

## VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the Planning and Service Area of \_\_\_\_\_ for the period October 1, 2007, through September 30, 2010. 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 2007-2010 Four-Year Area Plan Requirements, and subsequent instructions from the Alabama Department of Senior Services.

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

\_\_\_\_\_  
(Date) (Signed) \_\_\_\_\_  
(Agency Executive Director, where applicable)

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

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

For \_\_\_\_\_  
(Name of Agency)

# **Alabama**

# **Four-Year**

# **Area Plan on**

# **Aging**

For October 1, 2007 to September 30, 2010

# **Region 3**

**Middle Alabama Area Agency on Aging**

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## **Part I:**

### **Section I: Introduction to the Area Plan**

The purpose of the Area Plan is to outline how the Area Agency on Aging (AAA) will fulfill its responsibilities and mandates as specified by the Older Americans Act. The Area Plan, therefore, serves as a roadmap to the AAA and its staff and is also the mechanism by which the AAA is held accountable for its responsibilities. Because the AAA is a publicly funded entity, the Area Plan is a public document by which the Agency's specific service population and the general population may learn of the short-term and long-term goals of the Area Agency on Aging and, thereby, also hold the Area Agency on Aging accountable for its mission and purpose. The Area Plan itself is drafted in collaboration with other public, private, and nonprofit service organizations; with input from seniors, senior groups, senior advocates, and caregivers; and incorporates statistical data gleaned from relevant surveys.

The Older Americans Act (OAA), which is the foundation of the Area Agency on Aging, was enacted by the US Congress in 1965; one of the purposes of the OAA was to initiate community projects that would provide social services for people 60 years of age or older. Between 1965 and 1992, the Older Americans Act was amended twelve times, with each amendment becoming more and more responsive to the changing environment of America's aging society. The OAA recognizes and fosters the collaborative efforts needed to ensure that America's senior citizens are provided an opportunity to live their lives with the greatest possible degree of dignity and independence. The OAA authorizes funding to each state for development of services for the elderly and requires that the state unit on aging divide the state into planning and services areas (PSA's), and designate an organization in each PSA to serve as an Area Agency on Aging to develop and administer plans for aging services in that PSA. The OAA also sets forth the role of the AAA as an advocate for the elderly as well as a catalyst for the development of a comprehensive and coordinated community-based system of services for the elderly. According to the Older Americans Act, such a system shall:

- Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- Provide a range of options;
- Assure that these options are readily accessible to all older persons (i.e., the independent, semi-dependent and totally dependent) no matter what their income;
- Include public, private, voluntary and personal resources committed to supporting the system;

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- Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- Have a unique character which is tailored to the specific nature of the community; and
- Be directed by leaders in the community who have respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community response for the present and future.

In February 2006, the National Association of Area Agencies on Aging (n4a) published a Prepared Statement of n4a to the Senate Committee on Health, Education, and Pensions for a Roundtable on Reauthorization of the Older Americans Act (hereinafter Prepared Statement). This Prepared Statement was in response to the Senate Committee meeting to determine how the OAA would and could evolve to meet the needs of a changing and booming senior population. In its statement, n4a supports such an evolution by stating: “With the first of the 77 million baby boomers approaching retirement age, and the current senior population experiencing a ‘longevity boom’ of unprecedented proportions, now is the time for individuals, families, communities and the nation as a whole to plan and prepare for this coming demographic explosion” (2). In light of n4a’s Prepared Statement and recommendations, it is more important than ever that the Aging Network—“which serves as the infrastructure for aging service delivery at the federal, state and local level” (Prepared Statement 1)—work collaboratively to provide technical assistance on aging issues and program development, advocate for increased funding for appropriate planning and service delivery, and remain mission focused. In its Area Plan, the AAA addresses the need for collaborative partnerships, leadership in advocacy, effective planning, and the critical need for additional funding to support this aging network service delivery infrastructure.

## **Section II: AAA Specific Information**

Middle Alabama Area Agency on Aging (AAA) serves the 60 and older population and their caregivers in Blount, Chilton, Shelby, St. Clair and Walker counties. Because of a grant from the Centers for Medicare and Medicaid Services, the AAA provides health insurance counseling to Medicare and Medicare-eligible people, who may or may not be 60 years of age or older. In addition, through the Alabama State legislature, the AAA receives funding to administer the SenioRx (medication assistance) program. In FY 2006, the eligibility requirements for this program changed so that SenioRx is open to those who are 55-64 years of age who are non-Medicare. The requirements of both of these funding sources (CMS and the State legislature) have broadened the responsibilities, service population, and mission of the AAA. In addition, except for the Title III nutrition program, these two programs receive the most referrals and requests for assistance.

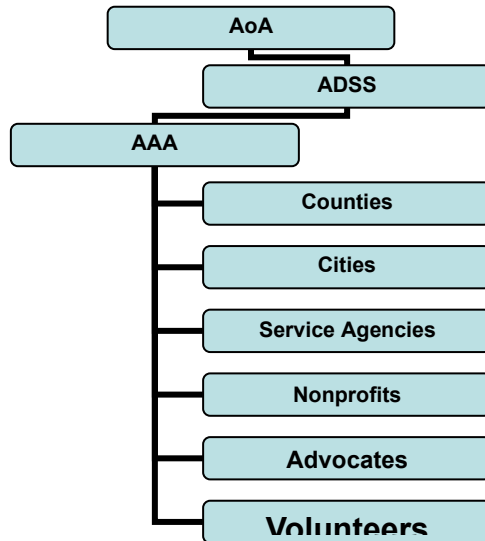
In spite of this, the heart of the AAA and its primary funding source is still the OAA. According to the OAA, the AAA shall be the leader relative to all aging issues for all older persons in the planning and service area. This means that the AAA is the focal point for the planning, provision, and development of senior information and services in Blount, Chilton, Shelby, St. Clair and Walker counties. In addition to being a planning agency and information and service provider, the AAA is also the public advocate for its service population in its service area. In carrying out this responsibility, the OAA indicates that the AAA shall:

- Monitor, evaluate, and where appropriate, comment on all policies, programs, hearing, levies and community actions which affect older persons;
- Solicit comments from the public on the needs of older persons;
- Represent the interest of older persons to local level and executive branch officials, public and private agencies and organizations;
- Consult with and support the State's long-term care ombudsman program; and
- Undertake on a regular basis activities designed to facilitate the coordination of plans and activities with all other public and private organizations, including units of general purpose local government, with responsibilities affecting older persons in the planning and service area to promote new or expanded benefits and opportunities for older persons.

The AAA is monitored by the state unit on aging or the Alabama Department of Senior Services (ADSS). As the AAA provides technical assistance to local communities and serves as an advocate and focal point on the local level, so also is ADSS responsible for providing technical assistance to the AAA; ADSS serves not only as the planning agency for senior services in Alabama but also as the advocate for seniors in Alabama. Below is a diagram showing the

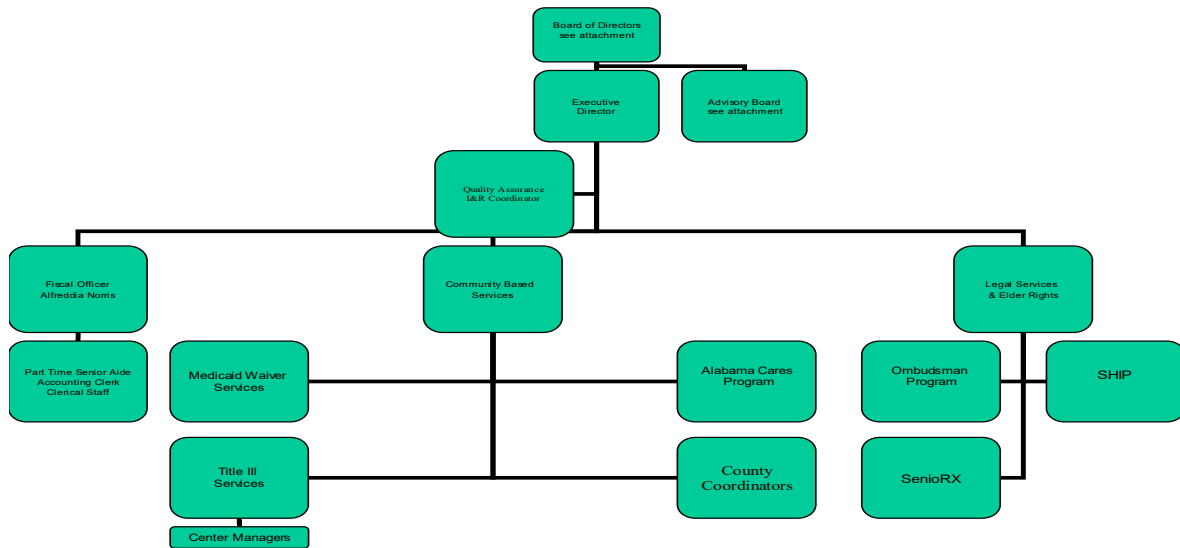
relationship between the Administration on Aging (AoA), ADSS, and the AAA; there is also a diagram showing the relationship between AAA programs and staff; and comments on the AAA Advisory Council:

**Relationship Between the AoA, ADSS, and the AAA**



**Relationship Between the AAA Programs and Staff**

Middle Alabama Area Agency on Aging FY  
2006





### **The AAA Advisory Council**

When the AAA experienced its first major reorganization in the summer of 2004, it became abundantly clear that the existing AAA Advisory Council was nonfunctional and existed solely for the purpose of fulfilling the requirement that the AAA have an Advisory Council. Because of the amount of restructuring the AAA underwent between FY 2001 and FY 2004, the need for a new and functional Advisory Council did not become a priority issue for the AAA Board until 2005. In 2005, the AAA Board of Directors changed the composition of the Advisory Council in its by-laws so that the responsibility to appoint an Advisory Council member was now the county commission's responsibility. This move by the AAA Board was intended to empower its county commissions and community leaders to work collaboratively with the AAA on aging concerns and to give prestige and creditability to the Advisory Council. To further facilitate the process of establishing a viable Advisory Council, the AAA established procedures and forms for nominations.

Unfortunately, in FY 2004 & 2005, the AAA became a touchstone for controversy when it complied with state recommendations to purchase all Title III meals off the state contract for FY 05; in addition, in FY 2005, the AAA, in an effort to effectively monitor its Title III nutrition and transportation programs, brought these services in-house under a waiver from ADSS. The practical strain that this move created for the AAA staff and the political strain that this move created for AAA Board were enormous. Although the AAA was committed to this second major reorganization and believed that the reorganization would bring about greater fiscal responsibility, accountability and increased services to its *target population*, the AAA came under attack because of the reorganization. Most of the county commissions did not want to appear as allies of the AAA and the commissioners who served as Board Members of the AAA were under public pressure to change the actions of the AAA. It became almost impossible, therefore, to develop an Advisory Council in this type of atmosphere. In fact, the controversies surrounding the changes created problems with the membership and infrastructure of the Board of Directors which is comprised of County Commission Chairpersons and two other commissioners or their appointees.

In FY 2006, most of the controversy regarding the nutrition program and reorganization has dissipated. The county commissions and AAA municipal contractors have seen the importance and effectiveness of local responsibility coupled with the fiscal responsibility and strategic planning of the AAA. The Board has also amended its by-laws to improve the board attendance and membership. Again these changes are dependent on the County Commissions in member areas taking action to fill board positions. Therefore, in FY 2006 the AAA will continue to work on board development and with technical assistance from ADSS, the AAA will attempt again to gain nominations for its Advisory Council to be in place for FY 07 and will have council training and policies and procedures .

**Section III: The Community Served (Demographics)**

The data below was derived from the 2000 Census and reflects the physical characteristics and demographics of the region which we serve; specifically minority individuals, low income individuals, minority-low income individuals and individuals residing in rural areas.

| <b>60+ Minority (2000)</b> |                   |
|----------------------------|-------------------|
| <b>Blount</b>              | <b>239</b>        |
| <b>Chilton</b>             | <b>666</b>        |
| <b>Shelby</b>              | <b>1,148</b>      |
| <b>St. Clair</b>           | <b>737</b>        |
| <b>Walker</b>              | <b><u>799</u></b> |
| <b>Total:</b>              | <b>3,589</b>      |

| <b>Age Groups (2000)</b> |                      |                     |                     |                     |                     |                     |                     |                     |                     |
|--------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
|                          | <b><u>60+</u></b>    | <b><u>60-61</u></b> | <b><u>62-64</u></b> | <b><u>65-66</u></b> | <b><u>67-69</u></b> | <b><u>70-74</u></b> | <b><u>75-79</u></b> | <b><u>80-84</u></b> | <b><u>85+</u></b>   |
| <b>Blount</b>            | <b>9,046</b>         | <b>1,013</b>        | <b>1,475</b>        | <b>876</b>          | <b>1,159</b>        | <b>1,730</b>        | <b>1,208</b>        | <b>869</b>          | <b>716</b>          |
| <b>Chilton</b>           | <b>6,926</b>         | <b>757</b>          | <b>1,072</b>        | <b>655</b>          | <b>944</b>          | <b>1,270</b>        | <b>1,009</b>        | <b>663</b>          | <b>556</b>          |
| <b>Shelby</b>            | <b>17,162</b>        | <b>2,218</b>        | <b>2,765</b>        | <b>1,726</b>        | <b>2,294</b>        | <b>3,322</b>        | <b>2,416</b>        | <b>1,371</b>        | <b>1,050</b>        |
| <b>St. Clair</b>         | <b>10,474</b>        | <b>1,240</b>        | <b>1,656</b>        | <b>1,068</b>        | <b>1,438</b>        | <b>2,010</b>        | <b>1,466</b>        | <b>912</b>          | <b>684</b>          |
| <b>Walker</b>            | <b><u>14,071</u></b> | <b><u>1,490</u></b> | <b><u>2,128</u></b> | <b><u>1,304</u></b> | <b><u>1,733</u></b> | <b><u>2,742</u></b> | <b><u>2,180</u></b> | <b><u>1,322</u></b> | <b><u>1,172</u></b> |
| <b>Total:</b>            | <b>57,679</b>        | <b>6,718</b>        | <b>9,096</b>        | <b>5,629</b>        | <b>7,568</b>        | <b>11,074</b>       | <b>8,279</b>        | <b>5,137</b>        | <b>4,178</b>        |

| <b>Age 60+ Living Alone (2000)</b> |               |
|------------------------------------|---------------|
| <b>Blount</b>                      | <b>2,168</b>  |
| <b>Chilton</b>                     | <b>1,873</b>  |
| <b>Shelby</b>                      | <b>3,546</b>  |
| <b>St. Clair</b>                   | <b>2,412</b>  |
| <b>Walker</b>                      | <b>3,789</b>  |
| <b>Total:</b>                      | <b>13,788</b> |

**Age 60+ Below Poverty**  
**(using 1990 poverty figures**  
**applied to 2000 60+**  
**population figures)**

|                  |                     |
|------------------|---------------------|
| <b>Blount</b>    | <b>2,243</b>        |
| <b>Chilton</b>   | <b>1,716</b>        |
| <b>Shelby</b>    | <b>2,571</b>        |
| <b>St. Clair</b> | <b>2,008</b>        |
| <b>Walker</b>    | <b><u>2,744</u></b> |
| <b>Total:</b>    | <b>11,282</b>       |

#### **Section IV: The Community's Needs (Needs Assessment Results)**

From January 20 to April 30, 2005, the Alabama Department of Senior Services (ADSS) surveyed the general public to determine which social and health services issues were most important to them. To obtain as much information as possible regarding the respondents' current and anticipated service needs, ADSS staff developed a 4-page survey that was intended to be simple to complete and easy to return. The survey included both open and closed ended questions. Middle Alabama Area Agency on Aging received a set number of surveys and was asked to obtain 10 completed surveys per senior center and 5 completed surveys per county from homebound individuals. Completed surveys were confidentially sent to the AAA office from the center managers and then mailed to ADSS for processing. A total of 217 surveys were returned.

Based on Results of the Alabama Department of Senior Services 2005 Needs Assessments for the Middle Alabama Area Agency on Aging region, the following information was derived. The top 10 services that were rated as very important are as follows.

1. Cost of medicine 89.7%
2. Preventing identity theft and other frauds 85.4%
3. Maintaining personal independence 84.8%
4. Availability of hospital care 84.7%
5. Cost of hospital care 84.3%
6. Maintaining a healthy diet 83.9%
7. Cost of food 81.9%
8. Availability of transportation 81.5%
9. Cost of nursing home 81.4%

It is the intention of the Middle Alabama Area Agency on Aging to conduct a more in-depth assessment of its area to further determine the needs of its constituents. Although the AAA has limited funds to gain access to this type of survey, it has partnered with the United Way of Central Alabama and its community-wide survey called "What Matters." This is the first community wide survey conducted in ten years. The AAA has contracted with United Way to include a Senior Needs Assessment as part of this community-wide survey, to include Blount, Chilton, Shelby, St. Clair and Walker Counties. This survey will be conducted with seniors, their caregivers, the general public, and health and human service providers through several venues. The survey is intended to identify where local funding should be allocated, what new initiatives are needed and to identify strengths and challenges to show how together agencies can work to improve the health and human service network for seniors. All responses will be confidential, and compiled with other data, analyzed and reported to the aggregate.

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This needs assessment will not be complete until the summer of FY 06. This information will be used to change the goals and objectives for the Area Plan 2007-2010. The survey results and Area Plan changes will be submitted with the Annual Operating Element for FY 07 to include an updated and approved Area Plan for FY 2007-2010.

Services, programs and grants administered by the Middle Alabama Area Agency on Aging include:

**Nutrition:** Beginning October FY 05 the AAA no longer contracted with local non-profit programs on aging to provide the nutrition services under title III. All meals are now purchased under the statewide contract with Valley Inc. Management of 24 senior nutrition sites became a direct responsibility of the AAA. All staff was trained to perform duties under the direction of the ADSS and the supervision of the AAA. Requests for proposals for local community programs or municipalities to assume ownership of the Senior Nutrition Sites were requested in April 2005 with a June 2005 due date. Only 4 local proposals were received. July and August 2005 the AAA Director has facilitated meetings with local municipalities to educate them further on the role of local communities in the Senior Programs and to encourage their participation through Memorandums of Understanding to be entered into for funds received in FY 06.

Major changes for FY 06 include:

Memorandums of Understanding will be entered into with any entity receiving AAA funding for the Senior Nutrition Program before September 30, 2005. Each entity will have both financial and management responsibilities for operation of a Senior Center receiving meals.

Any community choosing not to enter into agreements as of October 1, 2005 will no longer receive congregate meals until an agreement can be finalized to ensure local financial and management support, a legal relationship for funding and proper insurance for liability.

Frozen Meals will be available to any congregate or homebound meal recipient choosing the alternative. The AAA will assess the need for a congregate site in these areas and if found that the geographical area has a significant number of targeted seniors requesting and needing services then the AAA will begin an outreach effort to find a community partner to sponsor and manage the congregate site as a local focal point for senior services.

The AAA will use any potential excess budgeted meals to target rural seniors who can now be served through frozen door to door delivery of frozen meals by statewide vendor, Valley Inc.

Two Senior Centers will remain under the direct services of the AAA, Heardmont Center and Steele Center. These senior centers are in unincorporated parts of

the county and we have not been able to determine who should have direct management of these centers.

Shelby and St. Clair Counties will have financial responsibility but have requested that the AAA manage these senior centers until a local entity can be determined. A waiver to provide these services has been granted by ADSS.

The AAA has hired a Full Time Nutrition Coordinator to perform a variety of duties as per new job description for agency. This will facilitate better communication, education, coordination of services and monitoring of Title III Nutrition Program. The goals and objectives listed below will be some of the major responsibilities of the Nutrition Coordinator for FY 06.

For congregate meals the attendees are requested to sign up for participation the week before. The centers work from a meal budget and are to contact the AAA if they request more meals for the congregate program. Now, there are no waiting lists and the AAA would like the program to remain with no waiting lists.

The waiting lists for homebound is determined by how many meals are available in a geographical area and clients are now being prioritized by their nutritional risk as determined by the Nutritional Risk Assessment on the Pre-Screen Intake form. The Nutrition Coordinator and Community Coordinators look for alternative ways to fund meals for those who are high risk and on waiting lists.

