Middle Alabama Area Agency on Aging
Regional Plan on Aging Fiscal Years 2026-2029

Serving Blount, Chilton, Shelby, St. Clair and Walker Counties since 1989

Middle Alabama Area Agency on Aging (M4A)

Physical Address: 209 Cloverdale Circle / Alabaster, AL 35007

Mailing Address: P.O. Drawer 618 / Saginaw, AL 35137

www.M4A.org

1-800-AGELINE / 1-866-570-2998 / 205-670-5770

FAX: 205-670-5750

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Section 1: Executive Summary

Middle Alabama Area Agency on Aging or M4A was formed in 1989 when Governor Guy Hunt designated M4A as Region 3 planning and service area for older Alabamians. Region 3 includes Blount, Chilton, Shelby, St. Clair and Walker counties. Not only is M4A one of 13 Area Agencies on Aging in Alabama but also one of 614 Area Agencies on Aging in the United States. Each Area Agency on Aging or AAA provides similar services to older Americans who are 60 years of age or older. In Alabama, the Area Agencies on Aging receive most of their funding from the Alabama Department of Senior Services (ADSS), Alabama's state unit on aging, which distributes Older Americans Act funding to and monitors Older Americans Act (or OAA) programs of the Alabama Area Agencies on Aging.

According to *myADSS*, M4A served 6,555 unduplicated clients in FY2024 through its Older Americans Act Programs, which include nutrition, transportation, homemaker, caregiver, legal services, adult day health, Aging & Disability Resource Center (ADRC), SenioRx (medication assistance); SHIP (the State Health Insurance Assistance Program or Medicare counseling) and ombudsman. Through Medicaid (ADRC Medicaid and Medicaid Waiver Services), M4A served 3,460 clients.

As an Area Agency on Aging, M4A's target population under the Older Americans Act includes older adults living at or below the poverty level; older adults who are socially isolated (for example, those living in rural areas); older adults with limited English proficiency; and older adults who are at risk of institutionalization (for example, older adults with 2 or more impaired activities of daily living).

Some of M4A's partners, which form the service delivery system to meet the needs of the target groups and other older individuals, include Blount, Chilton, Shelby, St. Clair and Walker counties; senior centers in the M4A region and the municipalities (and nonprofits) that operate them; the Alabama Department of Senior Services; other Alabama Area Agencies on Aging; Positive Maturity (PM), Inc., and PM's county programs, such as RSVP (the Retired Senior Volunteer Program); Community Action Agencies; County Departments of Human Resources; County Departments of Public Health; the Veterans Administration (County Veteran Service Officers, VA Medical Centers, VA long-term care facilities); ClasTran and county-operated public transportation; local first responders (law enforcement and paramedics); County Extension Offices; Hospitals; Rehab Facilities; In-home Service Providers; Long-term Care Facilities; colleges and universities; and faith-based communities and their programs and ministries.

In addition to Older Americans Act programs, M4A administers Medicaid Waiver programs in partnership with the Alabama Department of Senior Services, Alabama Medicaid Agency, and Alabama Select Network. Under Medicaid Waiver, M4A operates the Elderly and Disabled Waiver Program, the Alabama Community Transition (ACT) Waiver or Gate to Community Living, the Personal Choices Program, and Hospital to Home.

M4A is also approved to provide Veteran-Directed Care (VDC) in Alabama. The VDC Program is a person-centered home and community-based services project operated in partnership with the VA Medical Centers in Alabama.

Finally, M4A has a nonprofit organization called the 4 ALL Foundation, Inc. Under 4 ALL, M4A provides resources and advocacy for older adults experiencing abuse; education and training on aging and caregiving topics, including elder justice and dementia friendly law enforcement and first responder training; and financial assistance through the Kim Payne Memorial Critical Needs Fund (CNF).

According to the US Census Bureau, the M4A region has 111,846 older adults aged 60 years or older, with Shelby County having the highest number of senior citizens (48,738) and Chilton County having the lowest number (10,531). In addition, 69% percent of the M4A region is classified as rural according to the Census Bureau. According to the Alabama Department of Senior Services, 1,445 older adults in the M4A region are minority older adults living below the poverty level. According to AGID (American Community Survey Special Tabulation 2017-2021), approximately 785 older adults (60+) in the M4A region have limited English proficiency, 17% live with one disability, 6% have 2 disabilities, and 11% have 3+ disabilities.

