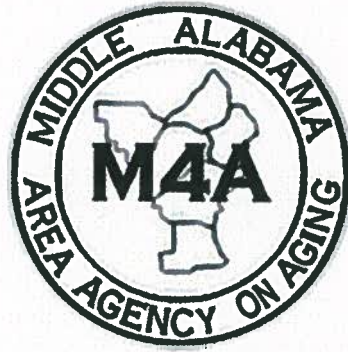**Middle Alabama Area Agency on Aging**

Regional Plan on Aging Fiscal Years 2015 – 2017

Verification of Intent

Middle Alabama Area Agency on Aging hereby submits the area plan on aging for the period October 1, 2014 through September 30, 2017 to the Alabama Department of Senior Services. The operating agency named above was given the authority to develop and administer the area plan on aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all regional activities related to the purpose of the Act as the designated Area Agency on Aging. This includes, but is not limited to, the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for seniors in the region.

This plan is hereby approved by the Advisory Board and Operating Agency Board of Directors and constitutes authorization to proceed with activities under the plan upon approval of the State Unit on Aging.

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

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

09/10/2014
Date

(signed)

Chairman, M4A Board of Directors

09/10/2014
Date

(signed)

Executive Director

Request for Waivers

AAAs may request authority to provide direct services, reduction of operating days or to waive cost share if they have met the conditions set forth in the OAA and when ADSS has approved such a request. For a Direct Service Waiver an AAA must provide a request for the waiver and all necessary supplemental documentation. Waivers are not required for Information and Assistance or Case Management services. A Waiver Request form should be submitted annually, at a minimum 60 days prior to first day of the fiscal year to the Commissioner for approval.

July 15, 2014

Neal Morrison, Commissioner
The Alabama Department of Senior Services
201 Monroe Street, RSA Tower Suite 350
P.O. Box 301851
Montgomery, AL 36130-1851

Re: *FY 2014 Waiver Request for the City of Moody/Moody Senior Center*

Dear Commissioner Morrison,

M4A hereby requests a waiver for the City of Moody to operate its senior center 4 days per week instead of 5 days per week. The basis for the request is that the City of Moody operates Monday-Thursday and its municipal offices are closed on Fridays.

The Center Manager for the Moody Senior Center, Addie Duke, offers a shelf stable meal to all participants (homebound and congregate) on Thursdays so that they have a meal on Fridays.

This waiver request is for FY 2014.

If you have any further questions or need additional information, please let me know.

Thank you.

Best regards,

Carolyn G. Fortner, MA, JD, CIRS-A
Executive Director

cc: Todd Russell, Alabama Department of Senior Services (electronically)
     Tracy Patterson, Moody City Clerk (electronically)
     Addie Duke, Moody Senior Center Director (electronically)
     Laura King, Nutrition Coordinator (electronically)

Reviewed: _____

Approved: _____
Commissioner

Denied: _____
Commissioner

Date: _____

Alabama Department of Senior Services
WAIVER REQUEST FORM

Middle Alabama Area Agency on Aging, FY 2014
Date Submitted: July 15, 2014
Service/Activity: Senior Center/Nutrition

Part A: Reason for Request:

1. The Area Agency on Aging requests a waiver to deliver services directly for the following reason (please check at least one):

☐ a. The direct provision of such services is necessary to assure an adequate supply of such services.

☐ b. Services of comparable quality can be provided more economically by the area agency.

2. Request for reduction in Senior Center Operating Days. √

3. Request for non-participation in Cost Share. ☐

Part B: Description of reason for waiver request: (Include geographical area to be served and period of time waiver will be in effect.): *the City of Moody operates Monday-Thursday only; request waiver to operate senior center 4 days per week (Monday-Thursday)*

Part C (for Reason 1): Describe Lack of Adequate Supply of Service (Required if number 1 in Part A) 1 is checked. Documentation of the AAA's program development and procurement process is required.) *N/A*

Part D: Cost-Benefit Analysis (Required if A in Part A) 1 is checked. Documentation that services of comparable quality can be provided more economically by the area agency is required.) *N/A*

Part E: If request is for reduction in days served, Part A) 2: Explain how high risk clients and home bound will be served 5 days a week. *The Center Manager offers/will offer a meal on Thursdays for high-risk clients (congregate and homebound) to have on Fridays.*

☐ a. Part F: If request is for cost share waiver, Part A) 3 answer, check box a or b, and explain. Is a significant portion of the persons receiving the services under the Act and subject to cost sharing under the state threshold of $958.00 per month income? Yes or No (provide documentation)

☐ b. Explain how and why cost sharing would be an unreasonable administrative or financial burden on the AAA.

Part G: Signature

July 15, 2014

_____   _____
Signature of Area Agency on Aging Director   Date

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SECTION I: Executive Summary

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

M4A's mission is to help older individuals to access information, assistance, and resources that will empower them to self-advocate, live independently, and enjoy the highest quality of life. This mission has expanded as the programs, services and partnerships of the Area Agencies on Aging (AAAs), the Alabama Department of Senior Services (ADSS), and the Administration for Community Living have expanded. For example, M4A serves people of any age who reside in long-term care facilities. M4A provides insurance counseling (through the State Health Insurance Assistance Program) to Medicare beneficiaries of any age. Through the State Medication Assistance Program (SenioRx), M4A serves people of any age who have applied for disability and need assistance with medication. The Title V Senior Community Service Employment Program provides job training opportunities for people 55+ who meet certain eligibility requirements. Finally, M4A serves people of any age who qualify for the Elderly and Disabled Waiver Program and the 530 (HIV/AIDS) Waiver Program.

The broadening of the scope of those whom M4A helps is a reflection of what has been taking place at the national level with aging and disabilities agencies. For example, in April 2012, a new agency was formed within the Department of Health and Human Services: the Administration for Community Living (ACL). ACL brings together the Administration on Aging, the Office on Disability, and the Administration on Developmental Disabilities. ACL's goal is to increase the opportunities older individuals and those with disabilities have to remain in the communities of their choice.

Being able to live in the environment of one's choice is important to everyone and M4A is committed to realizing this goal. However, government cannot meet this goal by itself. Therefore, M4A's vision is to motivate communities to support community members as we age, live with disabilities, and provide care for ourselves and our aging and disabled loved ones. To achieve this mission, M4A's greatest strength is people. Not only does M4A have a strong, creative and compassionate team of board members, case managers, coordinators, and administrative staff, but M4A also has strong community partners and partnerships.

As people are our greatest strength, people are our greatest challenge: the "booming" of the Baby Boomer population and how to effectively serve this population while continuing to serve other populations of aging Americans. Already in the M4A region, we see a decline in participation at "traditional" senior centers as Baby Boomers seem to reject this model for services. New models to deliver information and services to this population must be considered and implemented. At

the same time, the demand for homebound meals has skyrocketed, indicating the need for home and community based services to support our elders so that they can age in place. Therefore, it is important to sustain traditional focal points and critical components of the existing service delivery system (such as the volunteer meal delivery programs) which currently provide food, friendly visits, chore, and other Title III services to our frailest seniors.

In addition to the Title III services which help seniors to remain at home, M4A also administers Medicaid waiver programs which provide services (such as case management, homemaker services, personal care, meals) to help the elderly and disabled remain in their homes and communities. During FY 2014, M4A significantly increased the number of people served through the Elderly and Disabled Waiver (EDW) Program. Nonetheless, the waiting list for this program continues to grow with most of the people on the waiting list being deeming, which means that they are not full Medicaid but fall within 300% of the federal poverty level and meet certain threshold medical requirements.

The 530 or HIV/AIDS Waiver Program is equally important to provide skilled nursing to those who are HIV positive and need support to remain at home. The one concern that M4A's potential HIV/AIDS Waiver clients have with the 530 Waiver Program is that it does not provide for meals. Therefore, when provided the option of the EDW Program, most clients who would qualify for the HIV/AIDS Waiver opt for the EDW Waiver.

The growth in the waiting lists for the EDW, nutrition, and other services at M4A is at least the result of the growth in the M4A population from 2000 to 2010. From 2000 to 2010, the growth of the 60+ population in the M4A region was almost 15% higher than that of the state during the same time period. Even though the percentage of rural elders has decreased in the M4A region, the number of rural seniors, seniors living below the poverty level and with disabilities (ambulatory issues, hearing loss, cognitive loss, and challenges with activities of living) increased, especially in Walker County. This growth and the demands of the Baby Boomers place unique strains on the capacity and creativity of M4A to meet these challenges.

The Aging and Disability Resource Center will be at the forefront of creative solutions, partnerships and projects to address the needs of M4A's service population and to develop grassroots partnerships to support seniors, the disabled, and their caregivers. In addition, the Aging and Disability Resource Center will coordinate outreach to increase public awareness of the services offered by M4A, especially home and community based services, preventive services, nutrition services, caregiver services, transportation, and ombudsman services. M4A's network of 25 senior centers will also be mobilized to target those at-risk, who live in rural areas, who are minority, impoverished, who are disabled, and socially isolated.

Over the next few years, M4A will also focus on elder abuse and education on the new Elder Justice Act. Like the other AAAs, M4A will distribute elder abuse information. In addition, M4A will work with local communities to determine the local resources available to assist our elders who report abuse. M4A will also bring together community stakeholders to better understand why elder abuse is not reported more often and what supports could be developed that would empower elders to report abuse.

Finally, in all of its undertaking over the next 3 years, M4A will rely heavily upon our consumers and partners to work with M4A to develop creative ways to engage the community and to solve problems. M4A will analyze its data more often, distribute more surveys, modify its internal reporting tools, schedule listening sessions and participate more in round tables in order to gauge quality, measure success and change to meet the challenges of the aging in our region.

Goal 1: Increase the Public's Awareness of M4A Services: M4A will continue to build on the successes of its Aging and Disability Resource Center so that seniors, those with disabilities, their caregivers, and others in the M4A service area can have access to the information and assistance they need to make informed decisions about long-term services and supports and other benefits and services.

Goal 2: Increase the Public's Access to M4A's Services: Older individuals, people living with disabilities, their caregivers and others in the M4A region will have greater access to information and services.

Goal 3: Increase Awareness of Elder Abuse and Begin to Understand How to Support Seniors Who Report Abuse: Older individuals in the M4A region will live in safe homes and communities without fear of abuse, neglect or exploitation.

Goal 4: Develop New Models to Support Caregivers, Including Evidence-Based Interventions: Caregivers will have meaningful supports and participant-directed services to educate and empower them as caregivers.

Goal 5: Offer More Health Promotion and Exercise/Wellness Opportunities and Increase the Safety of our Elders so They Can Live at Home (safety checks and minor home repairs/modifications): Older individuals, Medicare beneficiaries, those with disabilities and their caregivers will have opportunities to learn about preventive services, home safety and participate in evidence-based health promotion and disease prevention.

Goal 6: Increase Opportunities for Chore (lawn care, emptying trash, basic repairs), Homemaker (light housekeeping), Nutrition (through senior centers, food banks, faith-based groups), and Transportation (traditional and non-traditional): Older individuals, people with disabilities and their caregivers will have options for home and community based services, such as chore and homemaker, and also for nutrition and transportation.

Goal 7: Increase Understanding of the Long-term Care Ombudsman Program: Older individuals, people with disabilities, and their caregivers will understand the role of the Long-term Care Ombudsman Program and how to access help from the Long-term Care Ombudsman.

Goal 8: Increase accountability and effectiveness by review of and quality changes in M4A's operations, management and structure: Older individuals, people living with disabilities, their caregivers and others in the M4A region will have an Area Agency on Aging that is responsible, progressive and which reflects the values of the those M4A serves.

SECTION II: Narrative

Since 2006, M4A has made it a priority to develop relationships and work with local communities to better serve older individuals and their caregivers. M4A has been successful in leveraging these relationships to develop new programs to meet the needs of senior citizens. Through community relationships, both formal and informal, M4A is able to better fulfill its mission and to strengthen the service delivery system for older individuals and their families. An example of this is in M4A's capacity, through its community partners, to assist older individuals with home repair. These home repairs can be minor (installation of grab bars and repair of steps and handrails) or major (building a ramp).

Through community partnerships, M4A has also increased its capacity to provide food to senior citizens. At least two faith-based organizations in the M4A region distribute food to the elderly on a regular basis and one faith-based organization has food banks located at each senior center, making the senior centers the community hub for yet another critical service. At M4A's annual Blooming Benefits Days, these organizations provide a sack (or box) of groceries to event attendees. Food and Wal-Mart gift card door prizes draw many desperate and impoverished people to these events which allow M4A and its partners the opportunity to screen participants for additional services. In FY 2014, over 400 people received assistance at Blooming Benefits Days. During the Older Americans Month (OAM) picnics, an additional 800 people received food, information, and assistance.

All M4A outreach and much of the community partnership building are done through the Aging and Disability Resource Center or ADRC. The ADRC has many components which make it the vehicle for change for M4A's future.

Over the next several years, M4A faces challenges in fulfilling its mission. For example, although M4A has received an increase in federal and state dollars for nutrition, M4A's waiting list for meals has grown from the second quarter FY14 to the third quarter FY14:

Quarter End Dates	Risk Score 0-10	Risk Score 11-15+	Total
12/31/2013: 1st Q	302	251	553
03/31/2014: 2nd Q	309	289	598
06/30/2014: 3rd Q	331	281	612

In M4A's 2014 Senior Needs Assessment, nutrition continues to be a concern for the people in our region with 23% responding that the most needed services were meals or home-delivered meals (22%).

Another challenge faced by M4A and the seniors in the M4A region is transportation—coordinated transportation, regional transportation, assisted transportation, affordable transportation, and medical transportation. Since most of the M4A region is rural, transportation is expensive. Yet, the seniors who live in the rural areas have a greater need for transportation since, in a rural setting, one lives farther away from one's neighbors, the grocery store, the pharmacy, the doctor, the hospital, and social/recreational hubs like the senior centers. Social isolation causes great harm to our elders' mental and physical well-being. Lack of access services, such as transportation,

compounds the problem of social isolation by hindering our elders from getting proper healthcare, medicine, food, and taking advantage of opportunities for social interaction.

At a recent listening opportunity, the participants at one of M4A's rural senior centers expressed the need for senior center transportation. They stated that over the last 4-5 years the senior center transportation routes had shortened. As a result, fewer people attended the center. Because fewer people attended the center, the participants expressed concern over the viability of their center. Senior centers, in M4A's recent Senior Needs Assessment, were also a critical need cited by survey participants (23%). Because participation at their centers is low or declining, seniors feel threatened by the potential closure of their senior centers.

Rounding out the results of the 2014 Senior Needs Assessment is access to legal services (16%), health/exercise programs (16%) and prescription drug assistance (15%).

Other challenges faced by M4A are: lack of mental health education for the elderly, lack of elder abuse education and community resources to address elder abuse, and adequate and effective caregiver support.

The Area Agencies on Aging in Alabama also face a potential threat with the newly legislated and formed Regional Care Organizations. There is concern that home and community based service waivers, currently excluded from Medicaid Managed Care, will soon come under Medicaid Managed Care and the Regional Care Organizations. Certainly, all Medicaid services will soon be part of managed care.

As many challenges that Region 3 faces over the next few years, there are as many opportunities for innovation, change and creativity. For example, the county advisory councils, which have provided guidance and support to M4A—particularly in the development of M4A's ADRC—have been restructured. The focus areas of the county advisory councils are advocacy, education/outreach, and planning. Currently, not all of M4A's counties have quarterly "Round Table" meetings. Round Table meetings are regular meetings of county social service, home health and other agencies during which information is shared and relationships are built. As a result of a recent advisory council meeting, a new Round Table group was formed and will begin to meet regularly in order to share information and develop partnerships for outreach, grants, and advocacy.

Current and Future Demographics of PSA Aging and Disability Populations
From 2000 to 2010, the overall 60+ population in Alabama increased 29.3% according to the US Census. During the same time, the M4A 60+ population increased by 43.8%. In addition during the same period, the 85+ population in Alabama increased 12.5% whereas M4A's 85+ population increased 28.9%, more than double the state.

Although the overall population of the elderly in the M4A region increased from the 2000 to the 2010 census, the percentage of the total population remained relatively the same. For example in 2000, according to the US Census, 84.7% of the people living in the M4A region were under the

age of 60. In 2010, according to the US Census, 81.4% of the total population in the M4A region was under 60.

The increase in the 60+ population is due in large part to the Baby Boomers who started turning 60 in 2005. For example, from 2000 to 2010, people age 60-64 in the M4A region increased 65.2%. There was a 49.0% increase in the 65-69 age group. Both these growth rates, too, are almost double and more than double the state growth, respectively.

Although the 60+ rural, Hispanic, white, black, and other races in the M4A region grew 21.3%, 118.5% (more than 50% higher than the state), 43.5%, 35%, and 96.5%, respectively, the total percentage population that these subgroups represent remained relatively the same from the 2000 census to the 2010 census. This is true for all except seniors living in rural areas. In 2000, the 60+ living in rural areas accounted for 70.3% of the total population subgroups. However, in 2010, the same subgroup comprised only 59.3%. Looking at raw numbers, however, this 60+ subgroup grew from 40,545 to 48,181, a 19% increase.

In addition, the Hispanic population increased from 365 to 801. Of the 65+ population that identifies itself as "not speaking English well" or "speaking English not at all", 180 people age 65+ speak Spanish.

Therefore, even though there is a significant percentage increase in the number of Hispanic elders and in the number of Hispanic elders who speak Spanish alone or do not speak English well, the actual number of Hispanic elders is relatively low. Nonetheless, M4A has established strong relationships with the Hispanic community and with other social service organizations that serve the Hispanic community. In addition, M4A has 1 staff member who is fluent in Spanish.

A critical point to make here, however, is that even though certain target populations in the M4A region decreased in percentage of the subgroups, the actual number of seniors in these subgroups increased significantly as did the overall 60+ population in the M4A region. So, the challenge for M4A is the sheer number of older individuals in the region who need information and services, as well as the target population of older individuals who also need information and services; this growth affects all target groups including rural, Limited English Speaking, impoverished, and minority.

According to the American Community Survey 2007 to 2011, most of the 55+ population in the M4A region who are below 100% of the poverty level are female. Black females comprise the highest percentage of older individuals in the M4A region who are below 100% of the poverty level.

Most of the people 65+ in the M4A region have either a high school diploma or less. Approximately one-quarter remain in the workforce with 6.2% identifying themselves as unemployed.

Compared to the state average, M4A has a very low percentage of grandparents living with and responsible for grandchildren under the age of 18. For example, the state percentage for 60+ men

versus 60+ women caring for grandchildren is 18.6% and 13.9%, respectively, whereas the same percentage for M4A is about 2.1% for both.

Individual counties in the M4A region also experienced significant growth in the 60+ population. Shelby County experienced the highest percentage of growth at 82%, Chilton County experienced a 21.4% increase, Blount County experienced a 32.9% change, St Clair experienced a 51.7% change and Walker County experienced a 9.2% change.

Walker County is the only county in the M4A region that experienced negative change in the 85+ age group. From 2000 to 2010, Walker County had a -6.1% change in the 85+ population. However, the total under 60 population in Walker County decreased from 2000 to 2010, whereas the 60+ population increased. In addition, Walker County has a higher percentage of those living in poverty and those who are disabled. Shelby County has more and a higher percentage of older individuals who have some college or an associate's degree. In addition, there is a lower percentage of older individuals living below 100% of the poverty level in Shelby County compared to the other four counties in the M4A region.

Finally, according to the 2009 to 2011 American Community Survey, people with disabilities in the M4A region age 65+ reported the following as their disability/disabilities: ambulatory, hearing and/or independent living. Because of these identified disabilities, M4A will continue to provide hearing screenings at its outreach events in partnership with the Alabama Institute for the Deaf and Blind or AIDB. In addition, M4A will continue to provide fall prevention evidence-based programs as well as try to develop a model for fall prevention in the home.

According to the 2014 Senior Needs Assessment compiled by M4A, older individuals in the M4A region want nutrition and transportation. In some of M4A's counties, local partners provide additional food to older individuals. For example, Hope House in Blount County has a food bank which provides food to seniors and through the senior citizen centers to seniors in need in Blount County. Many cities and towns, in addition, set aside a certain amount of funds each fiscal year which enables the center managers to provide for the needs of center participants.

Local governments in the M4A region are highly responsive to the needs of elders in their communities, although the need for services may outweigh the existing resources to address those needs. Some of the towns in the M4A region have continued to sustain their senior centers as local focal points for service to elders, although doing so has been costly. Senior Centers, especially those in rural areas, therefore, continue to be the best resources for providing information and assistance to rural, minority, disabled and impoverished elders. Senior Centers are the link for these elders to remain physically and mentally healthy. Although not as many physical activities occur at these centers, the very existence of the centers as a focal point for comradery is vital to many elders who see faithful attendance to their senior centers as a reason to wake up in the morning, get dressed, and have some place to go where they are accepted and valued. At the very least, it is important that these seniors have a place where they feel they are seen and heard.

M4A will work with local communities to determine what is feasible to increase funding sources to expand transportation, which seems to be a particular challenge for older individuals in Walker

County and Blount County. Although both counties currently have transportation systems, the systems are limited by funds. Stakeholders understand the limitations of funding but will advocate for change so that coordinated and affordable transportation is available to rural seniors and those with disabilities.

Other resources to meet unmet needs for target populations in the M4A region include greater communication (of need, resources, and services amongst M4A and local communities), greater engagement of faith-based communities, and creative ways to meet needs such as meeting nutritional needs through sponsored meals (M4A Hearts for the Hungry), private pay meals, farmers' market vouchers, AESAP/SNAP, food banks, and faith-based partnerships.

Finally, M4A believes strongly that person-centered planning will empower consumers to look to themselves and to their support networks to meet needs and also to be catalysts for advocacy to bring about better utilization of funding to meet needs.