FY 06 all homebound clients will be re-assessed for eligibility and ranked by nutritional risks. In Shelby County, a Health Foundation Grant for homebound, weekend, holiday and emergency meals at this time eliminates any waiting list longer than 2 weeks to process the ordering of the meal.

The meal budget process developed by ADSS has helped to track these meals. For FY 06 the AAA will determine resources to help cover the cost to increase number of congregate and homebound meals through other private and non-profit donations.

**Transportation:** Beginning FY 05 the AAA took over all operations of non-profit contractors in Walker, St. Clair, Shelby and Chilton Counties for Title III services to include transportation. The AAA evaluated the services and their delivery systems during the first 6 months of the fiscal year. The transportation programs were found to be financially and programmatically inefficient. These programs also presented a great liability to the agency and Board of Directors. The agency began working with the Regional Planning Commission, County Commissions, United Way and Clastran to find temporary solutions to the long-term transportation problems that have been identified. The AAA changed its role from a temporary direct service provider of transportation to an advocate for regional transportation services. Current transportation depends on County Funding.

Blount County: AAA Title III B funds and County Funds pay for client transportation and delivery of homebound meals in Blount County. Blount County is over budgeted for Transportation in FY 05 and changes will have to be made in FY 06.

Chilton County: AAA Title IIIB funds have covered all transportation costs going over budget before first 6 months of FY 05. Costs were high, few clients were transported and vans were used to transport meals. April FY 05 all client transportation using vans was discontinued. Paid staff and few volunteers are used to transport homebound meals. Changes will have to be made to deliver homebound meals in FY 06 due to lack of local support and costs to deliver meals.

Shelby County: December 1, 2005 all client transportation costs were assumed by the County Government and contracts with Clastran were signed to provide client transportation to the senior center. Volunteers and paid staff deliver homebound meals paid for with Title III B funds, county funds and foundation funds. Beginning FY 06 the county will also financially support two shopping trips per month, per center for participants to take care of their personal needs.

St. Clair County: AAA Title III B funds and County funds pay for transportation. As of April 2005, the AAA ceased all transportation of clients in St. Clair County with the exception of Odenville which transported a large number of participants. The County agreed to pay the transportation expense for a contract with Clastran to provide center participants a ride to the Odenville Senior Center. Combinations of funds are used to pay staff to deliver homebound meals and some meals have been converted to frozen door to door delivery by food vendor.

Walker County: AAA Title IIIB funds have covered all transportation costs going over budget before first 6 months of FY 05. Costs were high, few clients were transported and vans were used to transport meals. April FY 05 all client transportation using vans was discontinued. Paid staff and few volunteers are used to transport homebound meals. Changes will have to be made to deliver homebound meals via the contractor, Valley, Inc.

Applications by Clastran have been submitted to ALDOT for a Rural Transportation Program in Walker and St. Clair counties. Alternative sources of funding will be sought to help supplement and develop a center transportation program that may or may not be feasible. Volunteer development for meal delivery will continue to be addressed. More meals will be converted to door to door Frozen Meals.

**Alabama Cares:** The Alabama Cares Program has been in a transition period for the last two quarters of FY 05. The Cares Coordinator who established the program left the Agency. The waiting list was at over 450. The AAA Director felt

this was a good time to evaluate the program and possibly redirect some priorities for FY 06. An outside consultant provided direction for the AAA staff to determine what immediate changes should be made with the program through an identification of problems, resources and the beginning of a strategic planning process to be conducted with the needs assessment for FY 05-06. The program continues to operate as it has previously under a temporary program coordinator, a planning consultant and case manager. The waiting lists have been narrowed down to 45 and a new waiting list grows daily. New guidelines have been established for FY 06. More emphasis will be put on prevention, community outreach and education and a more detailed plan of care utilizing other community resources being provided through more intensive case management for those who meet new service guidelines. The search continues for the right person to be employed as the Alabama Cares Coordinator. FY 06 will also include a needs assessment to help determine the future goals of the caregiver program.

FY 06 the AAA Alabama Cares program will work with the Alabama Caring Foundation a division of Blue Cross-Blue Shield to provide match money for Foundation grants to help pay for health insurance scholarships for children of custodial grandparents who do not qualify for All Kids. Blue Cross will match this program 50%. This program can help up to 120 grandparents caring for their grandchildren to receive health insurance therefore relieving some stress and financial pressure from the grandparent. This program will be a collaborative effort at the AAA between the Alabama Cares Program and the SHIP Program. The pre-screen tool used during the intake process will also help to identify these potential clients.

**Ombudsman:** The AAA has had continuous turnover in the staff of the Ombudsman Program, which has created a lack of vision with the program. The Agency has hired a new ombudsman with experience and has transferred the existing ombudsman to a new program where they will work together to accomplish mutual goals. This will provide more leadership and experience with this important program.

**Information and Referral:** In Fiscal Year 2005, the AAA continued with its vision of providing services through a single point of entry for Information and Assistance to clients and their care givers. Through this process all clients are directed from all AAA service providers to the toll free number. At this point the individual is provided with a number of a resource if this is requested or is pre-screened for all AAA services, Medicaid and Medicare Benefits, Food Stamps, etc. with a referral made on the clients behalf for AAA Services and paperwork provided to the client on the other services to facilitate their entry into the system. This service is provided by the I&A Coordinator or back-up staff who provide this service on their intake day. All staff is rotated for their intake day which is also their staff development day. AAA staff is cross trained on all program eligibility, community resources and problems specific to the elderly population through



staff in-services, staff reading files, newsletter e-lists and an all inclusive training file which can be accessed by all staff on their computers. The I&A Coordinator and Community Coordinators follow up on clients needing universal assessment and case management. This service is in the beginning stages with more training and organization planned for FY 06.

The Staff I&A Coordinator and staff committee continued altering the agency pre-screen intake form to make it a better pre-assessment tool to be used on new clients contacting the agency for assistance. This tool includes a nutrition risk assessment that helps the community coordinators and nutrition coordinator to prioritize who should receive homebound meals. The new form is now a tool that can be used to pre-assess the needs of the whole person and provide referrals for wrap-around services to meet all of the clients needs holistically.

In Fiscal Year 2005, Information and Referral was challenged due to not having a data base available for input of client data and documentation. This has made the program less efficient than desired and has resulted in a loss of tracking numbers of clients served. It has caused unnecessary duplication of client information and has also made client follow-up very difficult. Our agency put some thought into designing our own data base system, but felt it would be best to wait for AIMS to be updated to fulfill these needs. In the meantime a staff monthly report has been developed to track program by program data and information needed for reports, staff accountability quality assurance and identification of problems. These reports are being compiled into a master report to track data. For FY 06, the agency has hired a new employee who will assume the roles of AIMS Manager, Quality Assurance, Grant writing and management and Health Prevention. This person will oversee and monitor data collection for I & A and all other programs.

The whole staff acts as agents of the I&A process. The staff met with ADSS IT staff at a staff meeting to discuss frustrations and alterations that could be made in AIMS to accommodate more inclusive client information, easy access to staff information on what services client may already receive and a note section for ongoing narratives of clients that can be accessed by all staff when they are working with a client and need to follow up with where they are in the process. This will help to give process more credibility, save time and frustration for staff and client, eliminate duplication and ensure more follow-up through accountability. The I&A Coordinator will be responsible for monitoring this process of follow-up and monitoring. This is great accomplishment and the AAA is grateful to the ADSS IT Staff for their assistance.

For FY 06 the AAA will continue on the process to provide a successful I&A program accessed through a single point of entry for all senior services. The program goals will become more defined and the process will be ready to seek outside grants to help finance the implementation of the whole process with a training module to be developed for future staff and outside agency partners.

**SHIP/MEDISMART FY 05-06:** In FY 05, the AAA lost its committed SHIP Coordinator to retirement. It took several months to find a qualified coordinator and the program is centered to accomplish its goals for FY 06. All staff at the AAA is cross-trained to assist the SHIP Coordinator and work as SHIP Counselors. Because there has not been a permanent SHIP Coordinator in place January-June 2005, there has been a decreased level of volunteer involvement this fiscal year. Increased focus will be given to existing SHIP counselors (volunteer and in-kind) to make sure they are as adequately trained and involved as they are able. Volunteer activities will include: general SHIP client counseling, distribution of SHIP information materials, presentations, and other administrative functions. The main focus of the SHIP program October 2005 through May 2006 will be Medicare Part D. It is anticipated that the volume of SHIP referrals/counseling will continue to increase during this period.

**Medicaid Waiver:** The AAA has hired a Registered Nurse to oversee the Medicaid Waiver (MW) Program. In FY 2006, the AAA was finally able to staff the MW with a one case manager per county. Currently, the AAA has 189 MW slots but intends to work very closely with the Alabama Department of Senior Services to increase the number of slots. To qualify for MW (or the Elderly & Disabled Waiver), a client must meet both financial and medical criteria. The financial requirement is that clients must be on full Medicaid [those persons receiving Supplemental Security Income (SSI) or State Supplementation]. To meet the medical component, the clients must be medically eligible for nursing home care through the Alabama Medicaid Program. The medical qualification must be established through the client's physician completing and signing an eligibility form. The doctor certifies that the client is nursing home eligible. There is no age requirement for this program.

**Legal Services:** The legal services program of the AAA is funded through Title III of the OAA. The AAA continues to provide legal services pursuant to a waiver granted by the Alabama Department of Senior Services. The legal services provider supervises the State Health Insurance Assistance program and actively works in this program, as well as supervising the Elder Rights department of the AAA (which includes the office of the Long-term Care Ombudsman). The eligibility criteria for legal services are as follows: 60 years of age or older and living in one of the AAA's counties. Priority is given to those who are homebound and/or socially or economically underprivileged. In FY 2005, the legal services program provided assistance to 227 clients, with 5% being African-American or minority, 30% being 80 years of age or older, 30% being frail (homebound due to hospice or disability), 62% being rural, and 61% being impoverished.

**Greater Birmingham Community Foundation Grant**

This grant was for the Mr. Fix-it home maintenance program. The grant was for \$20,000 to hire a coordinator of the program for 18 months and ended after the first quarter of FY 05. The grant was successful although the AAA did not have

the funding or staff to continue the program. The AAA attempted to keep the program working with senior aides but was not successful in finding individuals to fill the positions.

**Shelby County Health Foundation Grant**

This grant is for FY 05 and is being applied for FY 06. This grant helps to support the Homebound Program in Shelby County by providing the funding for more homebound meals than budgeted, providing weekend and holiday meals for homebound, emergency meals for all participants needing meals, financial assistance to transport meals, and financial assistance for a part-time homebound coordinator. FY 06 this grant will include \$5, 000 for Emergency Response Systems such as life line for 15 clients.

**Walker County Community Health Foundation Grant**

A small grant was received to provide fax machines and recreational supplies to the six senior centers in Walker County.

**EMERGENCY/DISASTER PLAN**

Please see Appendix I

## **Part II:**

### **Section I: Goals and Objectives for 2007-2010 (AAA)**

In determining its goals for the next four years, the AAA recognizes the most important trend in aging: the drastic change in the aging demographic. In other words, not only is the population of seniors growing due to the “Baby Boomers” but also the current population of seniors is living longer with the 85 and older age group becoming the “fastest growing segment of the population” (*Prepared Statement 1*). Not only will this demographic change create at least 3 different groups of the senior population, with each accessing services differently and demanding different types of services, this demographic change will also increase the need for funding and for the aging network to work collaboratively on advocacy issues.

The previous Area Plan focused on the total reorganization of the AAA. This in itself has put the AAA in the unique position of having to review where the Agency is administratively. At the beginning of this transition, there were only four employees at the AAA. There was little if any infrastructure. The only program in-house was the Medicaid Waiver program. New program development has occurred in seven areas. Currently, there are 19 full-time positions and 6 part-time positions at the AAA. The Agency was located in Chilton County and was moved to Shelby County in FY 2005. In addition, in June 2006, the AAA will move into a new building funded and supported by the City of Calera and the Shelby County Commission.

The fast administrative and programmatic growth of the AAA, therefore, necessitates the development of not only programmatic goals for the AAA but also administrative goals and objectives for the AAA.

The goals for the AAA for 2007-2010, therefore, focus on administrative functions as an Area Agency on Aging; increasing funding and funding sources; working collaboratively with local, nonprofit and other service agencies to meet the critical needs of the AAA target population; increasing access to home and community-services; providing evidence based health and wellness programs; and the AAA serving as a true single-point of entry for the aging network.

**Goal: To develop a professional administrative infrastructure of the AAA.**

#### **Objectives:**

- The AAA will develop appropriate job descriptions and evaluation forms for all AAA full-time and part-time positions to be reviewed annually.
- The AAA will update employee policies and procedures every three years and submit any changes to the Board of Directors for approval.

- The AAA will conduct salary comparison utilizing most recent research conducted from County and other Regional and State salary surveys to create a fair and justified salary scale for all job descriptions. The AAA will update salary scale when new research is conducted regionally and thereafter every five years to enable agency to attract and sustain qualified, professional staff.
- The AAA will annually provide Board of Directors with COLA information and research of cost of living increases awarded to County and State agency personnel. The AAA will seek local funding if programs can not sustain the COLA increases.
- The AAA will develop new employee orientation training and booklet.
- The AAA will develop 90-day expectation plan for all new full time program staff.
- The AAA will complete 90-day, 6-month and annual evaluations on all new employees and annual evaluations on all existing employees. The AAA will develop action plans for any employees not meeting expectations.
- The AAA will send all management staff to supervisory/management training programs at least bi-annually.
- The AAA will provide on-going professional development for all agency staff.
- The AAA will require all staff to complete goals and objectives annually to include personal development.
- The AAA will review its insurance annually and ensure adequate coverage.
- The AAA will review annually with staff emergency plan, HIPPA and client confidentiality, personnel records, infection control and agency employee ethics, policies and procedures.
- The AAA will provide all staff and Board members with adequate administrative support.
- The AAA will develop orientation and booklet for all new Board members.
- The AAA will increase communication with Board of Directors.
- The AAA will have all Board Members to sign confidentiality and conflict of interest statement annually.
- The AAA will provide Executive Director with adequate administrative support for planning and development.

**Goal: To increase positive perception of Area Agency on Aging.**

**Objectives:**

- The AAA will ensure all staff complete orientation to Area Agency on Aging and Aging network. The AAA will provide ongoing professional development for staff.
- The AAA will ensure it has adequate, trained administrative support.
- The AAA will develop the Board and Advisory Council
- The AAA will publish a quarterly newsletter.

## *Middle Alabama Area Agency on Aging Area Plan 2007 - 2010*

- The AAA will continue with staff visibility in communities.
- The AAA will encourage Executive Director and Program Coordinators to become more visible in communities through visits, community roundtables and media interviews.
- The AAA will work more collaboratively with local media sources to promote AAA and write articles of interest to seniors.
- The AAA will provide public officials and community at large with information on role of Area Agency on Aging and how AAA is funded.
- The AAA will provide annual report to legislators, county commissions, municipalities, vendors and contractors.
- The AAA will offer to work with other local entities and educational institutions on grant development and collaborative partnerships.
- The AAA will present advocacy issues to the public.
- The AAA will conduct interest and needs assessments and communicate results.
- The AAA will require all agency staff work with the highest integrity, maintaining positive attitudes and professional work ethic at all times.

**Goal: To increase the funding and funding sources of the AAA.**

### **Objectives:**

- The AAA will continue to request all county commissions to contribute funding and enter into planning and/or service contracts with the AAA.
- The AAA will require all cities with senior centers to enter into Memoranda of Understanding with the AAA, thereby providing matching funds that cover the cost of the physical location of the senior centers (i.e., space, utilities, phone, maintenance, janitorial services).
- The AAA will require Memoranda of Understanding from counties for senior centers in unincorporated regions of the PSA and will obtain a waiver from the ADSS to operate and manage these senior centers.
- The AAA will establish community partnerships, such as with United Way, which may be potential funding sources in the future.
- The AAA will work toward changing the perception of Title III services as entitlement programs to community-supported and community-based cost-share programs.
- The AAA will continue to apply for local foundation grants, such as, the Greater Birmingham Community Foundation Grant, the Shelby County Health Foundation Grant, the Walker County Community Health Foundation Grant, the Hill Crest Foundation, ADSS grants, the Alabama Caring Foundation Grant, and other local grants.
- The AAA will investigate the possibility of linking with private and public partnerships to enhance services to seniors in PSA.

- The AAA will look at the possibility of outside grants with national public and private entities for new program initiatives or to enhance existing programs and services.
- The AAA will investigate the possibility of forming a non-profit entity managed by the AAA to receive private funding, donations and possibly provide some direct services for the AAA.

**Goal: To work collaboratively and develop partnerships with other service organizations, public/private entities, and nonprofit organizations to identify and meet the most critical needs of the AAA target populations and to maximize the AAA funding.**

**Objectives:**

- The AAA , through the Alabama Cares Program, will work with the Alabama Caring Foundation, a division of Blue Cross-Blue Shield, to provide match money for Foundation grants to help pay for health insurance scholarships for children of custodial grandparents who do not qualify for All Kids. Blue Cross will match this program 50%. This program can help up to 120 grandparents caring for their grandchildren to receive health insurance therefore relieving some stress and financial pressure from the grandparent. This program will be a collaborative effort of the AAA between the Alabama Cares Program and the SHIP Program.
- The AAA will continue to partner with local governments to determine and meet the critical needs of its target population.
- The AAA will partner with the Sheriff Departments and local law enforcement for effective Elder Abuse Prevention and Fraud Education Programs.
- The AAA will work in collaborative partnerships with local law enforcement for expansion of Project Lifesaver Programs, to include advocacy and education on dementia and related disability issues.
- The AAA will host roundtable discussions on senior issues and trends and invite relevant public and private service organizations (such as home health agencies, long-term care facilities, County Departments of Mental Health and Public Health, County Departments of Human Resources, Community Action, American Red Cross, etc.) to attend.
- The AAA will conduct a needs assessment in collaboration with United Way. This assessment will be used for both short-term and long-term planning for the AAA.
- The AAA will advocate for regional transportation services for elderly and disabled individuals.
- The AAA will work with its counties to find alternate means of transportation, such as ClasTran.
- The AAA will work with ClasTran on its Contracts and Standards Committee to advocate for better planning and transportation service options in the rural areas of the PSA.,

- The AAA will seek alternative sources of funding to help supplement and develop a senior center transportation program that includes other options such as shopping and recreational trips.
- The AAA will work with its contractors to develop a volunteer homebound program for meal delivery and other in-home services.
- The AAA Director will continue to serve on the United Way Planning Committee.
- The AAA Director will continue to serve on the Legislative Emergency Health Care Response Commission.
- The AAA will work on planning committees with the local County Emergency Management Agencies (EMA) and Department of Public Health (DPH) on emergency response issues related to natural disasters and potential pandemic flu epidemic.
- The AAA will work to establish local relationships with the local health departments for flu vaccine clinics and evidence based health promotion and disease management programs.
- The AAA will establish relationships with UAB and other health care providers and researchers to bring clients into existing and potential evidence based disease management programs.

**Goal: To increase access to community and home-based services which will not only provide greater independence and quality of life to seniors but also maximize existing funding.**

**Objectives:**

- The AAA will seek sponsors to provide more emergency response systems to homebound clients.
- The AAA will apply for local grants to increase the number of emergency response systems, like Lifeline, so that homebound and/or frail seniors can remain at home and independent.
- The AAA will work toward partnering with existing service providers and community groups to develop a telephone reassurance program for homebound clients and also for caregivers.
- The AAA will provide additional weekend meals to assure that no senior is without food where funding is available.
- The AAA will provide frozen meals to rural and isolated seniors living outside the normal service delivery area.
- The AAA will provide liquid supplements to clients on doctor's recommendation.
- The AAA will write grants to foundations and other entities to increase revenue to expand both the congregate and homebound meal programs.
- The AAA will seek more local support from individuals and the religious and business community to increase sponsorships and revenue to expand the congregate and homebound meals program and the delivery of homebound meals.



