board Member, Terry Rowe, St. Clair co. Transportation, Patsy Beard, Clerk – City of Moody, Addie Duke, Moody Senior Center Manager, Carolyn Fortner, Ex. Dir., M4A, Sharon Echols, Admin. Asst/Rcpt, M4A.

Carolyn Fortner opened with the explanation of the AOA strategic goals & objectives

AOA GOALS & OBJECTIVES

Empower older people to make informed decisions.

Home & community based services.

Empower older people to stay active & healthy.

Ensure the rights of older people.

Item #2 makes sense - help keep people in their home with a caregiver & help the caregiver with services – respite, homemaker, supplies.

Item #4 – Listen to people to help keep them from being abused - physically, financially, mentally.

SURVEY

#1 need is meals – more options for food & have them delivered to the home.

#2 - HCBS

#3 -Transportation

#4 – Homemaker Services

# 5 – Legal Services

- ✓ G Ford – in Ragland the needs are meals & transportation
- ✓ CF – when/if you can get more transportation then seniors can/will stay active longer – “MEALS & SO MUCH MORE”
- ✓ T Rowe – a good physiological state of mind is very important for a senior. Being in control is also important for seniors & transportation can give them that control. Sitting down & having a meal with someone who is lonely is more important that delivering the meal & walking away.
- ✓ Sometimes the care recipient’s interest in things isn’t the same as the caregivers.

TRANSPORTATION

- ✓ Transportation gets no state funding
- ✓ Alabama is only 1 of 2 states in the nation that doesn’t have state funds for transportation
- ✓ 3 out of 7 Centers in St. Clair county get service from SCC Transportation
- ✓ St. Clair is getting 5 new buses between now & the end of the year.
- ✓ There is funding to fix the bus but not to run service for seniors.
- ✓ P. Beard – What can the cities do to help?
- ✓ T Rowe – Money. The agency can perform the service, but the cities can help by matching funds.

## Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

- ✓ Anybody is a part of public transportation.
- ✓ P Beard – Moody needs transportation
- ✓ G Ford – Ragland needs it also

### TECHNOLOGY

- ✓ CF - the mental & emotional health of seniors is important too.
- ✓ High tech is intimidating to seniors – on line gathering information, e-mail,
- ✓ Need to get teachers to teach a computer class
- ✓ G Ford – Ragland has slow Internet service; they have seniors that would like to get on the Internet
- ✓ CF – M4A has received a grant for Digital Inclusion – needs a space for classes.
- ✓ Grandparents with smart phones would be texting grandkids if they knew how.
- ✓ M4A is working on Digital Inclusion for all of our counties

Carolyn Fortner asked the group – What do you want our agency to work on for the next 4 years?

### FOOD

- ✓ In a least 2 of the centers there have been complaints about the frozen meals
- ✓ The quality of the food is concern.
  - The nutrition program is done on a state bid process.
  - Choices are hot – frozen
  - There has to be a balance between quantity & quality.
- ✓ Volunteers are needed - because hot meals have to be delivered within 2 hours - that is a state food safety policy.
- ✓ Sometimes the food is mushy – overcooked, hard (beans), undercooked.
- ✓ St. Clair Transportation can help deliver the meals if someone is at the home to come out to the bus & get it, the driver can't leave the vehicle.

Carolyn Fortner reminded the attendees that we need the partnership & support of the cities & towns to serve our seniors. We are looking forward to serving our seniors.

Carolyn Fortner closed the meeting by thanking everyone for coming.

***Walker County Advisory Group Meeting***

**WALKER COUNTY ADVISORY COUNCIL MEETING - MINUTES**

APRIL 14, 2010 10am – 12 noon

The Walker County Advisory Council met in a called meeting to discuss the fy2011 – 2014 Area Plan.

In attendance were: Ryan Nelson, SSA; Virginia Lockhart, Wiregrass Hospice; Syble Keeton, Cordova Center Manager; Patricia Clark, Jasper Center Manager; Joan Brasher, Sumiton Center Manager; Doris Woods, Oakman Center Manager; Mary Ruth Barner, Carbon Hill Center Manager; Betty Higginbotham, Parrish Center, Manager; Richard Lovelady, M4A Board Member; Carla Carmichael, Walker County Community Action Agency; Janet Newell, ADPH Lifecare; Carolyn Fortner, Ex. Dir. M4A; Sharon Echols, Admin. Asst/Rcpt M4A.

Carolyn Fortner opened the meeting by going over the reason for the Area Plan & the goals & the strategies. Carolyn Fortner also explained the money trail & how it gets to M4A:

AOA - ADSS - M4A - Programs – Cities – Towns

**COMMENTS & SUGGESTIONS**

- ✓ Adult Obesity – try to help put in an exercise program
- ✓ Get the senior out earlier rather than waiting until it's too late – like when the senior is so stiff that they can't move around & then try to get them to an exercise program,
- ✓ Needs a way to get to the center
- ✓ When the vans were taken away it hurt the centers in Walker County
- ✓ Talking to doctors to see if they will suggest to the seniors that they get out of the house & get back into the community. Nutrition is important but so is socializing & being around others (helps keep away depression).
- ✓ Try to get the city/county to use the public transportation to get the seniors to the center.
- ✓ Some centers have participants that pick up 2/3 people every day & bring them to the center.
- ✓ Try to get the churches to use their vans to pick up the seniors for the centers.
- ✓ Use the churches to help deliver meals (Carbon Hill – churches deliver the meals).
- ✓ Meet with the pastors about their church helping with meals
- ✓ MR Barner - What happened to the vans/drivers that drove for the centers? Now there is no service out of the city.
- ✓ If frozen meals can be delivered why can't hot meals?
- ✓ CF – transportation is a very important issue. It also means independence for our seniors

**SURVEY**

- ✓ MR Barner - told by Legislator that there were cuts all across the board except for the prisons & Medicaid.
- ✓ CF – a 12% cut for the state. See
- ✓ How are the centers going to be maintained if the people can't get to them – (transportation)

All persons at the meeting agreed that legal services are important for our seniors.

- ✓ Insurance changes
- ✓ Living Wills
- ✓ POA's
- ✓ Insurance comparisons
- ✓ QI -1 still frozen
- ✓ R Nelson – suggest that people always check with their pharmacy to see if they take the insurance that is being considered.

### **COMMENTS & SUGGESTIONS**

- ✓ Clients may have been abused, stolen from or exploited by someone & now they don't trust anyone in their home.
- ✓ The senior center isn't a daycare for senior adults.
- ✓ The problem is that we don't know our neighbors anymore.
- ✓ C Carmichael had a client that would've died if a neighbor hadn't checked on him.
- ✓ We have to go back to the way we were brought up – check on your neighbors
- ✓ How do you educate the younger generation?
- ✓ Use the younger generation in community projects – Boy Scouts, Girl Scouts, RA's & GA's in churches, "Give Me 5" community service groups in schools
- ✓ Be a partner with a school or a business. Seniors look forward to the young people coming – either at the center or especially at a facility.
- ✓ Do a class on the older generation.
- ✓ The younger people are not getting the training at home; schools are important – but it needs to start at home.
- ✓ There is compassion out there, but it needs to be more.
- ✓ D Woods – at Oakman Senior Center they adopted a group of underprivileged children – took them places & helped them to know that they were important too.
- ✓ Children will listen to grandparents before they will their parents. There is a bond between Grandparents & grandchildren. Good program at Oakman.
- ✓ Do a program called "Shadow a Senior" – spend time with them.
- ✓ When you see a need then your heart will grow.
- ✓ Oakman's "Lucky 13" girls on Halloween – Trick/Treated for canned goods for Seniors.
- ✓ V Lockhart – when people go into a facility who have lost their will to live you can love them back; Love & compassion can make a person better.
- ✓ Compassion starts at home.
- ✓ You have to love unconditionally – you can love a person & not like what they are doing.
- ✓ Intergenerational programs are needed.
- ✓ Carbon Hill sponsored a spelling bee for students.
- ✓ How do we break down the generations?
- ✓ We look at the world different today. There is more compassion out there than we realize.
- ✓ We long to know our neighbors.
- ✓ It's got to be better today than it was back then.
- ✓ Sumiton Seniors help 103 students who don't have anything to eat over the weekend. Parrish helps some also (not 103).