Demographic Profile: M4A

Age, Gender, Race, and Ethnicity

Age Group	Census 2000 Number of Persons	Census 2000 Percent of Total	Census 2010 Number of Persons	Census 2010 Percent of Total	% Change (2000 to 2010)
Total	369,365		446,666		20.9%
Under 60	311,686	84.4%	363,746	81.4%	16.7%
60 - 64	15,814	4.3%	26,130	5.9%	65.2%
65 - 69	13,197	3.6%	19,662	4.4%	49.0%
70 - 74	11,074	3.0%	14,387	3.2%	29.7%
75 - 79	8,279	2.2%	10,358	2.3%	25.1%
80 - 84	5,137	1.4%	7,016	1.6%	36.6%
85+	4,178	1.1%	5,387	1.2%	28.9%
60+	57,679	15.6%	82,920	18.6%	43.8%
65+	41,865	11.3%	56,790	12.7%	35.7%

Population Subgroup	Census 2000 Number of Persons	Census 2000 Percent of Age 60+	Census 2010 Number of Persons	Census 2010 Percent of Age 60+	% Change (2000 to 2010)
60+ Rural	40,545	70.3%	49,181	59.3%	21.3%
60+ Hispanic	365	0.6%	801	1.0%	119.5%
60+ White	54,090	93.8%	77,642	93.6%	43.5%
60+ Black	2,884	5.0%	3,893	4.7%	35.0%
60+ Other races	705	1.2%	1,385	1.7%	96.5%
Male 60+:	25,125	43.6%	37,531	45.3%	49.4%
60-74	18,897	75.2%	28,497	75.9%	50.8%
75-84	5,104	20.3%	7,356	19.6%	44.1%
85+	1,124	4.5%	1,678	4.5%	49.3%
Female 60+:	32,554	56.4%	45,389	54.7%	39.4%
60-74	21,188	65.1%	31,662	69.8%	49.4%
75-84	8,312	25.5%	10,018	22.1%	20.5%
85+	3,054	9.4%	3,709	8.2%	21.4%

American Community Survey 2007-2011

Below 100% Poverty	# Persons	% Category
Age 55+	8,784	8.0%
Age 55-64:	4,420	8.2%
White, male	1,658	7.0%
White, female	2,064	8.0%
Black, male	209	14.7%
Black, female	344	19.8%
Other races, male	50	8.7%
Other races, female	95	19.3%
All races, male	1,917	7.4%
All races, female	2,503	8.9%
Age 65-74:	2,432	7.4%
White, male	609	4.2%
White, female	1,460	9.0%
Black, male	64	9.7%
Black, female	213	28.7%
Other races, male	59	19.6%
Other races, female	27	12.0%
All races, male	732	4.7%
All races, female	1,700	9.8%
Age 75+:	1,932	8.6%
White, male	580	7.1%
White, female	1,146	9.7%
Black, male	11	3.5%
Black, female	191	29.7%
Other races, male	0	0.0%
Other races, female	4	3.3%
All races, male	591	6.7%
All races, female	1,341	9.9%

Educational Status (Age 65+)	# Persons	% Category
Less than high school graduate	11,846	21.4%
High school diploma/ alternative	12,705	22.9%
Some college/ associate's degree	6,649	12.0%
Bachelor's degree or higher	5,139	9.3%

American Community Survey 2007-2011

Employment Status (Age 60+)	# Persons	% Category
In labor force:	21,075	25.9%
Age 60-64	12,654	60.0%
Age 65-69	5,036	23.9%
Age 70+	3,385	16.1%
Employed[1]:	19,758	93.8%
Age 60-64	11,846	60.0%
Age 65-69	4,718	23.9%
Age 70+	3,194	16.2%
Unemployed:	1,317	6.2%
Age 60-64	808	61.4%
Age 65-69	318	24.1%
Age 70+	191	14.5%
Not in labor force:	60,229	74.1%
Age 60-64	13,223	22.0%
Age 65-69	14,191	23.6%
Age 70+	32,815	54.5%

Grandparents living with and responsible for grandchildren < age 18	# Persons	% Category
Male, Age 60+	803	2.2%
Female, Age 60+	912	2.1%

Language Spoken at Home (Age 65+)	# Persons	% Category
Speak only English	54,223	97.8%
Speak English "not well" / "not at all":	306	0.6%
Speak Spanish	180	58.5%
Speak other Indo-European	80	26.1%
Speak Asian or Other Pacific Island	46	15.0%
Speak other languages	0	0.0%

Legend:
Greater than 19.9%
Less than 0.0%

[1]Includes Armed Forces employment, which consists of people on active duty with the United States Army, Air Force, Navy, Marine Corps, or Coast Guard.

Demographic Profile: M4A (cont.)

American Community Survey 2007-2011

Marital Status (Age 60+)	# Persons	% Category
Never married:	1,955	2.4%
Male, Age 60-74	609	31.2%
Male, Age 75+	156	8.0%
Female, Age 60-74	796	40.7%
Female, Age 75+	394	20.2%
Married:	50,758	62.4%
Male, Age 60-74	22,671	44.7%
Male, Age 75+	6,026	11.9%
Female, Age 60-74	18,570	36.6%
Female, Age 75+	3,491	6.9%
Separated:	803	1.0%
Male, Age 60-74	309	38.5%
Male, Age 75+	44	5.5%
Female, Age 60-74	444	55.3%
Female, Age 75+	6	0.7%
Widowed:	19,277	23.7%
Male, Age 60-74	1,569	8.1%
Male, Age 75+	2,001	10.4%
Female, Age 60-74	6,821	35.4%
Female, Age 75+	8,886	46.1%
Divorced:	8,511	10.5%
Male, Age 60-74	2,921	34.3%
Male, Age 75+	544	6.4%
Female, Age 60-74	4,234	49.7%
Female, Age 75+	812	9.5%

American Community Survey 2009-2011

Disability Status (Age 65+)	# Persons	% Category
With any disability:	24,224	43.6%
Hearing	10,187	42.1%
Vision	4,665	19.3%
Cognitive	6,796	28.1%
Ambulatory	16,304	67.3%
Self-care	5,832	24.1%
Independent living	11,026	45.5%
Below poverty	2,230	9.2%
Above poverty	21,994	90.8%
With no disabilities:	31,370	56.4%
Below poverty	1,925	6.1%
Above poverty	29,445	93.9%

Mortality Information by Gender and Race (2011)[1]

	Total Population		Males		Females		White		Black and other races	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Mortality[2]	4,185	9.3	2,156	9.7	2,029	8.9	3,915	9.8	270	5.1
Specific Causes[3]:										
Heart disease	1,031	228.8	524	236.3	507	221.5	959	240.9	72	137.1
Cancer	906	201.1	537	242.2	369	161.2	852	214.0	54	102.8
Stroke	183	40.6	86	38.8	97	42.4	170	42.7	13	24.8
Accidents	290	64.4	160	72.2	130	56.8	266	66.8	24	45.7
CLRD[4]	285	63.3	144	64.9	141	61.6	276	69.3	9	17.1
Diabetes	80	17.8	35	15.8	45	19.7	75	18.8	5	9.5
Influenza & pneumonia	83	18.4	37	16.7	46	20.1	81	20.3	2	3.8
Alzheimer's disease	86	19.1	23	10.4	63	27.5	81	20.3	5	9.5
Suicide	72	16.0	57	25.7	15	6.6	69	17.3	3	5.7

[1] Source: Alabama Department of Public Health (http://www.adph.org/healthstats/index.asp?id=1521)
[2] Rate is per 1,000 population.
[3] Rate is per 100,000 population.
[4] Chronic Lower Respiratory Disease

Legend: Greater than 19.9%

M4A Programs and Services

<u>Title III-B Home and Community Based Support Services</u>

M4A contracts for access services, such as transportation, and provides certain access services, such as case management and information and referral, directly through its Aging and Disability Resource Center and in conjunction with other Title III services, such as nutrition. Through agreements with cities and towns, M4A provides limited in-home services such as homemaker and chore. A goal for the upcoming fiscal year is to increase in-home services for the seniors in the M4A region. M4A also supports adult day care in Blount County (through the Almeda Robertson Adult Day Care) and in Shelby County.

<u>Nutrition and Senior Centers</u>

In partnership with the Alabama Department of Senior Services and 25 cities and towns in the M4A region, M4A provides congregate and homebound meals to eligible participants. The nutrition program is the largest Older Americans Act Program administered by M4A with the program feeding approximately 1,500 people a day. This program is administered by center managers/directors at senior centers which are the hub for social, recreational, informational, and programmatic activities. M4A Coordinators, Supervisors, and Managers consider the center managers/directors to be our most valued partners and the senior centers as primary focal points for outreach to inform and assist target populations of our elders and caregivers. Senior Centers are also hubs for Part D Enrollment Events, Evidence-Based Health Promotion and Disease Prevention Programs (including the Chronic Disease Self-Management Program), SenioRx outreach, and fraud and elder abuse education. Finally, the M4A Nutrition Coordinator works collaboratively with the center managers each year to have an Older Americans Month picnic in each of M4A's 5 counties. In fiscal year 2014, the Older Americans Month picnics had over 800 attendees who not only received food but also received information and access to services. These picnics are an important outreach for M4A's Aging and Disability Resource Center.

<u>Evidence-Based Health Promotion and Disease Prevention</u>

M4A provides several evidence-based programs such as Chronic Disease Self-Management, Arthritis Foundation Exercise Program, Arthritis Foundation Walk with Ease Program, and Tai Chi for Health. M4A is also working on fall and fire prevention initiatives in partnership with local communities. Each year, too, M4A organizes flu shot clinics, health screenings, and wellness education for the consumers in our region. Finally, M4A's Wellness Coordinator works in partnership with the SHIP Coordinator on outreach and education on Medicare preventive services, especially to dual eligibles and beneficiaries living in rural areas.

Alabama Cares Program

The Alabama Cares Program provides information, assistance and support to caregivers. At M4A, we have two certified REACH II interventionists who work with individual caregivers and we soon hope to be able to offer additional intervention programs for caregivers. Through the Alabama Cares Program, M4A provides supplemental and respite services, too, including adult day care and caregiver support groups. Over the next few years, M4A will increase the number of caregiver workshops in the region to include topics such as training for family caregivers, legal issues and the role of the caregiver, and advocacy. M4A will also increase the number of caregivers, especially grandparent caregivers, receiving Alabama Cares services.

Senior Community Service Employment Program (SCEP)

SCSEP is an on-the-job training program for people age 55+ who meet certain eligibility requirements. The purpose of SCSEP is not only to provide support for community service organizations through placement of SCSEP participants but also the purpose is to teach new skills to and enhance existing job skills of older employees so that they may re-enter the work force. For this program, M4A has agreements with both the Alabama Department of Senior Services and Senior Service America, Inc. Because SCSEP (Title V) is at an Area Agency on Aging, SCSEP participants receive the benefit of being screened through the Aging and Disability Resource Center for services such as SenioRx, AESAP/SNAP, the farmers' market voucher program, and much more. As a host agency, M4A has hired at least 4 of its former SCSEP participants to full-time or part-time employment in the recent past.

Long-term Care Ombudsman Program

The Long-term Care Ombudsman is responsible for advocating for residents in long-term care facilities and also for educating residents and their loved ones on residents' rights. Over the last several years, the Long-term Care Ombudsman Program has sponsored a statewide caregiver workshop which brings national speakers to Alabama to discuss innovations in dementia care, culture change, and support for caregivers. The Long-term Care Ombudsman has also hosted annual CNA Appreciation events.

Elder Abuse/Fraud Education

Elder abuse education is funded through Title VII of the Older Americans Act. With the passage of the Elder Justice Act and with the leadership of the Alabama Department of Senior Services, important elder abuse education materials have been developed which M4A will continue to distribute through its many focal points. M4A also plans elder abuse and fraud education workshops and presentations in partnership with its County Advisory Councils and also its Legal Services Provider.

Legal Services Program

M4A contracts with Jan Neal Law Firm, LLC, for the provision of Title III-B legal services. The Legal Services Provider provides legal education and assistance to seniors 60+ in the M4A region. Areas of legal services include housing, utilities, income maintenance, protection from abuse, age discrimination, defense against guardianships/conservatorships, health care, and long-term care. M4A's Legal Provider provides training to the M4A staff and center managers, plus the Legal Provider also participates in benefits outreach events, caregiver workshops, fraud and legal workshops, and provides support to the Long-term Care Ombudsman.

Aging and Disability Resource Center

The Aging and Disability Resource Center (ADRC) is the "no wrong door" for consumers in the M4A region to receive options and benefits counseling on long-term services and supports. The Aging and Disability Resource Center team is responsible for screening all first-time callers for public benefit and other services. The ADRC is also responsible for the training and certification of all M4A employees to be aging and disability experts. Additionally, the ADRC is responsible

for ongoing training, professional development, cross-training, and quality assurance. The ADRC coordinates all outreach for M4A including: the annual Blooming Benefits Day designed to provide a one-stop shop for consumers to access information and assistance; Part D Enrollment/Open Enrollment events in partnership with the SHIP Coordinator; Caregiver Workshops in partnership with the Long-term Care Ombudsman and Alabama Cares Coordinator; legal and fraud workshops in partnership with the Legal Services Provider; Older Americans Month picnics in partnership with the Nutrition Coordinator; and county Round Table meetings of social service and home health providers in which local resources/challenges are shared and partnerships are formed. Finally, the Aging and Disability Resource Center is responsible for: the Senior Support Fund, a partnership with United Way of Central Alabama which provides limited but valuable funds to assist consumers with unpaid medical or utility bills, prescription medication costs, medical copays, and minor home repairs/modifications; Warming Hearts, an annual drive for space heaters and blankets to help our senior citizens during the winter time; Be a Senior Fan, an annual drive for box fans to help our seniors during the summer months; Christmas in July, an annual drive for incontinence supplies, pads and nutritional supplements to help caregivers; and Santa for Seniors, an annual drive in partnership with social organizations, home health, senior centers and the media for Christmas gifts for seniors. The Aging and Disability Resource Center screens consumers for SNAP/AESAP, M4A's sponsored meal program (Hearts for the Hungry) and electronically enrolls seniors in the farmers' market voucher program.

State Health Insurance Assistance Program
The State Health Insurance Assistance Program (SHIP) provides information and assistance on Medicare, Medicaid, and long-term care insurance to Medicare beneficiaries and others. The SHIP Coordinator helps beneficiaries to select Part D and Medigap or Medicare Advantage plans. In addition, the SHIP Coordinator provides education, outreach, and works with beneficiaries to understand Medicare billing, administrative appeals, and services. A particular focus area for SHIP is outreach to dual eligibles and also education to Medicare beneficiaries on Medicare preventive services.

SenioRx Program
The SenioRx Program is a medication assistance program funded by the Alabama State Legislature. This innovative program helps consumers to access free medications that are available through the pharmaceutical companies. The SenioRx team conducts ongoing outreach and supports the education efforts of SHIP and the ADRC.

Medicaid Programs: Elderly and Disabled Waiver and HIV/AIDS or 530 Waiver Programs
M4A administers both the Elderly and Disabled Waiver (EDW) Program and the HIV/AIDS or 530 Waiver Program. Both programs are designed to provide home and community based services to individuals who meet certain income and medical requirements. The many services provided under these two programs include case management, skilled respite and unskilled respite. Under the Elderly and Disabled Waiver Program, meals are also available to clients. There is no age limit on these waiver programs and the intent of both is to provide support and services so that individuals can live at home.

Summary of Needs Assessment
M4A 2014 Senior Needs Assessment was developed and analyzed by Butho Ncube, Wellness and Outreach Coordinator for M4A

M4A Community Needs Assessment Survey Results and Recommendations/Objectives
- To better understand the physical, social, economic and environmental needs of seniors
- To better understand how well current needs are being met
- To better predict the types of needs seniors will have in the future
- To better understand which services are known, utilized, and needed
- To help M4A and other agencies develop services that will meet current and future needs.

Methods: This was a non-experimental, self-administered cross-sectional survey of aging services recipients. The survey was mainly distributed in senior centers located in M4A's region (Blount, Chilton, Shelby, St. Clair, and Walker counties). Analyses were performed using the Statistical Package for the Social Sciences (SPSS), the standard for social researchers in business and academe. Descriptive analyses were performed defining distributions, means, standard deviation, etc. Cross tabulations with Chi Squares were performed to define statistically significant differences between subgroups. From these analyses graphs were designed.

Results:
Sociodemographic characteristics: A total of 241 individuals were surveyed between June 10, 2014 and June 22, 2014. The average age of the participants was 75± SD 8 years. The majority (77%) was female and 23 percent were male. The majority (85%) of the survey group were White and 10 percent were African American. More than half (68%) of the participants had a high school degree or less, 18 percent had some college education, 8 percent had a college degree. About 37 percent of the participants had a total household monthly income of less than $1,499. Additionally, there were statistical significant differences in the distribution of monthly income among the 5 counties ($p = .002$). Sixteen percent of Chilton County participants had a total household income under $750 compared to 11%, 11%, 4%, and 4% in Walker, Shelby, Blount, and St. Clair respectively.

A little under half (48%) of the survey group were widowed, 32 percent were married, 12 percent were divorced and 8 percent were single. Less than half (43%) of the participants reported having at least one disability. Of these 43 percent, the majority (94%) reported having a physical disability, 3 percent reported a developmental disability, and 3 percent reported having a cognitive disability.

Access to supportive services: The survey asked participants if they were aware of the services available to seniors within their County, if they had used them personally, if someone they knew had used the services, and which services were most needed. There was a varying rate of awareness for the different services available to seniors, with the most widely recognized services including home delivered meals (85%), legal services (76%), transportation (70%), health/exercise programs (70%), prescription drug assistance (70%), and senior centers/recreational (69%). The services respondents reported they were least aware of were Ombudsman (41%) and respite services (48%).

Overall, the survey participants are not heavy users of supportive services, except for senior center meals (47%) and recreational (40%). This might be due to the fact that the survey was mainly distributed in senior centers, creating this unintended bias. The survey group commonly utilized health/exercise programs (22%), legal services (17%), home delivered meals (14%), transportation (14%), prescription drug assistance (12%), and information and referral (12%).

The greatest reported most needed services included senior centers (23%), senior center meals (23%), transportation (22%), home delivered meals (22%), legal services (16%), health/exercise programs (16%), and prescription drug assistance (15%). A Pearson's product-moment correlation was run to assess the relationship between (1) awareness of supportive services and utilization of these services, and (2) awareness of supportive services and need for these services. Preliminary analyses showed the relationship to be linear with both variables normally distributed. There was a moderate positive correlation between awareness of supportive services and utilization of supportive services ($r(14) = .4982$, $p = .049$). There was a strong positive correlation between awareness of supportive services and need of supportive services ($r(14) = .8273$, $p < .05$). Additionally, there were statistical significant differences in the distribution of main needs among the 5 counties ($p = .001$).

Recommendations: The survey results showed that there were significant differences in socio-demographic characteristics among the five counties. Additionally, there were significant differences in the distribution of main needs among these counties. Therefore, future planning should account for these variations in socio-demographic characteristics and needs. The survey also showed that there was a positive correlation between awareness of supportive services and utilization of supportive services as well as need of supportive services. This implies that participants were more likely to use or need the supportive services if they knew about the services. Thus, outreach and promotion of least known supportive services will result in the increase of use and need of these services. Other recommendations include:

- Developing county specific needs assessment instruments (advisory council, focus groups, surveys) as each county has different needs and population.
- Enhancing public awareness and service outreach to ensure older adults are aware of the existing services, and know how to access these services.
- Determining specific barriers to low participation in supportive services, especially for low-income individuals.
- Addressing main needs of each county:
    - Chilton (Transportation, Information and Referral, Prescription drug assistance, SHIP).
    - St. Clair (Transportation, Health/exercise programs, Prescription drug assistance).
    - Walker (Transportation, Home repairs, Prescription drug assistance).
    - Shelby (Transportation, Legal services, Prescription drug assistance).
    - Blount (Transportation, In-home services, Housing, Senior employment services, SHIP).

Service Delivery Plan and Goals, Objectives, Strategies and Outcomes

Goal 1

M4A will continue to build on the successes of its Aging and Disability Resource Center so that seniors, those with disabilities, their caregivers, and others in the M4A service area can have access to the information and assistance they need to make informed decisions about long-term services and supports and other benefits and services.

M4A's Goal 1 aligns with ADSS Goal 1.0 in which seniors, people with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services, empowering them to live in the least restrictive environments possible.

Objective 1.1

To strengthen the expertise of all M4A staff, especially those who provide options and benefits counseling to consumers who contact M4A

Strategies
- Require AIRS Certification
- Provide AIRS training
- Provide ongoing cross-training
- Provide opportunities for ADRC staff members to attend regional and national conferences
- Require other relevant certification (Boston University's Institute for Geriatric Social Work Aging and Care Management Certifications) for ADRC staff members
- Continue to maintain quality assurance and continuous improvement through surveys, follow-ups and training

Objective 1.2

To begin imbedding person-centered planning and participant-directed care into M4A options and benefits counseling

Strategies
- Explore workshop and training opportunities for M4A staff members to learn more about person-centered planning
  - What it is
  - What it is not
  - How person-centered planning is different from traditional case management
  - How person-centered planning is part of participant-directed care but not participant-directed care
- Explore training and certification programs for M4A staff members to begin to acquire the tools needed to begin participant-directed care
- Explore participant-directed care models from other regions and states
- Obtain direction and feedback from partners (particularly county and regional advisory council members and from community based organization Round Table members) on how

to begin to formulate a strategic plan to implement participant-directed care in the M4A region

- o With direction and support from partners, explore a pilot project of participant self-directed care in the caregiver program
- o Work with partners to examine a model or models that will incorporate and track relevant data (such as caregiver stress, health, level of knowledge/empowerment) and report outcomes
- o Explore the feasibility of combining participant-direction with evidence-based interventions such as REACH-II, SAIL, CDSMP

Objective 1.3

To increase the effectiveness and scope of ADRC outreach so that more consumers are of aware of the "no wrong door"

Strategies
- Increase ADRC partners and partnerships
  - o Actively pursue partnerships with Mental Health organizations
  - o Build on existing partnerships with community organizations which advocate and serve those living with disabilities
  - o Actively pursue partnerships with organizations that serve minority populations and limited English speaking populations in the M4A region
- Diversify focal points for outreach in the M4A region
  - o Print/media outreach
  - o Electronic outreach (Website, Facebook, Twitter)
  - o ADRC advising locations in partnership with other (nonprofit/public) social service organizations
  - o Maintain and staff 1-800-AGELINE
  - o Countywide outreach events
- Continue to provide intra-agency outreach
  - o ADRC provide/support outreach with the SenioRx program
  - o ADRC provide/support outreach with SHIP, especially SHIP Open Enrollment Events
  - o ADRC provide/support outreach through Alabama Cares and Alabama Lifespan Respite Coalition (Sharing the Care)
  - o ADRC provide/support outreach through Long-term Care Ombudsman caregiver workshops and family councils
  - o ADRC provide/support outreach through Nutrition Program and Senior Centers
  - o ADRC provide/support outreach through the Elderly and Disabled Waiver Program
  - o ADRC provide/support outreach for M4A Special Projects
    - AESAP/SNAP
    - Farmers' Market Vouchers
    - Santa for Seniors
    - Be a Senior Fan (summertime emergency preparedness)
    - Christmas in July
    - Warming Hearts (wintertime emergency preparedness)

- Educate the public, M4A partners and the community on the connection between transportation and the ability of the elderly and disabled to successfully access information regarding long-term services and supports
- Reapply for AmeriCorps grant in which M4A will request one full-time AmeriCorps in each of its counties to provide education and outreach on the ADRC "no wrong door", Medicare preventive services, and to promote evidence-based health promotion and disease prevention programs

Outcomes
- M4A staff members will be better equipped to provide person-centered options and benefits counseling and offer participant-directed care.
- More members of minority populations, such as African American and Hispanic elders, will have greater access to options and benefits counseling and to M4A outreach (benefit enrollment) events.
- M4A will have the foundation for a strategic plan to implement participant-directed care.