- The AAA will use any potential excess budgeted meals to target rural seniors who can now be served through door-to-door delivery of frozen meals by statewide vendor, Valley Food Services.
- The AAA will request more funding from ADSS and work with ADSS to advocate for increased funding for all senior services.
- The AAA will request of ADSS and the local legislative delegation for an equitable distribution of Medicaid Waiver slots from ADSS for the PSA based on demographics.
- The AAA will work with ADSS to advocate for an equitable funding formula for senior services.
- The AAA will work with ADSS to advocate for adequate funding for senior services from both state and federal officials.
- The AAA will request technical assistance from the ADSS to develop an equitable funding distribution on the local level as there is no funding formula currently utilized.

**Goal: To increase the health and well-being of senior center participants, other AAA seniors and homebound clients by promoting evidence based programs that promote healthy lifestyles and provide health prevention education.**

**Objectives:**

- The AAA staff will receive training on topics such as dehydration, fall prevention, depression, incontinence, nutrition and promoting healthy lifestyles.
- The AAA will provide center managers each month with a daily health and safety tip calendar in an effort to increase health awareness amongst senior center participants.
- The AAA will provide center managers each month with an educational packet to use to teach center participants about health promotion and/or disease prevention.
- The AAA will provide center managers with health and safety brochures and other literature to be delivered with homebound meals.
- The AAA staff will be provided with presentations to give to designated senior centers once a month. Topics to be included: new Medicare Part D benefits, exercise, depression screenings, services provided by the AAA, and "Senior Wise." This latter program's focus is on medication management, health issues with hot and cold weather, the importance of drinking water, health journals, and exercises.
- The AAA will promote and host a walking program modeled from a Blue Cross/Blue Shield initiative. This program will provide participants with a pedometer, water bottles, stress and exercise balls and fans. Many materials used in this program will be printed with health messages to remind client to be "Senior Wise!" This outreach program will be extended to non-title III senior groups and programs requesting participation.

- The AAA will start a Health Aging Partnership in collaboration with the local Health Department, Mental Health, Red Cross and others to facilitate collaborative evidence based programs to improve the health of our seniors in areas such as immunization, fall prevention, nutrition, physical activity and the prevention of alcohol and prescription drug abuse.
- The AAA will work with the local health department on clinics for flu and pneumonia vaccines.
- The AAA will work to develop with a local partner a chronic disease or safety self management program for seniors on dehydration and fall prevention.
- The AAA will continue to participate in health fairs and disseminate health prevention supplies and messages, including 7-day pill boxes, health journals, water bottles, stress/exercise balls, fans with health messages and other printed health materials.
- The AAA will work to develop a depression screening/referral program with the State Department of Mental Health and the local Mental Health Authorities.
- The AAA Staff and Senior Center Managers will be provided with training and training materials to assist and encourage seniors to have a Family Emergency Plan in the event of inclement weather, a natural disaster or pandemic flu epidemic.

**Goal: To provide senior services through a single-point-of-entry model.**

**Comments:**

The AAA has become increasingly aware that its vision and implementation of a single-point-of-entry (SPE) model for senior services varies greatly from the state and national models.

In FY 2006, both the Executive Director and the Legal Services Provider of the AAA participated in the CIRS-A (certified information and referral specialist-aging) training at the SE4A (Southeastern Area Agencies on Aging) Conference. Both subsequently passed the CIRS-A examination and are certified. As a result of the CIRS-A training and by examining both the state and national models, the AAA is convinced that these models alone will not be adequate to meet the needs of the AAA's target population. The state and national models are information based, whereas the AAA's model is client based. The state and national models rely upon databases of information which must constantly be updated. The AAA's model relies upon a highly trained staff committed to serving the target population through research, advocacy, and one-on-one counseling.

The implementation of Medicare Part D provides a clear example of how an information and referral based SPE system will not meet the needs and demands of the target population. After all, the target populations of the AAA are the frail, socially isolated, homebound, and poor seniors. It is highly doubtful that these populations of seniors have access to the Internet (to avail themselves of

www.medicare.gov), can find the appropriate toll free numbers and then negotiate the complex automated voice messaging systems set-up by the federal government. It is important, however, to remember that this is the target population designated for information, services, and planning by the OAA. That being said, the AAA recognizes the importance of a telephone hotline for senior services which provides telephone numbers for referrals and basic information to those inside and outside the target population. In other words, not every senior needs one-on-one counseling but most of the seniors in the AAA's target population do.

Therefore, the AAA strongly believes that there needs to be a combination of the information or database-SPE model and the client-centered SPE model. Furthermore, the AAA finds support for its client-centered SPE model in the following statement made by n4a: "AAAs serve as a single point of entry for the complex and fragmented range of home and community-based services for older adults and their caregivers ..." (*Prepared Statement 1*). Perhaps most seniors of the Baby Boomer generation can negotiate this "complex and fragmented range" of services. But it's been the experience of the AAA that most seniors in our target population cannot. Baby boomers are more inclined to utilize web-based services for information, referral and communication. The AAA will work in the future towards a web-based component of its SPE program. The AAA recognizes that by providing web-based information and educational services to web savvy seniors and caregivers it may be preventing future problems these individuals may experience. The AAA does believe that any individual who is at a point of frustration or crisis needs the support, expertise and counseling of an empathetic professional to communicate with personally regarding their individual needs and problems. Therefore, this AAA intends to provide this level of service to its constituents. The AAA also recognizes the need to develop research to document the need and preference by seniors for person-centered services verses technology-based services.

**Objectives:**

- The AAA will continue to staff incoming calls during normal working hours with a person and not an automated phone system.
- All staff will be trained to communicate with target population of elderly and disabled.
- The AAA will ask for additional funding from local governments and from ADSS for its single-point-of-entry model.
- The AAA will hire a qualified Information and Referral Coordinator who will be a community and home-based coordinator.
- The AAA will identify the needs of its target population through the I&R program and partner with existing community and home-based services providers to meet the most critical needs.
- The AAA will work toward developing a volunteer program for it's I&R (single-point-of-entry) and SHIP programs to meet the needs of its target

- populations, provided that the state and federal governments recognize the necessity of such programs by designating adequate funding.
- The AAA will continue to train its staff on current resources, contacts, and potential and existing services for seniors in its PSA.
  - The AAA will continue to cross train staff on all AAA and Government benefit program qualifications.
  - The AAA will provide staff with reading and training materials, staff in-services and outside training opportunities to enable staff to be well informed to provide individuals with information and counseling through the intake screening, universal client assessment and case management process to provide holistic services.
  - The AAA will hire a Coordinator in each county to work with the I&R Coordinator on community and home-based services as the counties in its PSA designate funds for such a partnership. Such a partnership will target the frail, elderly homebound and the coordinator will be responsible for a universal assessment for such clients.
  - The I & R Coordinator and local community coordinators will work to establish private, public and non-profit partnerships in local communities to help meet the growing needs of home and community based clients.
  - The AAA will follow best practices for case management.
  - The AAA will encourage all I & R and case management staff to become AIRS certified.
  - The Executive Director and Elder Rights Attorney will remain active in AIRS organization and keep certification current.
  - The AAA will work towards the future development and maintenance of a website for educational and outreach purposes.
  - The AAA will document the history of the I & A process, develop best process for capturing data and will seek grant funding for model program which can be duplicated in other areas.

**M4A Program Goals:**

**Nutrition Project Goals and Objectives**

**Goal: To provide adequate preventive health services to help seniors remain at home independently.**

**Objectives:**

- The AAA will promote the senior nutrition program throughout the counties to assure that every older person has access to nutrition and other services to meet their needs.
- The AAA will encourage participation in the congregate nutrition program when possible so that opportunities for recreation and social interaction are made available to seniors.
- The AAA will provide additional weekend meals to assure that no senior is without food where funding is available.
- The AAA will provide frozen meals to rural and isolated seniors living outside the normal service delivery area where funding is available.
- The AAA will provide liquid supplements to clients on doctor's recommendation where funding is available.
- The AAA will provide a Needs Assessment and follow-up assistance to seniors who may require services in addition to meals.

**Goal: To increase all eligible meals and stay within meal budget.**

**Objective:**

- The AAA will educate Center Managers, participants, public officials and the public about what are an eligible meal and the need for increased community support to expand program.

**Goal: To increase revenue for eligible meals to exceed Title III meal budget.**

**Objectives:**

- The AAA will educate the senior participants on why cost sharing is important and necessary.
- The AAA will increase the suggested donation rate.
- The AAA will develop private pay meals-on-wheels alternative for those on a waiting list or those who choose to privately pay for their meal.
- The AAA will write grants to foundations and other entities to increase revenue to expand meals.
- The AAA will seek more local support from individuals and the religious and business community to increase sponsorships and revenue to expand meals.
- The AAA will request more funding from ADSS.

**Goal: To increase congregate meals in all centers not serving 20 or more clients at center.**

**Objectives:**

- The AAA will increase congregate participation by informing media of events at senior centers and putting flyers on local bulletin boards and in churches.
- The AAA will work collaboratively with cities and towns to increase interest and participation.

**Goal: To evaluate homebound program to ensure accountability and efficiency.**

**Objectives:**

- The AAA will evaluate all homebound clients for nutritional risks and eligibility.
- The AAA will review all homebound routes with paid drivers and determine efficiency.

**Goal: To decrease number of clients receiving more than one meal to assist with increasing clients in unincorporated, rural areas receiving frozen meals.**

**Objectives:**

- The AAA will convert meals with no means of delivery or inefficient means to frozen door-to-door delivery.
- The AAA will establish an unincorporated homebound meal category and begin serving rural isolated seniors with other meal options such as frozen door-to-door and liquid supplements where funding is available.

**Goal: To improve socialization and well-being of homebound clients receiving frozen meals by increasing telephone reassurance and friendly visits.**

**Objectives:**

- The AAA will increase volunteers by writing letters to churches, civic groups and encouraging articles in local paper(s) and solicit support from fire and police departments.
- The AAA will develop a telephone reassurance program using center participants, volunteers, and local fire departments to call isolated homebound receiving frozen meals.
- The AAA will encourage clients to sign-up for a Telephone Reassurance Program offered through the United Way.
- The AAA will develop a pen pal program with local schools for isolated homebound meal clients receiving frozen and hot meals.

**Goal: To decrease liability risk of nutrition program for AAA, Board of Directors, local officials, volunteers.**

**Objectives:**

- The AAA will ensure that all centers have adequate liability and property insurance.
- The AAA will ensure that Board of Directors has Directors and Officers insurance.
- The AAA will provide adequate instructions and training for volunteers delivering meals.

**Goal: To decrease waiting lists.**

**Objective:**

- The AAA will find other sources of revenue to cover costs of meals and offer private pay and sponsored meals to those on waiting lists.

**Goal: To improve the nutritional risk of clients.**

**Objective:**

- The AAA will evaluate all nutrition program clients for nutritional risks and will refer client to other health services and resources to improve overall quality of life for those at high nutritional risk.

**Goal: To improve education for center managers.**

**Objective:**

- The AAA will provide Center Managers with adequate training by planning and scheduling 2 regional trainings per year, 2 countywide meetings per year and one-on-one instruction where needed.
- Center Managers will be provided with ongoing educational and instructional materials.

**Goal: To increase reported numbers to accurately show number of clients served and to meet all reporting requirements.**

**Objectives:**

- The Nutrition Coordinator will schedule monthly meetings with Quality Assurance Coordinator to review all data.
- The Nutrition Coordinator will monitor work of the data entry clerk to ensure accountability and accuracy.
- The Nutrition Coordinator will request Technical Assistance from ADSS when necessary.
- The Nutrition Coordinator will review the current methodology for documenting monthly activities and will work collaboratively with other staff

- and ADSS to ensure that effective methodologies developed and implemented to report accurate data.
- The Nutrition Coordinator will work with relevant staff to identify problems and to develop effective strategies for addressing problem areas.
  - The Nutrition Coordinator will ensure that all staff and nutrition program contractors are trained to do reporting accurately.
  - The Nutrition Coordinator will work with all program areas to increase number of clients served by AAA.

### **Health Promotion and Disease Prevention Goals and Objectives**

#### **Goal: To increase the Health Prevention and Public Education units**

##### **Objectives:**

- The AAA will provide educational materials to Center Managers, staff and volunteers.
- The AAA will educate Center Managers and staff on definition of Health Prevention and Public Education units of service.
- The AAA will provide mechanism to report accurate data on units of service.
- The AAA will ensure that data is accurately reported in AIMS.

#### **Goal: To increase the health and well-being of senior center participants, other AAA seniors and homebound clients by providing monthly health prevention and other education materials.**

##### **Objectives:**

- The AAA will provide center managers each month with a daily health and safety tip calendar in an effort to increase the amount of health education per center.
- The AAA will provide center managers with monthly educational packets on a variety of health and safety topics to share with senior center participants.
- The AAA will provide center managers with health and safety brochures and other literature to be delivered with home-bound meals.
- The AAA will provide other senior groups with information calendars, packets, brochures and a speaker when requested.
- The AAA will train all staff to accurately report data.
- All data will be entered into the AIMS reporting system.

#### **Goal: To increase the health and well-being of seniors by promoting evidence based programs that promote healthy lifestyles and provide health prevention education.**



**Objectives:**

- The AAA staff will receive training on topics such as dehydration, fall prevention, depression, incontinence, nutrition and promoting healthy lifestyles.
- The AAA will provide center managers each month with a daily health and safety tip calendar in an effort to increase health awareness amongst senior center participants.
- The AAA will provide center managers each month with an educational packet to use to teach center participants about health promotion and/or disease prevention.
- The AAA will provide center managers with health and safety brochures and other literature to be delivered with homebound meals.
- The AAA staff will be provided with presentations to give to designated senior centers once a month. Topics to be included: new Medicare Part D benefits, exercise, depression screenings, services provided by the AAA, and “Senior Wise.” This latter program’s focus is on medication management, health issues with hot and cold weather, and the importance of drinking water, health journals, and exercises.
- The AAA will promote and host a walking program modeled from a Blue Cross/Blue Shield initiative “Walking Works!” This program will provide participants with a pedometer, water bottles, stress and exercise balls and fans imprinted with wellness messages. Many materials used in this program will be printed with health messages to remind client to be “Senior Wise!” This outreach program will be extended to non-Title III senior groups and programs requesting participation.
- The AAA will encourage one center manager per county to attend PACE exercise training program. Centers targeted include the Clanton Senior Center, Calera Senior Center, Pell City Senior Center, Oneonta Senior Center and the Sumiton Senior Center.
- The AAA will investigate the possibility of beginning a “Bone Builders” program in collaboration with AARP volunteers.
- The AAA will start a Health Aging Partnership in collaboration with the local Health Department, Mental Health, Red Cross and others to facilitate collaborative evidence based programs to improve the health of our seniors in areas such as immunization, fall prevention, nutrition, physical activity and the prevention of alcohol and prescription drug abuse.
- The AAA will work with the local health department on clinics for flu and pneumonia vaccines.
- The AAA will work to develop with a local partner a chronic disease or safety self management program for seniors (for example, on dehydration and/or fall prevention).
- The AAA will continue to participate in health fairs and disseminate health prevention supplies and messages, including 7-day pill boxes, health journals, water bottles, stress/exercise balls, fans with health messages and other printed health materials.

- The AAA will work to develop a depression screening/referral program with the State Department of Mental Health and the local Mental Health Authorities.
- The AAA Staff and Senior Center Managers will be provided with training and training materials to assist and encourage seniors to have a Family Emergency Plan in the event of inclement weather, a natural disaster or pandemic flu epidemic.
- All data from existing and new programs will be documented, reviewed for accountability and entered into reporting system.

### **Quality Assurance Goals and Objectives**

**Goal: To improve accountability by improving the accuracy of data collected from the senior centers, contractors and program staff.**

#### **Objectives:**

- Develop a simple training program to orient all new and existing staff on accurate reporting procedures, definitions and use of the AIMS reporting system.
- Redesign data collection form for each department to maximize accurate recording of outreach efforts.
- Record data monthly into a central database designed to classify data by county and program outreach efforts.
- Make sure all data is reported accurately in AIMS.
- Prepare reports of data as needed by Executive Director, Board of Directors or individual program directors.
- Review program/outreach data, AIMS reports, and identify potential problems.
- Assist with planning and development of Area Plan and Annual Operating Element.
- Assist program staff with information retrieval and documentation for ADSS and other grant or contract monitoring.

**Goal: To increase grant funding to support existing programs and future programs that will enhance the quality of life for seniors.**

#### **Objectives:**

- Garner funding through area foundations to pay for program expansion and new initiatives.
- Garner funding through national and/or local grants to enhance and improve single-point-of-entry Information and Assistance Program.
- Garner funding to launch a computer program in centers where it is feasible, requested and local support is available to keep program maintained.
- Garner funding for additional projects as the need arises.

- The AAA will ensure that all data collected from grant funded programs will be entered into AIMS reporting system to document number of clients served by PSA.

**Goal: To increase professional development.**

**Objectives:**

- Schedule and plan monthly staff in-service meetings and provide quarterly schedule to all staff.
- Require staff to attend training programs.
- Plan and schedule annual staff retreat.
- Staff will be provided with monthly reading file.
- Make available staff development presentations, articles and resources in a learning file located on the computer F drive.
- Collaborate with local governments and agencies to provide education for staff with joint resources.
- Work collaboratively with local governments and other organizations on projects.

**Alabama Cares Goals and Objectives**

**Goal: To reduce the long waiting lists and inappropriate Alabama Cares referrals.**

**Objectives:**

- Establish clear guidelines on who is eligible for Alabama Cares.
- Address issue of inappropriate referrals in contracts with home health agencies.
- Train staff, outside agencies (particularly home health agencies) and Board members on eligibility requirements of the Alabama Cares program.
- Eliminate duplication on waiting lists.
- Eliminate Medicaid Waiver clients on waiting lists and other duplication of services.
- Return all inappropriate and incomplete referrals.
- Implement cost sharing plan to expand service capability.
- Make appropriate referrals to other agencies to assist those on waiting lists,

**Goal: To change the perception of the Alabama Cares program as a homemaker service provider for care recipients.**

**Objectives:**

- Train home health agencies and other service agencies, including social workers who make referrals to the Alabama Cares Program.

- Establish clear guidelines to include the following: the caregiver must provide 20 hours of care per week to be eligible for paid respite or supplemental services.
- Require an affidavit that caregiver provides 20 hours of service per week to qualify and verify the identity of the caregiver.
- Ask open-ended questions when conducting intake, phone or in home assessments.
- Openly communicate with providers and provide with feedback on referrals and client services.

**Goal: To monitor the Alabama Cares program for greater accountability.**

**Objectives:**

- Program will be monitored by supervising RN.
- Program will have set expectations and goals and objectives.
- Require timely reports by contractors and program staff.
- Review program plan every six months and determine if program guidelines are working.
- Survey ten clients randomly every quarter.

**Goal: To reduce duplication of paperwork.**

**Objectives:**

- Utilize universal assessment and train staff on how to use assessment tool effectively.
- Require Alabama Cares staff learn program requirements of all other resources they can refer existing clients to for additional assistance.
- Enter into interagency and client agreements to share intake form and/or universal assessments for client referrals.
- Refer clients on waiting lists to outside services they may qualify to receive.
- Better define Alabama Cares system for staff and community at large..
- Train staff to document using best practices.
- Provide AIMS training of all staff and develop better collaboration with ADSS to communicate the needs of the Alabama Cares program.

**Goal: To provide community education and support to prevent caregiver burnout.**

**Objectives:**

- Alabama Cares will provide a quarterly newsletter to caregivers, senior center participants, direct service providers and case managers. The focus of the newsletter will be educational and to inform caregivers and those working with caregivers on available resources.

- Alabama Cares will identify existing caregiver support groups in the 5 county area and partner with them on caregiver education and support. The caregiver program will develop and maintain other caregiver support groups where there is an interest and an identified need for education and support.
- Alabama Cares will work collaboratively with other agencies and service providers to provide education and awareness and to increase services and resources.
- Alabama Cares will develop and coordinate quarterly Learn-n-Lunch programs at community sites on such topics as: children of aging parents, depression, community resources, Alzheimer's, etc.
- Alabama Cares will identify local resources and individuals who are experts in the senior and aging field to create a speakers bureau.
- Alabama Cares will participate in health fairs, senior events, etc. to disseminate health prevention information at least 2 times per year.
- Alabama Cares will provide news releases/articles quarterly on senior and aging issues to local newspapers in the 5 county areas.