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Carolyn Fortner closed the meeting by thanking everyone for coming & for their input, suggestions & comments.

**Public Announcements**

Notice of Public Hearing

The Middle Alabama Area Agency on Aging (M4A) is seeking comments from the public on its 4-year strategic plan for senior services (FY 2011-FY 2014). The counties served by Middle Alabama Area Agency on Aging are Blount, Chilton, Shelby, St. Clair and Walker.

Those intending to make comments should contact Sharon Echols at 205-670-5770 or 1-866-570-2998 or by email: [Sharon.echols@adss.alabama.gov](mailto:Sharon.echols@adss.alabama.gov)

The Public Hearing will be held at on May 17, 2010 at 1:00 pm at the County Services Building in Pelham.

The Community Services Building  
1123 County Services Drive  
Pelham, AL 35124

May 17, 2010  
1:00 pm

One of 13 Area Agencies on Aging in Alabama funded in part by the Alabama Department of Senior Services, M4A's mission is to help aging individuals access information, resources, and assistance so that they are empowered to self-advocate, live independently, and enjoy the highest quality of life.

## Notice of Public Hearing for 4-Year Area Plan on Aging

PELHAM--M4A is seeking comments from the public on its 4-year strategic plan for senior services. The counties served by Middle Alabama Area Agency on Aging are Blount, Chilton, Shelby, St. Clair and Walker. The Silver-Haired Legislators, Public and private sector service providers, older individuals, caregivers, senior advocates and others who serve older individuals and those with disabilities in M4A's 5-county region are encouraged to attend this hearing.

If you plan to make comments, please contact Sharon Echols at 205-670-5770, 1-866-570-2998, or [Sharon.echols@adss.alabama.gov](mailto:Sharon.echols@adss.alabama.gov).

The Public Hearing will be held on May 17, 2010 (Monday) from 1:00 pm to 2:30 pm at the County Services Building in Pelham.

The County Services Building, Second Floor Community Room

1123 County Services Drive

Pelham, AL 35124

Monday, May 17, 2010

1:00 pm – 2:30 pm

One of 13 Area Agencies on Aging in Alabama funded in part by the Alabama Department of Senior Services, M4A's mission is to help aging individuals access information, resources, and assistance so that they are empowered to self-advocate, live independently, and enjoy the highest quality of life.

*Volume 4 Issue 17, The Corridor Messenger*

*April 17, 2010*

**PUBLIC HEARING:** The Middle Alabama Area Agency on Aging (M4A) will hold a public hearing May 17 from 1-2:30 pm at the County Services Building in Pelham for its 4-year strategic plan for senior services (FY 2011-FY 2014). If you plan to make comments, please contact Sharon Echols at 670-5770, 1-866-570-2998, or [Sharon.echols@adss.alabama.gov](mailto:Sharon.echols@adss.alabama.gov).

*Shelby County Reporter*

*May 12, 2010*



Press Release

Middle Alabama Area Agency on Aging  
Contact: Carolyn Fortner, Executive Director  
Phone: 205-670-5770  
Email: [Carolyn.fortner@adss.alabama.gov](mailto:Carolyn.fortner@adss.alabama.gov)

**FOR IMMEDIATE RELEASE**

DATE: 04/16/2010

**HEADLINE:** Notice of Public Hearing for 4-Year Area Plan on Aging (FY 2011-FY 2014)

The Middle Alabama Area Agency on Aging (M4A) is seeking comments from the public on its 4-year strategic plan for senior services (FY 2011-FY 2014). The counties served by Middle Alabama Area Agency on Aging are Blount, Chilton, Shelby, St. Clair and Walker. Silver-Haired Legislators, Public and private service providers, older individuals, caregivers, senior advocates and others who serve older individuals and those with disabilities in M4A's 5-county region are encouraged to attend this hearing.

If you plan to make comments, please contact Sharon Echols at 205-670-5770, 1-866-570-2998, or [Sharon.echols@adss.alabama.gov](mailto:Sharon.echols@adss.alabama.gov).

The Public Hearing will be held on May 17, 2010 (Monday) from 1:00 pm to 2:30 pm at the County Services Building in Pelham:

The County Services Building  
Second Floor Community Room  
1123 County Services Drive  
Pelham, AL 35124  
May 17, 2010 (Monday)  
1:00 pm – 2:30 pm

One of 13 Area Agencies on Aging in Alabama funded in part by the Alabama Department of Senior Services, M4A's mission is to help aging individuals access information, resources, and assistance so that they are empowered to self-advocate, live independently, and enjoy the highest quality of life.

[END]

## Memorandum

Date: 04/16/2010  
To: Alabama Silver-Haired Legislators Serving M4A Region  
From: Carolyn Fortner, Executive Director  
Re: FY 2011-FY2014 Regional Strategic Plan on Aging

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On May 17, 2010 (Monday), M4A will host a public hearing on its 4-Year Strategic Plan on Aging for FY 2011-FY 2014. As advocates and representatives of older individuals in M4A's service area, you and your input are invaluable to us!

I hope you will be able to attend the public hearing:

**M4A Public Hearing**  
**Monday, May 17, 2010**  
**1:00 pm – 2:30 pm**  
**Second Floor Community Room**  
**Community Services Building**  
**1123 County Services Drive**  
**Pelham, AL 35124**

Directions to County Services Building:

If you are driving North on I65:

- Exit 242, stay right on County road 52
- Turn left on County Road 35
- Turn right on County Services Drive

If you are driving South on I65:

- Exit 242 and turn left onto County Road 52
- Turn left on County Road 35
- Turn right on County Services Drive

Please contact me or Sharon Echols at 1-866-570-2998 if you need additional information or have questions.