Goal 2
Older individuals, people living with disabilities, their caregivers and others in the M4A region will have greater access to information and services.

M4A's Goal 2 aligns with ADSS Goal 2.0 to empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home and community-based services, and support for family caregivers

Objective 2.1
To better utilize existing partnerships to expand access services

Strategies
- M4A will work with community based organizations to examine access barriers for older individuals who are low-income, minority, socially isolated, rural, of limited English proficiency, or at-risk of institutionalization.
    - Limitations on transportation
    - Technology as a barrier
    - Method of delivery for information and referral and case management as a barrier
    - Awareness of access, in-home, and community-based services
        - Transportation, information and assistance, and case management
        - Chore, homemaker, personal care
        - Senior centers, legal services, nutrition, recreation
- M4A is in the process of restructuring its county advisory councils to focus more on advocacy, outreach/education and planning.
- M4A will continue to work with community Round Table groups and on relevant committees, boards and advisory councils that impact services and supports to the elderly, the disabled, and their caregivers.

- M4A will work with existing and new partners to schedule listening sessions to gain a better of understanding of caregiver needs, how to (best) address these needs, caregiver stress, and how caregiver stress and lack of caregivers' access to help can impact elder abuse, neglect and exploitation.

Outcomes
- Older individuals who are low-income, minority, socially isolated, rural, of limited English proficiency, or at-risk of institutionalization will have fewer barriers to essential services such as transportation, nutrition, senior centers (recreation/socialization), and legal services.
- M4A will expand and strengthen its grassroots network to advocate for change that will benefit the elderly, disabled and their caregivers in the M4A region.

Goal 3
Older individuals in the M4A region will live in safe homes and communities without fear of abuse, neglect or exploitation.

M4A's Goal 3 aligns with ADSS Goal 4.0 to enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.

Objective 3.1
To increase public awareness of the signs of elder abuse, neglect and exploitation and how to report it

Strategies
- M4A will disseminate information developed by the Alabama Elder Justice Coalition.
- M4A will work with its Legal Services Provider to develop workshops on Elder Abuse for the M4A region.

Objective 3.2
To increase understanding within M4A and the community on the potential causes of adult abuse, neglect and exploitation

Strategies
- M4A will have listening sessions.
- M4A will distribute surveys to different groups with the surveys designed to gauge the causes of abuse.
  - Law enforcement and judiciary
  - Caregivers
  - Aging professionals
  - Lay people and stakeholders

Objective 3.3
To increase understanding within M4A and the community on resources available to an elder who reports abuse, neglect or exploitation

Outcomes
- More people will be aware of what constitute abuse, neglect and exploitation and how to report it.
- M4A will have information and partnerships to develop a plan to better assist elders who report abuse, neglect or exploitation.

Goal 4
Caregivers will have meaningful supports and participant-directed services to educate and empower them as caregivers.

Objective 4.1
To determine potential strategies to support caregivers

Strategies
- M4A will work with its partners to explore the needs of caregivers of all types.
- M4A will work with its partners on a series of listening sessions targeted at caregivers.
- M4A will develop a survey to help gauge the needs of caregivers and how caregivers would best benefit from services, education and interventions to address their needs.
- M4A will disseminate survey to caregivers and analyze data.

Objective 4.2
To develop a model for participant-directed services that will combine education and evidence-based intervention (Obstacle: Lack of a Financial Management Services)

Objective 4.3
To increase the number of caregiver support groups in the M4A region

Strategies
- M4A will designate a staff member to spearhead efforts to increase the number of caregiver support groups in the M4A region. This person will work with the Alabama Cares Coordinator and community partners who support existing caregiver support groups (Vitas Hospice, Shelby Baptist Medical Center, and Sunshine Manor Adult Day Care) to develop at least one additional caregiver support group.
- M4A will explore potential partnerships with nonprofits, home health/hospice organizations, and faith-based organizations to host/facilitate caregiver support groups.
- M4A will examine barriers that prevent caregivers from accessing support groups and develop strategies to address these barriers.
  - Appropriate adult day care and/or respite
  - Transportation/appropriate transportation
  - Community agency or organization willing to host support group

- o Timing of support groups (daytime/evening)
- o Lack of awareness that support groups are available
- M4A will examine the feasibility (and effectiveness) of using technology to facilitate support groups: can caregiver support groups be effective utilizing existing technology and applications such as Skype and FaceTime?

Objective 4.4
To incorporate evidence-based intervention into Caregiver services

Strategy
M4A currently has two certified REACH-II interventionists who provide evidence-based intervention to caregivers. REACH-II is effective but intensive. M4A will examine other potential evidence-based interventions that will empower caregivers. For example, Chronic Disease Self-Management is an effective intervention for a caregiver whose caregiving responsibilities have caused him/her to neglect a chronic medical condition. Another example is CarePRO or Care Partners Reaching Out (for caregivers of those with dementia-related disorders) which was recently rewarded the RCI Leadership in Caregiving Award. CarePRO is a 10-week program that not only helps caregivers to develop skills to recognize and address their own stress, anger and frustration as caregivers but also helps caregivers to better understand the memory loss and other aspects of the disease affecting their loved ones. Finally, in M4A's listening sessions with caregivers, caregivers have expressed the desire to have skills training on how to provide personal care to their loved ones. M4A will examine these training programs for family caregivers.

Objective 4.5
To have caregiver workshops throughout the M4A region to increase awareness of the impact and responsibilities of caregiving

Strategy
With input from caregivers, coordinators, and other community partners, M4A will develop a workshop that will address the primary responsibilities and stresses of caregiving. These workshops will help in the development of caregiver support groups, finding host organizations and facilitators for support groups, helping M4A to better understand how to serve caregivers, and helping M4A to better plan to meet the needs of caregivers through participant-directed care and evidence-based interventions.

Outcomes
- M4A will have a greater understanding of caregiving so that M4A can better plan to meet the needs and challenges of this special population.
- More caregivers in the M4A region will understand how to better manage the responsibilities of caregiving while caring for themselves as well as their loved ones.
- M4A will develop the capacity for participant-directed care and have data/research on the effectiveness of combining respite/supplemental services with evidence-based education and intervention.

<u>Goal 5</u>
Older individuals, Medicare beneficiaries, those with disabilities and their caregivers will have opportunities to learn about preventive services, home safety and participate in evidence-based health promotion and disease prevention.

M4A's Goal 5 aligns with ADSS Goal 3.0 to empower older Alabamians to stay active and healthy through Older Americans Act services and Medicare prevention benefits.

Objective 5.1
To incorporate preventive education into ADRC outreach, events and ADRC intra-agency outreaches

Strategies
- As part of the Annual "Blooming Benefits Days", M4A's ADRC will disseminate preventive education materials to attendees and also have preventive presentations.
- As part of the annual SHIP Medicare Part-D enrollment events, SHIP (in partnership with the ADRC and SenioRx Program) will distribute Medicare preventive services materials to beneficiaries.

Objective 5.2
To establish new partnerships so that more seniors, Medicare beneficiaries, and those at-risk for institutionalization are aware of preventive services and evidence-based health promotion and disease prevention

Strategies
- M4A will meet with key hospital, (rural) health clinic, adult day care and long-term care employees to develop relationships on which to increase the focal points for preventive services education, Chronic Disease Self-Management and other evidence-based health promotion and disease prevention programs.
- M4A will reapply for the AmeriCorps grant in which M4A requested an AmeriCorps participant in each of its 5 counties. The AmeriCorps participants would provide ADRC outreach, which would include promotion of Medicare preventive services and health and wellness programs.
- M4A will continue to offer scholarships for older individuals to obtain certification in evidence-based programs so that there will be more trainers/coaches in the community providing evidence-based health promotion and disease prevention.
- As part of screening for SCSEP and enrollment in SCSEP, M4A will screen SCSEP participants for SNAP/AESAP, farmers' market vouchers (to enhance nutritional health) and, if the participant is eligible, provide information on Medicare preventive services.

Objective 5.3
To prevent falls and increase the safety of older individuals, those with disabilities and their caregivers

Strategies
- M4A will work with a local community to develop a home safety program (fall and fire prevention).
- M4A will work with local fire and rescue and/or faith-based partners to develop a home safety checklist that will focus on fire prevention (fire hazards, smoke alarms, and fire extinguishers).
- M4A will work with local fire and rescue and/or faith-based partners to develop a home safety checklist that will focus on fall prevention (trip hazards, minor home repairs to prevent falls, minor home repairs/home modification to increase safety and independence).

Objective 5.4
To continue to build on the successes of the Chronic Disease Self-Management Program and other evidence-based health promotion and disease prevention programs available through M4A

Strategies
- In order to increase participation at senior centers, M4A will target low-participation senior centers for evidence-based programs.
- M4A will offer evidence-based health promotion and disease prevention programs by targeting areas where data may show elders are high-risk for chronic conditions (for example, data which shows a higher rate of elders with disabilities and data which shows the zip codes where elders live who have high nutritional risk scores)

Outcomes
- There will be increased awareness of preventive services offered by Medicare.
- There will be increased awareness of home safety in the M4A region, including one program or model for home safety.
- M4A will increase its capacity to provide evidence-based health promotion and disease prevention.

Goal 6
Older individuals, people with disabilities and their caregivers will have options for home and community based services, such as chore and homemaker, and also for nutrition and transportation.

Objective 6.1
To decrease the number of people on M4A's waiting list for meals

Strategies
- M4A will continue to work with and support ADSS's budget to the state legislature in addition to providing local officials with information on senior needs.
- M4A will promote its sponsored meal and private pay meal options.
- M4A will work with nonprofit organizations to encourage donations to support senior nutrition and access to services (transportation).

- M4A will work with nonprofit organizations (formally/informally) to deliver canned goods and food boxes to seniors on M4A's waiting list for meals. M4A hopes to be able to also train workers in nonprofit organizations to provide safety checks.
- M4A will strengthen communication with local communities so that they and M4A are aware of the needs of elders, people with disabilities and their caregivers. Through communication, duplication of services can be avoided and partnerships can be strengthened.
- M4A will work with faith-based organization, social service agencies, elected officials, and local governments on the need for transportation, what causes transportation needs to go unmet, what can be done to meet transportation needs (funding, coordination, regionalization), and to develop a strategy to address some of the need.

Objective 6.2
To increase providers for in-home services such as homemaker and chore

Strategies
- M4A will examine the feasibility of entering into agreements with nonprofit, community based organizations to provide chore and homemaker services, especially to seniors on M4A's waiting list for homebound meals.
- M4A will look at developing a new RFP process for these services.
- M4A will meet with nonprofit organizations to discuss the feasibility of such a project.

Outcomes
- M4A will have other resources and tools to meet the needs of senior citizens on its nutrition waiting list.
- Older individuals will have options to meet their nutritional needs and caregivers will have options to meet the nutritional needs of their loved ones.
- There will be greater understanding and awareness of the need for transportation and what obstacles exist that must be addressed to increase transportation services to the elderly.

Goal 7
Older individuals, people with disabilities, and their caregivers will understand the role of the Long-term Care Ombudsman Program and how to access help from the Long-term Care Ombudsman.

Background
According to the results of the 2014 Senior Needs Assessment of the M4A region, those surveyed (who were primarily senior citizen participants of M4A senior centers) had less awareness of and, therefore, less access to Ombudsman and caregiver respite services. The M4A survey results also showed a direct correlation between awareness of services and access of services. Because of this, M4A will focus certain outreach efforts to educate the public on the ombudsman program.

Objective 7.1
To provide consumers with educational materials and outreach on the ombudsman program

Strategies
- M4A will distribute existing Ombudsman brochures and materials approved by the State Long-term Care Ombudsman.
- M4A's Long-term Care Ombudsman and Aging and Disability Resource Center staff will make presentations regarding the Ombudsman program at senior centers and to local organizations.
- M4A will develop new tools and materials for outreach to highlight the important mission and role of the Long-term Care Ombudsman Program.

Outcomes
- More people will be aware of the ombudsman program.
- More consumers will access ombudsman services.

Goal 8
Older individuals, people living with disabilities, their caregivers and others in the M4A region will have an Area Agency on Aging that is responsible, progressive and which reflects the values of the those M4A serves.

M4A's Goal 8 aligns with ADSS Goal 5.0 to promote proactive, progressive management and accountability of the State Unit on Aging and its contracting agencies.

Objective 8.1
To review M4A operations, management and structure to promote accountability and effectiveness

Strategies
- The executive staff at M4A will review M4A's organizational structure and make changes where appropriate in order to strengthen operations management and effectiveness of programs.
  - Executive Director will make recommendations to M4A Board for changes to organizational structure and approval for new positions.
  - M4A will update job descriptions (division of responsibilities).
- M4A will ensure appropriate staffing to ensure quality of services and accountability.
- M4A will review and make changes to its *Employee Handbook.*
  - M4A will develop conflict of interest training for its staff.
  - M4A will review its hiring practices.

Objective 8.2
To develop leadership that will be prepared for the aging future

Strategies
- M4A will offer training opportunities to all staff members, including opportunities for certification and advanced degrees.

- M4A will encourage staff members to participate on Boards, in advisory councils and work on projects with other organizations in order to develop teamwork and leadership skills.
- M4A will explore offering job skills tests and personality tests to employees in order to better assist employees in their career path at M4A.

Objective 8.3
To ensure the confidentiality, privacy and security of client information

Strategies
- M4A will review the security measures of its IT providers. Currently, M4A's server is backed daily off-site but/and there is no "cloud" storage.
- M4A will provide ongoing privacy and confidentiality training to its staff (annual HIPAA, clean desk, confidentiality, IT) and ensure compliance with policies.
- M4A will continue to require appropriate background checks on all employees, interns, and volunteers.
- M4A will implement and enforce new security measures for visitors. M4A's new office will have keyless entry which can be monitored online. In addition, the new office will have a security system.

Outcomes
- The organizational structure of M4A will reflect the growth at M4A and ensure accountability and effectiveness.
- More M4A staff members will attend more regional conferences and implement new projects and ideas in the region.
- M4A staff members will have leadership roles in the aging and social service network.
- M4A will have clear policies and practices to ensure client confidentiality.

Targeted Populations
Low-income and Low-income Minority Elders
Most elders in the M4A region who are low-income are female and the population that has the most significant percentage of minority low-income elders is Black females. M4A currently reaches and serves low-income seniors who are female and Black females through the 25 senior centers in the M4A region. Senior centers are also the focal point for M4A outreach which includes assessment and enrollment in public benefits such as AESAP, SNAP, farmers' market vouchers, the Medicare Savings Program, the Limited Income Subsidy, as well as health screenings, preventive services, outreach, and evidence-based health promotion and disease prevention.

Rural
According to US Census Bureau information and the American Community Survey, a lower percentage of the seniors in the M4A region live in rural areas compared to the year 2000. Nonetheless, large numbers of seniors, especially those who are low-income and have disabilities, live in rural communities. As with low-income seniors, M4A serves rural seniors primarily through the senior centers in the M4A region, most of which are in rural locations.

M4A conducts outreach and enrollment events in each of its five counties every year and, in order to provide access to these events which is critical for low-income and rural seniors, M4A also arranges for transportation for those who want to attend events but cannot because of transportation.

Limited English Proficiency
From 2000 to 2010, the M4A region experienced a significant upward change in the Hispanic population. Although the growth is significant, the number of Hispanic elders with Limited English Proficiency is low. Nonetheless, M4A has strong relationships in the Hispanic community and with organizations that serve Hispanic populations. Finally, M4A has 1 full-time staff member who is fluent in Spanish; in the past, other bi-lingual staff members have provided outreach, and options and benefits counseling to Hispanic caregivers, Hispanic individuals with disabilities, and Hispanic elders.

Disabled and At-risk for Institutionalization
According to survey data, older individuals in the M4A region cite ambulatory issues, hearing, and activities of living as primary disabilities. In addition, in Chilton County, older individuals cite cognitive issues as a key disability.

Through its programs and outreach, M4A already targets these individuals for assistance. For example, through its evidence-based health promotion and disease prevention programs, M4A provides fall prevention and strength training programs to older individuals. M4A also actively participates in memory screening and dementia education for elders and their caregivers.

Over the next few years, M4A will additionally focus on developing a home safety program so that potential dangers in the home, such as frayed carpets, electrical cord lines along pathways, and fire hazards, can be removed. M4A will work with a local community to develop a home safety program and will survey to gauge effectiveness and results. M4A will also look at grant opportunities to expand home safety to include home repair.

Caregivers
The national survey cited in the Alabama Department of Senior Services' state plan on aging is ample data of the extraordinary number of caregivers in the United States and also the value that caregivers add to the lives of their loved ones and to the healthcare system. In its area plan, one of M4A's main goals is to support caregivers.

Over the next few years, M4A will implement person-centered planning for caregivers. In addition, M4A will develop caregiver support groups and look at ways in which support groups can be effective in rural areas and also opportunities for caregivers to connect and learn through technology.

As with other projects to target and serve special populations, M4A will review data and gauge effectiveness through surveys, data, and feedback from consumers and partners.

Exhibits

1. Exhibit 1: Assurances
2. Exhibit 2: Planning and Service Area Maps
3. Exhibit 3: Board of Directors Membership
4. Exhibit 4: Advisory Body Membership
5. Exhibit 5: M4A Organizational Chart
6. Exhibit 6: Emergency/Disaster/Pandemic Plans
7. Exhibit 7: Documentation of Public Hearing
8. Exhibit 8: Documentation of Board and Advisory Council Approval of Area Plan
9. Exhibit 9: Cost Share Plan

Exhibit 1: Assurances

Alabama Department of Senior Services
Area Plan ASSURANCES and Required Activities (Fiscal Year 2015)
For Middle Alabama Area Agency on Aging

Note: the Assurances will be reviewed and approved by the M4A Board at its September 17, 2014 meeting

Requirements

1. Each Operating Agency will give priority to legal assistance related to income, healthcare, long-term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and age discrimination. [Source: OAA, Sec. 307(a)(11)(E)]

2. Each Operating Agency providing services for the prevention of abuse of older individuals will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—
   (A) public education to identify and prevent abuse of older individuals;
   (B) receipt of reports of abuse of older individuals;
   (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
   (D) referral of complaints to law enforcement or public protective service agencies where appropriate.
   [Source: OAA, Sec. 307(a) (12)]

3. Each Operating Agency will conduct efforts to facilitate the coordination of community-based, long-term care services and options and benefits counseling, pursuant to section 306(a)(7), for older individuals who:
   (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
   (B) are patients in hospitals and are at risk of prolonged institutionalization; or
   (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. [Source: OAA, Sec. 307(a)(18)]

4. Each Operating Agency will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care. [Source: OAA, Sec. 307(a)(27)]

5. Each Area Plan will include information detailing how the Operating Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.
   [Source: OAA, Sec. 306 (a) (17)]

6. Each Operating Agency is responsible for maintaining compliance with all current ADSS Information Technology policies and procedures applicable to the Operating Agency. The ADSS Information Technology policies and procedures are available on the ADSS intranet.

7. Each Operating Agency is responsible for monitoring and maintaining compliance with the current Alabama Elderly Nutrition Program Manual.

8. Each Operating Agency is responsible for monitoring and maintaining compliance with the current SenioRx guidelines.

9. Each Operating Agency is responsible for monitoring and maintaining compliance with the current Alabama Cares guidelines.

10. Each Operating Agency is responsible for monitoring and maintaining compliance with the current Senior Community Service Employment Program guidelines.

11. Each Operating Agency is responsible for monitoring and maintaining compliance with the current Medicaid Waiver Contract and Scope of Service.

12. Each Operating Agency is responsible for monitoring and maintaining compliance with the current State Health Insurance Assistance Program (SHIP) guidelines.

13. Each Operating Agency is responsible for monitoring and maintaining compliance with any other contractual agreements as well as program and fiscal guidance.

14. Each Operating Agency agrees to operate under the business model of Aging and Disability Resource Centers as a "No Wrong Door" to services and supports, following guidance and work agreements from ADSS and the Alabama Medicaid Agency.

15. Each Operating Agency is responsible for maintaining compliance with all current ADSS HIPAA training program policies and procedures available on the ADSS intranet. Additionally, each Operating Agency must assure each employee reviews the Operating Agency HIPAA training program annually and provides the executed receipt of HIPAA training form annually to their agency HIPAA Officer for the retention in HIPAA and Personnel files.

16. Each Operating Agency is responsible for maintaining compliance with the following requirements concerning conflict of interest, administrative and fiscal procedures:
    (A) The Area Plan, Assurances, and other Memorandums of Understanding serve as the contractual relationship with the State Unit to provide services to persons over age 60, persons with disabilities where appropriate, and their caregivers.
    (B) Conflict of Interest:
    (i) The Operating Agency will not contract with any individual, or member of the immediate family of an individual, subject to a conflict of interest; and ensure that no officer or employee or representative of any entity with which the Operating Agency

contracts, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest.

    (ii)   If a conflict is found, it will be grounds for immediate termination of the contract between the Operating Agency and the individual or entity and language to that effect must be included in the contract between the Operating Agency and the vendor.

    (iii)   Further, each Operating Agency must institute and follow its own conflict of interest policies for its staff, board of directors, and contractors including appropriate procedures for disclosure.

    (iv)   The Alabama Ethics Law will be followed by all parties. Alabama Code §36-25-1 et seq.

17. Administrative and Fiscal Procedures:

(A) The operating agency, sub-contractors, and providers will abide by the following financial and administrative procedures and guidance documents as applicable:

    (i)   U.S. Department of Health and Human Services, Administration on Aging, Office of Management, Grants Management Division, AOA Fiscal Guide, OAA, Titles II and VII, 05/2004;

    (ii)   Generally Accepted Accounting Principles, GAAP;

    (iii)   Code of Alabama 1975- Chapter 16-Article 2- State Bid Laws;

    (iv)   45 CFR, 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments;

    (v)   45 CFR, Part 1321 – Grants to Sate and Community Programs on Aging, Authority: 42 U.S.C. 3001 et seq.; Title III, Older Americans Act, as amended;

    (vi)   State Of Alabama, Act. No. 40, Open Meetings Act;

    (vii)   29 CFR, Title 29-Part 97;

    (viii) 29 CFR, Title 29 – Part 95;

    (ix)   45 CFR, Title 74 – uniform administrative requirements for awards and solve awards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments;

    (x)   CFR-2012-Title 2- vol. 1-part 230 – Cost Principles for Non-Profit Organizations; and

    (xi)   CFR-2011-Title 2-vol.1- part 225 – Cost Principles for State, Local, and Indian Tribal Governments.

(B) The Operating Agency will have available for inspection the following documents that should be updated at a minimum every three years although they may be updated more frequently as needed:

    (I)   Accounting and Administrative Procedures to include but not limited to:

        (i)   Contract Development and Monitoring Procedures

        (ii)   By-laws

        (iii)   Grievance procedure for sub-contractors and clients

(C) Organizational charts should be updated annually with any changes.