**Goal: To provide caregivers with assistance to help them to sustain care recipient in the home environment.**

**Objectives:**

- Alabama Cares will provide case management, information and referral, individual counseling and support to all caregivers. (active, inactive and waiting list)
- Active Alabama Cares clients will be assessed for services and have a care plan developed utilizing contracted services or services provided through referral and case management.
- Alabama Cares will have quarterly contact with all active clients basis via phone or home visit.
- Alabama Cares will be cross trained in other area such as insurance counseling, medication assistance and other program eligibility for direct assistance to client or care recipient.
- Alabama Cares will survey clients in August of each year by phone or written survey to determine gaps in services, unmet needs and satisfaction with current services.
- .Alabama Cares will contract with other service providers to provide one time grant funding for expansion of client services or other unmet needs where funding is available.

**Goal: To work collaboratively with Educational Institutes and Health Care Providers to inform caregivers of researched based health prevention programs and disease management programs.**

**Objectives:**

- Alabama Cares will collaborate with other individuals/resources to provide a minimum of five trainings on topics which are evidence based for caregivers, contractors and agency staff.
- Alabama Cares will investigate the availability of research programs to assist caregivers and their care recipient and will make this information available through newsletter and support group meetings.
- Alabama Cares will schedule a meeting in October 2006 with The UAB Center for Aging, the UAB Alzheimer Family Program and the UAB School of Public Health to establish a working relationship and to determine potential areas of partnership.

**Goal: To increase numbers to accurately show number of clients served and to meet all reporting requirements.**

**Objectives:**

- The Alabama Cares Coordinator will schedule monthly meetings with Quality Assurance Coordinator to review all data.
- The Alabama Cares staff will enter all AIMS data and will monitor to ensure accountability and accuracy.
- The Alabama Cares Coordinator will request Technical Assistance from ADSS when necessary.
- The Alabama Cares Staff will review the current methodology for documenting monthly activities and will work collaboratively with other staff and ADSS to ensure that effective methodologies are developed and implemented to report accurate data.
- The Alabama Cares Staff will work with relevant AAA staff to identify problems and to develop effective strategies for addressing problem areas.
- The Alabama Cares Staff will ensure that all AAA staff and program contractors are trained to do reporting and billing accurately.
- The Alabama Cares Coordinator will work with all AAA program staff to increase number of clients served by AAA.

**Legal Services Goals & Objectives**

**Goal: To develop an effective and comprehensive legal services program at the AAA that meets both the requirements of the OAA and State Plan.**

**Objectives:**

- The Legal Services Coordinator will seek relevant advice from the Executive Director, State Coordinator, and other in-house attorneys in providing legal assistance related to income; healthcare; long-term care; nutrition; housing; utilities; protective services; defense of guardianship; abuse; neglect; and age discrimination.

- The Legal Services Coordinator or legal assistant under the supervision of an attorney will provide assistance to those individuals 60 years of age or older in the PSA who are being abused, neglected or financially exploited or who need assistance with public benefits, healthcare, housing, nutrition, autonomy or consumer issues. Although the Legal Services Program has been able to assist seniors who have been financially exploited, it is rare that a senior who has been abused or neglected contacts the Area Agency on Aging. Therefore, the Legal Services Provider will work with the Executive Director to develop a plan to educate those in the public sector who come into contact with seniors who may be victims of abuse, neglect or financial exploitation. The goal of education will be equip these groups to recognize the signs of abuse and neglect in the elderly. Another goal of education will be to increase public awareness of the prevalence of elder abuse and neglect.

**Goal: To serve first and give priority to those clients designated for targeting by the Older Americans Act.**

**Objectives:**

- The Legal Services Coordinator will work with the Executive Director, local groups (government, nonprofit, religious, or civic) and other contacts to develop relevant outreach programs in the PSA.
- The Legal Services Coordinator, legal assistant, or staff will schedule outreach events at senior centers and other focal points, particularly those centers and focal points in rural areas or focal points for minority or limited English proficiency seniors.
- The Legal Services Coordinator will continue to work with the Information and Referral Coordinator and all AAA staff who participate in the intake process to recognize and prioritize for services those clients who are 85+ years of age, poverty-level, minority and/or rural.
- The Legal Services Coordinator will continue to work with the Information and Referral Coordinator and other staff who participate in the intake process to recognize and prioritize for services those seniors who are homebound, on hospice, or residents of long-term care facilities.
- The Legal Services Coordinator will continue to work with the Long-term Care Ombudsman to make long-term care residents and nursing home staff aware of the legal services program.
- The Legal Services Coordinator will continue to work with the SHIP Coordinator and Long-term Care Ombudsman to publicize the availability of legal services to vulnerable seniors who are impoverished and/or isolated.
- The Legal Services Coordinator will work with the Alabama Cares Coordinator and the Lead Medicaid Case Manager to make their clients (who are a priority population under the Older Americans Act) aware of legal services.

**Goal: To provide timely and professional legal assistance to all clients designated for targeting by the Older Americans Act.**

**Objectives:**

- The Legal Services Coordinator will prioritize clients according to legal needs.
- The Legal Services Coordinator will designate at least 2 days each quarter for legal appointments in each of the counties in the PSA.
- The Legal Services Coordinator, legal assistant, or staff will keep clients informed of the progress of their legal matter.
- Under the scope of legal services, the Legal Services Coordinator, legal assistant, and all legal staff will be bound by confidentiality.

**Goal: To provide oversight to the Ombudsman, State Health Insurance Assistance Program (SHIP), and SenioRx Programs.**

**Objectives:**

- The Legal Services Coordinator will become familiar with nursing home regulations.
- The Legal Services Coordinator will directly supervise the Ombudsman, the SHIP Coordinator, and the SenioRx Coordinator and provide technical assistance and feedback to these Coordinators to clarify and develop plans to meet their program goals and objectives.
- In providing oversight or advice to these or other programs, the Legal Services Coordinator will observe the attorney-client privilege and avoid conflicts of interest.
- The Legal Services Coordinator will work with the Community Long-term Care Ombudsman on Elder Abuse Prevention and Elder Rights initiatives.

**Goal: To work with the Executive Director and other AAA staff on significant senior advocacy issues.**

**Objectives:**

- The Legal Services Coordinator will stay informed of current developments in SHIP, the Ombudsman Program, the SenioRx Program and the Information and Referral Program, particularly as these programs pertain to Medication Assistance/Prescription Health Insurance and Health Insurance choices for seniors; residents' rights; elder rights/fraud/abuse; and single-point of entry.
- As assigned or approved by the Executive Director, the Legal Services Coordinator will serve on committees, advisory councils, focus groups or other groups which address senior advocacy issues.

**Goal: To work with the AIMS Coordinator to report and track legal services activities which are not currently being reported and to identify problem**



**areas in the legal services program so that solutions for these problems can be developed.**

**Objectives:**

- The Legal Services Coordinator will schedule meetings and work with the AIMS Coordinator so that a database can be created which tracks legal activities currently not being tracked.
- The Legal Services Coordinator will review the current methodology for documenting monthly legal activities with the AIMS Coordinator so that more effective methodologies can be developed.
- The Legal Services Coordinator will review current legal services data with the AIMS Coordinator in order to identify problem areas in legal services.
- The Legal Services Coordinator will work with relevant staff, including the AIMS Coordinator, in order to develop effective strategies for addressing problem areas.

**Goal: To hire a part-time legal assistant.**

**Objectives:**

- The Legal Services Coordinator will post the job opening for legal assistant on the Nonprofit Resource Center of Alabama website.
- The Legal Services Coordinator will interview qualified applicants to assist with the Legal Services Program.
- The Legal Services Coordinator will properly train the legal assistant to assist clients effectively and accurately.

**Long-Term Care Ombudsman Program Goals and Objectives**

**Ombudsman Representative (Volunteer) Program Goals:**

**Goal: To have at least one Ombudsman Representative assigned to each Shelby County nursing home, assisted living facility, and specialty care assisted living facility.**

**Objectives:**

- Maintain regular advertising efforts (press releases, media contact, etc) to request community involvement / more volunteers in Shelby County.
- Hold quarterly update trainings for current Ombudsman Representatives to maintain interest in the program, ombudsman to volunteer relationships, volunteer to volunteer relationships, and volunteer to facility relationships; as well as providing ongoing education on aging and long-term care issues.

**Goal: To spread the scope of the Ombudsman Representative Program to other counties in our five-county area.**

**Objectives:**

- Once the Shelby County Ombudsman Representative Program is adequately established, begin advertising for volunteers in other areas, focusing on one county at a time.
- Once a solid group of volunteers is established in one county, move to another.

**Community Education**

**Goal: To participate in at least one community education event per fiscal year.**

**Objective:**

- Establish contacts in the healthcare / aging field and express interest in participating in health fairs, senior days, etc. that might provide an opportunity to speak to the public about the Long-Term Care Ombudsman Program.

**Family and Resident Councils**

**Goal: To increase involvement in family and resident councils.**

**Objectives:**

- Make an effort to get to know the Resident Council President in each nursing home.
- Design a family council brochure and/or educational packet to assist family members in knowing residents' rights, family council rights, and helpful hints for conducting an effective family council meeting.

**Nursing Homes**

**Goal: To maintain visitation of each facility once each quarter.**

**Objective:**

- Maintain a system of accountability (i.e. calendar, spreadsheet, etc.) to ensure that each facility is visited within each quarter.

**Assisted Living / Specialty Care Assisted Living Facilities**

**Goal: To maintain visitation of each facility once every six months.**

**Objective:**

- Maintain a system of accountability (i.e. calendar, spreadsheet, etc.) to ensure that each facility is visited at least every six months.

**Goal: To increase involvement in ALF/SCALFs.**

**Objectives:**

- When the Ombudsman or Ombudsman Representative staff time permits, increase frequency of visits to more than once in a six month period.
- Make contact with all or some of the facilities' Activities Coordinators and offer to lead an activity for residents such as Residents' Rights Bingo.

**Goal: To increase number of clients served by AAA and to report all numbers accurately**

**Objectives:**

- The Ombudsman will schedule quarterly meetings with Quality Assurance Coordinator and supervisor to review all data.
- The Ombudsman will enter all AIMS data and will monitor to ensure accountability and accuracy.
- The Ombudsman will request Technical Assistance from ADSS when necessary.
- The Ombudsman will review the current methodology for documenting monthly activities and will work collaboratively with other staff and ADSS to ensure that effective methodologies are developed and implemented to report all clients served regardless of type of activity and that data is accurate.
- The Ombudsman will work with relevant AAA staff to identify problems and to develop effective strategies for addressing problem areas.
- The Ombudsman will ensure that all AAA staff and program contractors are trained to do reporting and billing accurately.
- The Ombudsman will work with all AAA program staff to increase number of clients served by AAA.

**Elderly and Disabled Medicaid Waiver Program Goals and Objectives**

The Elderly and Disabled Medicaid Waiver (E&D Waiver) Program is funded under Title XIX and the state oversight agency is the Alabama Medicaid Agency. The Medicaid Waiver Program assists eligible older persons to live independently for longer periods of time by providing basic in-home services. Services available through the Medicaid Waiver Program include case management, homemaker, personal care, skilled and unskilled respite, Adult Day Care and homebound meals. Older persons who receive Medicaid through such programs as State Supplementation and Supplemental Security Income and who otherwise meet nursing home eligibility may choose to remain in their homes, living independently, with the help of these services. The E& D Waiver provides community based services to elderly and disabled individuals, who choose to remain in their own homes with community support opposed to being institutionalized in a Nursing Home.

M4A has been allotted 189 slots for E& D Waiver clients. This amounts to approximately 37 Clients per county. The AAA keeps an ongoing waiting list for this program and fills slots for new clients as slots become available. Currently there is a nurse coordinating this program with a case manager assigned per county.

The population estimates documented in the Area Plan from the US 2000 Census show a dramatic growth rate for our area. As the number of people increases so will the need for home and community based services increase. The AAA has a dramatic need for more Medicaid Waiver slots based on the population growth in the region.

The community based services offered through the Medicaid Waiver program are:

- **Case Management-** Case management is an important component of the access system. It is the glue that holds the program together. The case manager coordinates services for the individual with emphasis on their personal choices and circumstances. The case manager provides assistance either in the form of consultation, access to services and care coordination. The case manager is responsible for developing the plan of care to assist the individual with coordinating community and family resources to keep them living in their own home for as long as it is a safe environment.
- **Homemaker-** Assist client and caregivers with household chores such as cleaning, cooking and shopping.
- **Personal care-** Assist client with personal hygiene issues such as bathing, dressing, and dental/skin care.
- **Respite-** Provide caregiver with a break from care giving responsibilities. These services can be unskilled or skilled depending on the level of care requested by the doctor.
- **Frozen Meals-** Up to two meals per day can be delivered to the client's home 1 time per week. These meals are easy to heat and follow nutritional guidelines as outlined by the RDA and Older Americans Act.
- **Adult Day Health and Companion Services** are allowed under the Medicaid Waiver Program . This AAA does not offer this service as they do not have contracts to provide these services.

**Goal: To provide older persons on Medicaid an option to institutional care by offering in-home services through the Medicaid Waiver Program and to allow for maximum independence and dignity in the home environment.**

**Objectives:**

- Provide case management for the Medicaid Waiver Program by employing five case managers and one supervising RN to serve the five county area

- Provide ongoing training to case managers to include topics such as covering case management skills, resources, geriatric care
- Provide adequate community education and outreach to make sure community is aware of Medicaid Waiver Services
- Target clients in underserved areas of the county

**Goal: To have an adequate number of service providers to cover the needs of existing and new clients.**

**Objectives:**

- Identify and establish relationships with all service providers in community.
- Promote the AAA to attract new providers
- Ensure that providers receive good communication, support and recognition from contracting agency.
- Enforce deadlines so providers are paid in a timely manner.
- Develop competitive payment rates for services.
- Collaborate with Alabama Cares Coordinators to find new providers for both programs
- Make special efforts to recruit providers from underserved areas.

**Goal: To receive more referrals from medical community.**

**Objectives:**

- Establish relationships with doctors and hospitals serving Medicaid patients.
- Provide training for hospital social workers
- Make frequent contacts with doctors who are resistant to work with program.

**Goal: To meet other needs of clients, not just covered services.**

**Objectives:**

- Case managers will learn about existing community resources and work clients through the resources
- Case managers will do futures planning with clients and caregivers
- Case managers will review clients' medications and talk to them about safe medication management. Case managers will assist client caregivers with SenioRx if they are not Medicaid recipients and meet the guidelines.
- Case manager will listen to client and provide emotional support.

**Goal: To increase the number of Medicaid Waiver slots.**

**Objective:**

- The Supervising RN and Case managers will work with the AAA and ADSS to increase the number of Medicaid Waiver slots.

### **SHIP/MEDISMART Goals and Objectives**

**Goal: To develop realistic plan to handle increased need for Part D counseling and enrollment.**

**Comment:**

Since the passage of the Medicare Modernization Act, the Area Agency on Aging, particularly through the State Health Insurance Assistance Program or SHIP, has been pivotal in providing information and one-on-one counseling to Medicare beneficiaries needing assistance with Medicare-approved drug discount cards and Medicare Part D. Largely because of Medicare Part D, the one-on-one-counseling SHIP provides to Medicare beneficiaries has almost tripled in the last year.

According to the National Association of Area Agencies on Aging (n4a) in its recently published fact sheet *AAAs: Helping Older Adults Enroll in Medicare Part D*, SHIP was “not directly funded by CMS to assist enrollees on Part D. State Health Insurance Programs (SHIPs) were funded for enrollment activities, but the amount provided has not come close to meeting the need.” In this same fact sheet, n4a goes on to say:

The one-on-one counseling that Medicare beneficiaries need to determine which plan is best for them often takes several hours, and even more time is needed for counseling non-English speaking beneficiaries. The average cost in staff time to provide this level of enrollment assistance is \$100 per client. Many older adults who live in Agency's service area are not able to use CMS's online tool, Plan Finder, on their own because of a lack of technological skills or access to the Internet. A wealth of plan options often necessitates that older adults get help in sorting out which plan best fits their individual prescription drug needs. Stressed family caregivers also turn to the AAA for counseling for their older relatives who need assistance.

In order to meet the enormous demand for one-on-one counseling and enrollment assistance, [AAAs have] pulled staff from other programs to meet the Part D demand. This strains other home and community-based services offered by the AAA and diminishes the level of service available to seniors with other pressing needs.

Even when the initial enrollment period ends, Alabamians will continue to turn to the AAAs for help. Millions of seniors will continue to need counseling and enrollment assistance every year, as they become newly eligible for Medicare or seek to change their prescription drug plans.

Additionally, some will require assistance in applying for the Low-Income Subsidy that is available.

If AAAs are adequately funded to support Medicare Part D enrollment, everyone will benefit. Older adults and caregivers will get the assistance they need. Enrollees will end up in a prescription drug plan that works well for them. The stability of the Part D program will be improved as more and more beneficiaries successfully enroll in a plan that will meet their prescription needs and save them money.

Middle Alabama Area Agency on Aging is dedicated to make Medicare Part D meaningful to our senior clients; however, SHIP cannot continue to provide the necessary level of service without the appropriate funding. Therefore, Middle Alabama Area Agency on Aging and its SHIP will work with, support, and advocate with ADSS, n4a, and other aging network agencies for increased funding so that SHIP can provide the level of one-on-one counseling needed for Medicare Part D. Without this increased funding, the attainability of the goals and objectives of SHIP is questionable.

**Objectives:**

- Review budget and develop plan that will keep program within budget.
- Request written technical assistance from ADSS when program expectations appear they will exceed program budget.
- Keep Executive Director and Board of Directors informed of impact of program and how it is impacting the agency and seniors.
- Train and continue to update SHIP counselors as new information is released.
- Utilize SHIP counselors (in-kind and volunteer) to help “spread the word” through distribution of printed materials, educational presentations, one-on-one counseling, referring clients and enrollment activities (to include one-on-one help with Medicare’s Part D web tool).
- Increase presentations/booth exhibits/enrollment activities for beneficiaries and caregivers at senior centers, community centers, churches, etc.
- Increase educational presentations for medical professionals to maximize the effect of information being disseminated through multiple venues.
- Provide preliminary screening/enrollment assistance for low-income beneficiaries who might qualify for Medicare Savings and/or Part D subsidy.
- Identify possible enrollment sites for Part D plan assistance.

**Goal: To increase current SHIP counselor/volunteer activity.**

**Objectives:**

- Hold trainings at least 2 times per year for active volunteers.

- Maintain ongoing communication with volunteers through phone calls, e-mails, mail, meetings in person, etc. (at least monthly).
- Encourage volunteers to participate in SHIP activities at least quarterly.
- Encourage volunteer counselors to take ownership in assigned areas to identify needs/outreach opportunities and serve as resources in helping to fill-in service gaps.

**Goal: To increase number of SHIP counselors.**

**Objectives:**

- Identify and recruit possible new SHIP counselors through outreach presentations and other events. The SHIP Coordinator will strive to make sure there is at least one active SHIP counselor in each county served.
- Work with other Program Coordinators in recruiting volunteers (LTCO, I&R Coordinator, Shelby County Coordinator) who are starting volunteer programs.
- Advertise SHIP volunteer opportunities through mailings and other publications.
- Establish volunteer recruitment program with local retirement groups.

**Goal: To Increase emphasis of Medismart program.**

**Objectives:**

- Present verbal and written Medismart information at other SHIP presentations/events.
- Distribute Medismart information through coordinated mailings with other departments such as SenioRx.

**Goal: To identify new agency partnerships.**

**Objectives:**

- Identify community agencies that are currently working with senior citizens for other needs.
- Meet with and nurture partnerships with these agencies to help with outreach efforts. (Special focus will be given to non-profit organizations that are serving those with low-income, low education and living in rural areas.)
- Offer staff in-service training to these agencies.

**SenioRx Goals and Objectives**

**Comment:**

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 older population by providing ways to reduce the expense of life sustaining medications. As the age group covered under this program has been increased to age 55 plus the program will be positioned to help another targeted group to be served by the AAA, caregivers. Additionally, we believe this program will reduce the incidence of emergency room visits as well as hospital and nursing home admissions.