***13.M4A Alabama Silver-Haired Legislators***

Last Name	First	Dist	Address	City	Zip	Phone	Email	Senator	Rep
Rowland	Dr. David	14	1000 Valley Road	Jasper	35501	205-387-8258	<a href="mailto:Davrow4@AOL.com">Davrow4@AOL.com</a>	Charles Bishop	Kenneth Guin
Smith	Sandra	34	386 Lakeshore Loop	Oneonta	35121	205-274-2828	<a href="mailto:pmsb@bellsouth.net">pmsb@bellsouth.net</a>	Hank Erwin	Cam Ward
Phelps	Frances	41	P. O. Box 52	Wilsonville	35186	205-669-7567	<a href="mailto:flphelps12@bellsouth.net">flphelps12@bellsouth.net</a>	Steve French	Mike Hill
Hutchins	Ann	42	2003 Yellow Leaf Rd.	Clanton	35045	205-755-7491	achutchins@bellsouth.net	Hank Erwin	Jimmy Martin
Tedford	Sue	43	5453 Highway 119	Montevallo	35115	H:205-663-5700 C:205-475-8442	suetedford@bellsouth.net	Hank Erwin	Mary Sue McClurkin
Stacy	Edward	49	144 Roy Court	Helena	35080	205-663-2003	Estacy3@gmail.com	Charles Bishop	Tommy Sherer
Dickmann	Wesley	50	105 Pearl Lake Road	Springville	35146	205-467-7348		Del Marsh	Elywn Thomas

***14. Long-term Care Ombudsman Advisory Council***

Sam Mason  
Assisted Living Association of Alabama  
5921 Carmichael Road  
Montgomery, AL 36117  
334-262-5523  
[smason@alaaweb.org](mailto:smason@alaaweb.org)

Amy Daniel  
Hatley Healthcare  
300 Medical Center Drive  
Clanton, AL 35045  
205-755-4960  
[adaniel@hatleyhealthcare.com](mailto:adaniel@hatleyhealthcare.com)

Wendy Whitbred  
Independent Living Resources  
206 13<sup>th</sup> St. South  
Birmingham, AL 35233  
251-2223  
[wenwhit@bellsouth.net](mailto:wenwhit@bellsouth.net)

Brenda McComb  
ADAP  
Box 870395  
Tuscaloosa, AL 35487  
205-348-4928  
[bmccomb@adap.ua.edu](mailto:bmccomb@adap.ua.edu)

Leslie Venable  
Lakeview Estates  
2634 Valleydale Rd.  
Birmingham, AL 35244  
981-0001

Dana Barnes  
Community Member  
[Dana.barnes@adss.alabama.gov](mailto:Dana.barnes@adss.alabama.gov)

Tinynicha White  
Case Manager for Shelby Baptist Hospital  
1000 First Street North  
Alabaster, AL 35007  
(205) 620-8100  
[tinynicha.white@bhsala.com](mailto:tinynicha.white@bhsala.com)

***15. SenioRx Advisory Committee***

Julia Bassett  
Volunteer Coordinator  
Wiregrass Hospice  
2084 Valleydale Road  
Hoover, AL 35244  
205-682-9441  
[Julia.bassett@gentiva.com](mailto:Julia.bassett@gentiva.com)

Jennifer Dutton  
Licensed Dietician  
Alabama Cooperative Extension System  
402 Arnold Street N.E., Ste. G-1  
Cullman, AL 35055  
205-338-9416  
[Jld0021@auburn.edu](mailto:Jld0021@auburn.edu)  
[Jld0021@aces.edu](mailto:Jld0021@aces.edu)

Gretchen S. McDaniel, DSN, RN, CNE  
Professor and Director, NurCE  
Ida V. Moffett School of Nursing – Samford University  
800 Lakeshore Drive  
Birmingham, AL 35229  
205-726-2626  
[gsmcdani@samford.edu](mailto:gsmcdani@samford.edu)

Sally Richards  
Social Worker  
Chilton/Shelby Mental Health  
P.O. Box Drawer 689  
Calera, AL 35040  
205-663-1252  
No email

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Synithia Williams  
Regional Extension Agent, Family and Child Development  
Alabama Cooperative Extension System  
1815 Cogswell Ave. #103  
Pell City, AL 35125  
205-338-9416  
[willisl@aces.edu](mailto:willisl@aces.edu)

Trina Woods, RN  
Countryside Hospice  
320 Branescomb Drive SW, Ste. D  
Jacksonville, AL 36265  
205-235-2999  
No email

## ***16. Media Contacts***

### **Blount County**

#### **Newspapers:**

Blount Countian (Weekly)  
Box 310  
Oneonta, AL 35121  
Phone Number: (205) 625-3231  
Fax: (205) 625-3239  
Publisher- Molly Howard Ryan countian@otelco.net

#### **Radio Stations:**

Blount County Broadcasting Service Inc  
WKLD 97.7 FM/WCRL 1570-AM  
908 2<sup>nd</sup> Avenue East, Oneonta, AL 35121  
Phone (205) 625-3333

### **Chilton County**

#### **Newspapers:**

Clanton Advertiser (Daily)  
Drawer 1379  
Clanton, AL 35046  
Web Address: [www.clantonadvertiser.com](http://www.clantonadvertiser.com)  
Phone: (205) 755-5747  
Fax: (205) 755-5857  
Contacts: Publisher-Michael R. Kelley [mike.kelley@clantonadvertiser.com](mailto:mike.kelley@clantonadvertiser.com) or  
[justin.averette@clantonadvertiser.com](mailto:justin.averette@clantonadvertiser.com)

The Chilton County News (Weekly)  
1203 Hwy 31 South  
PO Box 189  
Clanton, AL 35046  
Phone: (205) 755-0110  
[www.chiltoncountynews.com](http://www.chiltoncountynews.com)  
Publisher: Bob Tucker [oltuck@bellsouth.net](mailto:oltuck@bellsouth.net)

#### **Radio Stations:**

WHPH 97.7 "The Peach" –FM, WKLF 980-AM &95.5 FM  
20747 Hwy 22  
PO Box 1820  
Clanton, AL 35046  
(205) 755-0980  
Contact: Sheila Hayes – [shays@tridigitalbb.com](mailto:shays@tridigitalbb.com)

## **Shelby County**

### **Newspapers:**

Shelby County Reporter (Weekly)

Box 947

Columbiana, AL 35051

Web Address: [www.shelbycountyreporter.com](http://www.shelbycountyreporter.com)

Phone: (205) 669-3131

Fax: (205) 669-4217

Contact: [samantha.hurst@shelbycountyreporter.com](mailto:samantha.hurst@shelbycountyreporter.com)

### **Radio Stations:**

WGTT

800 Industrial Park Dr

Alabaster, AL 35007

Phone: (205) 664-1500

Reality Radio

615 Brookwood Village

Birmingham, AL 35209

Phone: (205) 870-1011

## **St. Clair County**

### **Newspapers:**

St. Clair News- Aegis (Weekly)

Box 750

Pell City, AL 35125

Phone: (205) 884-2310

Fax: (205) 884-2312

Publisher: Michael Mee [www.mmee@newsaeigis.com](mailto:www.mmee@newsaeigis.com)

St. Clair Times (Weekly)

1911 Martin Street South, Suite 7

Pell City, AL 35128

Phone: (205) 884-3400

Fax: (205) 814-9194

[www.thestclairtimes.com](http://www.thestclairtimes.com)

Publisher: William Heats [www.wheats@thestclairtimes.com](mailto:www.wheats@thestclairtimes.com)

### **Radio Stations:**

WFHK Radio Station 1430 AM

22 Cogswell Avenue

Pell City, AL 35125

Phone (205) 884-1430



WKXX - Mix 102.9  
1322 Lasseter Road  
Gadsden, AL 35907  
(256) 413-1029

## **Walker County**

### **Newspapers:**

Daily Mountain Eagle (Daily)  
Box 1469  
Jasper, AL 35502-1469  
Web Address: [www.mountaineagle.com](http://www.mountaineagle.com)  
Phone: (205) 221-2840  
Fax: (205) 221-6203  
Contact: [Jennifer.williams@mountaineagle.com](mailto:Jennifer.williams@mountaineagle.com)