(D) If operating under a Board of Directors, the Operating Agency should have available for inspection the following documents that should be updated at a minimum every three years although they may be updated more frequently as needed:
    (i)   Board of Directors Training Manual
    (ii)   Board of Directors Conflict of Interest Policy
    (iii)   Minutes of all Board meetings

The Operating Agency will comply with the provisions of any and all applicable amendments to the Older Americans Act, its regulations, and other laws and regulations which may become applicable in all its practices, policies, programs, and facilities during the period covered by this Area Plan on Aging.

Sec. 306 (a), AREA PLANS

(2) Each Operating Agency shall provide assurances that an adequate proportion, as required under section 307(a) (2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services [transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services];
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance; and assurances that the Operating Agency will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the Operating Agency will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(4)(A)(i)(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (I);
(4)(A)(ii) provide assurances that the Operating Agency will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the Operating Agency, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Operating Agency shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

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

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

(4)(B)(i) Each Operating Agency shall provide assurances that outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

(6)(F) Each Operating Agency will-
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the operating agency in collaboration with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

(11) Each Operating Agency shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Agency will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) Assurance that to the maximum extent practicable, coordination of services the agency provides under this title with services provided under title VI; and
(C) An assurance that services under the area plan are available, to older Native Americans.

(13)(A) Each Operating Agency shall provide assurances that they have a conflict of interest policy and shall certify they have reviewed with Board of Directors and staff. (13)(B) Each Operating Agency shall provide assurances that the agency will disclose to the Assistant Secretary and the State agency--
(i) the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

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

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

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

(14) Each Operating Agency shall provide assurances that funds received under this title will not be used to pay any part of a cost (including administrative cost) incurred by the Operating Agency to carry out a contract or commercial relationship that is not carried out to implement this title. Grant funds may not be used to supplant State or local funds that would, in the absence of Federal aid, be available or forthcoming from other fund sources. Instead, grant funds must be used to increase the total amount of such other funds used for Aging and Disability Services. A

grant recipient may not use Federal grant funds to defray any costs that the recipient already is obligated to pay.

(15) provide assurances that funds received under this title will be used-
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4) (A) (i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212; ADSS, federal and state auditors will have access to review any and all financial records of the operating agency and its contractors relating directly or indirectly to Aging and Disability Programs.   Source: Administration on Aging, Program Instruction AoA-PI-12-03

_____ (Signed)   _____
(Date)   Carolyn G. Fortner, Executive Director

_____ (Signed)   _____
(Date)   Richard Lovelady, Chairman
                                                            M4A Board

Exhibit 2: Planning and Service Area(s) Map

BLOUNT COUNTY

Legend

- ◉ County seat
- ● City, town or village
- ▬▬ Primary highway
- ▬▬ Secondary highway
- ── Other principal roads
- ⬭⬭⬭ Route marker: Interstate, U.S.; State

Population Key

BIRMINGHAM	100,000 to 500,000
Tuscaloosa	50,000 to 100,000
Gadsden	25,000 to 50,000
Albertville	5,000 to 25,000
Foley	1,000 to 5,000
Brilliant	500 to 1,000
Elkmont	up to 500

0   5   10 miles

CHILTON COUNTY

Population Key

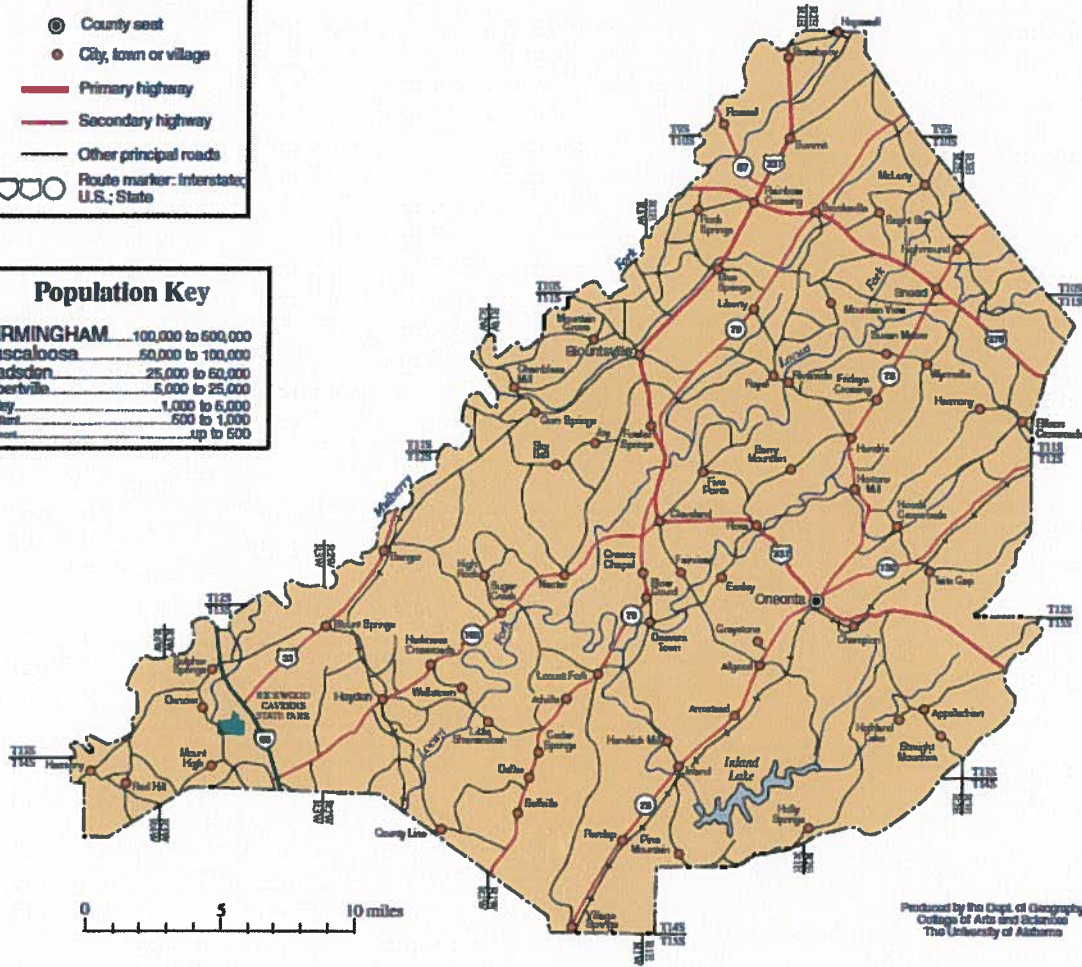| BIRMINGHAM	100,000 to 500,000
Tuscaloosa	50,000 to 100,000
Gadsden	25,000 to 50,000
Albertville	5,000 to 25,000
Foley	1,000 to 5,000
Brilliant	500 to 1,000
Elliott	up to 500

Legend

- County seat
- City, town or village
- Primary highway
- Secondary highway
- Other principal roads
- Route marker: Interstate; U.S.; State

0   5   10 miles
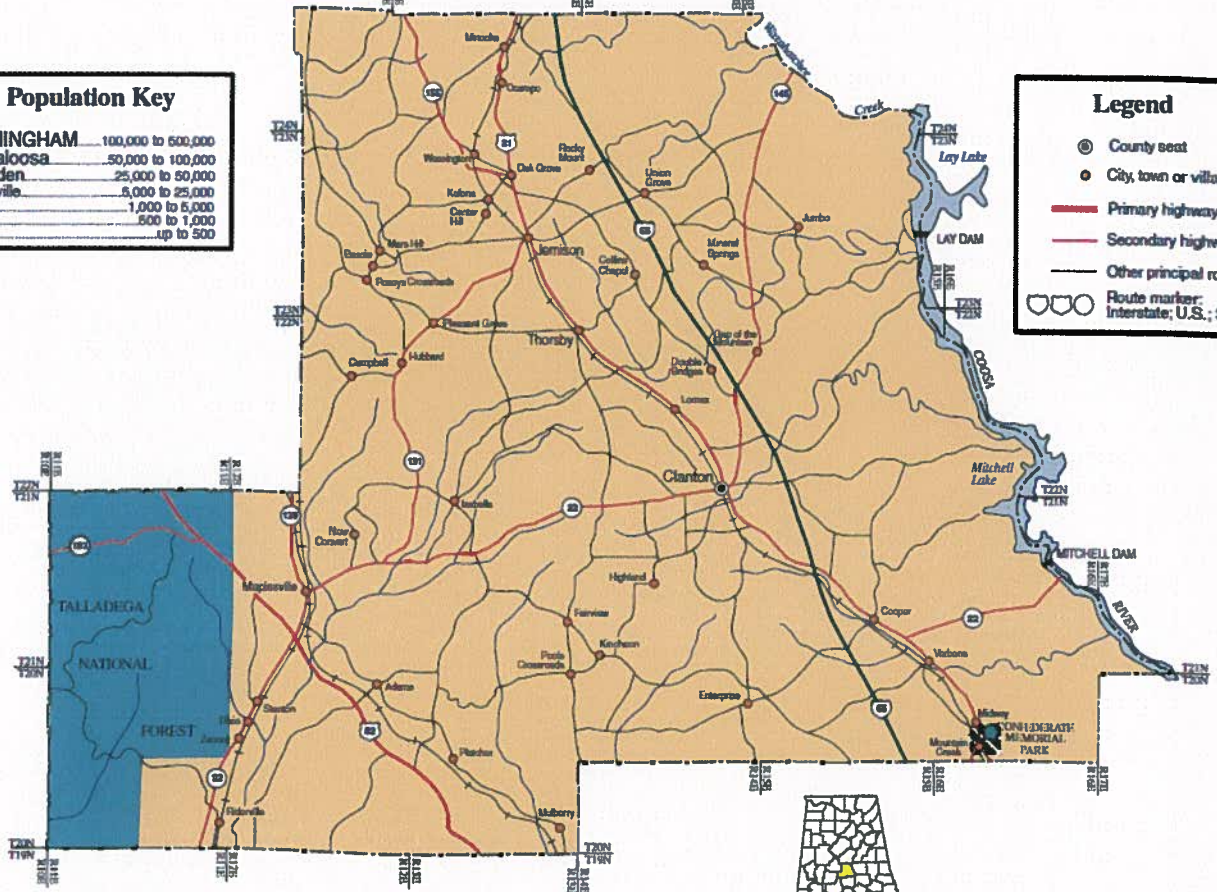
Produced by the Dept. of Geography
College of Arts and Sciences
The University of Alabama

SHELBY COUNTY


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0        5        10 miles
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Legend

- ⊚ County seat
- ● City, town or village
- ▬▬ Primary highway
- ▬▬ Secondary highway
- ── Other principal roads
- ⬡⬡⬡ Route marker: Interstate; U.S.; State

Population Key

BIRMINGHAM	100,000 to 500,000
Tuscaloosa	50,000 to 100,000
Gadsden	25,000 to 50,000
Albertville	5,000 to 25,000
Foley	1,000 to 5,000
Brilliant	500 to 1,000
Elrod	up to 500

ST. CLAIR COUNTY

Legend

◉ County seat
● City, town or village
━━━ Primary highway
━━ Secondary highway
─── Other principal roads
♡♡♡ Route marker: Interstate; U.S.; State

0   5   10 miles

Produced by the Dept of Geography
College of Arts and Sciences
The University of Alabama

Population Key

BIRMINGHAM	100,000 to 500,000
Tuscaloosa	50,000 to 100,000
Gadsden	25,000 to 50,000
Albertville	5,000 to 25,000
Foley	1,000 to 5,000
Brilliant	500 to 1,000
Elkmont	up to 500

WALKER COUNTY
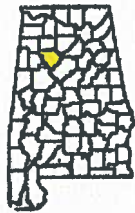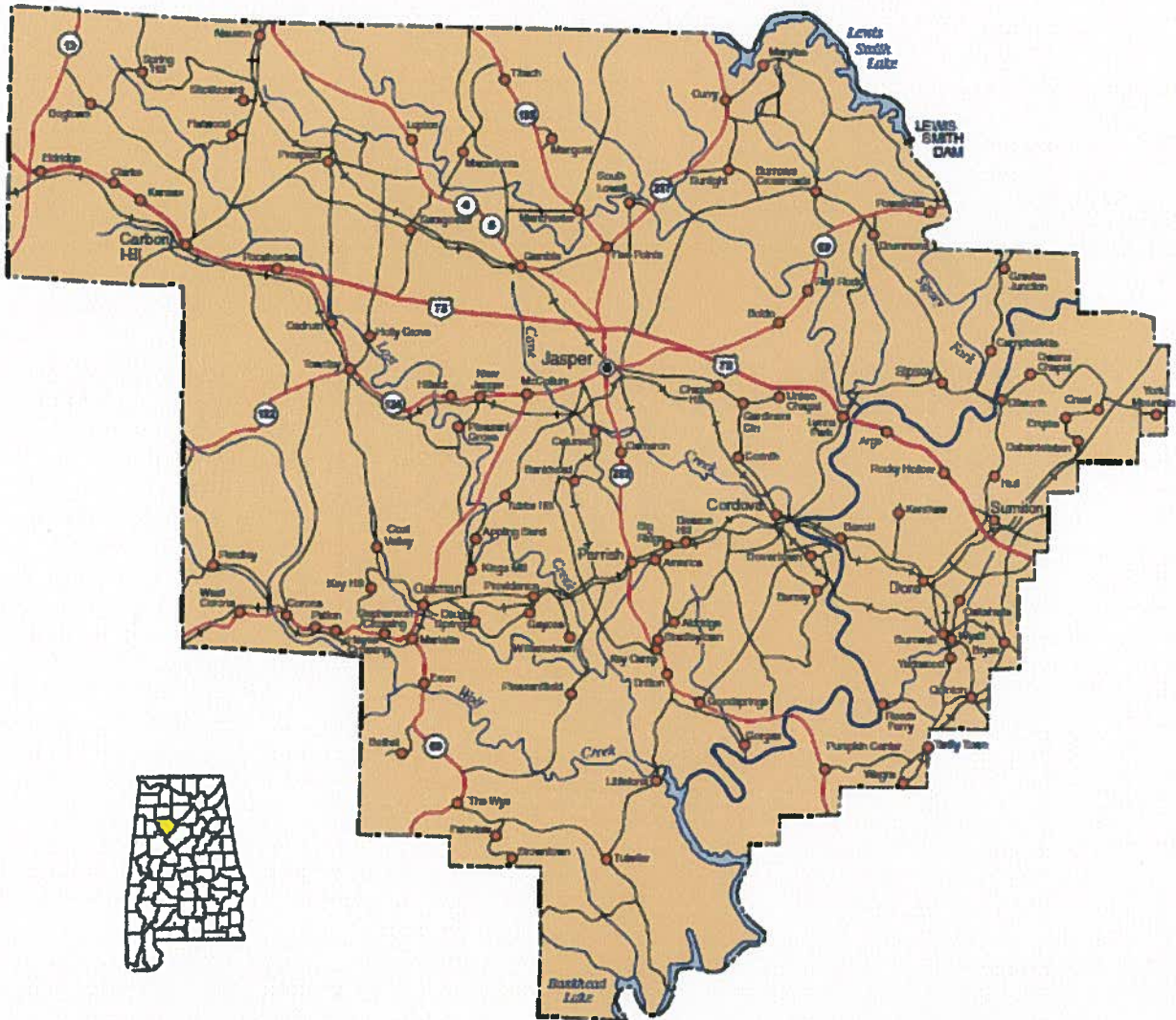
Population Key

BIRMINGHAM........100,000 to 500,000
Tuscaloosa............50,000 to 100,000
Gadsden................25,000 to 50,000
Albertville..............5,000 to 25,000
Foley.......................1,000 to 5,000
Brilliant.....................500 to 1,000
Elkmont.......................up to 500

0   5   10 miles

Produced by the Dept. of Geography
College of Arts and Sciences
The University of Alabama

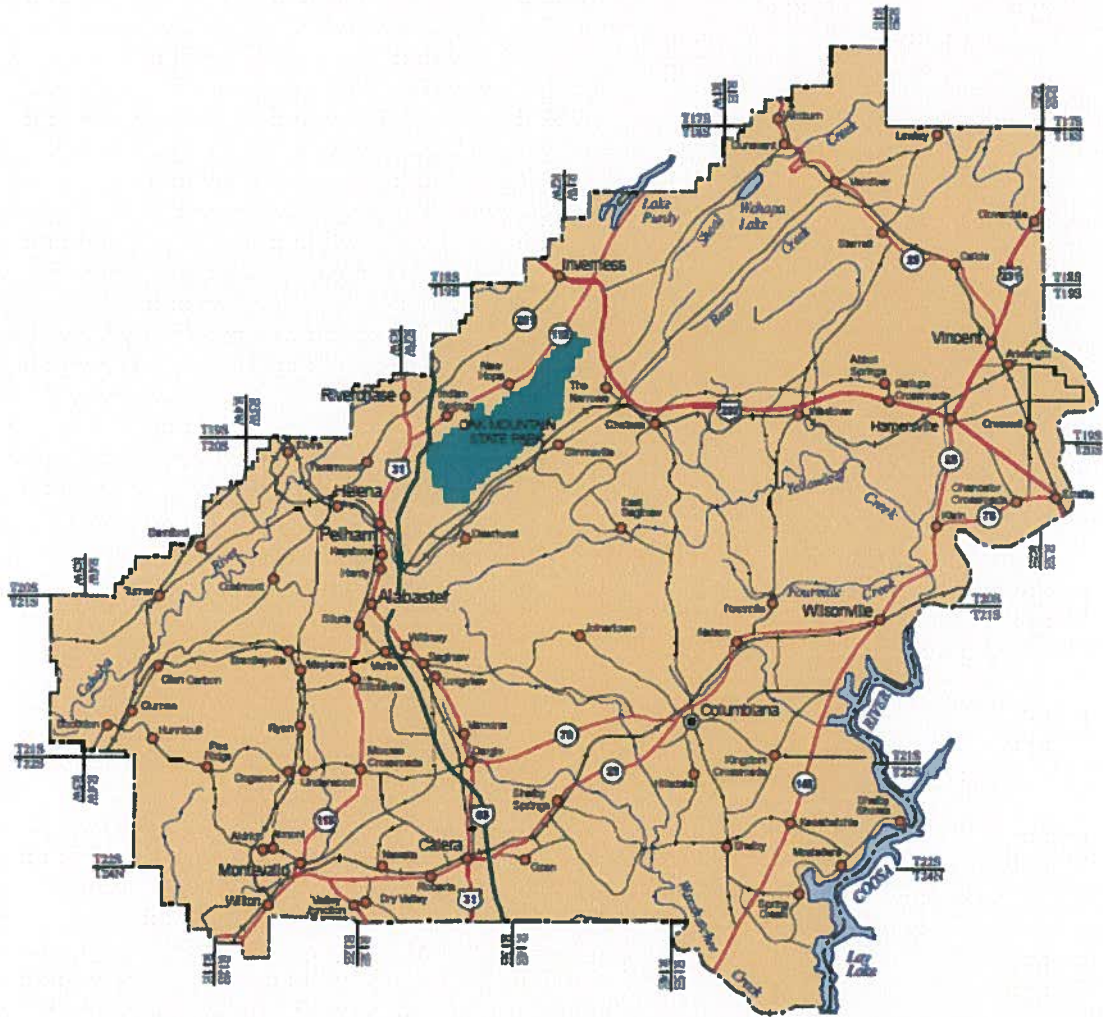## Legend

County seat
City, town or village
Primary highway
Secondary highway
Other principal roads
Route marker: Interstate;
U.S.; State

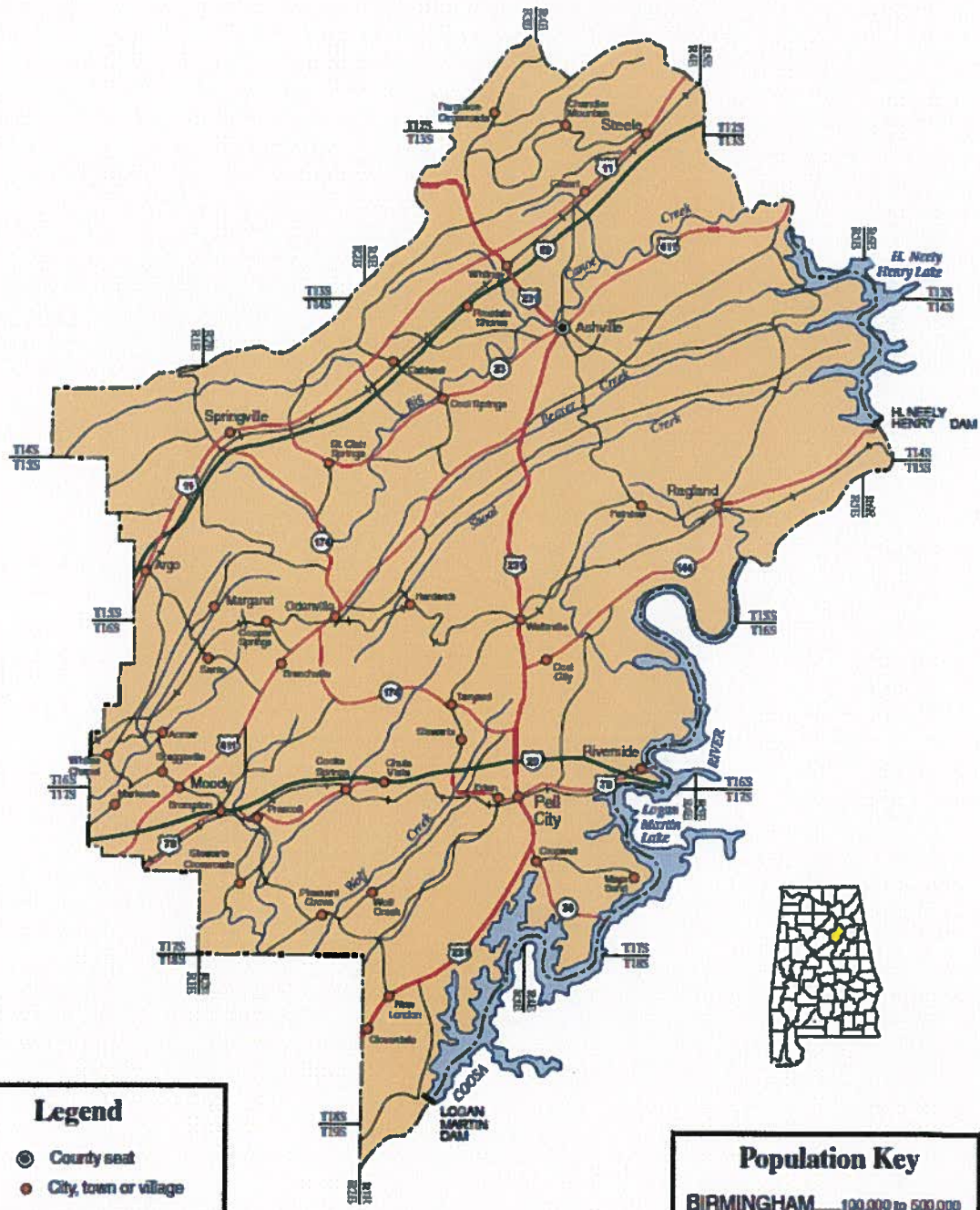*Exhibit 3: Board of Directors Membership*