**Goal: To assist seniors with obtaining and maintaining availability of prescription Medications.**

**Objectives:**

- Coordinate efforts among differing organizations to reach as many eligible seniors as possible.
- Establish efficient and effective service delivery.
- Establish a comprehensive knowledge base for Coordinators to easily and accurately identify available services.

**Goal: To create partnerships with existing networks, agencies and public and private organizations to expand and share information and resources.**

**Objectives:**

- Educate community, religious, civic and other groups about the SenioRx program, by contacting community leaders and attending group meetings.
- Use the partnership opportunities to better and more efficiently serve clients.

**Goal: Provide a minimum of one outreach activity per county, per quarter to educate public regarding all forms of prescription drug assistance.**

**Objectives:**

- Set up a schedule with visits to senior centers in each of our five counties.
- Give presentations and participate in health fairs throughout our PSA to inform the public about SenioRx.
- Provide group in-services to include learn-n-lunches at public agencies, hospitals, and other target groups identified for outreach.
- Provide articles for newsletters and the five local newspapers serving PSA.

**Goal: To continuously educate SenioRx and AAA staff to develop program participation and increase outreach efforts. by attending meetings, workshops, and training seminars.**

**Objectives:**

- Attend meetings, training seminars and workshops to remain educated and up to date on all prescription drug assistance programs including Medicare Part D.
- Review information provided by other sources such as ADSS, CMS, and other respected sources.
- Participate in training offered by the Alabama Department of Senior Services that relates to SenioRx.
- Research to find other sources of information that relates to prescription drug assistance for individuals age 55 plus..

**Goal: To maintain and organize client records for monitoring client and program progress.**

**Objectives:**

- Collect thorough and accurate information from the client.
- Document information on referrals and recommendations made to the client by the Coordinator.
- Track contacts made with the client throughout the program participation period.
- Follow up with clients on a regular basis.
- Enter all information into AIMS reporting process.

**Goal: To target for outreach those clients who are 55-64 years of age and non-Medicare for medication assistance.**

**Objectives:**

- Conduct outreach to other service providers, letting them know of the new age requirement for SenioRx.
- Participate in public events (roundtables, health fairs) to publicize the new age requirement for SenioRx.
- Mail letters and fliers to participating physicians to inform them of the new age requirement for SenioRx.
- Train all staff for I & R Intake Procedures so that new clients can be identified for SenioRx.
- Utilize AAA staff to disseminate fliers to contractors, clients, and to post fliers in public areas (pharmacies, grocery stores, convenience stores, etc.).

**APPLICATION FOR AWARD**

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

Address: **110 North Main Street**  
**PO Box 90**  
**Columbiana, Alabama 35051**

Chairman of the Board of Directors: Telephone:

Chief Executive of the Organization: Telephone:

Area Agency on Aging Director: **Julie Miller / Telephone:(205)670-5750**

**Operational period covered by this application: October 1, 2006, through September 30, 2007.**

Total funds for which application is made: **\$3,013,778.45**

Period covered by approved Area Plan: **October 1, 2006, through September 30, 2007.**

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.

\_\_\_\_\_  
Applicant Organization

by \_\_\_\_\_  
Chairman, Board of Directors

## **Section II: Goals and Objectives for 2007-2010 (AoA)**

In this section of the Area Agency on Aging Plan, the AAA answers, with attention to detail, how it intends to help AoA and ADSS accomplish its stated goals, to include the following:

### **Increasing the number of older people who have access to an integrated array of health and social supports**

- The AAA will work collaboratively with ADSS to train all staff to report all data accurately. The reporting system will capture how many clients the AAA serves and what units of service are provided regardless of funding source.
- The AAA will report all data in the AIMS reporting system.
- The AAA Director and Quality Assurance Staff will assist the ADSS in ensuring accountability of reporting accurate numbers of clients served.
- The AAA will work toward partnering with existing service providers and community groups to develop a telephone reassurance program for homebound clients and also for caregivers.
- The AAA will request an equitable distribution of Medicaid Waiver slots from ADSS.
- The AAA will assess callers for services provided not only by the AAA but also make referrals to other organizations providing health and social services in its PSA. To do this effectively, the AAA will continue to form partnerships with private and public entities to train its staff, create a seamless referral process, and to perform the necessary assessments and paperwork for clients to access such services.
- The AAA will increase grant writing efforts to try to access funds to support existing programs and future programs that will enhance the quality of life for seniors.

### **Increasing the number of people who stay active and healthy**

- The AAA will provide its center managers each month with a daily health and safety tip calendar in an effort to increase health awareness amongst senior center participants.
- The AAA will provide center managers each month with an educational packet to use to teach center participants about health promotion and/or disease prevention.
- The AAA will provide center managers with health and safety brochures and other literature to be delivered with homebound meals.
- The AAA staff will be provided with health promotion presentations to give to designated senior centers once a month.
- The AAA will promote and host a walking program modeled from a Blue Cross/Blue Shield initiative. This program will provide participants with a pedometer, water bottles, stress and exercise balls and fans. Many materials used in this program will be printed with health messages to

remind client of “Senior Wise” health messages. This outreach program will be extended to non-Title III senior groups and programs requesting participation.

- The AAA will continue to participate in health fairs and disseminate health prevention supplies and messages, including 7-day pill boxes, health journals, water bottles, stress/exercise balls, fans with health messages and other printed health materials.

**Increasing the number of families who are supported in their efforts to care for their loved ones at home and in the community**

- The AAA will seek sponsors to provide more emergency response systems to homebound clients. This will assist and give peace of mind to caregivers who do not live with their care recipients.
- The AAA will apply for local grants to increase the number of emergency response systems, like Lifeline, so that homebound and/or frail seniors can remain at home and independent.
- The AAA’s Alabama Cares Program will develop and disseminate a quarterly Caregiver Newsletter which will provide information and resources to caregivers.
- The AAA’s Alabama Cares Program will develop caregiver support groups in its PSA.
- The AAA and the AAA’s Alabama Cares Program will develop a telephone reassurance program for homebound clients and also for caregivers.
- The AAA will continue to work with and support Caregiver advocacy, resource, service and support organizations such as Alzheimer’s of Central Alabama.

**Increasing the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation**

- The AAA will work closely with Sheriffs’ departments and local police on elderly rights and abuse education.
- The AAA’s Ombudsman and Legal Services Programs will educate long-term care facility staff on elder abuse and neglect and also provide assistance to facilities on the issue of the prevention and detection of elder abuse, neglect and exploitation.
- The AAA’s Ombudsman and Legal Services Programs will provide elder abuse, neglect and exploitation trainings for resident and family councils.
- The AAA will have, as part of public hearings and roundtables, forums for the discussion of the prevention of elder abuse, neglect and exploitation.
- The AAA staff will conduct outreach to seniors and senior groups on access to programs that protect senior rights and prevent elder abuse, neglect and exploitation.

**Helping elderly individuals of the state avail themselves of the benefits available under the Medicare Modernization Act**

- The AAA will advocate for changes to Medicare Part D which will make it understandable, more beneficial and responsive to the needs of the AAA's target population.
- The AAA will request additional funding from ADSS and work with ADSS on initiatives designed to garner additional (SHIP) funding so that adequate one-on-one counseling is possible so that the target population can avail itself of benefits provided by the Modern Modernization Act.
- The AAA will use its limited SHIP funds to provide in-house counseling first and then outreach to the AAA's target population.
- The AAA's SHIP will continue to work on recruiting qualified volunteers to provide SHIP counseling.

**Competition in the provision of services**

- The AAA will operate as the single point of entry for all senior services in PSA and will provide information to all seniors who are 60 years of age or older in its PSA who request information and/or referral. All clients will be pre-screened at first point of contact for all AAA services and will be referred to these programs in an effort to serve the client in the most efficient and cost effective manner. Utilization of this pre-screening, single point of contact service is most cost effective in serving clients as it eliminates duplication of staff time and paperwork. This process is also less frustrating, more personable and less time consuming for the consumer calling for assistance.
- The AAA will utilize a universal intake, pre-screening and assessment tool for all services to reduce staff time, costs and frustration to the consumer.
- All Information and Assistance and Case Management will be provided by AAA and not outsourced through contracts.
- The AAA will continue to request annual waivers from ADSS to directly provide Legal Services and management of programs where there are no interested vendors to enter into contracts.
- The AAA will buy all meals off of the state wide meal contract and will follow all bid laws regarding nutrition services.
- The AAA currently contracts with all certified home care agencies that agree to contract guidelines and sign contract with agency. At the current time the agency does not utilize the Request for Proposal or bid process as there is a lack of competition for these services. The AAA contracts with any contractor who requests a contract and will contract for the contracted amount for provision of services.
- The AAA did request RFP's in FY 2003 and FY 2005 for the following year's nutrition program services and a lack of interest was shown from local providers of services. Currently the agency requires Memorandums of Understanding with any local agency or municipality requesting meals or other Title III services from the AAA. The AAA will test the level of competition again in FY 08 and again every three years to determine if

there is an increase in the level of competition for Title III funds available through the AAA. The AAA currently has 21 contracts for nutrition services and one contract for transportation. The AAA anticipates the increase in 3 nutrition contracts in FY 07 and one daycare contract in FY 07.

- In FY 07 the AAA anticipates developing Requests for Proposals to participate collaboratively in evidence based programs for Title III E and Title III D utilizing one time funding.
- The AAA will continue to find local providers to outsource duties which are more cost effective to enter into contractual agreements verse providing in house. Currently the AAA outsource payroll, computer consultation and maintenance, temporary employee services and some planning functions required under the OAA.
- The AAA will identify, through surveys census information and with assistance and direction from ADSS, those geographic areas where the AAA's target population resides. Thereafter, the AAA will work with its counties and municipal contractors to provide OAA services through contractual agreements to these areas. The AAA will also work to identify other needs of these target populations and work collaboratively with other funding sources to try to meet these needs (for example, transportation, homebound/frozen meal routes to unincorporated areas, friendly visits, home repair, etc.).
- In the spirit of the OAA and to stimulate local competition and economy the AAA will always attempt to keep funding for administration and program services and hiring of staff on the local level where there is a level of accountable and economical competition.
- Where applicable the AAA will ensure it follows all bid laws.

### **Developing information management centers and a single access point for elderly citizens**

- The AAA will update data necessary for an effective single-point-of-entry program.
- The AAA will encourage participation and use of the state Elder Connect system and other databases, such as Benefits Check-Up, for clients and caregivers who have access the Internet.
- The AAA will ask for additional funding from local governments and from ADSS for its single-point-of-entry model.
- The AAA will hire an Information and Referral Coordinator who will be a community and home-based coordinator.
- The AAA will identify the needs of its target population through the I&R program and partner with existing community and home-based services providers to meet the most critical needs.
- The AAA will work toward developing a volunteer program for it's I&R (single-point-of-entry) and SHIP programs to meet the needs of its target populations, provided that the state and federal governments recognize the necessity of such programs by designating adequate funding.

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- The AAA will continue to train its staff on current resources, contacts, and potential and existing services for seniors in its PSA.
- The AAA will hire a Coordinator in each county to work with the I&R Coordinator on community and home-based services as the counties in its PSA designate funds for such a partnership. Such a partnership will target the frail, elderly homebound and the coordinator will be responsible for a universal assessment and case management for such clients.

The AAA shares the same goals as the AoA and ADSS and would request technical assistance from these federal and state oversight agencies which are mandated by their respective assurances to provide such assistance, direction and coordination, to achieve their common goals. In addition, achieving all of the AAA goals and objectives, including those goals its shares with AoA and ADSS, is predicated upon additional funding, particularly as it applies to assisting individuals who need assistance understanding and traversing the complex world of Medicare Part D, created by the Medicare Modernization Act. The AAA, therefore, must have additional funding. Finally and most importantly, the AAA requests leadership in advocacy for vulnerable, poor, homebound, uneducated, and frail senior citizens, who are the target population of not only the AAA but also ADSS and the AoA.



**Fiscal Year 2006  
Performance Objectives Form**

**Service: Caregiver Case Management**

| <b>Quarter</b>                             | <b>First</b> | <b>Second</b> | <b>Third</b> | <b>Fourth</b> |
|--|--------------|---------------|--------------|---------------|
| <b>Estimated # of clients to be served</b> | 240          | 240           | 240          | 240           |

**Funding Source: Title III-E, Alzheimer's Grant, Donations, State and Local Funding**

**Service Contractor: AAA**

**Service: Caregiver Outreach**

| <b>Quarter</b>                             | <b>First</b> | <b>Second</b> | <b>Third</b> | <b>Fourth</b> |
|--|--------------|---------------|--------------|---------------|
| <b>Estimated # of clients to be served</b> | 140          | 225           | 250          | 250           |

**Funding Source: Title III-E**

**Service Contractor: AAA**

**Service: Caregiver Counseling**

| <b>Quarter</b>                             | <b>First</b> | <b>Second</b> | <b>Third</b> | <b>Fourth</b> |
|--|--------------|---------------|--------------|---------------|
| <b>Estimated # of clients to be served</b> | 60           | 60            | 60           | 60            |

**Funding Source: Title III-E, State and Local funding**

**Service Contractor: AAA and ACA**

**Service: Caregiver Respite**

| Quarter                                    | First | Second | Third | Fourth |
|--|-------|--------|-------|--------|
| <b>Estimated # of clients to be served</b> | 300   | 300    | 300   | 300    |

**Funding Source: Title III-E, Donations**

**Service Contractor: Comfort Keepers (Trussville & Alabaster), Alabama Dept. of Public Health**

**Service: Caregiver Supplemental (Medical supplies, incontinent supplies, etc)**

| Quarter                                    | First | Second | Third | Fourth |
|--|-------|--------|-------|--------|
| <b>Estimated # of clients to be served</b> | 105   | 110    | 110   | 110    |

**Funding Source: Title III-E, Alzheimer's Grant, Donations and Foundation Donations.**

**Service Contractor: Godbee Medical Supply, Medico, MASH, INC. and Alzheimer's Association**

**Service: Caregiver Supplemental Specific: Emergency Response Systems**

| Quarter                                    | First | Second | Third | Fourth |
|--|-------|--------|-------|--------|
| <b>Estimated # of clients to be served</b> | 39    | 45     | 45    | 45     |

**Funding Source: Title III-E**

**Service Contractor: Lifeline Systems, Inc.**

**Service: Homemaker & Unskilled Respite (Chilton)**

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 12    | 19     | 21    | 21     |

**Funding Source: Medicaid Waiver**

**Service Contractor: Comfort Keepers**

**Service: Homemaker, Personal Care & Unskilled Respite (Chilton)**

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served |       |        |       |        |

**Funding Source: Medicaid Waiver**

**Service Contractor: Chilton DHR**

**Service: Medicaid Frozen Meals, Shelf Stable & Breakfast (Chilton)**

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 12    | 13     | 18    | 18     |

**Funding Source: Medicaid Waiver**

**Service Contractor: Valley Food Services**

**Service: Homemaker, Personal Care & Unskilled Respite (St. Clair)**

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 0     | 5      | 7     | 7      |

Funding Source: Medicaid Waiver

Service Contractor: Comfort Keepers

Service: Homemaker, Personal Care & Unskilled Respite (St. Clair)

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 14    | 14     | 16    | 16     |

Funding Source: Medicaid Waiver

Service Contractor: Gentiva Health Services

Service: Homemaker, Personal Care & Unskilled Respite (St. Clair)

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 4     | 4      | 6     | 6      |

Funding Source: Medicaid Waiver

Service Contractor: Alabama Dept. of Public Health

Service: Medicaid Frozen Meals, Shelf Stable & Breakfast (St. Clair)

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 12    | 15     | 17    | 17     |

Funding Source: Medicaid Waiver

Service Contractor: Valley Food Services

**Service: Homemaker & Unskilled Respite (Shelby)**

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 14    | 14     | 16    | 18     |

**Funding Source: Medicaid Waiver**

**Service Contractor: Comfort Keepers**

**Service: Homemaker, Personal Care & Unskilled Respite (Shelby)**

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 10    | 9      | 11    | 13     |

**Funding Source: Medicaid Waiver**

**Service Contractor: Shelby County Dept. of Public Health**

**Service: Homemaker, Personal Care & Unskilled Respite (Shelby)**

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 2     | 2      | 2     | 2      |

**Funding Source: Medicaid Waiver**

**Service Contractor: Gentiva**

**Service: Homemaker, Personal Care & Unskilled Respite (Shelby)**

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 1     | 1      | 2     | 3      |

Funding Source: Medicaid Waiver

Service Contractor: Care First

Service: Medicaid Frozen Meals, Shelf Stable & Breakfast (Shelby)

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 4     | 9      | 10    | 11     |

Funding Source: Medicaid Waiver

Service Contractor: Valley Food Services

Service: Homemaker, Personal Care, Unskilled Respite, Respite (Walker)

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 20    | 25     | 30    | 30-35  |

Funding Source: Medicaid Waiver

Service Contractor: Walker County Dept. of Public Health

Service: Homemaker, Personal Care, Unskilled Respite, Respite (Walker)

| Quarter                             | First | Second | Third | Fourth |
|-------------------------------------|-------|--------|-------|--------|
| Estimated # of clients to be served | 4     | 4      | 5     | 6      |

Funding Source: Medicaid Waiver

Service Contractor: Gentiva Health Systems

**Service: Homemaker, Personal Care, Unskilled Respite, Respite (Blount)**

| <b>Quarter</b>                             | First | Second | Third | Fourth |
|--|-------|--------|-------|--------|
| <b>Estimated # of clients to be served</b> | 10    | 12     | 13    | 15     |

**Funding Source: Medicaid Waiver**

**Service Contractor: Blount County Dept. of Public Health**

**Service: Homemaker, Personal Care, Unskilled Respite, Respite (Blount)**

| <b>Quarter</b>                             | First | Second | Third | Fourth |
|--|-------|--------|-------|--------|
| <b>Estimated # of clients to be served</b> | 11    | 12     | 14    | 15     |

**Funding Source: Medicaid Waiver**

**Service Contractor: Gentiva Health Systems**

**Service: Homemaker & Personal Care (Blount)**

| <b>Quarter</b>                             | First | Second | Third | Fourth |
|--|-------|--------|-------|--------|
| <b>Estimated # of clients to be served</b> | 1     | 5      | 7     | 9      |

**Funding Source: Medicaid Waiver**

**Service Contractor: Comfort Keepers**

**Service: Frozen Food Meals Delivered (Blount)**

| <b>Quarter</b>                             | First | Second | Third | Fourth |
|--|-------|--------|-------|--------|
| <b>Estimated # of clients to be served</b> | 15    | 17     | 20    | 25     |

**Funding Source: Medicaid Waiver**

**Service Contractor: Valley Food Services**

**Service: Nutrition Programs**

| <b>Quarter</b>                             | First  | Second | Third  | Fourth |
|--|--------|--------|--------|--------|
| <b>Estimated # of clients to be served</b> | 12,310 | 12,310 | 12,310 | 12,310 |

**Funding Source: Title III**

**Service Contractor: Blount County**

**Service: Nutrition Programs**

| <b>Quarter</b>                             | First | Second | Third | Fourth |
|--|-------|--------|-------|--------|
| <b>Estimated # of clients to be served</b> | 5,046 | 5,046  | 5,046 | 5,046  |

**Funding Source: Title III**

**Service Contractor: Chilton County (City of Maplesville, City of Clanton)**



**Service: Nutrition Programs**

| <b>Quarter</b>                             | First  | Second | Third  | Fourth |
|--|--------|--------|--------|--------|
| <b>Estimated # of clients to be served</b> | 12,648 | 12,648 | 12,648 | 12,648 |

**Funding Source: Title III**

**Service Contractor: Walker County (Cities of Carbon Hill, Cordova, Jasper, Oakman & Sumiton)**

**Service: Nutrition Programs**

| <b>Quarter</b>                             | First  | Second | Third  | Fourth |
|--|--------|--------|--------|--------|
| <b>Estimated # of clients to be served</b> | 14,711 | 14,711 | 14,711 | 14,711 |

**Funding Source: Title 3**

**Service Contractor: St. Clair County (Cities of Ashville, Moody, Odenville, Pell City & Ragland)**

**Service: Nutrition Programs**

| <b>Quarter</b>                             | First  | Second | Third  | Fourth |
|--|--------|--------|--------|--------|
| <b>Estimated # of clients to be served</b> | 14,679 | 14,679 | 14,679 | 14,679 |