Corridor Messenger (Weekly)  
123 NW 2<sup>nd</sup> Street  
Carbon Hill, AL 35549  
Web Address: [corridormessenger.com](http://corridormessenger.com)  
Phone: (205) 282-4500  
Fax: (205) 924-0040  
Owner: Rep. Ken Guin  
Contact: [Amanda@corridormessenger.com](mailto:Amanda@corridormessenger.com)

### **Radio Stations:**

WIXI – AM 1360  
409 9<sup>th</sup> Avenue  
Jasper, AL 35501  
Phone: (205) 384-3461  
Fax: (205) 384-3462  
Email: [wixi@1360wixi.com](mailto:wixi@1360wixi.com)

WJLX AM 1240-WJBE 88.5 FM  
310 Hwy 195, Suite 4  
Jasper, AL 35503  
Phone and Fax (205) 221-2222  
Email: [WJLX1240@gmail.com](mailto:WJLX1240@gmail.com), attn: PSAs

**Greater Birmingham MSA (based in Jefferson, reaches our region)**

**Newspapers:**

Birmingham News (daily)  
Box 2553  
Birmingham, AL 35202  
Web address: [www.al.com](http://www.al.com)  
Phone: (205) 325-2222  
Fax: (205) 325-2283  
Contact: Marianne Thomas-Ogle  
mogle@bhamnews.com

Birmingham Post-Herald (Daily)  
Box 2553  
Birmingham, AL 35202  
Web address: [www.postherald.com](http://www.postherald.com)  
Phone: (205) 325-2344  
Fax: (205) 325-2410

Leeds News (Weekly)  
720 Parkway Dr.  
Leeds, AL 35094  
Phone: (205) 699-2214 / Fax: (205) 699-3157

**Radio Stations:**

WMJJ Magic 96 FM  
Birmingham, AL 35203  
(205) 741-9655

WOWC 102.5 FM  
Birmingham, AL 35203  
(205) 741-1025

WZZK FM 104.7  
301 Beacon Parkway West  
Birmingham, AL 35209  
(205) 916-1151

**Television Stations:**

Alabama's ABC 33 40  
800 Concourse Parkway  
Birmingham, AL 35244  
(205) 403-3340

Channel 13 WVTM TV NBC  
1732 Valley View Drive  
Birmingham, AL 35209  
(205) 933-1313

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Channel Fox 6 WBRC  
1720 Valley View Drive  
Birmingham, AL 35209  
(205) 322-6666

***17.M4A Resource Directory***

MIDDLE ALABAMA AREA AGENCY ON AGING

RESOURCE DIRECTORY



Blount County

Chilton County

Shelby County

St. Clair County

Walker County

The M4A Resource Directory has been developed and is updated on an annual basis by the Information and Referral Program of Middle Alabama Area Agency on Aging in cooperation with and funding from the Alabama Department of Senior Services.

Through a partnership between Middle Alabama Area Agency on Aging and United Way of Central Alabama, an electronic version of the M4A Resource Directory may be downloaded from the United Way of Central Alabama website: [www.uwca.org](http://www.uwca.org)

BLOUNT COUNTY  
Resources

Safety

Police and Fire.....911  
Sheriff of Blount Co.....625-4127...or...625-4913(dispatch)  
Highway Patrol.....322-4691.or.252-7445  
Alabama Bureau of Investigation.....322-5327  
To report a Forest Fire.....1-800-292-6653  
Oneonta Dispatch .....1-205-274-2231  
Blount Co. DHR.....274-5200  
Elder Abuse Hotline (National).....1-800-458-7214  
Hospital – Medical Center Blount.....274-3000

Emergency Assistance

American Red Cross.....274-2115  
Blount County Medication Assistance.....274-2120  
Community Action.....625-6079  
Hope House.....625-4673  
Ext. 300  
Food Stamps.....274-5200  
Direct number.....274-5200  
Salvation Army.....Oneonta.....625-4852

Health Care

Blount County Health Dept...Oneonta.....274-2120  
St. Vincent’s Blount.....Oneonta.....274-3000  
Outpatient.....274-3344

Home Health Care

Alacare Home Health.....274-8308, 1-800-762-4859  
Blount County Home Health.....274-8730  
Medical Center Blount Home Health.....274-8730, 1-800-465-4009

Hospice

Alacare Home Health.....274-8308  
800-762-4859  
New Beacon Hospice.....Oneonta.....274-0549

Mental Health

ARC of Blount County....Oneonta.....625-3552  
Blount County Mental Health Center.....625-3882

Medical Equipment

3R Project.....Calhoun County.....256-236-0807  
(Equipment on loan, sliding fee scale)  
Blount Medical Supply....Oneonta.....625-6005  
Family Medical Store.....Oneonta.....274-0506

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Eye glasses.....Contact DHR.....274-5200  
Hyde Medical Supply.....Oneonta.....625-6334  
800-625-6339  
Medicaid.....1-800-362-1504  
(Free motorized wheel chair with prescription)  
Snead Discount Pharmacy.....Snead.....466-7990

Project Lifesaver

Sheriff's Deputy Terry Sherbert.....625-4127  
Cleveland Town Clerk.....274-9640

Rehabilitation and Therapy

State of Alabama Rehabilitation Services.....274-0299

Veterans' Affairs.....Dalton Wester.....274-2287

Information

Telephone numbers.....411  
Zip Codes.....1-800-275-8777  
Alabama Cooperative Extension Office.....274-2129  
(Gardening, freezing, recipes, budgeting)

Middle Al. Area Agency on Aging.....670-5770, 1-866-570-2998  
Blountsville Public Library.....429-3156  
Oneonta Public Library.....274-7641

Government

Courthouse.....General information.....625-4160  
Probate Judge.....Oneonta.....625-4191  
Oneonta City Hall.....274-2150  
Social Security.....Albertville.....1-800-772-1213

Insurance

Medicaid.....Gadsden.....1-800-362-1504  
Medicare.....1-800-633-4227

Nursing Homes

Beverly Healthcare Oneonta.....205-274-2365  
TLC Nursing Center...Oneonta.....205-625-3520

Assisted Living

Magnolia House.....Oneonta.....625-5550  
\*Olive Home.....Oneonta.....625-3190  
Prince Place.....Trafford.....681-5933  
Summer's Landing .....Cleveland.....274-8443  
\*The Jacob's House l&2...Hayden.....647-7410  
\*Warden Manor.....Hayden.....647-0201  
\*ALF (Assisted Living Facilities) and SCALF (Specialty Care Assistant Living Facilities –  
designed for cognitive impairments)

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Adult Day Care.....Pinson.....681-2331  
Alzheimer's of Central Alabama.....871-7970, 1-866-806-7255  
(Pays for diapers and Adult Day Care only if funding is available, must have a caregiver to qualify for services)

Home Repair and Weatherization

Home Builders Assn.....1-800-745-4222  
USDA Rural Development.....256-734-6471 ext. 4  
Rural Economic & Community Dev.....256-734-6471  
Weatherization Program.....Kevin Abbott.....256-638-4430 (Based on income)

Housing

Blountsville Housing Authority.....429-2475  
Oneonta Housing Authority.....625-5955

Transportation

Blount County Transportation.....625-6250

Work and Volunteer Programs

Blount County Retired Senior Volunteer Program  
(R.S.V.P.).....625-4901  
Middle Alabama Area Agency on Aging  
Be a volunteer.....1-866-570-2998  
Senior Community Service Employment Program  
(Refer to I&R Coordinator)

Senior Centers (Blount County Area Agency on Aging)