Executive Committee:
Richard Lovelady, Chairperson: 205-516-6130
Reverend Glenn Bynum, Vice Chairperson: 205-527-1186
Commissioner Daniel Acker, Secretary: 205-663-7334

Board Members: September 2014
Commissioner Daniel Acker: 205-663-7334 / Shelby County
Chairman Stan Batemon: 205-594-2100 / St. Clair County
Reverend Glenn Bynum: 205-527-1186 / Blount County
Commissioner Allen Caton: 205-755-1551 / Chilton County
Ms. Lee Ann Clark: 205-338-9416 / St. Clair County
Mr. Earl Cunningham: 205-283-0771 / Shelby County
Mr. William Fowler: 205-648-5918 / Walker County
Judge Chris Green: 205-625-4191 / Blount County
Mr. Reginald Holloway: 205-670-6556 / Shelby County
Ms. Doris Jones: 205-755-6794 / Chilton County
Mr. Richard Lovelady: 205-516-6130 / Walker County
Chairman Billy Luster: 205-384-7230 / Walker County
Mr. Zack Marsh: 205-325-4160 / Blount County
Commissioner Jon Parker: 205-283-9104 / Shelby County
Ms. Sandra Sively: 205-429-2937 / Blount County
Mr. Red Turnipseed: 205-755-7318 / Chilton County
Ms. Gaye West: 205-280-6268 / Chilton County

Exhibit 4: Advisory Body Membership
OAA 306(a)(6)(D)

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

AAA: Middle AL Area Agency on Aging Area Plan FY: 2015-2017, County Advisory Councils do not have officers

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Tim Bryant				X (DHR)			
Lloyd Nutter		X	X				
Ralph Bingham		X	X (CG)				
Millie Thompson			X				X faith-based
Tim Thompson							X volunteer
Charity Davis				X (CA)			
Brittany Cleckler				X (CA)			
Jessie Carter				X (Transit)			
Patty Drake			X (CG)	X (DHR)			
Irene Collins		X	X (CG)				
Jameka Brooks				X (EMA)			
Marvin Copes			X (CG)	X (RSVP)			
Marty Handlon					X		

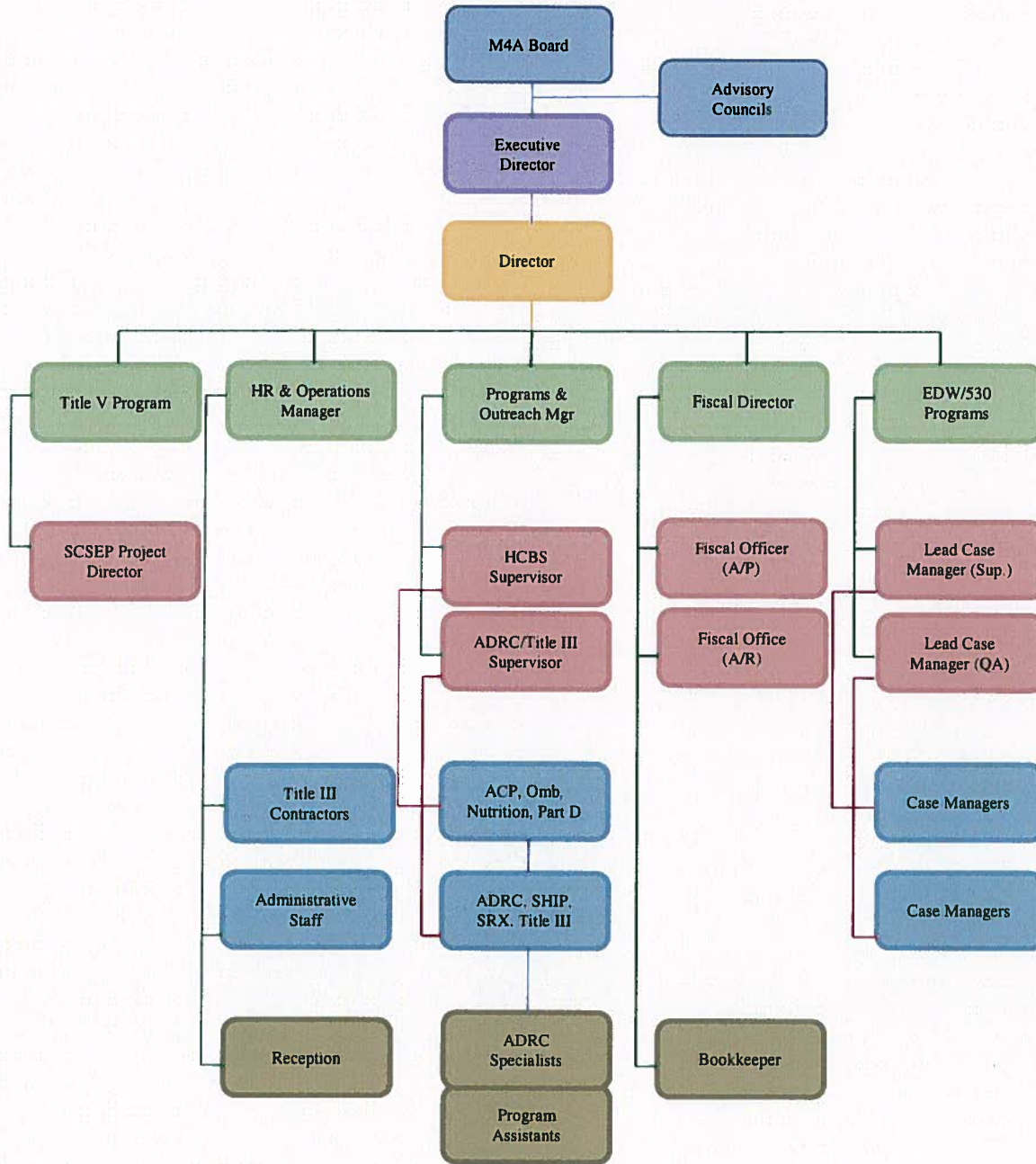| NAME | OLDER INDIVIDUAL | | | REP. OF OLDER INDIVIDUAL | LOCAL ELECTED OFFICIAL | PROVIDER OF VETERANS' HEALTH CARE (if appropriate) | GENERAL PUBLIC |
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Kayla Briggs							X adult day care
Kirby Henderson				X (ARC)			
Susan Tedford			X	X (ASHL)			
George Henry							X city
Erica Hazewood				X (DHR)			
Bernice Griffith	X	X	X (CG)				
Billy Jones		X	X				X bank
Janet Smith				X (Transit)			
Sharon Sheffield Smith							X home health
Valerie Harp				X (ADPH)			
June Ford		X	X (CG)				X volunteer
Addie Duke							X center director
Suzanne Sizemore							X hospital
Sandi Nicholson			X (CG)				X faith based
Jenny Baldone							X pharmacist
Hiliary Fummons						X LTC	
Ellen Stephens							X hospital
Nina Barnes				X (CA)			
Ellen Allen		X		X (CA)			

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Priscilla Newton		X					X city
Teresa Carden				X (CG)			X hospice
Steven Aderholt					X		X pharmacist
Brian Maloney							X hospital
Tim Hodge							X free clinic
Joanna Brand				X (ARC)			
Joan Brasher		X	X (CG)				X center mgr
Lona Courington							X college
Rebecca Whitten							X college
Mimi Hudson							X foundation
Vickie Stovall				X (DRC)			
Lou Vick	X	X	X (CG)	X (ARC)			
Suzanne Shelton							X private, NHF
Kathleen Monaghan		X	X				
Clara Christopher		X	X	X (CG/DRC)			
Sandra Smith		X	X	X (CG/ASHL)			
Kay Lilly							X home health
Melissa Thomas							X faith based
Patricia Seames		X					X Red Cross

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Robbie Hulgan		X	X (CG)				X center mgr
Bud Jones		X	X				X faith based

Exhibit 5: Agency Organizational Chart

M4A Organizational Chart FY 2015

Executive Director, *Carolyn Fortner*

Director, *Debbie Battles*

HR & Operations Manager, *Crystal Crim*
Programs and Outreach Manager, *Ashley Lemsky*
Fiscal Director, *Aileen Hill*

Title V Progam: SCSEP Project Director, *Sheila Baker*
HCBS Supervisor, *Holly Mason*
ADRC/Title III Supervisor, *VACANT*
Fiscal Officer (A/P), *Renee Green*
Fiscal Officer (A/R), *Sheila Hogge*
EDW/530 Programs: Lead Case Manager, *Arnita Hicks*; Lead Case Manager, Quality Assurance, *Christal Hill*

Title III Contractors: *Jan Neal Law Firm, LLC*; *ClasTran*; *St. Clair County Public Transportation (SCAT)*
Administrative Assistant, *Sharon Echols*
Alabama Cares Coordinator, *Kathy Mercon*
Long-term Care Ombudsman, *Cody Lewis*
Wellness (Part D) and Community Outreach Coordinator, *Butho Ncube*
ADRC Coordinator, *Rebecca Krueger*
SHIP Coordinator, *Andrea Carter*
SenioRx Coordinator, *Melissa Fowler*
Title III Services (Chore, Homemaker, Friendly Visiting, Telephone Reassurance)
Case Managers: *Meagan Coppage, Lateshia Davidson, Jennifer Davis, Courtney Durden, Kimyatta Gibson, Maranda Johnson, Tracy Johnson, Arrielle Jones, Cassie Horton, Washeka Reese, Lisa Risico, Crystal Whitehead*

ADRC Specialists: *Mary Joyce Gilliland, Janice Cates, Ellen Brechin*
Program Assistants: Alabama Cares, *Denise Stamps*; SHIP, *Diana White*; SenioRx, *Megan LeJeune*
Bookkeeper, *Lynn Eakin*
Receptionist: *Essence Booker*

Middle Alabama Area Agency on Aging

Internal Emergency Action Plan

Precaution and Prevention

General Office Safety

Precaution and Prevention

1. No M4A employee or visitor should carry guns or other weapons into the building.
2. The front door is to remain locked at all times outside of business hours.
3. If there are employees in the building outside of business hours, the key should remain in the key hole for quick unlocking of door.
4. If an employee coming in at 8:00 AM sees the key still in the key hole, he/she should remove it and place it in the designated spot.
5. If an employee leaves at 4:30 PM and the door is unlocked, he/she should place the key in the key hole and lock the door after exiting the building.
6. The lobby door is code locked, as well as the door entering the office from the senior center/bathroom hallway. Only employees should have knowledge of the code at any time.
7. All visitors and volunteers must be signed-in and signed-out of the building.
8. All visitors and volunteers must have badges.
9. Visitors should be retrieved from the lobby and escorted through the building by the employee they are visiting.
10. Employees should check the parking lot from a window before leaving the building at night.
11. A code system will be used for alerting employees to intruders/unwelcome visitors in or outside of the building.
12. If an intruder has entered the building, the receptionist should lock-down in the small conference room or across the hall, if safe to do so.
13. If an intruder has entered the building, staff not in the office should be alerted.
14. Employees should not let strangers/visitors "piggy back" with them through the door.
15. Employees are required to let their supervisors know where they are going to be when out in the field and to carry pepper spray with them (if needed). If an employee ever feels in danger when in the field, he/she should immediately leave the location and alert M4A management and/or emergency responders if necessary.

Keyless entry at new office
System managed via Internet
Cards can be deactivated and monitored

Exiting the Building after Office Hours

Precaution and Prevention

1. Before leaving the building at night, employees should look out the windows to check for unfamiliar persons in the parking lot.
2. If there is/are an unfamiliar person(s) in the parking lot, the employee should not exit the building.
3. The employee should see if there are any coworkers still in the building.
4. If there are still coworkers in the building, the employee should check with them to see if they are expecting anyone.
5. If another coworker is expecting someone, the coworker should check from a window to make sure the unfamiliar person is the expected visitor.
6. If no coworker is expecting someone or if there are no other coworkers in the building, then the employee should immediately call the police and any other emergency responder necessary and remain in the building.
7. The employee should never exit the building until it is deemed completely safe.

For all Emergencies, CALL 9-1-1 first!

Alabaster Police Department:	**9-1-1**
	205-663-7401
Alabaster Fire Department:	**9-1-1**
860 First Avenue West	**205-664-6818**
Saginaw Volunteer Fire:	**205-664-7711**
566 Highway 26	
Shelby County Sheriff:	**9-1-1**
	205-669-4181

Visitor Procedures

Precaution and Prevention

1. If someone comes to see an M4A employee, the employee should be called to the front by the (acting) receptionist to let the person in and escort them through the building.
2. The person should be signed-in and given a visitor badge by the receptionist.
3. If the employee being visited deems the person a dangerous or unwelcome visitor, the employee should let the receptionist know not to let the person in.
4. If the employee tells the receptionist not to let the visitor in due to danger, the receptionist should calmly tell the visitor that the employee will be right with them in a moment. The receptionist should then go to the highest level administration staff member available to tell him/her of the situation.
5. The administration staff member should immediately call the police to remove the unwelcome visitor.
6. An office page should be made indicating the potential danger.
7. When the page is heard by other employees, they should remain in their office with the door locked, lights off, and get under their desk/table. Flashlights may be used for light. Shut the blinds if there is a window in the office.
8. If an employee is in another employee's office when the page is heard, they should remain in that employee's office and lock-down with him/her.
9. If an employee is not in an office or other lockable room, he/she should attempt to make it to the closest lockable room and lock-down.
10. If safe to do so, the receptionist should retrieve the sign-in book and contact staff members who are out of the office to alert them not to return to the office.
11. If an employee knows that another employee is out of the office and might be returning, he/she should contact the employee (if safe to do so) to alert employee not to return to the office.
12. All employees should remain in their offices under lock-down until the police have arrived, the premises are deemed safe, and an M4A administrative staff member knocks on their door to let them know it is safe to end lock-down (see *Who Decides?*).

In Case an Intruder or Unwelcome Visitor Enters the Building: Lock-Down System

If an intruder or unwelcome visitor has entered the building, the following codes will be used to alert employees to the danger and where the intruder is.

- "Could a manager please call extension **100"-Intruder in the lobby or outside of the building**
- "Could a manager please call extension **200"-Intruder in the M4A building**
- "Could a manager please call extension **300"-Intruder in the Senior Center or bathroom hallway**

When employees hear the page, they should remain in the office/room they are in with the door locked, lights off and get under a desk or table if possible. Their flashlight may be used for light. If an employee is not in a lockable room when the page is heard, he/she should quickly and quietly move to the closest lockable room. Once there, he/she should lock the door, turn the lights off, and get under a desk or table if possible. The receptionist should go into the small conference room, copy room or nearby office if safe to do so. The highest level member of the administration staff who is available should contact the police. If safe, the sign-in sheet should be used by the receptionist to identify employees out of the office, so that these employees can be called and alerted not to return to the building. Employees that know of a co-worker who is out of the building and might return to the office should call the employee (if it is safe to do so) to alert the employee not to return to the office. Employees should remain in lock-down until the police have arrived, the premises are deemed safe, and an M4A administrative staff member knocks on their door to let them know it is safe to end lock-down.

LOCATION FOR LOCK-DOWN: UNDER YOUR OFFICE DESK
LOCK YOUR OFFICE & TURN OFF LIGHTS IF POSSIBLE
STAY IN LOCK-DOWN UNTIL POLICE ARRIVE

Fire Safety

Precaution and Prevention

1. Coffee pots and other electronic appliances are tuned off and unplugged nightly.
2. Each long hallway has two smoke alarms, one emergency light, and a fire extinguisher.
3. The entire staff will be trained at an in-service on how to use the fire extinguishers.
4. The smoke alarms will be tested monthly and the batteries will be changed twice a year (at the time change). Smoke alarms will be replaced every ten years. A sticker will be placed on each smoke alarm to indicate date replaced.
5. The receptionist will be responsible for the maintenance and testing of the smoke alarms, as well as the fire extinguishers and emergency lighting system.
6. A staff and senior center fire drill will be performed quarterly. A whistle will be used (several long blasts) to announce beginning of a fire drill. The intercom/page and pull down fire alarms can also be used.
7. First aid kits will be kept in the kitchen and in the receptionist's office.
8. The staff is required to sign-in when they enter office and sign-out when leaving office. The sign-in book can be used to account for staff members in an emergency.
9. Volunteers/visitors will be required to sign-in when entering the building and sign-out when exiting. They will also be asked to wear a badge/nametag. It will be the responsibility of the receptionist to sign them in and give them a badge/name tag. It will be the responsibility of the staff member whom the volunteer/visitor is visiting to make sure the volunteer/visitor sign-out and return the badge/nametag.

In Case of an Actual Fire!

In the case of an actual fire, please listen for the whistle or for the word "fire!" Currently (as of 11/15/11), the M4A office does not have a pull-down fire alarm or other fire alarm that can be heard throughout the building. Intercom/page can also be used in case of an actual fire or fire drill. Staff will be instructed that if they hear a smoke alarm going off or see a fire, they should immediately yell "fire!" and use the Intercom/page if it is safe to do so.

The evacuation route (or emergency exit route) will be out the closest exit and to the gravel area on the senior center side of the building past the parking lot. Be aware of fire trucks and other emergency vehicles that may be in or pulling into the parking lot. Do not stand in the parking lot or stand close to the curbs, as this may put you in danger or hinder rescue vehicles.

The receptionist will be responsible for grabbing the staff and volunteer/visitor sign-in books and the first aid kit from his/her office.

Once in our evacuation area, the sign-in books will be used to account for all staff members and visitors/volunteers.

Once in our evacuation area, first aid will be administered to those who are in need.
The Fiscal Director has possession of the EAP binder and will take it with him/her when evacuating the building. The bookkeeper will act in the Fiscal Director's absence.

The Fiscal Director is designated to call the fire department, police, and other necessary emergency responders once in the gathering place.
Emergency responders will be alerted to anyone who is unaccounted for.

EVACUATE TO: GRAVEL AREA PAST SENIOR CENTER PARKING LOT
EVACUATION SIGNAL: BLOWING OF WHISTLE
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

In Case of an Actual Weather Emergency!

1. The Executive Director will make the decision to shelter-in-place or evacuate.
2. The staff contact list will be used to locate staff outside of the building and alert them to the situation and procedure.
3. If the decision to shelter-in-place is made, the staff shall shelter-in-place in the kitchen. The Senior Center shall shelter-in-place in the bathroom hallway.
4. When sheltering-in-place, staff members will bring their flashlight, marker, and whistle with them.
5. The receptionist will be responsible for bringing the sign-in books and the first aid kit from his/her office.
6. The Fiscal Director will be responsible for bringing the EAP binder. The bookkeeper will be responsible for getting it in the Fiscal Director's absence.
7. The disaster kit is located in the cabinet located in the kitchen.
8. Once in the designated shelter-in-place area, the sign-in books will be used to account for all staff and visitors/volunteers.
9. Center manager(s) will account for center participants and homebound.
10. Once in the designated shelter-in-place area, employees will use their marker to write their names on their arms, as well as any pertinent medical information if needed.
11. Once in the shelter-in-place area, first aid will be administered to those in need.
12. Emergency responders will be called if needed.

After the weather emergency is over and it is safe, a damage/injury/and plan assessment will be completed. The building will be checked for damage and injured people will be tended to. The evacuation plan will be evaluated to see how well it worked in a real emergency.

SHELTER-IN-PLACE: KITCHEN
SHELTER-IN-PLACE SIGNAL: SEVERAL SHORT BLASTS OF THE AIR HORN
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

Hazardous Condition: #1
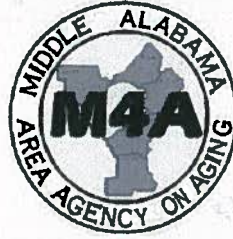
Precaution and Prevention

Hazardous materials are substances that pose a potential risk to life, health or property when released due to their chemical nature. It can range from an **accidental chemical spill** on a roadway to **an intentional act of terrorism**. The important thing to know is how to prepare for an incident. **Shelby County does not have any designated "bomb fallout" shelters**. The exhibition building and a building behind the city hall in Columbiana are for temporary weather related shelter only.

1. Have a warning signal
2. Evacuate is several blasts from a whistle
3. Shelter-in-place is several, several blasts from an air horn
4. News and instructions through radio, television or Internet
5. Know evacuation routes from your building
6. Know "in-shelter" area of the building
7. Have hazardous material emergency shelter kit ready and staff trained to use it

SHELTER-IN-PLACE: KITCHEN
SHELTER-IN-PLACE SIGNAL: SEVERAL BLASTS OF AN AIR HORN.
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

M4A

MIDDLE ALABAMA AREA AGENCY ON AGING

Precaution and Prevention

The hazardous material emergency shelter kit should have the following items:
(These items are in the EAP Cabinet located in the M4A Break Room/Kitchen)

1. Plastic sheeting (2-4 mil.) for covering the exterior doors and in-shelter area
2. Duct tape for securing the plastic sheeting
3. Masks for each person (consider frequent visitors/volunteers)
4. Plastic bags for disposing of contaminated materials/clothes
5. Rags for spills and stuffing under doors
6. Sheets to wrap injured/exposed persons
7. Scissors to remove contaminated material from clothes and make bandages.

SHELTER-IN-PLACE: KITCHEN
SHELTER-IN-PLACE SIGNAL: SEVERAL SHORT BLASTS OF THE AIR HORN
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

New Shelter in Place to be determined
Office building safety inspected
Built for 80 mph winds

In Case of an Actual Hazardous Condition: #1

Who Decides?

Depending on circumstances and the nature of the hazard (which could include an attack), the first important decision is whether to evacuate or shelter-in-place. After viewing available information from radio, television, Internet, emergency alerts, and after consultation with key staff, the decision to shelter-in-place or evacuate will be made by the Executive Director, who will notify staff.

If the Executive Director Is Not In the Office: Order of Succession
To be used in All Emergencies or Substantive Decision Making Events
When the Executive Director is not in the Office

1. Executive Director
2. Director
3. HR & Operations Manager
4. Programs and Outreach Manager
5. Lead MW Case Manager (Supervisor)
6. Lead MW Case Manager (QA)

In Case of an Actual Hazardous Condition: #2

What if We Evacuate?