**Funding Source: Title III**

**Service Contractor: Shelby County (Cities of Alabaster, Calera, Columbiana, Montevallo, Vincent and Unincorporated Shelby (Heardmont))**

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**PROVIDER MONITORING FORM (FY 2007 - 2010)**

| Contractor/Provider                      | Service Provided                               | Counties Served                            | Projected Monitoring Date | Notes   |
|--|--|--|---------------------------|---|
| 1. Lifeline – Framingham, MA             | Emergency Response Systems                     | Blount, St. Clair, Chilton, Shelby, Walker | June of each year         | Home office is in MA, so will be unable to make a site visit. |
| 2. Comfort Keepers – Trussville, AL      | Homemaking, Personal Care, Respite             | St. Clair, Blount                          | March of each year        |   |
| 3. Comfort Keepers – Alabaster, AL       | Unskilled Respite, Homemaker, Personal Care    | Chilton, St. Clair, Shelby                 | April of each year        |   |
| 4. Godbee Medical – Clanton, AL          | Durable Medical Equipment                      | Chilton, Shelby                            | May of each year          |   |
| 5. MASH, INC. – Alabaster, AL            | Durable Medical Equipment                      | Chilton, Walker, St. Clair, Blount, Shelby | July of each year         |   |
| 6. Medico Home Medical – Clanton, AL     | Durable Medical Equipment                      | Chilton, Shelby                            | August of each year       |   |
| 7. Chilton County Lifecare – Clanton, AL | Unskilled Respite, Homemaker, Personal Care    | Chilton                                    | January of each year      |   |
| 8. Walker County Lifecare – Jasper, AL   | Unskilled Respite, Homemaker, Personal Care    | Walker                                     | September of each year    |   |
| 9. Chilton County Dept. of Public Health | UR, HM, PC                                     | Chilton                                    | 2006                      | Jennifer Staggs MWS, CM                                       |
| 10. Comfort Keepers                      | HM, UR   | Chilton                                    | 2006                      | Jennifer Staggs MWS, CM                                       |
| 11. Valley Food Services                 | Medicaid Frozen Meals, Shelf Stable, Breakfast | Chilton                                    | 2006                      | Jennifer Staggs MWS, CM                                       |

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|   |   |           |                     |  |
|---|---|-----------|---------------------|--|
|   |   |           |                     |  |
| 12. St. Clair County Dept. of Public Health | UR, HM, PC  | St. Clair | 2006                | Arnita Hicks, Medicaid Waiver Case Mgr.                        |
|   |   |           |                     |  |
| 13. Gentiva                                 | UR, HM, PC  | St. Clair | 2006                | Arnita Hicks, Medicaid Waiver Case Mgr.                        |
|   |   |           |                     |  |
| 14. Valley Food Services                    | Frozen Meals, Shelf Stable, Breakfast Meals       | St. Clair | 2006                | Arnita Hicks, Medicaid Waiver Case Mgr.                        |
|   |   |           |                     |  |
| 15. Shelby County Dept. of Public Health    | HM, PC, UR  | Shelby    | 2006                | LaKeesha Griffin, CM MWS                                       |
|   |   |           |                     |  |
| 16. Comfort Keepers                         | HM, UR  | Shelby    | 2006                | LaKeesha Griffin, CM MWS                                       |
|   |   |           |                     |  |
| 17. Gentiva                                 | HM, PC, UR  | Shelby    | 2006                | LaKeesha Griffin, CM MWS                                       |
|   |   |           |                     |  |
| 18. Care First                              | HM, PC, UR, SR                                    | Shelby    | 2006                | LaKeesha Griffin, CM MWS                                       |
|   |   |           |                     |  |
| 19. Valley Food Services                    | Medicaid Frozen Meals, Shelf Stable and Breakfast | Shelby    | 2006                | LaKeesha Griffin, CM MWS                                       |
|   |   |           |                     |  |
| 20. Blount County Dept. of Health           | HM, PC, UR  | Blount    | 2006                | Vicki Gainer, MWS  |
|   |   |           |                     |  |
| 21. Gentiva Health                          | HM, PC, UR  | Blount    | 2006                | Vicki Gainer, MWS  |
|   |   |           |                     |  |
| 22. Comfort Keepers                         | HM, PC  | Blount    | 2006                | Vicki Gainer, MWS  |
|   |   |           |                     |  |
| 23. Valley Food Services                    | Food Service                                      | Blount    | 2006                | Vicki Gainer, MWS  |
|   |   |           |                     |  |
| 24. Walker County Dept. of Health           | PC/HM/UR/R  | Walker    | 1 time/month        | Provide good services. Services most of my clients – Paige Cox |
|   |   |           |                     |  |
| 25. Gentiva Health Services                 | PC/HM/UR/R  | Walker    | 1 time/month        | Provide good services. Serves very few clients – Paige Cox     |
|   |   |           |                     |  |
| 26. Blount County                           | Nutrition   | Blount    | Jan – Feb, Annually |  |

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|  |           |               |                              |  |
|--|-----------|---------------|------------------------------|--|
|  |           |               |                              |  |
| 27. Cities of Maplesville & Clanton  | Nutrition | Chilton       | December, Annually           |  |
|  |           |               |                              |  |
| 28. Cities of Carbon Hill, Cordova, Jasper and Oakman  | Nutrition | Walker        | March – April, Annually      |  |
|  |           |               |                              |  |
| 29. Cities of Ashville, Moody, Odenville, Pell City and Ragland                                      | Nutrition | St. Clair     | May – June, Annually         |  |
|  |           |               |                              |  |
| 30. Cities of Alabaster, Calera, Columbiana and Montevallo, Unincorporated Shelby County (Heardmont) | Nutrition | Shelby        | October – November, Annually |  |
|  |           |               |                              |  |
| 31. Vincent Housing Authority  | Nutrition | Shelby County | October – November, Annually |  |

Alabama Cares Contract Provider List

In-Home Respite Services:

Comfort Keepers – Alabaster  
1240 1<sup>st</sup> St. N., Suite 200  
Alabaster, Al 35008  
(205) 621-9311  
Rate: \$ 13.00/hr

Comfort Keepers – Trussville  
(205) 655-7175  
Rate: \$ \$ 14.00/hr

Alabama Department of Public Health (DPH)

Blount County P.O. Box 208, Oneonta, Al 35121  
(205) 755-8407 1(888) 469-8806  
Rate: \$14.50/hr

Chilton County P.O. Box 1778, Clanton, Al 35045  
(205) 755-8407 1(888) 749-5694

St. Clair County (205) 274-9086 1(888) 469-8806  
Rate: \$ 14.50/hr

Shelby County (256) 249-4893 1(800) 843-8803  
Rate: \$ 14.50/hr

Walker County P.O. Box 3207, Jasper, Al 35502  
(205) 221-8804 1(800) 486-3182  
Rate: \$ 14.50

Adult Day Health Centers

Sunshine Manor (located in North Shelby County)  
(205) 403-0556 \* Not servicing at this time

Emergency Response Systems:

Lifeline  
1 (800) 451-0525 ext. 1380  
Rate: \$ 27.00 monthly

Transportation Services:

Chilton County Transit (Must be a resident of Chilton County)

(205) 755-5941

Rate: \$1.00 (within city limits- one way trip) (may vary)

\$25.00 (round trip to Birmingham)

Medical Equipment and Supplies:

MASH, Inc.

1130 1<sup>st</sup> Street, North

Alabaster, AL 35007

(205) 664-2059

Medico Home Medical Equipment

1600 7<sup>th</sup> Street North

Clanton, AL 35045

(205) 280-3700

Godbee Medical

804 7<sup>th</sup> Street North

Clanton, AL 35045

(205) 755-1771

**\*Other medical equipment and supplies available upon request.**

Contractors for Medicaid Waiver Services FY 2006

**Blount/St. Clair County Department of Public Health  
Life Care Office  
P.O. Box 208  
Oneonta, AL 35121  
Phone: 1-888-469-8806  
Fax: 1-205-625-4490  
Contact: Bonnie Brooks, LPN**

**\*Chilton County Department of Public Health  
Home Health Agency Sub-Unit  
Post Office Box 1778  
Clanton, AL 35045  
Phone: 1-205-755-8407  
Fax: 1-205-755-8432  
Contact: Barbara McCormick, RN**

**\*Shelby County Department of Public Health  
311 North Elm Avenue  
Sylacauga, AL 35150  
Phone: 1-866-304-1058  
Fax: 1-888-558-3610  
Contact: Judy Williams, RN**

**\*Walker County Department of Public Health  
Life Care Division  
P.O. Box 3207  
Jasper, AL 35502  
Phone: 1-205-221-8804  
Fax: 1-205-221-8811  
Contact: Janet Newell, RN**

**Care First  
100 Oxmoor BLVD, Suite I  
Birmingham, AL 35209  
Phone: 1-205-313-2800  
Fax: 1-205-313-2801  
Contact: Donna Brown**

**Comfort Keepers  
1240 1<sup>st</sup> Street North, Suite 100  
Alabaster, AL 35007  
Phone: 1-205-621-9311  
Fax: 1-205-621-0883  
Contact: Brent Watson**

**Gentiva Health Services**  
**P.O. Box 1107**  
**Anniston, AL 36202**  
**Phone: 1-800-284-0709**  
**Fax: 1-256-238-6222**  
**Contact: Betty Wilson**

**Home Instead Senior Care**  
**2059 Columbiana Road, Suite 105**  
**Vestavia Hills, AL 35216**  
**Phone: 1-205-822-1915**  
**Fax: 1-205-263-1915**  
**Contact: Daniel Pahos, Owner**  
*(Home Instead was mailed a contract but may not contract with MWS for FY 2006.)*

**\*There is a state contract for MWS with the county Public Health Departments.**



**Part III:**

***Section I: AAA Budget (including units of service) for FY 2007-2010***

See Appendix J

**Section II: Expenditures for Title IIIB Priority Services Form (Appendix F) for Fiscal Year 2006**

Total Fiscal Year 2006 Supportive Services  
Expenditures from Funds Awarded under Title III-B: \$439,046.20

|                             | AWARD FUNDS       | LOCAL MATCH       | TOTAL             |
|-----------------------------|-------------------|-------------------|-------------------|
| <b>ACCESS SERVICES</b>      | <i>list below</i> | <i>list below</i> | <i>list below</i> |
| Outreach                    | \$0               | \$0               | \$0               |
| Information/assistance      | \$77,352.57       | \$8,594.73        | \$85,947.30       |
| Transportation              | \$212,952.78      | \$23,661.41       | \$236,614.19      |
| Case Management (Title III) | \$49,579.41       | \$5,508.82        | \$55,088.23       |
| <b>ACCESS TOTALS</b>        | \$339,884.76      | \$37,764.96       | \$377,649.72      |
| <b>IN-HOME SERVICES</b>     | <i>list below</i> | <i>list below</i> | <i>list below</i> |
| Homemaker                   | \$35,212.50       | \$3,912.50        | \$39,125.00       |
| Chore maintenance           | \$0               | \$0               | \$0               |
| Visiting reassurance        | \$7,777.05        | \$864.11          | \$8,641.16        |
| Telephone reassurance       | \$7,777.05        | \$864.11          | \$8,641.16        |
| Alzheimer's disease         | \$                | \$                | \$                |
| Other                       | \$                | \$                | \$                |
| <b>IN-HOME TOTALS</b>       | \$50,766.60       | \$5,640.72        | \$56,407.32       |
| Legal assistance            | \$55,256.84       | \$6,139.64        | \$61,396.48       |

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 2006 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

## **Part IV:**

### **Section I: Plan Summary**

The Middle Alabama Area Agency on Aging Executive Director, Board of Directors and staff have been through many transitions and changes over the past five years to bring the agency into compliance with the Older Americans Act, ADSS contractual assurances and audit reports. All involved have worked diligently and resourcefully to bring the agency not only into compliance, but from a managerial and accountability status into the 21<sup>st</sup> century. This Area Plan positions this agency, the Board of Directors and the local community to become better stewards of public funds and better community partners to address the ever growing needs of a senior population which is not only growing larger due to the baby boomer generation, but is living longer due to medical knowledge and technology. Many public officials, agencies, businesses and communities have not planned adequately in their future missions and goals, products and services, daily functions and budgeting for how they will handle the emerging shift in demographic trends as the aging population begins to grow.

To address these issues adequately the AAA must position itself to be the focal point of senior services for all local communities. Leadership will have to position itself to work with all public and private entities to plan effectively towards a common goal. Sharing of ideas, professional resources and funding will be necessary to meet the challenges inherent in such a change in demographics. The AAA must continue to identify problems and implement professional decision making to create an infrastructure administratively for a professional planning agency that can meet the critical needs of local communities as these demographic shifts emerge upon our PSA.

The most critical goals of the AAA are to position itself professionally to identify additional sources of funding and then to aggressively seek additional funding to plan for the drastic demographic changes in its service population. This will require that the agency change the perception across the board that it is an entitlement or fully funded government program. The Agency must position itself to combine public funds with cost sharing and private pay services. The AAA must also work collaboratively to advocate for an array of public and private direct services in local communities and rural areas that can be accessed by case management.

Changes in its service population and AOA and ADSS obligations to Congress and the State Legislature mandate that the AAA plan and plan effectively and show accountability of all tax dollars spent in program. Unfortunately, the AAA does not receive adequate funding for a planning staff; in fact, the AAA has no designated planning staff and inadequate staff to show effective accountability of programs. In addition, the AAA recognizes that it cannot rely on its current

funding sources to increase or even be at level funding, to include COLA increases, and in some incidents to be dependable even when funding is budgeted. Current sources of funding do not meet the current or future staffing or service provision needs of this agency and its constituents. Therefore, the AAA must seek additional funding sources (and partnerships) to effectively staff, plan, and provide services for its current and future senior populations.

In addition, the AAA can not steer away from its primary function as an advocate for seniors. The AAA integrity and mission cannot be compromised when public funding is predicated upon the AAA's support of programs based on debatable and controversial public policies, politics or conflicts of interest. The ADSS, The AAA Board of Directors and the agency leadership must work to develop policies and procedures, checks and balances for accountability and outside professional guidance to ensure the agency is acting on all accounts in the true spirit of the Older Americans Act, the Mission and Vision of the Agency and following all ethics and accounting laws and procedures. Our Agency, grounded in its mission and integrity, will strive for the respect of community leaders and the public at large to provide leadership and direction necessary as the impact of these demographic changes is steadily recognized by all of us living and working in our local communities.

## **II: Appendices**

### **Appendix A: Assurances**

#### **A. GENERAL ASSURANCES**

##### **1. Compliance with Requirements**

a. The Grantee agrees to administer the program in accordance with the Act, the State Plan, the Area Plan and all applicable regulations, policies and procedures established by the Assistant Secretary for Aging, the Secretary of the Department of Health and Human Resources, or the Alabama Department of Senior Services, and with any conditions or modifications attached to the Notice of Grant Award (NGA).

b. All activities of the Grantee conform with the responsibilities of the Area Agency on Aging, laws, regulations and State policy.

##### **2. Efficient Administration**

The Grantee utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

##### **3. General Administration and Fiscal Requirements**

a. The Grantee's uniform administrative requirements and cost principle are in compliance with the relevant provisions of 45 CFR Part 92 except where these provisions are superseded by statute, or by later rulemaking.

b. The Grantee will: maintain the integrity and public purpose of services; disclose to the Assistant Secretary for Aging and the Alabama Department of Senior Services the identity of each non-governmental entity with which it has a contract and the nature of the contract; demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this Title III and/or VII by such agency has not resulted and will not result from such contract or such relationship; demonstrate that the quantity or quality of the services to be provided under Title III and/or VII by such agency will be enhanced as a result of such contract or such relationship; and on the request of the Assistant Secretary or the Alabama Department of Senior Services, 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.

##### **4. Area Agency Organization**

The Grantee is the sole Agency in the planning and service Area responsible for the administration of the Area Plan on Aging. Where the Grantee is a multipurpose Agency, it delegates all authority and responsibility for administration of the Area Plan to a designated organizational unit for developing and administering the area plan is known as the Area Agency on Aging and is not charged with responsibilities in other areas of the organization's work.

**5. Area Agency on Aging Staffing**

- a. The Grantee employs a full-time qualified person as an Area Agency on Aging Director with the authority and responsibility for the development and the administration of the area plan, and for the advocacy function of the Area Agency, to head the designated unit for those functions, including the management of other personnel in the unit.
- b. The Grantee employs other qualified staff persons, as appropriate, to work under the supervision of the Area Agency on Aging Director to assist in the Area Agency functions.
- c. The Grantee supports the functions of the unit designated to develop and administer the area plan with the full resources of the Grantee, as appropriate, to ensure that the functions are performed. Subject to the requirements of a merit employment system, the Grantee gives preference to individuals age 60 or older for any staff positions in the Area Agency for which such individuals qualify.
- d. The Grantee adheres to the staffing pattern in the approved area plan.

**6. Grantee Personnel Policies and Procedures**

- a. The Grantee has an equal employment opportunity policy, implemented through an affirmative action, for all aspects of personnel administration as specified in 45 CFR Part 70.4.
- b. The Grantee has provided each Area Agency employee with a copy of the standard personnel practices and procedures which have been established and implemented.
- c. The Grantee standard personnel practices and procedures contain accurate written job descriptions for all positions.
- d. The job descriptions for personnel in the unit designated to develop and administer the area plan cover all functions and responsibilities prescribed for the Area Agency.

- e. The job descriptions clearly describe the lines of staff supervisory authority and responsibility.
- f. Staff members are given clearly described functional assignments and responsibilities.
- g. The Area Agency specifically assigns tasks to staff and volunteers according to their skills.

## **7. Staff Development**

- a. The Area Agency provides a program of appropriate training for all classes of positions and volunteers.
- b. The Area Agency releases staff from operating responsibilities to attend training.
- c. The Area Agency earmarks administrative funds for staff training.
- d. The Area Agency staff attend training as requested by the Alabama Department of Senior Services.
- e. The Area Agency provides training by or through the Area Agency designed to increase the skills of staff to enable the Area Agency to meet its responsibilities under the area plan.
- f. The Area Agency provides its staff opportunities for continuing education and career development.
- g. The Area Agency provides its subgrantees and contractors with training appropriate to their needs in performing the functions for which the grants and contracts were awarded.

## **8. Area Agency Responsibilities**

- a. In addition to current duties, the Area Agency will serve as an effective and visible advocate by reviewing and commenting upon all plans, budgets and policies which affect the elderly and providing technical assistance to agencies, organizations, associations, and individuals serving the elderly of the planning and service area.
- b. No social services, including nutrition services, will be directly provided by the Area Agency on Aging, except where, in the judgment of the Alabama Department of Senior Services, provision of such services by the Area Agency on Aging is necessary to assure an adequate supply of such services, or where such services are directly related to the Alabama Department of Senior Services'

or the Area Agency's administrative functions or where such services of comparable quality can be provided more economically by the Area Agency on Aging.