Blountsville.....Sheron Garner.....429-2033  
Nectar.....Nora Sims.....559-7312  
Oneonta.....Robbie Hulgán.....625-4476  
Snead.....Jane Childers.....466-7628

Funeral Homes

Blount Co. Funeral Home....Cleveland.....625-6005  
Blountsville Funeral Home.....429-4137  
Lemley Funeral Home.....Oneonta.....274-2323  
Snead Funeral Home.....Snead.....466-5151



CHILTON COUNTY  
Resources

Safety

Police and Fire.....	911
Sheriff's Office - Chilton County.....	755-4698
Highway Patrol.....	256-234-2601
To report a Forest Fire.....	1-800-292-6653
Chilton County DHR.....	280-2000
Elder Abuse Hotline.....	1-800-458-7214
Hospital – Chilton Medical Center.....	755-2500

Emergency Assistance

American Red Cross.....	755-0707
Chilton Baptist Association.....	755-3188
Chilton Co. Emergency Assistance Center.....	755-9467
Community Action.....	755-1204, 755-3515
Food Stamps.....	280-2500
United Way.....	755-5875

Health Care

Chilton County Health Department.....	755-1287
Chilton Medical Center.....Clanton.....	755-2500

Home Health Care

AlaCare Home Health.....	755-6955, 1-800-647-3858
Chilton Co. Health Dept. Life Care.....	888-755-8407
Chilton Medical Center Home Health.....	280-4663, 800-482-8442

Hospice

AlaCare..(Clanton).....	755-6955, 1-800-647-3858
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Mental Health

Chilton-Shelby Mental Health Center.....	755-5933
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Medical Equipment

3R Project.....Calhoun County.....	256-236-0807
(Loaned equipment on a sliding fee scale)	
AIRx.....Jemison.....	646-0210, 1-888-448-2479
Godbee Medical Distributors.....	755-1771
RESNA of North America.....	703-524-6686
(Motorized wheelchair w/ prescription)	
Medico Home Medical Equipment.....	280-3700, 1-800-700-5969

Rehabilitation and Therapy

Cornerstone Fitness & Wellness.....	280-6450
State of Alabama Vocational & Rehab Services.....	755-8114

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Health and Fitness

Senior Connection...Chilton Medical Center.....755-2500  
(Vanessa McKinney)

Veterans' Affairs....Jennifer Kameron.....M-TH).....755-2912  
Coosa County – Wednesday - .....256-377-1202  
Regional Office .....1-800-827-1000

Information

Telephone numbers.....411  
Zip Codes.....1-800-275-8777  
Alabama Cooperative Extension Office.....280-6268  
(Gardening, freezing, recipes, budgeting)  
Middle Alabama Area Agency on Aging.....670-5770  
(Toll-free 1-866-570-2998)  
Chilton-Clanton Public Library.....755-1768  
Chilton County Chamber of Commerce.....755-2400  
BCBS.....1-800-553-4093

Government

City Clerk.....Clanton.....755-1105  
Probate Judge.....755-1555  
Social Security....Selma.....334-875-0587/1-800-772-1213

Insurance

Medicaid.....Selma Office.....1-800-362-1504  
Medicare.....1-800-633-4227

Nursing Homes

Hatley Health Care, Inc.....Clanton.....755-4960

Assisted Living Facilities

The Gardens.....Clanton.....280-0084  
Homeland Assisted Living.....Jemison.....688-4835 (Daycare available)

Adult Day Care

Homeland Assisted Living.....Jemison.....688-4835 (If bed is available)  
Alzheimer's of Central Alabama.....205- 871-7970  
(Pays for diapers and Adult Day Care only if funding is available, must have a caregiver to qualify for services)

Sitter and Light Housekeeping Services

Comfort Keepers.....205-621-9311

Home Repair and Weatherization

Home Builders Assn.....1-800-745-4222  
USDA Rural Development.....755-5101

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Tuscaloosa Office.....205-553-1733, ext.5  
(Low interest loans at 1%)  
Weatherization Program...Ralph Harris.....334-567-4361

(Based on Income)

Housing

Bent Creek Apartments.....Clanton.....755-0962  
Clanton Housing Authority.....755-1801  
Inverness Apartments.....Clanton.....280-1474  
Jemison Villas.....926-9011  
Maplesville Villas.....Maplesville.....926-9011  
Mitzou Villas.....Clanton.....755-4364  
Peachtree Apartments.....Clanton.....755-9047  
Rolling Oaks Apartments.....Clanton.....755-6733  
Thorsby Villas.....Thorsby.....926-9011  
Trilliam Apartments.....Clanton.....280-2566

Transportation

Chilton County Transportation.....755-5941

Work and Volunteer Services

Middle Alabama Area Agency on Aging

Be a volunteer.....1-866-570-2998

Senior Community Service Employment Program

(Refer to I&R Coordinator)

Seniors Centers in Chilton County (Area Agency on Aging)

Clanton Center.....Anita Aldridge.....205-755-3248  
Maplesville Center...Faye Hightower.....334-366-2717

Funeral Homes

Agee Brothers Funeral Home.....755-5075  
Hillside Mortuary of Clanton.....280-2183  
Martin Funeral Home.....755-3550

SHELBY COUNTY  
Resources

Safety

Police and Fire.....	911
Sheriff of Shelby County.....	669-4181
Highway Patrol.....	322-4691
To report a Forest Fire.....	631-2000
Shelby County DHR.....	669-3000
Elder Abuse Hotline.....	1-800-458-7214
Hospital – Shelby Baptist Medical Center.....	620-8100

Emergency Assistance

American Red Cross.....Hoover .....	987-2792 / 987-2793
Community Action.....	669-3836
Food Stamps.....Columbiana.....	669-3000
Oak Mountain Missions.....Pelham.....	685-5757
Salvation Army.....	663-7105
Shelby Baptist Association.....	669-7858
Shelby Emergency Assistance.....	665-1942

Health Care

Shelby County Health Department.....	664-2470
Shelby Baptist Medical Center.....	620-8100

Sonrise Health Ministries .....967-8302

(Diapers, ensure, medications, etc. - whatever is available, referrals are available in the resource room)

Home Health Care

AlaCare.....	981-8000
Almost Family.....	205-978-5200, 1-800-886-1478
Midsouth Home Health.....	739-7800
Nutritional Parenteral Home Care.....	345-4566, 1-866-404-6742
Shelby County Department of Health.....	672-3210
Amedisys Home Health.....	1-866-930-0720

Hospice

AlaCare.....	981-8634
Comfort Care.....	205-685-0421
New Beacon of Alabaster.....	620-3508
Persona.....	205-943-6586
University of Alabama Hospice Center.....	205-934-1932

Mental Health

Chilton-Shelby Mental Health Center	
Calera.....	668-1313
Pelham.....	663-1252
Developmentally Disabled.....	668-1327
Hillcrest Behavioral Health Services.....	1-800-292-8553