If the decision is made to evacuate, the staff will be notified where the hazard/attack is located and where to evacuate, depending on the location of the hazardous event.
Staff should:
1. Keep vehicle **gas tank at least half-full at all times** in case of emergency evacuation.
2. Become familiar with **alternate routes home**, if home is a safe place to evacuate (away from the hazardous condition/attack).
3. If time permits, **notify a family member** as to your evacuation route/location.

The three ways to minimize exposure to hazardous materials are: Distance-Shielding-Time!
4. **Distance:** The more distance from you and the incident is the safest method.
5. **Shielding:** The more of a heavy, dense material between you and the incident the better.
6. **Time:** Most chemicals and radiation lose its strength with time so staying away from the exposed area for an extended time is the safest route to take.

<u>**EVACUATE TO: GRAVEL AREA ON NORTH END OF PARKING LOT**</u>
<u>**EVACUATION SIGNAL: BLOWING OF WHISTLE**</u>
<u>**BRING YOUR FLASHLIGHT, MARKER AND WHISTLE**</u>

In Case of an Actual Hazardous Condition: #3

What if We Shelter-in-Place?
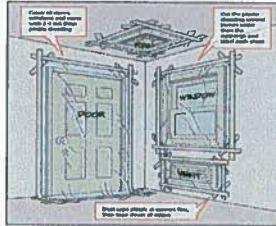
The staff will be notified to shelter-in-place and the designated employees will ready the in-shelter area located in the **M4A kitchen**:

1. EAP emergency kit and the hazardous material kit are located in the EAP cabinet in the kitchen.
2. Normal air circulation should be turned off by the Fiscal Director. If available, 100% recirculation is started as soon as possible (not available in the M4A Office Building).
3. Plastic sheeting is placed with duct tape over both doorways going into the kitchen and the air vents in that area, after the staff and visitors in the building are accounted for and have entered the in-shelter area.
4. Check for any injuries or exposure to hazardous material. If anyone has been exposed to a hazardous material, removing exposed clothing and showering is recommended, if possible.
5. Monitor television or other communications method (cell phone) to know when it is safe to leave the sheltered area.

SHELTER-IN-PLACE: KITCHEN
SHELTER-IN-PLACE SIGNAL: SEVERAL BLASTS OF THE AIR HORN
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

Shelter in Place to be determined

Shelter In-Place Diagram

Cover all doors, windows and vents with 2-4 mil. thick plastic sheeting

Cut the plastic sheeting several inches wider than the openings and label each sheet

FAN

WINDOW

DOOR

VENT

Duct tape plastic at corners first, then tape down all edges
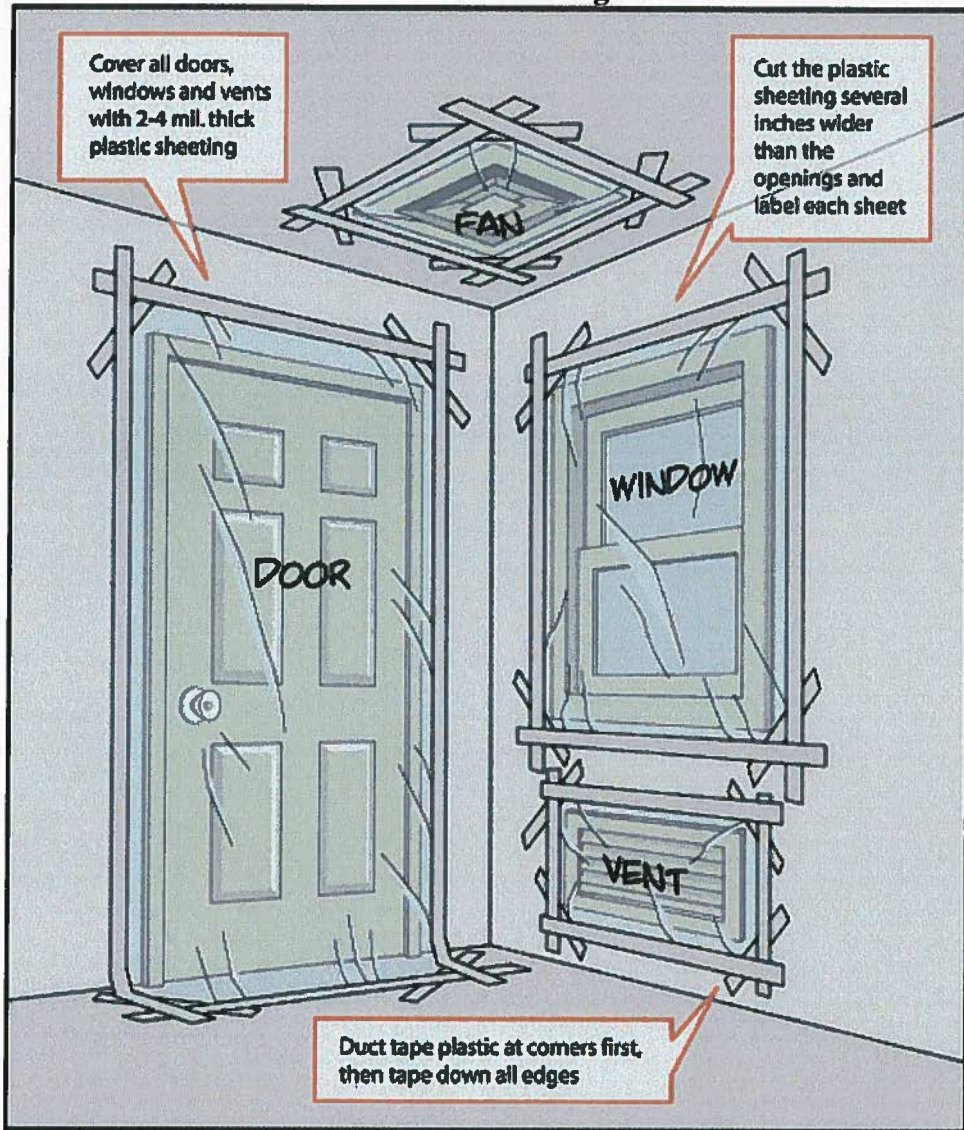
Source: http://www.ready.gov/america/makeaplan/shelter_in_place.html

In Case of an Actual Hazardous Condition: #4

What to do when it's Safe to Leave the Shelter Area:

1. Staff members who are emergency-trained or certified should check fellow staff members and visitors/volunteers for any injuries or contamination.
2. The Executive Director will determine whether emergency responders should be contacted.
3. If there is damage to the building, then the building should be evacuated immediately. If the building is evacuated, no one should return to the office building until it has been examined and deemed safe. The phone tree will be used to notify staff about when it is safe to return to the office building.

In Case of an Actual Hazardous Condition: #5

Additional Warnings for Hazardous Materials:

Potential mail bombs: If a suspicious package is received it should be left alone-do not shake or empty contents. Keep all persons away from the area and call local law enforcement immediately.

Suspicious packages: Suspicious packages may have one or more of the following recognition points: Misspelling of common words, excessive weight for size, protruding wires or foil, lopsided or uneven shape, excessive postage, or no return address.

Bomb threats by phone: Never ignore a threat of this nature. Remain calm and make notes of the following:

1. Phone number from caller ID
2. Male or female voice?
3. Young or mature voice?
4. Any foreign or regional sounding accent to voice?
5. Background noises?
6. Any specifics the caller gives about where the bomb is located and when it may detonate?

A bomb threat checklist will be used by employee answering the call (see "Bomb" Section).

Notify Executive Director, who will determine if evacuation and 9-1-1 should be called. If Executive Director is not in the office, then follow the order of succession and notify the next in command. If the building is to be evacuated, follow the fire evacuation procedures.

Responding to a Bomb Threat #1

General Guidelines

1. Try to get more than one person to listen to call using a covert signaling system.

2. Stay calm and try to get as much information as possible.

3. Record all information possible.

4. Inform caller that the office is occupied and detonation could result in serious injuries or death.

5. Pay close attention to background noises and the voice of the caller (accent, voice quality, mood, tone, speech impediments, and any other potentially identifying or important characteristics).

6. Check the caller ID and record phone number and name. Do not erase.

7. Utilize bomb threat checklist.

Responding to a Bomb Threat #2

Bomb Threat Checklist

Exact time of call_____

Date of call_____

Gender of caller_____

Caller ID information (phone number/name) _____

Any identifying characteristics of voice (foreign accent or language, profanity, soft/deep/loud, stressed/calm/excited, laughing/crying, speed, speech impediment, etc…)

_____

_____

_____

Background noise(s)

_____

_____

_____

Any notable remarks or information from phone call

_____

_____

_____

Any information about bomb (type, appearance, location, when will it explode, and what will detonate it)

_____

_____

_____

(use back page)

Guidelines for Processing Suspicious Mail

Many people have questions about how mailrooms and offices should handle mail that may contain a written threat of chemical or biological materials inside or mail that may contain some form of powder.

What Constitutes a Suspicious Parcel?

Some typical characteristics Postal Inspectors have detected over the years, which should trigger suspicion include parcels that:

1. Are unexpected or from someone unfamiliar to you.
2. Are addressed to someone no longer with your organization or are otherwise outdated.
3. Have no return address or have one that can't be verified as legitimate.
4. Are of unusual weight, given their size, or are lopsided or oddly shaped.
5. Are marked with restrictive endorsements such as "Personal" or "Confidential."
6. Have protruding wires, strange odors, or stains.
7. Show a city or state in the postmark that does not match the return address.

General Precautions for Those Who Handle Large Volumes of Mail:

1. Wash your hands with warm soap and water before and after handling the mail.
2. Do not eat, drink or smoke around the mail.
3. If you have open cuts or skin lesions on your hands, disposable latex gloves may be appropriate.
4. Surgical masks, eye protection or gowns are NOT necessary or recommended.

If a Letter is Received that Contains Powder or Contains a Written Threat:

1. **DO NOT** shake or empty the contents of any suspicious envelope or package.
2. **DO NOT** attempt to clean up any powders or liquids.
3. Place envelope or package in a plastic bag or some other type of container to prevent leakage of contents. If no container is available, then cover with anything (i.e., clothing, paper, trash can, etc.) and do not remove cover.
4. Isolate the specific area of the workplace so that no one disturbs the item.
5. Evacuation of the entire workplace in NOT necessary at this point.
6. Have someone call 9-1-1 and tell them what you received, and what you have done with it. Law enforcement should also place a call to the local office of the FBI and tell them the same information. Indicate whether the envelope contains any visible powder or if powder was released. Also notify building security official or an available supervisor.
7. If possible, LIST all people who were in the room or area when this suspicious letter or package was recognized. Give the list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.
8. Wash your hands with warm water and soap for one minute.

9. Do not allow anyone to leave the office that might have touched the envelope.
10. Remove heavily contaminated clothing and place in a plastic bag that can be sealed; give bag to law enforcement personnel.
11. Shower using ONLY soap and water as soon as possible.
12. When emergency responders arrive, they will provide further instructions on what to do.

Important:
1. Do not panic.
2. Do not walk around with the letter or shake it.
3. Do not merely discard the letter.

NOTE: If you suspect the package to be an explosive device, DO NOT cover, touch, or move the item. Follow your bomb threat procedures and notify the local law enforcement (9-1-1).

Source: Shelby County EMA Handout: Guidelines for Processing Mail

Quick Chart
Threat, Signal, Meeting Place & What to Do

Threat	Warning Sound	Where to Meet	Who to Call	What to Do
Fire in building **Evacuate!**	Whistle will be blown	Gravel Area	9-1-1	Bring flashlight / Exit Building Quickly
Bomb in building **Evacuate!**	Whistle will be blown	Gravel Area	ED calls 9-1-1	Bring flashlight / Exit Building Quickly
Hazardous Material in the building: **Evacuate!**	Whistle will be blown	Gravel Area	ED calls 9-1-1 and/or EMA 669-3999	Bring flashlight, marker & whistle Always keep gas tank half-full Know alt routes home/alt safe place ED will tell where hazard is located Travel away from hazard Contact loved one re your route/destination
Hazardous Material outside of building: **Shelter!**	Air horn will sound	Kitchen	ED calls 9-1-1 and/or EMA 669-3999	Bring flashlight, marker & whistle FD will turn off all air units Close/seal doors and vents Render first aid
Inclement Weather	Air horn will sound	Kitchen	Phone Tree	In office: shelter Out of office: caution
Intruder	NO whistle or air horn. Ext 100: reception Ext 200: building Ext 300: sr. ctr/restroom	Lock-down	ED calls 9-1-1	Go to nearest office and lock door Turn off lights, close shades Get under desk & remain quiet Wait for law enforcement

Quick Chart
Emergency Telephone Numbers

County	Sheriff	EMA	Red Cross	Salvation Army	Public Health	Court-house	Transp.	Hospital	Other
Blount	625-4127 625-4913 (dispatch)	625-4121	274-2115	625-4852	274-2120	625-4160	625-6250	274-3000	625-4673 Hope House
Chilton	755-4698	755-0900	755-0707	none	755-1287	755-1555	755-5941	755-2500	755-3188 Baptist Assoc.
Shelby	669-4181	669-3999	987-2792 987-2793	663-7105	664-2470	669-3710	325-8787	620-8100	685-5757 Oak Mtn. Missions 669-7858 Baptist Assoc.
St. Clair	884-6840	884-6800	884-1221	none	338-3357	338-9449	506-8585	338-3301	328-5656 328-2420 Salvation Army (Birmingham)
Walker	384-7218	384-7233	387-1478	221-7737	221-9775	384-7281	325-8787	387-4169 387-4000	384-9231 Jasper Area Family Resource Center

Police and Fire for all Counties: 9-1-1
United Way Information for all Counties except Chilton: 2-1-1
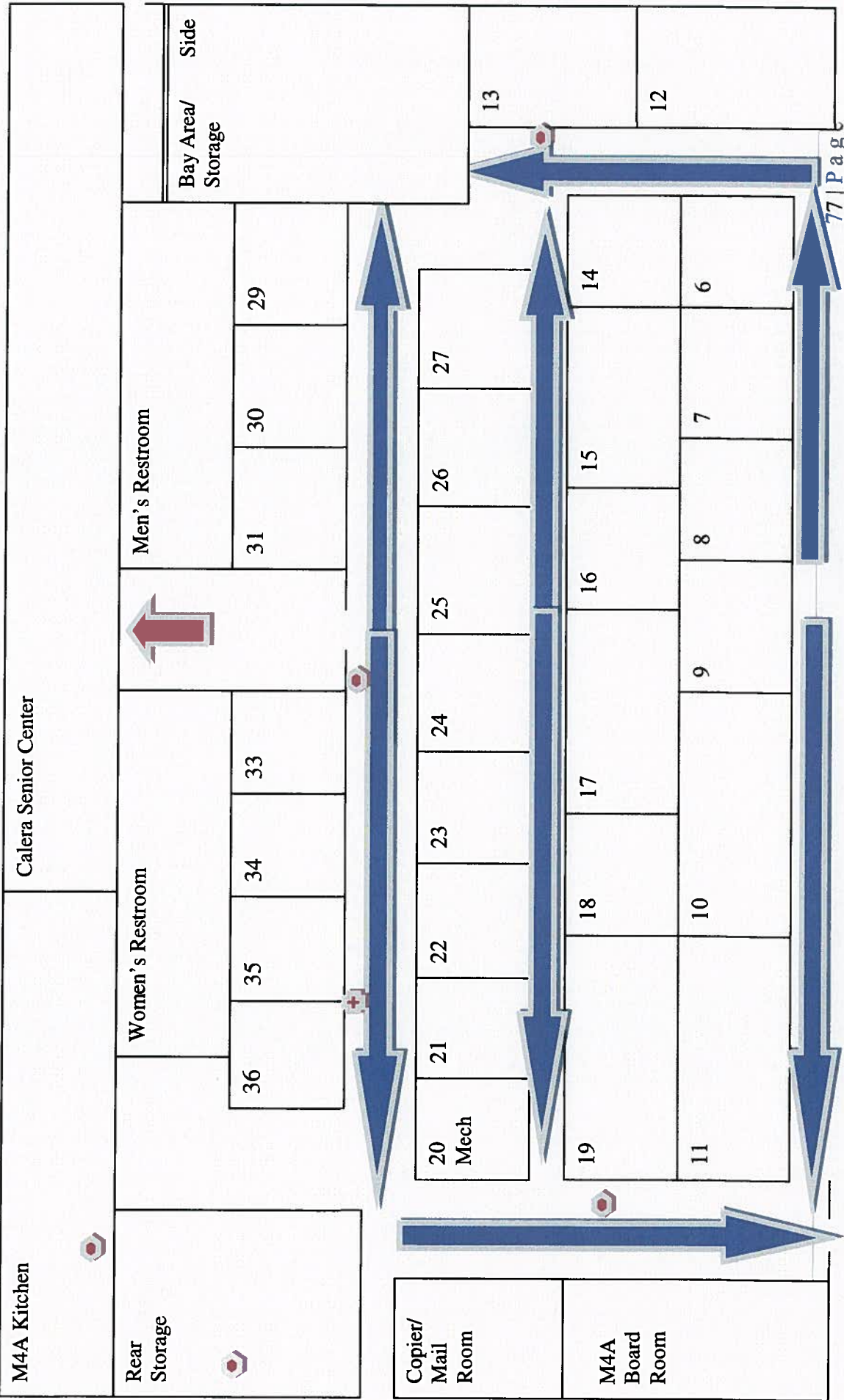United Way of Chilton County: 755-5875

M4A: EMERGENCY PHONE TREE INSTRUCTIONS (09/04/2014)

When a decision is made regarding inclement weather, **CAROLYN FORTNER** will call **DEBBIE** who will call **RENEE** who will call **SHARON**. Each person is responsible for calling the next person on the list. If you cannot reach your person, then call the next person on the list. If you are not at home at the time of inclement weather, **call Carolyn 299-2470/**299-6802**(105)** if your phone is out of order, then wait for the news reports and use your best judgment as to whether or not you should travel. **All area codes are "205" unless indicated otherwise.**

Debbie Battles (103) H 669-2227; C 913-3095	Renee Green (107) H 668-0381; C 283-0091	Sharon Echols (101) H -755-9559; C- 217-2327
Kathy Mercon (125) H/C-441-6093	**Kimyatta Gibson (136)** C-586-8303	**Melissa Fowler (116)** C- 217-5633
Andrea Wright (122) H/C – 223-4330	**Ashley Lemsky (121)** H/C - 902-9044	**Mary Gilliland (134)** H -755-4148; C -389-4212
Arnita Hicks (113) H- 672-7308; C- 601-0443	**Sheila Baker (111)** H- 780-8271; C- 531-0958	**Lemie McCain (119)** H – 671-7994; C- 420-8881
Washeka Reese (130) H/C - 587-7712	**Butho Ncube (110)** H/C - 200-6085	**Tracey Johnson (114)** H – 755-5520; C – 312-8296
Jennifer Davis (143) H- 664-3111; C -389-2417	**Holly Mason (109)** H/C – 662-422-9614	**Arrielle Jones (135)** C - 401-6458
Diana White (102) H/C - 260-9021	**Lisa Ranieri (106)** H/C -566-9305 or 369-6344	**Janice Cates – (141)** H – 688-4829: C - 396-0525
Lateshia Davidson (131) H/C- 563-1129	**Meagan Coppage (123)** H/C – 413-7657	**Crystal I Crim (112)** H/C – 572-7390
Courtney Durden (124) H/C -567-7663	**Crystal Whitehead (129)** H/C - 249-1723	**Ellen Brechin (138)** H/C - 542-9819
Maranda Johnson (127) H/C - 602-1776	**Essence Booker (100)** H – 988-3693; C - 382-2271	**Melissa Fowler (116)** C- 217-5633
Lateshia Davidson (131) H/C- 563-1129		

Emergency Exit Plan (Update for New Office)

EXITS ARE MARKED WITH RED ARROWS; FIRE EXTINGUISHERS WITH RED DOTS; AND THE AED WITH A RED CROSS. THE ROUTE YOU TAKE WILL DEPEND ON WHERE THE FIRE IS LOCATED AND WHERE YOU ARE WHEN YOU HEAR THE ALERT. IF THE CENTER IS OPEN, THE NEAREST EXIT MAY BE THE SENIOR CENTER. SUGGESTED EXIT ROUTES ARE MARKED IN BLUE. MAP IS NOT TO SCALE!

M4A Kitchen

Rear Storage

Calera Senior Center

Women's Restroom

Men's Restroom

Bay Area/ Storage

Side

Copier/ Mail Room

M4A Board Room

36 35 34 33 31 30 29

20 Mech 21 22 23 24 25 26 27 14

19 18 17 16 15

11 10 9 8 7 6

13

12

Employees Who Are CPR, AED, and/or First Aid Certified

Staff Member	CPR	AED	First Aid
Arnita Hicks	X	X	X
Ashley Lemsky	X	X	
Butho Ncube	X	X	
Courtney Durden	X	X	
Crystal I. Crim	X	X	X
Kimyatta Gibson			
Lateshia Davidson	X	X	
Maranda Johnson	X	X	
Sharon Echols	X	x	
Sheila Baker	X	X	X
09/02/2014			

EAP Cabinet Inventory (Located in the Kitchen)

Quantity	Item	Expiration Date
4 gallons	Bottled drinking water	Best by: 05/22/13
8 – 5 ounce cans	Tuna	Best by: 4 @ 10/31/14 & 4 @ 02/13/15
5 – 10 ounce cans	Chicken	05/2015
9 – 5 ounce cans	Vienna sausage	04/18/2015
2 (3.25 oz) bags	Beef jerky	10/19/13
18 – 4 ounce cans	Apple sauce	
1	Can opener	
4	Trash bags	
1 roll	Paper towels	
2	Black markers	
	Napkins	
	Disposable bowls	
	Disposable spoons	
	Disposable cold cups	
2	Blankets	
2	Flashlights	
3-8.9 oz. containers	Clorox wipes	
1 (12 oz) pump bottle	Hand sanitizer	
1	First Aid Kit	Check expiration dates of OTC meds/ointments
2	2 mils. Sheeting to cover doors	
6	2 mils. Sheeting to cover vents	
1 roll	Duct tape	
1 pair	Scissors	
1 box	Latex-free exam gloves	
1	Instant Temple Thermometer	
15	AA Batteries	5-2015 & 10-2018
(3 oz)	Deodorant (in bin)	01/2014
1- 1 bottle	Shampoo (in bin)	
1 bar	Soap (in bin)	
4	Towels (in bin)	
4	Washcloths (in bin)	
1 bottle	Ibuprofen	04/2015
1 bottle	Tylenol	10/2015
1 bottle	Anti-Diarrheal medication	01/2014
1 bottle	Bayer Regular Aspirin	02/2014

Update for new office

Emergency Action Plan Training Documentation

I, _____, was trained on the Emergency Action Plan of the Middle Alabama Area Agency on Aging on _____ day of _____, _____. The training included a review of safety rules and procedures. I understand what is expected of me to help in preventing emergencies and how to respond as dictated by the Emergency Action Plan in the case of emergency.