- c. The Area Agency, to the maximum extent possible, coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.
- d. The Area Agency prohibits conflicts of interest in the implementation of programs and services funded by it and has in place a mechanism to promulgate the prohibition of conflicts of interest, detect such conflicts and to remove such conflicts.
- e. The Area Agency coordinates Part B access services and legal assistance with community organizations established to benefit victims of Alzheimer's disease and the families of such victims.
- f. The Area Agency coordinates any Part B supported mental health services with mental health services provided by community mental health centers, community health centers and other public and private nonprofit agencies and organizations.
- g. The Area Agency, if there is a significant number of older Native Americans (as defined by the Native American organizations) in the PSA, conducts outreach to identify the older Native Americans, inform them of the availability of services under the Act, and increase access to services.
- h. The Area Agency, if it receives funds from the Alabama Department of Senior Services, will assure outreach, conduct research and assist older individuals in applying for benefits under the SSI, Medicaid, and Food Stamp programs.
- i. The Area Agency, if it receives funds for Title III Parts B, supportive services and/or Title VII, uses the funds in accordance with the purposes of such parts.
- j. The Area Agency designates, where feasible, community focal points within the planning and service area according to statutory and regulatory requirements.
- k. The Area Agency assures that all providers of service under this Plan operate fully in conformance with all applicable federal, State and local fire, health, safety, sanitation and other standards prescribed in law or regulations.



l. The Area Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services are licensed accordingly.

m. The Area Agency agrees to conduct its functions under the plan in a manner consistent with the directions, goals, objectives, policies and priorities of the Alabama Department of Senior Services.

n. The Area Agency evaluates the needs older residents of the planning and service area have for supportive services, including nutrition services, multipurpose senior centers, legal assistance, employment of older persons, volunteerism opportunities, information & referral services, health services, home health, housing, energy assistance and alternatives to institutional care.

o. The Area Agency in determining the extent of need in the PSA, takes into consideration the number of older individuals with the greatest social need (with particular attention to low-income minority and rural older persons) and the number of older Native Americans.

p. The Area Agency has developed and published methods by which the priorities of services are determined.

q. The Area Agency emphasizes activities and delivery of appropriate services to older persons with the greatest economic and social need, particularly low-income minority older persons and rural older persons, in its determination of the priorities of services.

r. The Area Agency includes in its Area Plan or Annual Operating Element, for the fiscal year preceding the fiscal year for which the Area Plan or Annual Operating Element is prepared, an identification of the number of low-income minority older individuals in the PSA; and descriptions of the methods used to satisfy the service needs of such individuals.

s. The Area Agency uses outreach that identifies individuals eligible for assistance under the Act, with special emphasis on rural elderly, older individuals with greatest economic or social need (with particular attention to low-income minority individuals), older individuals with severe disabilities, older individuals with limited English-speaking ability, and older individuals with Alzheimer's and related dementia and informs such individuals of the availability of assistance.

t. 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, with agencies that develop or provide services for individuals with disabilities;

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u. The Area Agency uses methods, for developing and setting objectives, which utilize the data obtained from needs analyses and studies.

v. The Area Agency sets objectives and will meet those objectives for providing services to older persons in greatest economic and social need, particularly low-income minority older persons and rural older persons.

w. The Area Agency uses methods, for developing and setting objectives, which involve advisory council members.

x. The Area Agency uses methods, for developing and setting objectives, which provide an ongoing focus on the program development and operational responsibilities of the Area Agency on Aging.

y. The Area Agency uses methods, for developing and setting objectives, which provide for an ongoing refinement and revisions of objectives.

z. The Area Agency maintains records of its progress toward its specified objectives.

aa. The Area Agency obtains and utilizes the views of recipients of services under the plan in connection with all matters of general policy arising in the development and administration of the area plan in each fiscal year.

ab. The Area Agency utilizes an Advisory Council, properly designated and empowered as required by Federal rules to perform the functions appropriately appointed to it.

ac. The Area Agency Advisory Council includes providers of veterans' health care (if appropriate).

ad. The Area Agency has the ability to develop and administer an area plan which will effectively guide the planning for the provision of benefits and services for older persons in the planning and service area, and which will effectively guide the provision of such services, by all who plan or provide such services in the planning and service area.

ae. The Area Agency has submitted the Area Plan to the Regional Clearinghouse to be reviewed, unless it is the agency designated as the Regional Clearinghouse and no other agency has also prepared an area plan on aging or made known its intent to do so for the same planning and service area or any part of it.

af. The Area Agency will make all amendments to the area plan in compliance with applicable instruction from the Alabama Department of Senior Services.

ag. The Area Agency provides an opportunity for a hearing to any applicant for assistance in providing a service under the area plan.

ah. The Area Agency provides each applicant for assistance in providing a service under the Area Plan information regarding its right to a hearing by the Alabama Department of Senior Services pursuant to P.L. 89-73, §307(a)(5) and §70-X-7.04 of the Administrative Code of Alabama.

ai. The Area Agency may award grants or contract to other organizations or individuals for specific service provision, but does not delegate to any other than itself the authority to award or administer funds under this plan except for the pooling of funds to purchase transportation for older persons with funds available under the Rehabilitation Act of 1973, and Titles XIX and XX of the Social Security Act, under the terms of an agreement between itself and the other administering agencies pursuant to P.L. 89-73, §306(c).

## **9. Eligibilities**

a. The delivery of services covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

b. No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

c. The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended, and by the Age Discrimination Act of 1967, as amended.

d. All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by persons with disabilities. Where structural changes are required, these changes shall be made as quickly as possible in keeping with 45 CFR 84.

e. The Area Agency will, to the extent practicable, pursue activities to increase access to Title III and VII services by Native Americans and will specify the ways in which the Area Agency intends to implement the activities.

f. The Area Agency will, to the maximum extent feasible, coordinate the services of Title III and Title VI within the planning and service area.

g. The Area Agency utilizes published methods to carry out the preferences to older individuals with the greatest economic or social need, particularly low-

income minority older persons and rural older persons, in the provision of services.

h. The Area Agency ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.

i. The Area Agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

j. The Area Agency agrees to furnish such reports and evaluations to the Alabama Department of Senior Services as may be specified.

k. The Area Agency agrees to provide access to all records and activities related to the functions and responsibilities of the Area Agency and its grant or contract recipients and the recipients of services under the plan to representatives of the Alabama Department of Senior Services, the Assistant Secretary for Aging, the General Accounting Office, The Examiners of Public Accounts and any others identified by the Alabama Department of Senior Services as legally authorized to have such access.

l. The Area Agency agrees to provide requested information to other organizations and persons consistent with provisions of the Freedom of Information Act and limited only by the Confidentiality requirements prohibiting the release of any information which would disclose the identity of any recipient of services or of any individual who may have applied for or inquired about their eligibility for such services unless such person gives their written consent for the sharing of that information or a court order is obtained.

## **10. Grants and Contracts**

a. The Area Agency has implemented a standardized procedure for the awarding of grants and contracts under Titles III and VII.

b. The Area Agency on Aging assures 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.

c. The Area Agency on Aging assures that preference in receiving services under this title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

- d. The Area Agency expends, of the amount allotted for Part B to the PSA, an adequate proportion, as required by Sections 306(1) and 307(a)(2) of the Older Americans of 1965, as amended in 2005, for access services, in-home services and legal assistance and will report annually the amount of funds expended for each category during the fiscal year most recently concluded.
- e. The Area Agency has developed standardized procedures and criteria for review of applications for funds under the area plan.
- f. The Area Agency has published and distributed to interested organizations and individuals the standardized application procedures and review criteria.
- g. The Area Agency requires specifically measurable and verifiable objectives in grants awarded under the Area Plan.
- h. The Area Agency has implemented a thorough and efficient system for effective management of grants and contracts.
- i. The Area Agency's grants and contracts management system routinely identifies and provides appropriate management actions to address, on a timely basis, the performance improvements needed in each grant and contract to assure that older persons are the recipients of the most appropriate services and benefits possible.
- j. The Area Agency includes in agreements with each service provider the following requirements: that the provide specify how the provider intends to satisfy the needs of low-income minority and rural individuals in the area served; and that the provider attempt to serve low-income minority and rural individuals in accordance with their need.
- k. The Area Agency will not permit preference in receiving any Title III or VII services to be given to any individual as a result of a contract or commercial relationship that is not to implement Title III or VII.
- l. The Area Agency actively addresses in each grant and contract appropriate steps to be taken to enable the grantee or contractor to continue the services or benefits for older persons beyond the grant or contract period with reduced funds or no funds under the are plan, if feasible.
- m. The Area Agency utilizes an established procedure for regularly monitoring grants and contracts under the area plan.
- n. The Area Agency obtains written financial and program reports from grantees and contractors as part of its monitoring procedure.

- o. The Area Agency monitors each congregate nutrition site and each provider of home-delivered nutrition services at least once each month.
- p. The Area Agency utilizes an established procedure for regularly assessing grantees and contractors under the area plan.
- q. The Area Agency assessment procedure includes a guide to assessing the progress and problems of grantees and contractors in attaining specified performance levels.
- r. The Area Agency informs grantees and contractors of scheduled assessments in advance of the site visit, and identifies the topics of the assessment. ["Site" refers to any grantee or contractor location, not just "nutrition sites."]
- s. The Area Agency provides the grantees and contractors reports of each assessment within thirty (30) days of the conclusion of the on-site assessment.
- t. Appropriate corrective action is taken by the Area Agency to eliminate or reduce problems identified in monitoring and assessing grantees and contractors.
- u. The Area Agency assigns specific staff members the responsibility to assure that grantees and contractors take the required corrective actions as scheduled.
- v. The Area Agency evaluates each grantee's and contractor's performance prior to making any subsequent award of a grant or contract.
- w. The Area Agency provides each grantee and contractor with appropriate technical assistance to enable it to accomplish required corrective actions.

**B. PROGRAM SPECIFIC ASSURANCES**

- 1. The Area Agency provides for establishing and maintaining information and referral services in sufficient numbers to assure that all older individuals in the planning and service area will have reasonable convenient access to such adequate information and referral services.
- 2. With respect to the Long-Term Care Ombudsman program, the Area Agency assures that statutory and regulatory provisions concerning support of Alabama Department of Senior Services activities in the establishment and operation of the program, defining "similar adult care homes", appointing an ombudsman, access requirements, confidentiality and disclosure of information,

compliance with the State Ombudsman Act and a statewide reporting system are being met.

3. 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.

4. With respect to nutrition services, the Area Agency assures that statutory and regulatory provisions concerning nutrition services, selection of nutrition services providers, special requirements for nutrition services providers and food requirements for all nutrition services providers are met.

5. The Area Agency assures that projects will to the maximum extent practicable, reasonably accommodate participants described in P.L. 89-73 §339(2)(A)(iii), that is, persons with special dietary needs.

6. With respect to multipurpose senior centers, the Area Agency assures that all statutory and regulatory requirements concerning the purpose of making awards; health; safety and construction requirements; federal labor standards; length of use of an acquired or constructed facility; special conditions for acquiring by purchase, or constructing a facility; prohibition on sectarian use of a facility; and funding use requirements are met.

7. With respect to legal assistance the Area Agency assures that statutory and regulatory provisions concerning purpose of making the awards; conditions legal assistance providers must meet; case priorities; and limitations on information about income and resources are met.

8. With respect to adult protective services, the Area Agency assures that it will conduct a program consistent with the Alabama Adult Protective Services Act; and coordinated with the Department of Human Resources for public education to identify and prevent abuse of older individuals; receipt of reports of abuse of older individuals; active participations of older individuals participating in programs under this Plan through outreach, conference, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and referral of complaints to the Department of Human Resources where appropriate; will not permit involuntary or coerced participation in the program of services described in this clause by alleged victims, abusers, or their households; and all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement agency or the Department of Human Resources.

### **C. FISCAL SPECIFIC ASSURANCES**

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1. The Area Agency will spend in each fiscal year, for services to older individuals residing in rural areas in the planning and service area assisted under this Title, an amount not less than the total amount of funds appropriated under the OAA and expended by the agency in fiscal year 2000.
2. The portion of the Area's allotment not used for paying the cost of administration of the Area Plan will be available only for paying such percentage as the Area Agency determines, but not more than 90 percent of the cost of social services and nutrition services authorized under Title III, Parts B and C, in the planning and service area.
3. The Area Agency will fulfill all requirements for meeting its non-federal share.
4. The Area Agency will use its allotment for Area Plan administration to pay not more than 75 percent of the costs of administering the Area Plan.
5. The Area Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for all funds awarded for the implementation of this plan.
6. The Area Agency will support the fiscal control requirements placed on the Alabama Department of Senior Services by providing satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, federal and state funds paid under this title to the Area Agency, including any such funds paid to the recipients of grants or contracts.
7. The Area Agency agrees to comply with all guidelines for implementing Title III and VII of the Older Americans Act of 1965, as amended, and with the Alabama Department of Senior Services policies and procedures established to meet responsibilities placed on it by the Administration on Aging.
8. The Area Agency agrees to adhere to the staffing plan established by the Area Agency in its plan, or obtain prior written approval of the Alabama Department of Senior Services for any deviation.
9. The Area Agency agrees to adhere strictly to the provisions of the Area Plan regarding services to older persons in the planning and service area unless waived by the Alabama Department of Senior Services.
10. The Area Agency agrees to pursue a policy of freedom of information.



11. The Area Agency agrees to assure that all contracts, both public and private, for delivery of service or other related activities, will be limited to one year.
12. The Area Agency on Aging agrees to request approval of the Alabama Department of Senior Services for budget revisions of any nature.
13. The Area Agency agrees to monitor the fiscal accountability, at least annually, and by qualified staff of its own, of each service provider which has received, from the Area Agency, funds administered by the Alabama Department of Senior Services.
14. The Area Agency agrees that, if the Alabama Department of Senior Services enters into a contract for the delivery of prepared food and accessories to nutrition services sites on behalf of the Area Agency at the request of the Area Agency, the approved cost of meals to be certified will not be granted in cash; that under the terms of such contract, at the Area Agency's and the vendor's certifications, the Alabama Department of Senior Services will pay the vendor for the meals provided at the price provided in the contract; and that adjustments will be made as provided for in the contract.

The Area Agency agrees that, if the Alabama Department of Senior Services enters into a contract for the delivery of any service on behalf of the Area Agency at the request of the Area Agency, the approved cost of the services to be certified will not be granted in cash, that under the terms of such contract, at the Area Agency's and the vendor's certifications, the Alabama Department of Senior Services will pay the vendor for the services at the price provided in the contract, and that adjustments will be made as provided for in the contract.

**Appendix B: AAA Advisory Council Members, by-laws and meeting schedule (see *Comments* on page 10 of the Area Plan)**

## **Appendix C: Area Plan Public Hearing Minutes**

### **Area Plan Review Process for FY 2007 to FY 2010**

#### Public Hearing Dates

Set up a day and location for a public hearing in each County during the Month of September 2006

Get with Tracie and let her arrange for all, including box lunches for those who sign up to attend on these days. Try to do one per week.

Chilton County  
Clanton Senior Center

Shelby County  
Calera Community Center

St. Clair County  
Pell City Senior Center

Blount County  
Oneonta Senior Center

Walker County  
Sumiton Senior Center

**Appendix D: Targeting Demographics Form (OAA 306(a)(4)(A)(iii)(I))**

| DEMOGRAPHIC CLASSIFICATION           | TARGETING DEMOGRAPHICS in <u>FY2006</u> |
|--------------------------------------|---|
| Total persons, age 60 or older       | 57,679                                  |
| Minority persons, age 60 or older    | 3,589                                   |
| Low-income persons, age 60 or older  | 11,282                                  |
| Low-income minority, age 60 or older |   |
| Black persons, age 60 or older       |   |
| Hispanic persons, age 60 or older    |   |
| Native American, age 60 or older     |   |
| Other minority, age 60 or older      |   |
| Rural persons, age 60 or older       |   |

## **Appendix E: Grievance Procedure (OAA 306 (a) (10))**

|  |
|--|
| <b>Middle Alabama Area Agency on Aging Grievance Procedure</b> |
|--|

**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:**

- a. Identify the action being challenged;**
- b. Identify the parties to the action being challenged;**
- c. Identify the role of each party to the action being challenged;**
- d. Identify the cause for the challenge; and**
- e. 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.**

## Appendix F: Listing of Long-term Care Facilities

### Blount County

#### Nursing Facilities

##### **Beverly Healthcare Oneonta**

215 Valley Road  
Oneonta, AL 35121  
(205) 274-2365  
TOTAL BED COUNT 120  
Administrator: Katherine  
Ponder

##### **T.L.C. Nursing Center (Beverly)**

212 Ellen Street  
P.O. Box 698  
  
Oneonta, AL 35121  
(205) 625-3520  
TOTAL BED COUNT 103  
Administrator: Caren Johnson

#### Assisted Living Facilities

##### **The Olive Home Inc. - Oneonta**

1100 2nd Avenue East  
Oneonta, AL 35121  
(205) 625-3190  
TOTAL BED COUNT 30 ALF/ 18 SCALF  
Administrator: Norma B. Skinner

##### **Magnolia House**

100 Fourth Avenue West  
Oneonta, AL 35121  
(205) 625-5550  
TOTAL BED COUNT 40 (ALF)  
Administrator: Pam Richards

#### Assisted Living Cont.

##### **Prince Place**

925 Vaughn Road  
P.O. Box 1269  
Trafford, AL 35172  
(205) 681-5933  
  
TOTAL BED COUNT 16 (ALF)  
Administrator: Celia Prince

##### **Summer's Landing**

115 Lakeview Drive  
Cleveland AL,  
35049  
(205) 274-8443  
TOTAL BED COUNT 10 (ALF)  
Administrator: Shana Lee

##### **The Jacobs House North and South**

101 Jacobs Lane  
Hayden, AL 35079  
(205) 647-7410  
TOTAL BED COUNT 16 ALF/ 16 SCALF  
Administrator: Roger Cooper

##### **Warden Manor Assisted Living**

3219 Arkadelphia Road  
Hayden, AL 35079  
(205) 647-0201  
TOTAL BED COUNT 16 (SCALF)  
Administrator: Hilda Kay Warden

## Chilton County

### Nursing Facilities

**Hatley Health Care, Inc**  
300 Medical Center Drive  
Clanton, AL 35045  
(205) 755-4960

TOTAL BED COUNT 201  
Administrator: Richie  
Scoggins

### Assisted Living Facilities

**Gardens of  
Clanton**  
850 Scott Drive  
Clanton, AL 35045  
(205)280-0884  
TOTAL BED COUNT 16  
(ALF)  
Administrator: L. O'Neal  
Green

#### **Homeland Assisted Living Facility**

149 First Avenue  
Jemison, AL  
35085  
(205) 688-4835  
TOTAL BED COUNT 16  
(ALF)  
Administrator: Tim Hicks

#### **\*\* Orchard Place - licensed / no residents**

325 County Road 271  
Clanton, AL 35045  
(205) 646-0101  
TOTAL BED COUNT 16  
(ALF)  
Administrator: Karen  
Armstrong

## Shelby County

### Nursing Facilities

#### **Alabaster Healthcare**

850 Northwest Ninth Street  
Alabaster, AL  
35007  
(205) 663-3859  
TOTAL BED COUNT 230  
Administrator: Susan Potts

#### **Columbiana Health and Rehabilitation**

22969 Highway 25  
Columbiana, AL 35051  
205-669-1712

TOTAL BED COUNT 63

Administrator: Carol Knight

#### **Shelby Ridge**

881 3rd Street Northeast  
Alabaster, AL  
35007  
(205) 620-8500

TOTAL BED COUNT 131

Administrator: Chris Schmidt

### Assisted Living Facilities

#### **Ashton Gables**

2184 Parkway Lake Drive

Birmingham, AL 35244  
(205) 403-7400

TOTAL BED COUNT: 48 (SCALF)

Administrator: Stephanie Palmer

#### **Chelsea's Hidden Acres**

1221 Highway 69  
Chelsea, AL 35043

(205) 678-8906

TOTAL BED COUNT: 16

(ALF)

Administrator: Paula

### Assisted Living Cont.

#### **Lake View Estates Assisted Living**

2634 Valleydale Road

Birmingham, AL 35244

(205) 981-0001

TOTAL BED COUNT: 64 (SCALF)

Administrator: Gordon Smith

#### **Maplewood Lane Assisted Living**

222 Joe Tucker Park Road

Helena, AL 35080

(205) 664-1202

TOTAL BED COUNT 16

(ALF)

Administrator: Charlotte

Tomlin

#### **Maplewood Ridge (I and II)**

2124 Old Montgomery  
Highway

Pelham, AL 35124

(205) 988-5177

TOTAL BED COUNT 32

(ALF)

Administrator: Dyanne Davis

#### **Ridge View at Meadow Brook**

700 Corporate Ridge Drive

Birmingham, AL 35242

(205) 991-8900

TOTAL BED COUNT: 84

(ALF)

Administrator: Jan Nicholas

#### **Shangri-la Assisted Living**

155 Egg and Butter Road

Columbiana, AL 35007

(205) 669-9202

TOTAL BED COUNT: 16 (SCALF)

Administrator: Rizalina Nichols



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**Knowlwood Assisted Living**

4804 Highway 25  
Montevallo, AL 35115

(205) 665-5955  
TOTAL BED COUNT: 16  
(ALF)