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ARC of Shelby County.....	664-9313
(Susan Ellis)	
Medical Equipment	
3R Project.....Calhoun County.....	256-236-0807
(Equipment loaned on sliding fee scale)	
RESNA.....	703-524-6686
(Free motorized wheelchair with prescription)	
Godbee Medical Distributors.....Clanton.....	664-4455
MASH.....Alabaster.....	664-2059
Mobility Central.....Homewood.....	916-0670
Nare Home Medical Equipment.....South Side.....	981-6675
O2Neal Medical.....Alabaster.....	621-2122
PharmacySouth, Inc.....Calera.....	668-0227
Southern Medical Products.....Helena.....	664-3824
Project Lifesaver	
Project Lifesaver Coordinator.....	669-4181
Rehabilitation and Therapy	
Columbiana Health and Rehabilitation.....	669-1712
Department of Vocational and Rehab. Services.....	254-1332
Gadsden Office...Connie Brechin.....	1-800-071-6839
Columbiana Office.....	669-3829
SAIL (Independent Living).....	290-4477, 1-800-671-6837
Veterans' Affairs.....Harry Moon.....	669-3835
Information	
Telephone numbers.....	411
Zip Codes.....	1-800-275-8777
Alabama Cooperative Extension Service.....	669-6763
Middle Alabama Area Agency on Aging.....	670-5770
Mildred Harrison Regional Library.....	669-3910
Pelham Public Library.....	620-6418
Government	
Alabaster City Clerk.....	664-6804
Calera City Clerk.....	668-3500
Columbiana City Hall.....	669-5800
Hoover City Clerk.....	444-7557
Pelham City Hall.....	620-6400
Probate Judge.....	669-3713
Social Security.....	1-800-772-1213
2nd Tuesday of the month @ Butch Ellis Building	

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Insurance

Medicaid.....Tuscaloosa Office.....1-800-362-1504  
Medicare.....1-800-633-4227

Nursing Homes

Columbiana Health and Rehab.....669-1712  
Laurelton Rehab and Health Care.....663-3859  
(Alabaster)  
Shelby Ridge.....Alabaster.....620-8500

Assisted Living Facilities

\*Ashton Gables.....Birmingham.....403-7400  
Chelsea's Hidden Acres.....678-8906  
Knowlwood Assisted Living....Montevallo.....665-5955  
\*Lakeview Estates Assisted Living...Valleydale.....981-0001  
Maplewood Lane Assisted Living....Helena.....664-1202  
Maplewood Ridge.....Pelham.....988-5177  
(Daycare available)  
Ridge View at Meadow Brook.....991-8900  
\*Shangri-la.....Columbiana.....669-9202  
Stinson House.....Alabaster.....663-1454

\*ALF (Assisted Living Facilities) and SCALF (Specialty Care Assistant Living Facilities – designed for cognitive impairments)

Adult Day Care and Sitter Services

Comfort Keepers.....for sitters.....621-9311  
Maplewood Ridge.....for day care.....Pelham.....988-5177  
Sunshine Manor.....for day care.....Hoover.....403-0556

Alzheimer's of Central Alabama.....205- 871-7970  
.....1 866- 806-7255

(Pays for diapers and Adult Day Care only if funding is available, must have a caregiver to qualify for services)

Home Repair and Weatherization

Home Builders Assn.....912-7000  
USDA Rural Development...Tuscaloosa.....553-1733, ext. 5  
Weatherization Program...Marion Dunlap.....334-567-4361

(Based on Income)

\*took out Rural Economic & Community Dev

Housing

Public Housing – Calera.....668-0783  
Public Housing – Columbiana.....669-6921  
Public Housing – Montevallo.....665-7250  
Columbiana Villas.....669-6505  
Shelby Woods (Independent Living) Columbiana..669-0066  
(Income - medical expense x 50%=RENT)

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Transportation

ClasTran.....325-8787

Work and Volunteer Services

Middle Alabama Area Agency on Aging

Be a volunteer.....1-866-570-2998

Senior Community Service Employment Program

(Refer to I&R Coordinator)

RSVP – Shelby County.....669-3837

Senior Centers in Shelby County (Area Agency on Aging)

Alabaster.....Teresa Green.....663-1307

Calera.....Sandy Parks.....668-0601

Columbiana.....Donna Higgins.....669-3969

The Park at Heardmont...Theresa Green.....991-5742

Montevallo.....Rose DeVinner.....665-9206

Vincent.....Dolly Riggins.....672-7697

Funeral Homes

Bolton-Brown Service Funeral Home.....669-3179  
(Columbiana)

Charter Funeral Home & Crematory.....621-0800  
(Calera)

The Good Shepherd Funeral Home.....665-1106  
(Montevallo)

Ridout’s Southern Heritage Funeral Home.....988-3511  
(Cahaba Valley Road 119 at I-65)

Rocko’s Funeral Home.....665-2135, 926-4876  
(Debbie Martin, Montevallo)

Shelby Memory Funeral Home and Gardens.....668-2523

West Side Funeral Home.....Calera.....668-1188

ST. CLAIR COUNTY  
Resources

Safety

Police and Fire.....	911
Sheriff of St. Clair County.....	884-6840
Alabama State Troopers.....	322-4691
St. Clair DHR.....	812-2100
Elder Abuse Hotline.....	1-800-458-7214
To report a Forest Fire.....	1-800-292-6653
Hospital...St. Vincent, St. Clair.....	338-3301

Emergency Assistance

Alabama Power Customer Services.....	800-245-2244
American Red Cross.....	884-1221
Christian Love Pantry.....	338-2358
Christian Service Mission.....	252-9906
Community Action.....	338-7407 or (fax) 338-4760
Fish and Loaves Ministry.....	520-3360 or 788-7005
(Provides food, furniture, appliances, housework, repairs, etc.)	
Food Stamps.....	1-800-382-0499

Leeds Welfare.....	699-7291
(Help with utility bills –Moody-Leeds City Limits only)	

St. Clair Baptist Association.....	1-800-404-5505
St. Clair Medication Assistance.....	338-3357
(50 and above).....	1-866-570-2998
Salvation Army (Birmingham).....	328-5656, 328-2420
United Way.....	323-0000

Health Care

St. Clair County Health Department.....	338-3357
St. Clair Regional Hospital.....	338-3301

Home Health Care

AlaCare.....Pell City.....	338-3250, 1-800-392-1959
Home Options.....	640-5335, 1-877-713-2213
Nova Care.....Moody.....	640-3511
Riverview Regional Medical Center Home Health Agency.....Pell City.....	338-3357
St. Clair Regional Home Health.....Ashville.....	594-7944

Hospice

AlaCare.....	338-3250
Lakeside Hospice Care.....Cropwell.....	884-1111, 1-800-427-3993

Mental Health

Joyce Luman, Professional counselor.....	884-0440
Cropwell	



Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

St. Clair Mental Health Center.....338-7525  
St. Clair County MRDD Board.....814-0076  
(Case management for citizens with mental disabilities)  
ARC of St. Clair County.....884-2680

Medical Equipment

3R Project.....Calhoun County.....256-236-0807  
(Loaning out medical equipment on sliding scale)

Project Lifesaver

Sergeant McWaters.....594-2140

Rehabilitation and Therapy

Alabama Vocational and Rehabilitation Services  
(Gadsden.....Connie Brechin).....1-800-071-6839  
Golden Living Center.....338-3329

Veterans' Affairs.....Ms. Renee Bailes.....338-7315

Information

Telephone numbers.....411  
Zip Codes.....1-800-275-8777  
Alabama Cooperative Extension Office.....338-9416  
Middle Alabama Area Agency on Aging.....1-866-570-2998)  
St. Clair County Library.....594-3694

Government

Probate Judge.....338-9449  
Ashville Town Hall.....594-4151  
Moody City Clerk.....640-2501  
Odenville Town Hall.....629-6366  
Pell City Clerk's Office.....338-2244  
Ragland City Hall.....472-2151  
Riverside City Hall.....338-7692  
Springville Town Clerk.....467-6135  
Social Security.....Anniston.....256-237-1647