_____   _____

Signature   Date

Damage Assessment

Immediately following a disaster, it is important to assess any physical harm to the staff and damage to the M4A office building. This form should be used for such an assessment.

Initial Assessment Questions

1. Are staff members injured? Yes or No (circle one)

If yes, complete the *Staff Injury Assessment Form*.

2. Is there any damage or loss to the M4A Office Building? Yes or No (circle one)

If yes, complete the *M4A Office Building Damage Assessment Form*.

3. Date of disaster which caused injury or damage:

_____

4. Type of disaster:

_____

5. Name of person completing *Damage Assessment*:

_____

_____   _____
Signature   Date

M4A Staff Injury Assessment Form

Please complete a *Staff Injury Assessment Form* on each staff member who was/is injured as a result of a disaster. (Your initials here: _____ / Date: _____)

Name of injured employee: _____

How was employee injured and on what part of the body:

_____

_____

_____

What treatment was provided during shelter-in-place and who provided the treatment:

_____

_____

What is the employee's current status? (Please check)

Being attended by emergency personnel

En route to hospital: _____ (Hospital Name)

At the hospital: _____ (Hospital Name)

Other (Please explain fully):

_____

_____

Has the employee's emergency contact been notified: Yes or No (circle one) If yes, who was contacted?

_____

_____

M4A Office Building Damage Assessment Form

As soon as possible after a disaster, please complete the *M4A Office Damage Assessment Form.*
(Your initials here: _____ / Date: _____)

1. What disaster has damaged the M4A Office Building (fire, flood, tornado, etc.):

    _____

    _____

2. What part of the office building was damaged (kitchen, reception, lobby, rear storage, etc.):

    _____

    _____

    _____

3. To the best of your ability, describe the damage in as much detail as possible:

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

4. Please list any office equipment damaged, including computers, supplies, furniture, appliances, etc.:

    _____

    _____

    _____

    _____

M4A Emergency Plan Assessment Form

After an actual emergency which requires lock-down, shelter-in-place or evacuation, the M4A Executive Director shall assess the strengths and weaknesses of the emergency plan that was utilized. The following assessment questions are guidelines for this evaluative process:

What emergency plan was used: _____

When was the plan used: _____

What problems occurred in the implementation of the plan:

_____

_____

_____

What may have caused the problems identified in #3:

_____

_____

_____

How will the problems be corrected and when:

_____

_____

_____

What were strengths of the emergency plan:

_____

_____

_____

National Terrorism Advisory System

The National Terrorism Advisory System, or NTAS, replaces the color-coded Homeland Security Advisory System (HSAS). This new system will more effectively communicate information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector.

It recognizes that Americans all share responsibility for the nation's security, and should always be aware of the heightened risk of terrorist attack in the United States and what they should do.

Imminent Threat Alert

Warns of a credible, specific, and impending terrorist threat against the United States.

Elevated Threat Alert

Warns of a credible terrorist threat against the United States.

After reviewing the available information, the Secretary of Homeland Security will decide, in coordination with other Federal entities, whether an NTAS Alert should be issued.

NTAS Alerts will only be issued when credible information is available.

These alerts will include a clear statement that there is an imminent threat or elevated threat. Using available information, the alerts will provide a concise summary of the potential threat, information about actions being taken to ensure public safety, and recommended steps that individuals, communities, businesses and governments can take to help prevent, mitigate or respond to the threat.

The NTAS Alerts will be based on the nature of the threat: in some cases, alerts will be sent directly to law enforcement or affected areas of the private sector, while in others, alerts will be issued more broadly to the American people through both official and media channels.

Sunset Provision

An individual threat alert is issued for a specific time period and then automatically expires. It may be extended if new information becomes available or the threat evolves.

NTAS Alerts contain a sunset provision indicating a specific date when the alert expires - there will not be a constant NTAS Alert or blanket warning that there is an overarching threat. If threat information changes for an alert, the Secretary of Homeland Security may announce an updated NTAS Alert. All changes, including the announcement that cancels an NTAS Alert, will be distributed the same way as the original alert.

OSHA EAP Requirements
1. 29 CFR 1910.38 Emergency action plans

To prepare for any contingency, an emergency action plan establishes procedures that prevent fatalities, injuries, and property damage. An emergency action plan is a workplace requirement when another applicable standard requires it. The following standards reference or require compliance with 1910.38: 29 CFR 1910.119, 1910.120, 1910.157, 1910.160, 1910.164, 1910.272, 1910.1047, 1910.1050, and 1910.1051.

Procedural, Program, and/or Equipment Requirements	Identify possible emergency scenarios based on the nature of the workplace and its surroundings. Prepare a written emergency action plan. The plan does not need to be written and may be communicated orally if there are 10 or fewer employees. At a minimum, the plan must include: The fire and emergency reporting procedures; Procedures for emergency evacuation, including the type of evacuation and exit routes; Procedures for those who remain to operate critical operations prior to evacuation; Procedures to account for employees after evacuation; Procedures for employees performing rescue and medical duties; and Names of those to contact for further information or explanation about the plan.
Training Requirements	Review the emergency action plan with each employee when the plan is developed, responsibilities shift, or the emergency procedures change. Provide training to employees who are expected to assist in the evacuation.
Assistance Tools	Standard - 29 CFR 1910.38 Emergency Action Plan. Directive - CPL 02-01-037 Compliance Policy for Emergency Action Plans and Fire Prevention Plans. E-Tools - OSHA's Expert System - Emergency Action Plan. E-Tools - Evacuation Plans and Procedures - Emergency Action Plan Checklist. E-Tools - Evacuation Plans and Procedures - Evacuation Elements. Fact Sheet - Planning and Responding to Workplace Emergencies. Fact Sheet - Evacuating High-Rise Buildings. Other Agency Resources - EPA Local Emergency Planning Committee (LEPC) Database.

2. 29 CFR 1910.39 Fire prevention plans

This plan requires employers to identify flammable and combustible materials stored in the workplace and ways to control workplace fire hazards. Completing a fire prevention plan and reviewing it with employees reduces the probability that a workplace fire will ignite or spread.

A fire prevention plan is a workplace requirement when another applicable standard requires it. The following standards reference or require compliance with 1910.39: 29 CFR 1910.157, 1910.1047, 1910.1050, and 1910.1051.

Procedural, Program, and/or Equipment Requirements	Prepare a written fire prevention plan. The plan does not need to be written and may be communicated orally if there are 10 or fewer employees. Develop a plan that includes Major fire hazards, hazardous material handling and storage procedures, ignition sources and controls, and necessary fire protection equipment; How flammable and combustible waste material accumulations will be controlled; Maintenance of heat-producing equipment to reduce ignition sources; Names or job title of persons to maintain equipment to reduce ignition sources and fire potential; and Names or job title of persons to help control fuel source hazards.
Training Requirements	Inform employees about relevant fire hazards and self-protection procedures in the fire prevention plan when they are initially assigned to a job.
Assistance Tools	Standard - 29 CFR 1910.39 Fire Prevention Plans. Directive - CPL 02-01-037 Compliance Policy for Emergency Action Plans and Fire Prevention Plans. E-Tools - Evacuation Plans and Procedures - Fire Prevention Plan Requirements. Other Agency Resources - National Fire Protection Agency (NFPA) Code - Life Safety Code NFPA 101.

Exhibit 7: Documentation of Public Hearing

<u>Notice of Public Hearing</u>

The Middle Alabama Area Agency on Aging (M4A) is seeking comments from the public on its 3-year strategic plan for senior services (FY 2015-FY 2017). The counties served by Middle Alabama Area Agency on Aging are Blount, Chilton, Shelby, St. Clair and Walker.

Those intending to make comments should contact Sharon Echols at 205-670-5770 or 1-866-570-2998 or by email: <u>Sharon.echols@adss.alabama.gov</u>

The Public Hearing will be held at on August 27, 2014 (Wednesday) at 1:00 pm at the County Services Building in Pelham.

<div align="center">

The County Services Building
1123 County Services Drive
Pelham, AL 35124

August 27, 2014 (Wednesday)
1:00 pm – 2:30 pm

</div>

One of 13 Area Agencies on Aging in Alabama funded in part by the Alabama Department of Senior Services, M4A's mission is to help aging individuals access information, resources, and assistance so that they are empowered to self-advocate, live independently, and enjoy the highest quality of life.

Memorandum

Date: 07/24/2014

From: Carolyn Fortner, Executive Director

Re: Regional Plan on Aging for FY 2015-FY2017

On August 27, 2014 (Wednesday), M4A will host a public hearing on its 3-Year Strategic Plan on Aging for FY 2015-FY 2017.

As advocates and representatives of older individuals in M4A's service area, you and your input are invaluable to us!

I hope you will be able to attend the public hearing:

<div align="center">

M4A Public Hearing
Wednesday, August 27, 2014
1:00 pm – 2:30 pm
Second Floor Community Room
Community Services Building
1123 County Services Drive
Pelham, AL 35124

</div>

Directions to County Services Building:

If you are driving North on I65:
- Exit 242, stay right on County road 52
- Turn left on County Road 35
- Turn right on County Services Drive

If you are driving South on I65:
- Exit 242 and turn left onto County Road 52
- Turn left on County Road 35
- Turn right on County Services Drive

Please contact me or Sharon Echols at 1-866-570-2998 if you need additional information or have questions.

Middle Alabama Area Agency on Aging
Contact: Carolyn Fortner, Executive Director
Phone: 205-670-5770
Email: Carolyn.fortner@adss.alabama.gov

FOR IMMEDIATE RELEASE

DATE: 07/24/2014

HEADLINE: Notice of Public Hearing for 3-Year Area Plan on Aging (FY 2015-FY 2017)

The Middle Alabama Area Agency on Aging (M4A) is seeking comments from the public on its 3-year strategic plan for senior services (FY 2015-FY 2017). The counties served by Middle Alabama Area Agency on Aging are Blount, Chilton, Shelby, St. Clair and Walker. Silver-Haired Legislators, public and private service providers, older individuals, caregivers, senior advocates and others who serve older individuals and those with disabilities in M4A's 5-county region are encouraged to attend this hearing.

If you plan to make comments, please contact Sharon Echols at 205-670-5770, 1-866-570-2998, or Sharon.echols@adss.alabama.gov.

The Public Hearing will be held on August 27 (Wednesday) from 1:00 pm to 2:30 pm at the County Services Building in Pelham:

<div align="center">

The County Services Building
Second Floor Community Room
1123 County Services Drive
Pelham, AL 35124
May 17, 2010 (Monday)
1:00 pm – 2:30 pm

</div>

One of 13 Area Agencies on Aging in Alabama funded in part by the Alabama Department of Senior Services, M4A's mission is to help aging individuals access information, resources, and assistance so that they are empowered to self-advocate, live independently, and enjoy the highest quality of life.

<div align="center">

[END]

</div>

Public Hearing Outreach

8/21/2014-Outreach to libraries in Shelby County. Barbara Roberts agreed to send out Public Hearing Invitation to all library directors and get the information to the Pelham Senior Center

08/21/2014-Announcement regarding the Public Hearing was announced at the Shelby County Round Table with approximately 55 people in attendance.

08/21/2014-Press Release dropped The Peach (FM 97.7) to be announced on radio for the Public Hearing and spoke with the assistant of Joan Reynold's (Manager). Follow-up email was sent on 08/22/2014. See attachment for email copy.

On 08/11/2014, 08/15/2014, 08/20/2014, a press release was emailed to Shelby County Reporter to publish in weekly newspaper. See attachments for email copies.

08/25/2014-Press Release sent to Shelby County Round Table group by email to follow-up with announcement made at meeting.

08/8/2014-Invitation emailed to the following groups: State Representatives, Senators and Silver-Haired Legislators

08/8/2014-Invitation mailed to the following groups: Shelby County Advisory Council, Board Members in Shelby County, Senior Center Managers, the local chambers, and Mayors in Shelby County

Lemsky, Ashley

From: Lemsky, Ashley
Sent: Monday, August 11, 2014 3:40 PM
To: 'neal.wagner@shelbycountyreporter.com'
Cc: Fortner, Carolyn; Battles, Debbie
Subject: Press release: Public Hearing Notice

Press Release

Middle Alabama Area Agency on Aging
Contact: Ashley Lemsky, Programs and Outreach Manager
Phone: 205-670-5770
Email: ashley.lemsky@adss.alabama.gov

FOR IMMEDIATE RELEASE

DATE: 08/08/2014

Lemsky, Ashley

From: Lemsky, Ashley
Sent: Friday, August 15, 2014 7:13 AM
To: 'neal.wagner@shelbycountyreporter.com'
Cc: 'Ginny Cooper'
Subject: Press Release for Public Hearing
Attachments: Public Hearing Press Release-FY15-17.doc

Good Morning,
I sent you a press release on Monday afternoon and wanted to make sure you received it so you could help us spread the word about the public hearing M4A is having on Wednesday, August 27th. Please respond to let me know if you have received this and if it can be published. Thanks so much!

Ashley Lemsky
Programs and Outreach Manager
Middle Alabama Area Agency on Aging (M4A)
(205) 670-5770

Lemsky, Ashley

From:	Lemsky, Ashley
Sent:	Wednesday, August 20, 2014 8:04 AM
To:	'Ginny Cooper'
Subject:	Press Release For Public Hearing
Attachments:	Public Hearing Press Release-FY15-17.doc

Hi Ginny,

I wanted to email you the press release for the public hearing next week. I know you have forwarded it to the person that covers that area, but just wanted to make sure it was in the reporter:)

Also, can you send me the contact information for each coverage area so I can make sure I get it to the right person without having to bother you every time.

Thanks so much!!

Ashley Lemsky
Programs and Outreach Manager
Middle Alabama Area Agency on Aging (M4A)
(205) 670-5770

Lemsky, Ashley

From:	Lemsky, Ashley
Sent:	Friday, August 22, 2014 10:31 AM
To:	'joanr@reynoldstechnical.com'
Subject:	PSA
Attachments:	Public Hearing Press Release-FY15-17.doc

Good Morning,

I stopped by your office yesterday afternoon and left a press release that I would really like for you to help spread the word through the radio. The press release was in regards to a public hearing for individuals, advocates and professionals that work with seniors to make them aware of this meeting taking place next Wednesday sponsored by Middle Alabama Area Agency on Aging (M4A). If you could help by spreading the word about this meeting, it would be greatly appreciated. Thanks so much for your help!

Also, will you please let me know if you are able to announce this!

Press Release is attached.

Have a great weekend!

Ashley Lemsky
Programs and Outreach Manager
Middle Alabama Area Agency on Aging (M4A)
(205) 670-5770

Lemsky, Ashley

From: Lemsky, Ashley
Sent: Monday, August 25, 2014 4:01 PM
To: Alicia Walters (awalters@cityofalabaster.com); Allison Dearing (adearing@crisiscenterbham.com); Ann McClendon (ann.mcclendon@adph.state.al.us); April Dennis (aprilsdennis@gmail.com); Art McMahon (amcmahon@visitingangels.com); Ashleigh Finn (finn.ashleigh@gmail.com); 'Ashley Lindsay'; Ashley Townsend (ashley.townsend@rehab.alabama.gov); 'Barbara Luckett '; Barbara Woods; Beverly (wyattsmom7994@gmail.com); Brian Burrows; Bush, Jane M. (Rehab); Carla Smith; Carol Bruser (bruserca@montevallo.edu); Carolyn Neiswender; Carolyn Newton; Cecil Kessinger (ckessing@forum.montevallo.edu); Chaviers, Pamela; Cheryl Smith (cheryl.smith@bhsala.com); Chris Belden (crbelden@crimson.ua.edu); Chris McMahon (cmcmahon@visitingangels.com); Cindi Wheeler (allemyne@aol.com); Cindy Jones; Corine Matt; Daffany Jackson; Deborah Lewis; Denise Glenn (dfglenn@bellsouth.net); Dianna White (francesdwhite@yahoo.com); Doug Guillory (doug@lastminutemedical.com); Edward Butler (edward.butler@morgankeegan.com); Eleanna Burke (eleannamarieb@gmail.com); Elizabeth Tolzman; Eric Smith (ericsmith@uabmc.edu); Freda Shivers; Gail Kemp; Gayla Peoples (gpeoples@newbeacon.org); Gwen.Brown@drradvocates.org; Gwendolyn Crumpton; Heather Bell-Lawing; Helen Brooks; Herbert Orise; Hettie Wagner (hettie@birch.net); Hollie Cost; Hub Harvey; Jameka Brooks (jameka@birch.net); Janet Elaine (jelaine1958 @hotmail.com); 'Janis Braue'; Jason Parker; Jeff Albright (stayhomealabama@gmail.com); Jemison, Donna (Rehab); Jeniesse Hosey (jhosey@rpcgb.org); Jennifer Ropa (jennifer.anne@mac.com); Jennifer Thomas (jthomas@thearcofshelby.org); Jim Drake (jdrake@hiwaay.net); Jody Burbank; Joe Soles (joe@yourchoiceseniorcare.com); Josh Johnson; Joyce Early (joyce.early@lis.org); Judy Dean; K. Driver (kdriver@dciservice.com); Kathy Renda (kathy.renda@rehab.alabama.gov); Keith Brown; Kelly Benton (kellybenton2011 @gmail.com); 'Kendall Blackwelder'; Kendra Williams; 'Kim Bradley'; Kim Bryant (kbryant@thearcofshelby.org); Kim Kielbasa; Kirby Henderson; kstokes@thearcofshelby.org; LaGora Lykes; LaQuita Smith; Lauren Jefferson (thejefferson77@gmail.com); Lawanda Vanhorn; 'Lisa Hey'; Liz Stewart (estewart@gway.org); Lonnie Layton; Lynellen Mallett; Maranda Cleveland (mcleveland8 @yahoo.com); Marcella Baker; Mark Hamby (mhamby@bcbsal.org); Marvin Copes (marvinc@positivematurity.org); Mary Deloach; Matthew Haynes; Michelle Cleckler; Michelle Weaver; Minnie Jones; Molly Hilyer (mhilyer@sarrelldental.org); Monique Williams (monique@birch.net); Morgan Sandlin; Nancy Tempel (nancy.tempel@adph.state.al.us); 'Nathan Salter'; Newell, Jason M; Nick Votava (nick.votava@rehab.alabama.gov); Niecy Baker (niecybaker@yahoo.com); Norred, Melissa (Rehab); Paige Landry; Pataricia McGee (pmcgee@yahoo.com); Patty Clark (patty.clark83@yahoo.com); Perea, Beverly; Reeves-Weir, June (Sessions); Regina Chance (regina.chance@va.gov); Richey, Joey (Rehab); Robin Nye; Roger Hamilton; Rose Smitherman; Samantha St. John (sstjohn@clastran.com); Schulgin, Sue (Rehab); Shannon Davis; Sharon Reeds; Shelby O'Connor (so'connor@shelbyso.com); Shelli Thomason (sthomason@shelbyal.com); Sherry Whitehead; Stan Johnson (stan@stanjohnson.com); Stephanie Willis (swillis@handsonbirmingham.org); Steve Baldwin (sbaldwinshs@gmail.com); Susan Vaughn (vaughn222017@bellsouth.net); Tami Byrd; Tammi Dahle (dahlet@montevallo.edu); 'Tammy Moore'; Taylor, Stephanie; Terry Hendrix; Theresa Cook; Valencia Albright; Valerie Harp; Wanda Berry (wanberry@bellsouth.net); Wanda Gothard (gothard@montevallo.edu); Yolanda Foy (y_foy@yahoo.com)

Echols, Sharon

From:	Echols, Sharon
Sent:	Friday, August 08, 2014 9:26 AM
To:	'Ann Hutchins'; 'David Rowland'; 'Edward Stacy'; Frances Phelps; 'Sandra Smith'; 'Sue Tedford'; 'Wesley E. Dickman'; 'Winston "Bud" Seel'; (clay.scofield@alsenate.gov); (scott.beason@alsenate.gov); (david.standridge@alhouse.gov); REP. RANDALL SHEDD (randall.shedd@alhouse.gov); (camjulward@aol.com); (representativewallace@gmail.com); (camjulward@aol.com); (jabo.waggoner@alsenate.gov); sb@sladeblackwell.com; (april.weaver@alhouse.gov); (jimmcc@windstream.net); (marysue.mcclurkin@alhouse.gov); (mhillcolum@aol.com); (representativewallace@gmail.com); (del.marsh@alsenate.gov); (scott.beason@alsenate.gov); (ddrake1080@aol.com); (jimmcc@windstream.net); (randy.wood@alhouse.gov); Rep. Mack Butler (mack.butler@alhouse.gov); Senator Greg Reed (greg.reed@alsenate.gov); (broberts1229@cs.com); Richard Baughn (rgbups@yahoo.com)
Subject:	Emailing: DOC_20140807100433
Attachments:	DOC_20140807100433.pdf

Good morning,

Please find attached:
        Invitation to attend Public Hearing
        Re: Regional Plan on Aging for fy2015 - fy2017.

Hope to see you there.

Thank You,

Sharon Echols, CIRS-A
Admin. Assistant/Receptionist
15863 Hwy 25
Calera, AL 35040
205-670-5770
1-866-570-2998
Fax - 205-670-5750
Sharon.echols@adss.alabama.gov
www.m4a-alabama.org

Middle Alabama Area Agency on Aging
Public Hearing
County Services Building
Pelham, AL

August 27, 2014
Area Agency on Aging FY15-17 Plan
AGENDA

I.   Welcome
      a. Introductions
      b. Purpose of the Public Hearing

II.   Brief Introduction to M4A

III. Goals of the FY15-17 Area Plan

IV.   Summary of FY2014 Senior Needs Assessment

V.   Comments from Attendees

VI.   Closing Remarks

M4A's Mission is to help older individuals, those living with disabilities, their caregivers and loved ones to access information, assistance, and resources that will empower them to self-advocate, live independently, and enjoy the highest quality of life.

M4A's Vision is to activate communities to support community members as we age, live with disabilities, and provide care for ourselves and our aging and disabled loved ones.

Goal 1: Increase the Public's Awareness of M4A Services
M4A will continue to build on the successes of its Aging and Disability Resource Center so that seniors, those with disabilities, their caregivers, and others in the M4A service area can have access to the information and assistance they need to make informed decisions about long-term care services and supports and other benefits and services.

Goal 2: Increase the Public's Access to M4A's Services
Older individuals, people living with disabilities, their caregivers and others in the M4A region will have greater access to information and services.

Goal 3: Increase Awareness of Elder Abuse and Begin to Understand How to Support Seniors Who Report Abuse
Older individuals in the M4A region will live in safe homes and communities without fear of abuse, neglect or exploitation.

Goal 4: Develop New Models to Support Caregivers, Including Evidence-Based Interventions
Caregivers will have meaningful supports and participant-directed services to educate and empower them as caregivers.