Administrator: Katherine Knowles Turner

**Stinson House**

606 Second Street Northeast  
Alabaster, AL  
35007

(205) 663-1454  
TOTAL BED COUNT: 16  
(ALF)

Administrator: Dorris E. Shockley

## St. Clair County

### Nursing Facilities

#### **Ashville Manor Nursing Home, Inc.**

Ashville Manor Nursing Home, Inc.  
38286 US Highway 231  
P.O. Box 130  
Ashville, AL 35953

(205) 594-5148  
TOTAL BED COUNT 53  
Administrator: Pam Penland

#### **Beverly Healthcare Ingram**

510 Wolf Creek Road North  
Pell City, AL 35125  
(205)338-3329

TOTAL BED COUNT 94  
Administrator: Kim Russell

#### **St. Clair Health and Rehab**

7300 Highway 78 East  
Pell City, AL 35125  
(205) 640-5212

TOTAL BED COUNT 59  
Administrator: Doris Brown

#### **The Village At Cook Springs**

415 Cook Springs Road  
P.O. Box 10  
Cook Springs, AL 35052  
(205) 338-2221

TOTAL BED COUNT 168  
Administrator: Glenn Brewer

### Assisted Living Facilities

#### **Rosewood Manor**

Rosewood Manor  
605 15th Street North  
Pell City, AL 35125  
(205) 884-4663  
TOTAL BED COUNT 16  
(ALF)

Administrator: Claudette Engelhart

#### **Village at Cook Springs Assisted Living**

415 Cook Springs Road  
P.O.Box 10  
Cook Springs, AL 35052  
(205) 338-2221  
TOTAL BED COUNT 81  
(ALF)

Administrator: Thomas Kent

#### **Village at Cook Springs Specialty Care Assisted Living**

415 Cook Springs Road  
P.O.Box 10  
Cook Springs, AL 35052  
(205) 338-2221

TOTAL BED COUNT 15 (SCALF)  
Administrator: Thomas Kent

## Walker County

### Nursing Facilities

#### **Consultamerica of Carbon Hill**

350 Northeast 4th Street  
Carbon Hill, AL 35549  
(205) 924-4404  
TOTAL BED COUNT 59  
Administrator: Adam Maddison (AIT) Carol Johnson

#### **Cordova Healthcare Center**

70 Highland Street West  
Cordova, AL  
35550  
(205) 483-9282  
TOTAL BED COUNT 114  
  
Administrator: Linda Daniel

#### **Ridgeview Health Care Center, Inc.**

903 11th Street Northeast  
Jasper, AL 35501  
(205) 221-9111  
  
TOTAL BED COUNT 148  
  
Administrator: Charla Berry

#### **Ridgewood Health Care Center**

201 Oakhill Road  
Jasper, AL 35501  
  
(205) 221-4862  
  
TOTAL BED COUNT 98  
Administrator: Kathy  
Smothers

#### **Shadescrest Health Care Center**

331 25th Street West  
  
P.O. Box 1012

### Assisted Living Facilities

#### **\*\* Anderson Family Assisted Living - Licensed / no residents**

8515 Highway 5  
Nauvoo, AL 35578  
(205) 221-8349  
TOTAL BED COUNT: 3 (ALF)  
Administrator: Wanda M. Anderson

#### **Country Manor**

Blackwell Dairy  
Road  
  
P.O. Box 2305  
Jasper, AL 35502  
(205) 221-9744  
TOTAL BED COUNT 15  
(ALF)  
Administrator: Peggy Wall

#### **Savannah Court of Jasper Building #1**

811 20th Avenue East  
Jasper, AL 35502  
(205) 221-5579  
TOTAL BED COUNT 16  
(ALF)  
Administrator: Rosa  
McDonald

#### **Savannah Court of Jasper Building #2**

2004 Viking Drive  
Jasper, AL 35501  
(205) 221-1650  
TOTAL BED COUNT 16  
(ALF)  
Administrator: Rosa  
McDonald

#### **Sunrise Manor**

1609 Sunrise  
Road  
Jasper, AL 35504  
(205) 387-7400  
TOTAL BED COUNT 16  
(ALF)

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Jasper, AL 35501  
(205) 384-9086  
TOTAL BED COUNT 107  
Administrator: Joe B. Havens

Administrator: Eunice Renee Moore

**Terrace at Jasper**  
2100 Viking Drive  
Jasper, AL 35501  
(205)384-0660  
TOTAL BED COUNT 70 ALF/ 14 SCALF  
Administrator: Jeannie Smith

## **Appendix G: Listing of Senior Centers, Meal Drop-off Points, and Community Focal Points**

### **Blount County**

Blountsville Senior Center  
171 Water Street  
P. O. Box 796  
Blountsville, AL 35031  
(205) 429-2033  
Sheron Garner  
8 am- 1 pm  
Mayor - Bob Sharpe  
(205) 429-2406

Nectar Senior Center  
14697 State Hwy 160  
Cleveland, AL 35049  
(205) 559-7312  
Donna Stephens  
8 am- 1 pm  
Mayor - Felix Gaither  
(205) 559-7780

Oneonta Senior Center  
111A Jack Fendley Drive  
Oneonta, AL 35121  
(205) 625-4476  
Robbie Hulgán  
8 am- 1 pm  
Almeda Roberston Day Care  
7 am- 2 pm  
Mayor - Danny Hicks  
(205) 274-2150

### **Chilton County**

Clanton Senior  
Center  
500 Enterprise Road  
Clanton, AL 35045  
(205) 755-3248  
Martha Thornburgh

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8 a.m. - 1 p.m.  
Mayor - Billy Joe  
Driver  
(205) 755-1105

Maplesville Senior Center  
P.O. Box 9  
Maplesville, AL  
36750  
(334) 366-2717  
Faye Hightower  
8 a.m. - 1 p.m.  
Mayor - W. C. Hayes, Jr.  
(334) 366-4212

**Shelby County**

Alabaster Senior Center  
808 15th Avenue SW  
Alabaster, AL 35007  
(205) 663-1307  
Mattie Dickens  
8 a.m. - 1 p.m.  
Mayor - David M. Frings  
(205) 664-6800

Calera Senior Center  
1207 20th Ave.  
Calera, AL 35040  
(205) 668-0601  
Sandy (Bo) Parks  
8 am- 1 pm  
Mayor - George W. Roy  
(205) 668-3500

Columbiana Senior Center  
93 Washington Street  
Columbiana, AL 35051  
(205) 669-3969  
Donna Higgins  
8 a.m. - 1 p.m.

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Mayor - Allan Lowe  
(205) 669-5800

The Park At Heardmont  
Farm  
5458 Cabaha Valley Road  
Birmingham, AL 35242  
(205) 991-5742  
Fax (205) 991-5657  
Lillian Jones  
9 am- 4 pm  
Mayor - Gene Weingarten  
(205) 988-4672

Montevallo Senior Center  
154 Vine Street  
Montevallo, AL 35115  
(205) 665-9206  
Rose DeVinner  
Mayor - Sharon Anderson  
(205) 665-2555

Vincent Senior Center  
John Sparkman Court  
Vincent, AL 35178  
(205) 672-7697  
Ellen Limbaugh  
Mayor - Terry Allen  
(205) 672-2749

**St. Clair County**

Ashville Senior Center  
  
115 8th Street  
Ashville, AL 35953  
(205) 594-7666  
Sharon Hudson  
8 a.m. 1 p.m.  
  
Mayor - Robert L. McKay  
(205) 594-4151

Steele Senior Center  
925 Steele Station  
Road  
Steele, AL 35987  
(256) 538-1110  
Lynda Fann  
8 a.m. - 1 p.m.  
Mayor - Westley  
McHugh  
(205) 538-8145

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Moody Senior Center  
2900 Daniel Drive  
Moody, AL 35004  
(205) 640-2536  
Denise Uppling  
9 am- 2 pm  
Mayor - Joe Lee  
(205) 640-2501

Odenville Senior  
Center  
185 Alabama Street  
Odenville, AL 35120  
(205) 629-5351  
Ruby Bodiford  
8 a.m. - 1 p.m.  
Mayor - Rodney Christian  
(205) 629-6366

Pell City Senior  
Center  
801 Comer Drive  
Pell City, AL 35125  
(205) 338-6589  
Rhonda Purdy  
8 am- 1 pm  
Mayor - Adam Stocks  
(205) 338-2244

Mailing Address  
1901 1st Ave North  
Pell City, AL 35125

Ragland Senior  
Center  
196 Old Main Street  
Ragland, AL 35131  
(205) 472-2177  
Myra Liggan  
8 am- 1 pm  
Mayor - Gary Daffron  
(205) 472-0400

**Walker County**

Carbon Hill Senior Center



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316 6th Street NE  
Carbon Hill, AL 35549  
(205) 924-4171  
Fx:Hs.Ath. 205-924-  
9178

Mary Barner  
8 .am. - 1 p.m.  
Mayor - Phillip Howard  
(205) 924-9961

Cordova Senior Center  
90 Main Street  
Cordova, AL 35550  
(205) 483-6384  
Sybil Keeton  
8 am- 1 pm  
Mayor - Jack Scott  
(205) 483-9266

Jasper Senior Center  
1050 Kiker Lane  
Jasper, AL 35501  
(205) 221-2849  
Ticia Atkins  
8 am- 1 pm  
Mayor - V. L. (Sonny) Posey  
(205) 221-2100

Oakman Senior Center  
8250 Market Street  
Oakman, AL 35579  
(205) 622-3197  
Vivian Pendley  
8 am- 1 pm  
Mayor - Richard Corry  
(205) 622-3232

Sumiton Senior Center  
45 Oak Street  
Sumiton, AL 35148  
(205) 648-6910  
Mildred Thomas  
8 am- 1 pm

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Mayor - Petey Ellis  
(205) 648-9191

**Appendix H: Provider Monitoring Form**

**PROVIDER MONITORING FORM (FY 2007 - 2010)**

| Director/Provider        | Service Provided                            | Counties Served                            | Projected Monitoring Date | Notes   |
|--------------------------|---|--|---------------------------|---|
| Line – Framingham,       | Emergency Response Systems                  | Blount, St. Clair, Chilton, Shelby, Walker | June of each year         | Home office is in MA, so will be unable to visit. |
| Workers – Trussville, AL | Homemaking, Personal Care, Respite          | St. Clair, Blount                          | March of each year        |   |
| Workers – Alabaster,     | Unskilled Respite, Homemaker, Personal Care | Chilton, St. Clair, Shelby                 | April of each year        |   |
| Medical – Clanton, AL    | Durable Medical Equipment                   | Chilton, Shelby                            | May of each year          |   |
| C. – Alabaster, AL       | Durable Medical Equipment                   | Chilton, Walker, St. Clair, Blount, Shelby | July of each year         |   |
| Home Medical – Clanton,  | Durable Medical Equipment                   | Chilton, Shelby                            | August of each year       |   |
| County Lifecare –        | Unskilled Respite, Homemaker, Personal Care | Chilton                                    | January of each year      |   |
| County Lifecare –        | Unskilled Respite, Homemaker, Personal Care | Walker                                     | September of each year    |   |
| County Dept. of Public   | UR, HM, PC                                  | Chilton                                    | 2006                      | Jennifer Staggs MWS, CM                           |
| Workers                  | HM, UR                                      | Chilton                                    | 2006                      | Jennifer Staggs MWS, CM                           |

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**PROVIDER MONITORING FORM (FY 2007 - 2010)**

| Director/Provider      | Service Provided                                  | Counties Served | Projected Monitoring Date | Notes                                   |
|------------------------|---|-----------------|---------------------------|---|
| Food Services          | Medicaid Frozen Meals, Shelf Stable, Breakfast    | Chilton         | 2006                      | Jennifer Staggs MWS, CM                 |
|                        |   |                 |                           |   |
| County Dept. of Public | UR, HM, PC  | St. Clair       | 2006                      | Arnita Hicks, Medicaid Waiver Case Mgr. |
|                        |   |                 |                           |   |
|                        | UR, HM, PC  | St. Clair       | 2006                      | Arnita Hicks, Medicaid Waiver Case Mgr. |
|                        |   |                 |                           |   |
| Food Services          | Frozen Meals, Shelf Stable, Breakfast Meals       | St. Clair       | 2006                      | Arnita Hicks, Medicaid Waiver Case Mgr. |
|                        |   |                 |                           |   |
| County Dept. of Public | HM, PC, UR  | Shelby          | 2006                      | LaKeesha Griffin, CM MWS                |
|                        |   |                 |                           |   |
| Keepers                | HM, UR  | Shelby          | 2006                      | LaKeesha Griffin, CM MWS                |
|                        |   |                 |                           |   |
|                        | HM, PC, UR  | Shelby          | 2006                      | LaKeesha Griffin, CM MWS                |
|                        |   |                 |                           |   |
|                        | HM, PC, UR, SR                                    | Shelby          | 2006                      | LaKeesha Griffin, CM MWS                |
|                        |   |                 |                           |   |
| Food Services          | Medicaid Frozen Meals, Shelf Stable and Breakfast | Shelby          | 2006                      | LaKeesha Griffin, CM MWS                |
|                        |   |                 |                           |   |
| County Dept. of Health | HM, PC, UR  | Blount          | 2006                      | Vicki Gainer, MWS                       |
|                        |   |                 |                           |   |

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**PROVIDER MONITORING FORM (FY 2007 - 2010)**

| Director/Provider   | Service Provided | Counties Served | Projected Monitoring Date    | Notes   |
|---|------------------|-----------------|------------------------------|---|
| Health  | HM, PC, UR       | Blount          | 2006                         | Vicki Gainer, MWS                                       |
| Keepers   | HM, PC           | Blount          | 2006                         | Vicki Gainer, MWS                                       |
| Food Services   | Food Service     | Blount          | 2006                         | Vicki Gainer, MWS                                       |
| County Dept. of Health                                    | PC/HM/UR/R       | Walker          | 1 time/month                 | Provide good services. Services most of my<br>Paige Cox |
| Health Services   | PC/HM/UR/R       | Walker          | 1 time/month                 | Provide good services. Serves very few clients<br>Cox   |
| County  | Nutrition        | Blount          | Jan – Feb, Annually          |   |
| Maplesville & Clanton                                     | Nutrition        | Chilton         | December, Annually           |   |
| Carbon Hill, Cordova,<br>Lakman                           | Nutrition        | Walker          | March – April, Annually      |   |
| Ashville, Moody,<br>Lil City and Ragland                  | Nutrition        | St. Clair       | May – June, Annually         |   |
| Labaster, Calera,<br>and Montevallo,<br>and Shelby County | Nutrition        | Shelby          | October – November, Annually |   |



## **Appendix I: AAA's Emergency/Disaster Plan**

### **Disaster and Emergency Preparedness Plan**

#### **Introduction**

Pre-planning for any type of emergency or disaster can be the most important factor in preventing or reducing the risk of harm or even death in the event a local community is faced with emergency situations. For our senior population it is essential that we have workable, realistic plans in order to ensure their safety and well being. There is no perfect way to plan for disastrous events such as tornados, hurricanes and other natural and un-natural events, but each time we are faced with a disaster we learn how we can prepare better for the next such event.

By providing our population with helpful information we can prepare them to take a few simple steps to plan for such events. These simple steps involving family emergency preparedness plans can eliminate many hardships that a senior may have to endure in the event of an emergency or disaster. For those seniors who do not have family we as an Agency will work to help establish other community networks such as neighbors, churches, volunteers and law enforcement to help ensure their needs are met pending an upcoming potential disaster situation.

Our Agency knows the importance of having current information on all of our clients, contractors and community service resources in case of weather related closing or disaster. This information must be routinely reviewed and updated before a crisis is in place. Our Agency has also recognized due to the recent events surrounding the Hurricanes of 2005 that it is critical that our Agency establish working relationships with the local agencies such as EMA, Health Departments, the Religious Community and Red Cross. The AAA will be a collaborative and active partner in working with the Local EMA and other agencies to establish disaster plans to include a pandemic flu plan.

The AAA in collaboration with the EMA, Public Health and the Red Cross will continue to provide seniors and their families with information to help people to prevent injury, illness and loss of life. The Agency staff will be well informed, trained and pre-pared to help their clients pre-prepare for future events and to assist with services and counseling in the event we are faced with any natural or un-natural disaster situations. Staff will be trained and encouraged to develop Family Emergency Plans to include other family members, neighbors, etc to assist with their children, pets, home security etc during time of emergency preparedness in the event of predicted inclement weather or pandemic flu outbreak in order for staff to pre-form their emergency plan to protect their clients.

## Be Ready For an Emergency

### Important things for AAA Staff to do as part emergency preparedness:

- Read and follow the Public Health *Are You Ready* booklet.
- Have your family emergency plan in place.
- Know about hazards that could affect your clients and community.
- Learn about emergency alert systems and weather alerts.
- Identify safe shelters in areas you visit before an emergency exists.
- Have an updated AAA phone tree with you in the field, home and office. Key important phone numbers into your cell phone before you need them.
- Keep client lists updated with emergency information. Inform clients and family of the importance of communicating any changes. Update as needed or at least quarterly. Have high risk client list ready for any potential emergency situation.
- Identify clients who need Emergency Shelf Staple meals and make referral to Nutrition Coordinator.
- Nutrition Coordinator train all Center Managers to keep emergency lists at hand of clients who may need assistance or counseling during potential emergency. Identify clients who should be on EMA list. Identify clients who may need to seek safe shelter in the event of severe inclement weather.
- Assign staff member to be emergency contact with transportation providers.
- Provide all case managed clients with publication provided by State Health Department – Are You Ready? Follow up with checklist of items to keep on hand.
- Have all clients to complete emergency contact information to keep readily available in their homes. Encourage clients and their caregivers to keep emergency supply kits and to complete disaster preparation checklist.
- Check with your doctor to make sure you and your family are up to date on your immunizations and that you take the tetanus, flu, pneumonia and hepatitis A & B vaccines if recommended by your doctor.
- Follow health advisories issued by public health officials, your doctor or other authorities to include following good infection control procedures.
- Educate clients on the importance of getting yearly flu vaccines and pneumonia vaccine.
- Have adequate supplies on hand for to secure office equipment and important documents from potential damage to include plastic wrap, large zip lock bags, packing tape and masking tape, and computer backup tapes.
- Office to have following items on hand before emergency: first-aid kit, flashlights with batteries, battery-powered weather radio, hand sanitizer, masks, small tool kit and water.



**Important things for AAA Staff to do when an event is predicated:**

- Do not panic.
- In the event of a potential emergency or disaster contact your supervisor immediately for instructions.
- Stay informed. Know the office policies.
- Fill up your car with gas; check your oil and tires.
- Charge your cell phone.
- In the event you are caught in inclement weather while in the field – seek safe shelter and contact your supervisor – do not attempt to travel home. If necessary enact your family emergency plan.
- If severe inclement weather is predicted or health alert is issued call all high risk clients to make them aware of situation and to ensure they enact their emergency family plan. Identify isolated clients, clients with disabilities and clients who need emergency power for health reasons on a list to be sent to local Emergency Management Office. Enact your family emergency plan if necessary.
- Back up all computer files before leaving office.
- Make sure all important and confidential documents are safe and secure.

**Important things for AAA Administrative Staff to do when an event is predicated:**

- Supervisors call all staff in from the field or instruct them to seek safe shelter.
- Outside of normal business hours: Supervisors call Director. Implement phone tree.
- Call staff meeting to implement disaster plan.
- Appoint staff member to stay informed with new information from the Media, ADSS and EMA. Keep Director informed.
- Appoint staff member to keep media informed of closings and locations of safe shelters for seniors.
- Nutrition Coordinator and clerical staff contact all Center Managers with instructions.
- Back up computers. Two people take back up tapes with them in safe containers.
- Secure and lock up all files.
- Unplug all electrical equipment before leaving.
- Shut off water, gas and electricity if instructed to do so.
- Secure all equipment and protect from inclement weather related water or wind damage as best possible.

**Appendices to Emergency Plan**

**Appendix A: County-by-County Resource Guide**

**Appendix B: Senior Center Addresses**

**Appendix C: Contact Lists**

**Appendix D: Media Lists**

**Appendix E: Phone Trees**

**Appendix F: AoA Disaster Checklist**

**Appendix G: Confidentiality Statement / EMA Agreement**

**Appendix J: AAA Budget**