M4A's region has a significant number of grandparents raising grandchildren; this number is 11,538 or 10% of all people aged 60+ in the M4A region. The opioid crisis is one of the drivers of grandparents raising grandchildren in America. Alabama, according to CDC, has the highest number of prescription opioids per capita. Walker County in particular has been singled out as ground zero for the opioid crisis in America. Fortunately, Walker County's Health Action Partnership, Capstone Rural Health Center and the Walker Area Community Foundation founded The Healing Network of Walker County (https://www.hnwc.org/), a strategic partnership to help address the root causes of the opioid epidemic.,;..

Additionally, the Alabama Department of Senior Services has a pilot project funded by Opioid Settlement Funds that targets grandparents raising grandchildren as a result of or impacted by the opioid crisis. This project was piloted in the TARCOG (Huntsville), SARCOA (Dothan) and SARPC (Mobile) regions. However, as this project expands, M4A will volunteer to participate and focus, if permitted, on supporting grandparents raising grandchildren in Walker County and other parts of the region impacted by opioids.

The M4A region is 3,621 square miles and includes the counties which surround Jefferson County. Agriculture is still an important industry in Blount, Chilton, and St. Clair counties. The least rural county in the M4A region is Shelby County with less than 30% of the county being rural. Shelby County is also one of the fastest growing and one of the most affluent, educated, and healthy counties in Alabama.

Finally, according to the Alabama Department of Public Health (*County Health Profiles, 2018, www.alabamapublichealth.gov/healthstats*), the M4A 65+ population is approximately 44.6% male and 55.4% female. The median age of all people in the M4A region is 40.3 years of age and life expectancy is 75.26 years with Shelby County having the longest life expectancy at 80.9 years and Walker County having the shortest life expectancy at 70.5 years.

Surveys of older individuals in the M4A region reveal that transportation; nutrition; housing; knowing where to turn for information; education regarding scams, fraud, resources, legal services, Medicare, financial planning, elder abuse/exploitation, social isolation/loneliness, dementia/Alzheimer's disease; and home modifications to make homes accessible and safe are needed in order to age well.

In its strategic planning, M4A addresses these needs through existing programs and partnerships. Detailed information regarding M4A's programs and projects are found below. The goals and objectives of M4A strategic plan, which align with the goals and objectives of the state plan on aging, are found in Section 3.

M4A Programs, Projects and Services

To meet the needs of its service population, especially older individuals in the target population, M4A provides the following services described below. In addition, M4A recently formed its own nonprofit organization, 4 All Foundation, Inc., which, in addition to education and elder justice advocacy, helps meet the unmet needs of older individuals, caregivers and people living with disabilities. Unmet needs are addressed with funds from the LIFT Project, a partnership with the Holle Family Foundation, and from the Kim Payne Memorial Critical Needs Fund (CNF), a project of the 4 ALL Foundation. The CNF, supported by donations and grant funds, and LIFT Project have paid for housing, utilities, food, supplies, minor home repairs, transportation, medical copayments, medications, and much more.

Title III-B: Supportive Services

Title III-B Supportive services is a variety of services funded and authorized by the Older Americans Act to support independence, facilitate access, and provide information and assistance. Under Title III-B Supportive Services, M4A provides Information and Assistance, Homemaker, Chore (home maintenance), Adult Day Health, Transportation, Legal Assistance, Recreation (provided mainly at senior centers), Public Education, and Marketing or Public Information.

Title III-C: Nutrition Services

The Elderly Nutrition Program provides meals to people who are 60 years of age or older, either in the congregate or homebound setting. Title III-C also funds nutrition education and nutrition counseling.

Title III-D: Evidence Based Disease Prevention and Health Promotion

Title III-D ("Wellness") programs promote healthy living through evidence-based programs. Wellness programs offered by M4A include the Arthritis Foundation Exercise Program, the Arthritis Foundation Walk with Ease Program, Tai Chi, and Bingocize.

Title III-E: Alabama Cares

The Alabama Cares Program provides support to family caregivers through short-term respite, supplemental services, interventions, support groups, and much more. Although primarily focused on serving caregivers of individuals with dementia, the Alabama Cares Program also supports grandparents (or other relative caregivers) raising grandchildren.