Goal 5: Offer More Health Promotion and Exercise/Wellness Opportunities and Increase the Safety of our Elders so They Can Live at Home (safety checks and minor home repairs/modifications)
Older individuals, Medicare beneficiaries, those with disabilities and their caregivers will have opportunities to learn about preventive services, home safety and participate in evidence-based health promotion and disease prevention.

Goal 6: Increase Opportunities for Chore (lawn care, emptying trash, basic repairs), Homemaker (light housekeeping), Nutrition (through senior centers, food banks, faith-based groups), and Transportation (traditional and non-traditional)
Older individuals, people with disabilities and their caregivers will have options for home and community based services, such as chore and homemaker, and also for nutrition and transportation.

Goal 7: Increase Understanding of the Long-term Care Ombudsman Program
Older individuals, people with disabilities, and their caregivers will understand the role of the Long-term Care Ombudsman Program and how to access help from the Long-term Care Ombudsman.

Middle Alabama Area Agency on Aging
Public Hearing
County Services Building
Pelham, AL

August 27, 2014
Area Agency on Aging FY15-17 Plan

Minutes
Opening:
The meeting of the Middle Alabama Area Agency on Aging for the discussion of the FY 15-17 Plan was called to order at 1:45PM on August 27, 2014 in the County Service Building in Pelham, Alabama by Carolyn Fortner, Executive Director.

Present:
Marvin Copes, RSVP; Susan Tedford, ASHL; Shelli Thomason, Shelby Community Services; Daniel M. Acker, Shelby County Commission/M4A; Cheryl Gaines, M4A; Dana H. Stewart, Hoover Senior Center; Melissa Fowler, M4A; Lisa Ranieri, M4A; Megan LeJeune, M4A; Katherine Roberts, Intern/M4A; Jeanne LaFont, RSVP; Sheila Baker, M4A; and Carolyn Fortner, M4A.

There were no previous minutes to approve.

A meeting agenda was presented and was followed.

Purpose of Meeting:
The purpose of the meeting was to review and discuss the Area Plan's goal and gather feedback from the community regarding the Area Plan. M4A has completed a Senior Needs Assessment and has based the FY15-17 Plan on the results of the assessment and on the priorities of the federal funding agency (the Administration for Community Living) and the state unit on aging (the Alabama Department of Senior Services).

M4A's mission and vision were presented. The mission is best summarized as to aid and assist older individuals, those living with disabilities and their caregivers to be able to access information and gather resources to empower them to age in place safely and independently. The vision carries the M4A's programs and services in collaborating with communities so the community can care for itself.

Overviews were presented of the agencies within the aging network in Alabama. Clarification was provided to relationships between the Alabama Department of Senior Services, Administration for Community Living, the 13 Area Agencies on Aging in Alabama and M4A. The purpose of M4A is to provide services, planning, and advocacy.

The 7 goals were reviewed individually and further elaborated. The first goal was to increase the public's awareness of th M4A. This goal was directly derived from the Senior Needs Assessment as was the second goal to increase the public's access to M4A services. Third was to increase

awareness of elder abuse and to be able to support seniors who do report abuse. The fourth goal was geared to caregivers and the development of models derived from evidence-based interventions to provide meaningful supports and participant-directed services to educate and empower caregivers. The fifth goal was to offer more health promotions and exercise and wellness opportunities. It also focused on increasing safety conditions so elders can safely age in place. In addition, the goal served to increase the potential for seniors and individuals living with disabilities to remain active by identifying opportunities for such. Programs and services to come were discussed for in-home safety checks. Similarly the next goal discussed an increase in opportunities for chore, homemaker, nutrition, and transportation services for older individuals and people living with disabilities and their caregivers. This goal stemmed from the Senior Needs Assessment. The last goal focused on an increase of understanding the Long-term Care Ombudsman Program. While it is M4A's goal to keep older individuals and people living with disabilities in their homes when it is not possible, M4A seeks to educate care recipients and their caregivers on the role of an ombudsman and how to access their assistance.

In conclusion, the results of the needs identified based on the Senior Needs Assessment were discussed. In general, those needs were food, transportation, awareness, caregiver help, protection from abuse, and health and wellness for older individuals, those living with disabilities or caregivers in our communities or in long-term care facilities.

The floor was open for discussion to all.

The first item presented was the need for caregivers to have access to training that will assist them to care for their loved ones and to care for themselves. Many attendees were concerned that government funded and affordable respite services (including adult day care) were too few and far between for caregivers. Attendees felt that more advocacy should be done to encourage elected officials to shift public dollars to support caregivers.

The second item discussed was the need for greater visibility of the Area Agency on Aging (or Aging and Disability Resource Center) as the "clearinghouse" for information and assistance for the elderly and their caregivers. All admitted that Area Agencies on Aging suffer from anonymity and lack of "brand recognition." Suggestions were made for the use of a press packet and consistent messaging and additional outreach by M4A.

The third item that was brought up was the need for health/wellness activities and nutrition for older individuals. Attendees expressed concern over the decline in participation at certain centers, perhaps due to a dearth in recreational/health and wellness activities, even though there is an increase in the need for meals. Attendees discussed the importance of social interaction for homebound clients (to maintain their mental/emotional wellness) and how the hot meal/volunteer meal delivery program provided that social interaction. Suggestions were made that hot meals be provided when possible by a volunteer or a case manager, instead of the frozen meals. The volunteers who deliver hot meals provide a daily check on homebound clients which enhance the opportunities these clients have to live safely and independently in their homes.

Discussion was presented for the repurposing of Senior Centers as the aging population changes so as to match the current generational identity. It was also suggested to make the Senior Center

a hub for meeting community needs for services, information, wellness, education, and much more.

Closing:

The meeting of the Middle Alabama Area Agency on Aging for the discussion of the FY 15-17 Plan was called to a close at 2:18 PM on August 27, 2014 in the County Service Building in Pelham, Alabama by Carolyn Fortner, Executive Director.

Exhibit 8: Documentation of Board and Advisory Council Approval of Area Plan

M4A Board

Middle Alabama Area Agency on Aging (M4A)
Board Meeting Minutes
Wednesday, July 23, 2014

In attendance: Mr. Richard Lovelady, Mr. Dan Acker, Mr. Zack Marsh (Blount County Manager and newly appointed by the Blount County Commission as the M4A alternate Board member for Blount County), Ms. Lee Ann Clark, Ms. Sandra Sivley, Ms. Doris Jones, Ms. Gaye West, Ms. Carolyn Fortner, Ms. Debbie Battles, Ms. Crystal Crim, and Ms. Aileen Hill.

The meeting was called to order by Mr. Lovelady at 10:25 am. A quorum was declared. Ms. Sandra Sivley had a proxy via email for Reverend Glenn Bynum.

A. A motion to approve the agenda was made by Mr. Acker and seconded by Ms. Clark. All others were in favor, no one opposed.
B. A motion to approve the minutes from April 23, 2014 Board meeting was made by Mr. Acker and seconded by Ms. West. All were in favor, no one opposed.
C. Debbie Battles presented the status of programs report. A copy of the report was given to the Board members. The report showed the total clients assisted in each program from October 2013 through June 2014. Ms. Battles updated the Board on M4A's Medicaid Waiver waiting list.
D. The fiscal report was presented by Aileen Hill. A copy of the report was presented to the Board members. Ms. Hill gave the Board an update on the Medicaid Waiver and Nutrition programs expenditures and slots/meals. The reports also requested a COLA for all Tier 1 staff. Ms. Hill gave the Board two additional reports showing M4A's budget.
E. Executive Director's Report by Carolyn Fortner
   1. Updated Board on the new renovations taking place at M4A's new building. Ms. Fortner requested that the next Board meeting date be changed to September 17, 2014; this will allow for the meeting to take place in the new building.
   2. M4A would like to hold an open house event and Ms. Fortner requested all current Board members invite previous Board members.
   3. Informed the Board that M4A will be relocating all of its banking accounts to Bryant Bank and will be closing out all Regions accounts.
   4. Updated Board on the County Advisory Council meetings.
   5. Updated two sections of the Employee Handbook: Compensation and Leave to address new payroll schedule.
F. Chairman Lovelady requested M4A staff, with the exception of the Fiscal Contractor Aileen Hill, leave the room so a brief meeting could be conducted. Once M4A's staff returned, it was announced that the Board decided that Ms. Carolyn Fortner, who has not received an annual salary increase in at least 5 years, should be granted a pay increase.

G. Old Business:
1. Mr. Acker made a motion to approve a 4% COLA for all RSA contributing Tier 1 staff, 2% for all RSA contributing Tier 2 staff. This COLA would be granted only to those staff members who have been employed with M4A for at least one year. The date of hire must be prior to October 1, 2013. Ms. West seconded the motion. All were in favor and no one opposed.
2. Mr. Acker made a motion to approve both Employee Handbook section changes which address the new payroll schedule. Changes to payroll were made to accommodate Medicaid funded programs and to expedite the closing of grants for M4A's fiscal. Ms. Clark seconded it. All were in favor, no one opposed.
3. Ms. West made a motion to approve the Area Plan FY15-17. Mr. Acker seconded the motion. All were in favor, no one opposed.

H. New Business: Chairman Lovelady announced there would be an appointment of the Nominating Committee. He selected Mr. Dan Acker as the chair of the committee and Ms. Lee Ann Clark and Reverend Glenn Bynum as members.

There was no additional business. Mr. Acker made the motion to adjourn the meeting and it was seconded by Mr. Marsh. All were in favor and no one opposed.

The next Board meeting will be on Wednesday, September 17, 2014 at M4A's new office building: 209 Cloverdale Circle Alabaster, AL 35007.

Approved:

_____   _____
Richard Lovelady, M4A Board Chairman   Date

M4A Advisory Councils do not have chairpersons or other officers

Blount County Advisory Council
Lester United Methodist Church
September 4, 2014

The meeting of the Blount County Advisory Council was called to order at 11:15 am on September 4, 2014 by Ashley Lemsky, Programs and Outreach Manager. After Ms. Lemsky welcomed everyone, she introduced Carolyn Fortner, Executive Director of M4A, who facilitated brief introductions.

In attendance: Suzanne Shelton, Kathleen Monaghan, Clara Christopher, Sandra Smith, Kay Lilly, Melissa Thomas, Patricia Seames, Robbie Hulgan, Bud Jones

Also in attendance: Curtis Painter, Laura Brakefield, Janis Patterson, Charlotte Stevens, Donnie Adams, Fairy Allred, Ashley Lemsky, Sharon Echols, Carolyn Fortner

Ashley introduced Carolyn Fortner, Executive Director of M4A, who gave background information on M4A and then gave a brief PowerPoint presentation on the Goals/Objectives of the Area Plan FY 2015-2017 and results of the 2014 Senior Needs Assessment.

Advisory council members were asked for their feedback on the goals/objectives of the Area Plan and results of the needs assessment:

Discussion of Needs, Goals/Objectives by Advisory Council Members:
- Food: Members of the advisory council spoke about the need for food and also for medications, emphasizing that elders who need food oftentimes also need money for medications. Brother Bud Jones, who directs Hope House, is working with Melissa Thomas on a West Blount Food Bank in partnership with local churches. There was discussion about the need to have a senior center in this part of Blount County to provide services to seniors. Currently, the West Blount Food Bank cannot provide meat, eggs, and fresh vegetables because the food bank does not have refrigeration sufficient for storage. The cost of such a unit is $5,000.
- Transportation: The advisory council members spoke extensively about the need for coordinated rural transportation, regional transportation, and how transportation is cost-prohibitive to many who live in rural areas. The cost and availability of transportation is a barrier for those who have medical appointments in Jefferson County. Also, many who need transportation need assisted transportation.
- Awareness/Elder Abuse: The advisory council members agreed that elder abuse is a significant problem in Blount County and spoke specifically about pay-day loans and title loan businesses in Blount County which they felt preyed on the weak and poor. They expressed the need for more advocacy with the legislature to further regulate pay-day loans and also to educate the vulnerable on pay-day loans/title loans.
- Technology: Several advisory council members were concerned that technology is a barrier for elders to access services. Many public benefits are accessible through technology but

technology is a significant barrier. Also, members expressed concern that the process of applying for benefits is lengthy which is daunting to the elderly and disabled.

Lunch was served.

During lunch, council members were encouraged by the information shared at the Advisory Council meeting and we will work together to start a regular Round Table meeting of Blount County service providers. Ashley Lemsky, who organizes quarterly Round Table meetings in other M4A counties, will spearhead this effort in Blount. The next meeting will be October/November 2014 at which time the schedule for FY15 will be determined and there will be discussion regarding officers and a regional advisory council. Plans will also be discussed for the Open Enrollment Events and the spring Blooming Benefits Days.

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Chilton County Advisory Council Meeting
Alabama Power Company Water Course
August 8, 2014
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The meeting of the Chilton County Advisory Council was called to order at 11:15 am on August 8, 2014 by Melissa Fowler, M4A Nutrition Assistant who oversees home visits for Chilton County. (Ms. Fowler is now the SenioRx Coordinator). After Ms. Fowler welcomed everyone, she facilitated brief introductions.

In attendance: Millie Thompson, Clanton Senior Center Homebound Meal Delivery/Volunteer; Tim Thompson, Clanton Senior Center Homebound Meal Delivery/Volunteer; Brittney Cleckler, Community Action; Charity Davis, Community Action; Jessie Carter, Chilton Transit; Lloyd Nutter, Senior Ministries, Brother Ralph Bingham, Through the Grace of God Ministries; Patty Drake, Chilton DHR; Tim Bryant, Chilton DHR-APS

Also in attendance: Melissa Fowler, M4A; Butho Ncube, M4A; Carolyn Fortner, M4A; Sharon Echols, M4A; Debbie Battles, M4A

Melissa introduced Carolyn Fortner, Executive Director of M4A, who gave background information on M4A and then gave a brief PowerPoint presentation on the Goals/Objectives of the Area Plan FY 2015-2017 and results of the 2014 Senior Needs Assessment.

Advisory council members were asked for their feedback on the goals/objectives of the Area Plan and results of the needs assessment:

Nutrition and Transportation:
The Advisory Council members agreed with the results of the needs assessment in that food continues to be a concern for the elderly. They did not agree that, for Chilton County, there were significant barriers to transportation or barriers to access services as a result of transportation needs. For example, Jessie Carter, Director of Chilton Transit, stated that Chilton Transit will transport a senior to medical appointments across county lines if this is what the senior needs and requests. The cost for such a service is $12 one-way.
Elder Abuse:

Advisory Council members agreed that elder abuse was a concern. One way to prevent elder abuse or ensure the safety and independence of our seniors is to have a guardian/conservative for the elderly in Chilton County. Advisory Council members representing DHR stated that Jefferson County has a paid guardian/conservator. Advisory Council members also mentioned the importance of increasing (through outreach/education) the number of foster homes for the elderly/adults.

Safety/Home Repairs

Advisory Council members agreed that home safety programs were important and noted how minor home repairs greatly enhanced safety and increased the ability of elders to live independently at home. Representatives from Community Action stated that while Community Action can provide up to $700.00 of materials for home modification their clients oftentimes cannot find someone to complete the work within 20 days. When this occurs, Community Action must take back the building materials.

Lunch was served.

Following lunch, council members were asked to suggest other agencies and people who should be invited onto the Advisory Council. Those named will be invited to future meetings.

The next meeting will be in October where the schedule for FY15 will be determined and there will be discussion regarding officers (something brought up in the instructions to the FY15-17 Area Plan) and a regional advisory council.

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Shelby County Advisory Council Meeting
Alabaster Municipal Auditorium
August 1, 2014

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The meeting of the Shelby County Advisory Council was called to order at 11:00 am on August 1, 2014 by Debbie Battles, Director of M4A. After Ms. Battles welcomed everyone, she facilitated brief introductions.

In attendance: Billy Jones, Marty Handlon, Jameka Brooks, Marvin Copes, Kayla Briggs, Kirby Henderson, Susan Tedford, George Henry, Erica Hazewood, Irene Collins, Bernice Griffith

Also in attendance: Barbara Roberts, Debbie Battles, Ashley Lemsky, Sharon Echols, Crystal Crim, Carolyn Fortner

Debbie introduced Carolyn Fortner, Executive Director of M4A, who gave background information on M4A and then gave a brief PowerPoint presentation on the Goals/Objectives of the Area Plan FY 2015-2017 and results of the 2014 Senior Needs Assessment.

Advisory council members were asked for their feedback on the goals/objectives of the Area Plan and results of the needs assessment:

Transportation:
The Advisory Council members expressed concern that seniors and those with disabilities could not readily access transportation for medical visits in Jefferson County. There was also concern that the cost of such service was prohibitive. Carolyn stated that M4A receives transportation funding from the Shelby County Commission and that seniors who needed medical transportation to Jefferson County should contact M4A. She stated that if ClasTran can provide the service, then there were currently funds available to pay the service.

Elder Abuse, Caregiver Stress, and Caregiver Support
Advisory Council members agreed that elder abuse is a problem in Shelby County. They stated that the abuse they saw as professionals was primarily financial abuse and that part of the abuse could be the result of caregivers simply not understanding their legal boundaries in handling their loved ones money. Concern for family caregivers lead to a discussion of the need to support family caregivers through education (support groups, stress management, training/workshops), respite, and adult day care. There was a lengthy discussion over the need for more adult day cares in Shelby County not only to support caregivers to provide activities and care to older individuals and those living with disabilities. Caring Days in Tuscaloosa was mentioned as a model.

Lunch was served.

Following lunch, council members were asked to suggest other agencies and people who should be invited onto the Advisory Council. Those named will be invited to future meetings.

The next meeting will be October 2, 2014 at which time the schedule for FY15 will be determined and there will be discussion regarding officers (something brought up in the instructions to the FY15-17 Area Plan) and a regional advisory council.

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St. Clair County Advisory Council
County Extension Office Demonstration Room
July 22, 2014

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The meeting of the St. Clair County Advisory Council was called to order at 11:00 am on July 22 2014 by Kathy Mercon, Alabama Cares Coordinator. After Ms. Mercon welcomed everyone, she facilitated brief introductions.

In attendance: Janet Smith, Valerie Harp, Ellen Stephens, Nina Barnes, Sharon Sheffield Smith, Addie Duke, June Ford, Suzanne Sizemore, Jenny Baldone, Sandi Nicholson, Hiliary Fummons, Ellen Allen, Teresa Carden, Priscilla Newton

Also in attendance: Kathy Mercon, Sharon Echols, Laura King, and Carolyn Fortner

Kathy introduced Carolyn Fortner, Executive Director of M4A, who gave background information on M4A and then gave a brief PowerPoint presentation on the Goals/Objectives of the Area Plan FY 2015-2017 and results of the 2014 Senior Needs Assessment.

Advisory council members were asked for their feedback on the goals/objectives of the Area Plan and results of the needs assessment:

Caregiver Support:
Advisory Council members agreed with the need to provide support to family caregivers and cited respite (housekeeping, companionship) as a critical service for family caregivers.

Medication Management and Medicare Counseling:
Advisory Council members spoke at length about the need for medication management for older individuals, especially vulnerable seniors (those with CHF, Type II Diabetes, COPD, etc.,) after discharge from the hospital or rehab. Advisory Council members encouraged deliberate partnerships with local pharmacists/pharmacies as part of Open Enrollment and other events that touch the public. Advisory Council members also expressed the need for unbiased Medicare counseling because they saw instances in which Medicare and Part D Plans were "pushed" on Medicare beneficiaries by insurance brokers who were more concerned about profits than a good fit for the beneficiary.

Education and Outreach:
Advisory Council members stated the importance of ongoing outreach and education. Many Advisory Council members stated that many of the people they work with, serve, go to church with, etc., do not know about M4A/Area Agencies on Aging and the services that M4A/AAAs provide.

Lunch was served.

Following lunch, council members were asked to suggest other agencies and people who should be invited onto the Advisory Council. Those named will be invited to future meetings.
The next meeting will be September 18, 2014 at which time the schedule for FY15 will be determined and there will be discussion regarding officers (something brought up in the instructions to the FY15-17 Area Plan) and a regional advisory council.

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Walker County Advisory Council
CHS Building
July 14, 2014
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The meeting of the Walker County Advisory Council was called to order at 11:00 am on July 14, 2014 by Ashley Lemsky, Programs and Outreach Manager. After Ms. Lemsky welcomed everyone, she facilitated brief introductions.

In attendance: Steven Aderholt, Brian Maloney, Tim Hodge, Joanna Brand, Joan Brasher, Lona Courington, Rebecca Whitten, Mimi Hudson, Vickie Stovall, Lou Vick

Also in attendance: Sheila Baker, Ashley Lemsky, Sharon Echols, Carolyn Fortner

Ashley introduced Carolyn Fortner, Executive Director of M4A, who gave background information on M4A and then gave a brief PowerPoint presentation on the Goals/Objectives of the Area Plan FY 2015-2017 and results of the 2014 Senior Needs Assessment.

Advisory council members were asked for their feedback on the goals/objectives of the Area Plan and results of the needs assessment:

Discussion of Needs, Goals/Objectives by Advisory Council Members:
- Transportation (needed to get to grocery store, pharmacy, senior centers, medical appointments; challenges: cost of transportation, availability/access)
- Nutrition: not just senior center meals but access to good, quality, affordable food. One member said that some seniors—our most vulnerable—have transportation problems which prevent them from going to a larger grocery store where food variety and costs are lower. Under nutrition, we also discussed the possibility of community gardens so that elders could have greater access to fresh, quality, affordable food. The Hope Clinic and Capstone Rural Health Clinic have successful gardens.
- The need to engage the faith-based community on issues/challenges such as home safety and even transportation and food
- Planning for LTC: the need for legal services
- Home safety and maintenance / preventing falls: the need for wheelchair ramps
- Medication management
- M4A needs new focal points—focal points that already attract our target population like pharmacies—where older individuals already go to for help

Lunch was served.

Following lunch, council members were asked to suggest other agencies and people who should be invited onto the Advisory Council. Those named will be invited to future meetings.
The next meeting will be October 2014 at which time the schedule for FY15 will be determined and there will be discussion regarding officers and a regional advisory council.

Exhibit 9: Cost Share Plan
Alabama Cost Share Policy as Approved by AoA in the FY 14-16 State Plan

Note: The Cost Share Plan will be submitted to the M4A Board for review and approval at its September 17, 2014 meeting

Cost Share {Section 315(a)}
The OAA allows and ADSS will permit cost sharing for all OAA services except those for which the OAA prohibits cost sharing. This policy is designed to ensure participation of low-income older individuals (with particular attention to low-income minority individuals) receiving services will not decrease with the implementation of cost-sharing. When developing and reviewing the cost sharing policy, ADSS will always use the latest DHHS poverty guidelines. As updated data becomes available, ADSS will replace older data (e.g. Gross Monthly Income in Table F-1). When new State Plans are developed, ADSS will review and update its cost sharing policy, as necessary.

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

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

Cost Sharing and Contributions

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

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

Clients Eligible for Cost Sharing

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

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

AAA Waivers

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

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

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

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

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