Insurance

Medicaid.....Birmingham.....1-800-362-1504  
Medicare.....1-800-633-4227

Nursing Homes

Ashville Manor Nursing Home, Inc.....594-5148  
Golden Living Center-Pell City .....338-3329  
St. Clair Health and Rehab.....Pell City.....640-5212  
The Village at Cook Springs, Off I-20.....338-2221  
(Ann Henry for day care)

Assisted Living Facilities

Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

Rosewood Manor.....Pell City.....884-4663  
\*Village at Cook Springs...Cook Springs.....338-2221

(Sherrel Mullvinhill for day care)

\* ALF (Assisted Living Facilities) and SCALF (Specialty Care Assistant Living Facilities – designed for cognitive impairments)

Alzheimer’s of Central Alabama.....205- 871-7970, 1-866-806-7255  
(Pays for diapers and Adult Day Care only if funding is available, must have a caregiver to qualify for services)

Home Repair and Weatherization

Fish and Loaves Ministry.....788-7005 or 520-3360  
Home Builders Association.....Fax: 884-0838  
USDA Rural Development...Huntsville.....256-362-8210, ext. 4  
Weatherization Program...Kevin Abbott.....256-638-4430  
(Based on Income)

Housing

Ashville Section 8.....594-7106  
Pell City Housing Authority.....338-7012

Transportation.....Refer to I&R Coordinator

Work and Volunteer Programs

Middle Alabama Area Agency on Aging  
Be a volunteer.....1-866-570-2998  
Senior Community Service Employment Program  
(Refer to I&R Coordinator)

Senior Centers St. Clair County (Area Agency on Aging)

Ashville.....Sharon Hudson.....594-7666  
Moody.....Addie Duke.....640-2536  
Odenville.....Ruby Bodiford.....629-5351  
Pell City.....Lisa Stewart.....338-6589  
Ragland.....Margie Daffron.....472-2177  
Steele.....Ruby Reynolds.....256-570-0452

Funeral Homes

Usrey Funeral Home & Crematory.....338-0303  
Kilgore Funeral Home.....Ashville.....699-3181  
Kilgore Funeral Home.....Pell City.....338-3341

WALKER COUNTY  
Resources

Safety

Police and Fire.....911  
Sheriff of Walker County.....384-7218  
Highway Patrol.....384-7218  
To report a Forest Fire.....1-800-292-6653  
Walker County DHR.....387-5400  
Elder Abuse Hotline.....1-800-458-7214

Hospital – Baptist Medical Center...Jasper.....387-4169  
Community Relations-Emergency Room.....387-4188

Emergency Assistance

American Red Cross.....387-1478  
Baptist Association.....387-1820  
Chamber of Commerce.....Jasper.....384-4571  
(Emergency relief)  
Community Action.....Jasper.....221-4010  
Food Stamps.....387-5500  
Salvation Army.....221-7737  
United Way.....323-0000  
Walker County Senior Medication Program.....387-0910

Health Care

Walker Baptist Medical Center.....387-4000  
Walker County Health Department.....221-9775

Home Health Care

AlaCare Home Health.....Jasper.....1-800-852-9771  
Intrepid USA.....Jasper.....384-1170, 1-800-695-1170  
Midsouth Home Health Agency.....221-5234, 1-866-537-5613  
Walker County Home Health.....221-8800, 1-800-486-3182

Hospice

AlaCare.....Jasper.....1-800-852-9771  
Comfort Care.....663-6887, 1-877-231-0321  
New Beacon of Jasper.....387-9339, 1-877-376-9531

Mental Health

Northwest Alabama Mental Health Center.....387-0541, 1-800-489-3971  
Walker Baptist Med. Center Adult Chemical Dependency  
And Psychiatric Service.....387-4555, 1-800-992-5272  
The ARC of Walker County.....387-8146

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Medical Equipment

3R Project.....Calhoun County.....256-236-0807  
(Equipment loaned on sliding fee scale)  
Care Medical Supplies.....Jasper.....387-0060

Project Lifesaver

Randy Sanford.....302-6464  
Tim Thomas.....302-6464

Rehabilitation and Therapy

Alabama Adult Vocational Rehabilitation Services  
(Kathy Reeves).....1-800-671-6841  
Rehab care.....Jasper.....295-0118

Veterans' Affairs.....W. Clyde Marsh.....384-7277

Information

Telephone numbers.....411  
Zip Codes.....1-800-275-8777  
Alabama Cooperative Extension Service.....221-3392  
(Gardening, Freezing, Recipes, Budgeting)  
Middle Alabama Area Agency on Aging.....1-866-570-2998  
Carl Elliott Regional Library.....221-2568

Government

Cordova City Clerk.....483-9266  
Jasper City Hall.....221-2100  
(If have city grant monies, call here for home repair)  
Parrish Mayor's Office.....686-9991  
Probate Judge.....Jasper.....384-7281  
Social Security.....Jasper.....221-6463, 1-800-772-1213

Insurance

Medicaid.....Tuscaloosa Office.....1-800-362-1504  
Medicare.....1-800-633-4227

Nursing Homes

ConsultAmerica of Carbon Hill.....924-4404  
Cordova Health Care Center.....483-9282  
Ridgeview Health Care Center, Inc...Jasper.....221-9111  
Ridgewood Health Care Center.....Jasper.....221-4862  
Shadescrest Health Care Center.....Jasper.....384-9086

Assisted Living Facilities

Country Manor.....Jasper.....221-9744  
Lakewood Senior Living.....Jasper.....221-5579  
Sunrise Manor, Inc.....Jasper.....387-7400  
\*Terrace at Jasper.....Jasper.....384-0660

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\* ALF (Assisted Living Facilities) and SCALF (Specialty Care Assistant Living Facilities – designed for cognitive impairments)

Adult Day Care

Check with nursing homes and assisted living.

Alzheimer’s of Central Alabama.....205- 871-7970

(Pays for diapers and Adult Day Care only if funding is available, must have a caregiver to qualify for services)

Home Repair and Weatherization

Home Builders Association.....Fax: 384-7334

(Pres. Frank Wright).....221-1424

USDA Area 3-Tuscaloosa..Rural Development.....553-1733 (Low-income loans at 1%)

Weatherization Program...Donald Bieda – Jasper...221-4010 (Based on Income)

Housing

Housing Authority of Carbon Hill.....924-4171

Housing Authority of Walker Co.....648-5963

Jasper Housing Authority.....384-4864

Jasper Senior Citizen’s Village.....221-8513

Parrish Housing Authority.....686-7621

Independent Living

Cordova Park.....Cordova.....483-7724

East Elderly Village.....Jasper.....384-4864

Transportation.....Refer to I&R Coordinator

Work and Volunteer Programs

Middle Alabama Area Agency on Aging

Be a volunteer.....1-866-570-2998

Senior Community Service Employment Program

(Refer to I&R Coordinator)

Walker County Senior Aides RSVP.....221-3760

(Provides part-time employment for seniors)

Senior Centers in Walker County (Area Agency on Aging)

Carbon Hill.....Mary Barner.....924-0444

Cordova.....Sybil Keeton.....483-6384

Jasper.....Pat Clark.....221-2849

Oakman.....Doris Woods.....622-3197

Sumiton.....Joan Brasher .....648-0506/322-9003

Parrish.....Betty Higginbotham.....686-9996

Funeral Homes

Collins-Burke Funeral Home.....Jasper.....384-5571

Faith Chapel Funeral Home.....Jasper.....384-9680

Kilgore-Green Funeral Home.....Jasper.....384-9503

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Extra Resources for All Counties

- Alabama Department of Senior Services.....1-877-425-2243
- Alabama Ear Institute.....205-879-4234
- American Cancer Society.....1-800-227-2345
- Birmingham Health Care .....205-323-5311  
712 25TH St. N – Birmingham, AL 35203-2400  
There is an intake process & the clinic has case managers.
- Central/Southern Alabama Consumer Credit.....1-800-662-6119
- Crisis Center.....205-323-7777
- Dental Services  
Donated Dental Services .....1-800-414-9449  
UAB School of Dentistry.....205-934-3000
- Dementia Training and Information.....1-800-457-5679
- Lawyer Referral Service.....1-800-392-5660  
415 Dexter Avenue – Montgomery, AL 36104  
(334) 269-1516; Fax (334) 261-6310; e-mail – lrs@alabar.org
- Parkinson’s Association of Alabama.....205-444-0047, 1-800-977-7275
- Poison Control.....1-800-292-6678, 1-800-222-1222
- Senior Talk Line .....205-328-8255
- Crisis Center...Extra #'s...  
Rape Response.....205-323-7273  
Senior’s Line.....205-328-8255  
Kid’s Line.....205-328-5437  
Teen’s Line.....205-328-5465
- State of Alabama Vocational Rehabilitation: Hearing Impaired  
Jim Harris.....1 800-671-6837, 290-4426  
For Families and Singles UNDER 60

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Helpful Answers – Pfizer. Help with prescription costs for people UNDER 60.....1-866-706-2400

Website: [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)

Website: [www.needymeds.com](http://www.needymeds.com)

Together Rx Access Card.....1-800-444-4106

Enrollment necessary, includes a wide range of drug companies (save 25-40%) .

Website: [www.TogetherRxAccess.com](http://www.TogetherRxAccess.com)

Liberty Medical – Home Delivered – Diabetes, Respiratory, Alc

Testing & Prescription Medications & Supplies

Diabetes Supplies .....1-800-288-6302

Respiratory Supplies .....1-800-615-0721

Prescriptions .....1-800-599-9690

For Singles and Families Who Do Not Have

Health Insurance & Not Medicare Eligible

Alabama Health Insurance Plan.....1-866-833-3375

Alabama Department of Insurance.....1-800-433-3966

Middle Alabama Area Agency on Aging  
Programs

Alabama Cares is designed to support family caregivers by providing training, assistance, and resources to help them take care of their loved ones and themselves. The caregiver must be caring for someone who is at least 60 years old. If grandparents 60 or older are providing primary care for grandchildren eighteen and below who have developmental disabilities, they also qualify for the program.

Information and Referral serves as a single point of entry for assessing seniors for in-house services and assists in locating outside services that meet their needs.

Legal Assistance includes advocacy, counseling and advice, negotiation, representation before judicial bodies, appeal of adverse decisions, wills and living wills, Powers of Attorney, and referrals for persons whose legal problems are of a non-criminal, non-fee-generating nature. Clients must be sixty years old.

Medicaid Waiver Services enable many blind, elderly, and disabled persons to receive care in their homes and to avoid or delay their move to an institution. There is no age limit, but the person must be on SSI/Medicaid.

Nutrition Centers provide balanced, congregate meals, home-delivered meals, transportation, socialization, and educational presentations. Participants must be sixty or above.

The Ombudsman is certified to investigate complaints and answer questions from seniors and their families about care in nursing homes, assisted living facilities, and other long-term care facilities. This service has no age limit.

Senior Rx/Wellness is a program designed for people fifty-five years of age and older who do not have prescription medication coverage. SenioRx staff provides assistance in obtaining free medications from pharmaceutical companies. There are income eligible limits. The Wellness Program provides information about health lifestyles. There are no age or income requirements for the Wellness Program.

SHIP, the State Health Insurance Assistance Program, provides insurance counseling including assistance with Medicaid, Medicare, Medicare supplements, Supplemental Security income, health insurance, and long-term care insurance.

Senior Community Service Employment Program, The Senior Community Service Employment Program (SCSEP) is a community service and work based training program for older workers. Authorized by the Older Americans Act, the program provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. The goal of SCSEP is to provide both community services and work-based training. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum wage. They are placed in a wide variety of community service activities at non-profit and public facilities



Middle Alabama Area Agency on Aging Area Plan 2011 - 2014

ALABAMA DEPARTMENT OF REHABILITATION SERVICES  
REHABILITATION TEACHING PROGRAM

2129 East South Boulevard / Montgomery, AL 36116-2455  
334-281-8780 – 1-800-441-7607

ANNISTON

1105 Woodstock Avenue - 36207  
256 - 231-1025 / 1-800-671-6834

BIRMINGHAM - (Homewood)

P.O. Box 19888  
236 Goodwin Crest Drive - 35209-0888  
205- 290-4400 / 1-800-671-6837

DECATUR

P.O. Box 1686 - 35602  
621 Cherry Street, NE – 35601  
256-353-2754 / 1-800-671-6838

GADSDEN

1100 Geo. Wallace Drive - 35903-6501  
256-547-6974 / 1-800-671-6839

HUNTSVILLE

300 Johnson Rd., SW – 35805-5176  
256-650-1700 / 1-800-671-6840

MOBILE

2419 Gordon Smith Dr. – 36617-2395  
251-479-8611 / 1-800-671-6842

MONTGOMERY

E. South Blvd. – 36116-2456  
334-288-0220 / 1-800-441-7578

MUSCLE SHOALS

1450 E. Avalon Ave. - 35662  
256-381-1212 / 1-800-285-9924

OPELIKA

520 W. Thomason Cir. – 36801  
334-749-1259 / 1-800-671-6835

TALLADEGA

#4 Medical Office Park – 35160  
256-362-1300 / 1-800-441-7592

TUSCALOOSA

1305 37TH Street, E – P O Drawer 1610- 35450  
205-554-1300 / 1-800-331-5562

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ALABAMA DEPARTMENT OF REHABILITATION SERVICES  
Project OASIS  
OLDER ALABAMIANS SYSTEM OF INFORMATION & SERVICES (OASIS)

Services provided by OASIS:

Evaluation & referrals

Instruction in independent living skills

Adaptive equipment

Low vision exams & aids

Mobility instruction

Referral Numbers are the same as the  
ALABAMA DEPARTMENT OF REHABILITATION SERVICES

Except

HUNTSVILLE

2939 Johnson Rd., SW – 35805-5844

256-650-8219- 1-800-671-6840

## **ASSURANCES**

### ***Listing of Area Plan Assurances and Required Activities Older Americans Act of 1965, As Amended***

#### **Sec. 306(a), AREA PLANS**

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

(II) describe the methods used to satisfy the service needs of such minority older individuals; and  
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

(6)(F) Each area agency will:

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

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

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

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

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(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;

**OTHER REQUIREMENTS**

The area agency on aging will comply with the provisions of the any and all applicable amendments to the Older Americans Act, its regulations, and other laws and regulations which may become applicable in all its practices, policies, programs, and facilities during the period covered by this Area Plan on Aging.

\_\_\_\_\_ (Date) (Signed) \_\_\_\_\_  
(Area Agency on Aging Executive Director)

\_\_\_\_\_ (Date) (Signed) \_\_\_\_\_  
(Chairman, Board of Directors)

For Middle Alabama Area Agency on Aging (M4A)  
(Name of Agency)