Title V: Senior Community Service Employment Program (SCSEP)
Funded through the Department of Labor, SCSEP provides job training to people 55 years of age or older (called "participants") who meet certain eligibility guidelines. Participants are placed in community service (non-profit or public) organizations called host agencies, where they gain job experience, build their resumes, and obtain new skills while looking for unsubsidized employment. In Alabama, participants are paid minimum wage ($7,25/hour) for up to 20 hours per week.

Title VII: Ombudsman and Elder Justice
Long-term care ombudsmen advocate for residents in long-term care facilities. They also educate individuals and groups on resident rights, investigate nursing home complaints, work with the State Ombudsman and Department of Public Health on resident rights and complaint investigations, and provide education on systemic issues which impact long-term care quality.

The Aging and Disability Resource Center (ADRC)
The ADRC serves as the "no-wrong-door" for people who need access to and information on long-term services and supports in Alabama. At M4A, highly trained ADRC Specialists speak with consumers to complete a written assessment, called a Universal Intake Form (UIF) and to provide appropriate information and referrals to meet the consumer's needs. As part of quality assurance, ADRC Specialists follow-up with consumers to ensure that the consumers' needs are met, and their questions are effectively answered.

Medicare Improvements for Patients and Providers Act (MIPPA)
From the Alabama Department of Senior Services, M4A receives MIPPA grant funds to provide outreach to Medicare beneficiaries who may qualify for programs that lower Medicare deductibles and premiums. MIPAA funds are also used to support the ADRC.

Senior Medicare Patrol (SMP)
The SMP Program provides Medicare fraud education to Medicare beneficiaries to help them to prevent, detect and report Medicare fraud.

State Health Insurance Assistance Program (SHIP)
SHIP provides unbiased counseling to Medicare beneficiaries and Medicare eligible individuals. This counseling is usually face-to-face and one-on-one. SHIP Counselors also assist Medicare beneficiaries with Medicare plan comparisons and help explain Medicare benefits and options.

Disaster Preparedness
Disaster preparedness helps organizations and individuals prepare for an emergency. In its region, M4A provides information to consumers on how to prepare for floods, tornadoes, heat, and ice storms. As an organization, M4A prepares for different disasters to protect our employees and to secure and protect the data and information of our clients. M4A not only has a disaster preparedness plan but also a continuity of operations plan.

SenioRx
SenioRx is the state-funded medication assistance program for people 55 years of age or older, or people on Social Security Disability of any age, who are paying out of pocket for their medicines. SenioRx helps consumers access no-cost or reduced cost medications available through the pharmaceutical companies.

Medicaid Waiver Services (Elderly & Disabled Waiver, Transitional Assistance Waiver, and Alabama Community Transition Waiver)
Medicaid Waivers provide in-home assistance to people who meet certain financial eligibility requirements and have chronic conditions which put them at risk for nursing home placement. M4A administers the Elderly & Disabled Waiver Program and the ACT Waiver for its region. The TA Waiver in the M4A region is administered by the Regional Planning Commission of Greater Birmingham. The ACT Waiver provides supports and services to enable nursing home residents to transition from a long-term care facility back to the community.

Participant-Directed Services and Person-Centered Care Planning
Participant-directed services allow a consumer (for example, a client on the Elderly & Disabled Waiver Program or on the Veteran-Directed Care Program) to choose providers; this choice gives consumers greater control and responsibility for how, when and who provides their care.

PANDA
The PANDA Project (Providing Alzheimer's N' Dementia Assistance) is administered by Middle Alabama Area Agency on Aging (M4A) in partnership with the Alabama Department of Senior Services pursuant to an Alzheimer's Disease Programs Initiative grant from the Administration for Community Loving. The PANDA Project provides supportive services for People Living with Dementia (PLWD) and their caregivers. Under the PANDA Project, participants receive training, education, cost-free supplemental and respite services, and much more.

4 ALL Foundation, Inc.
The 4 ALL Foundation, Inc., is M4A's nonprofit organization that provides elder justice resources and advocacy; education and training on aging topics such as aging sensitivity, dementia, brain health, and self-care for caregivers; and financial assistance through the Kim Payne Memorial Critical Needs Fund.

Goals of the Area Plan
The following goals for the FY2026-2029 Area Plan align with the state plan goals:

GOAL 1: Provide strong and effective core OAA and other home-and community-based services programs while strengthening oversight and quality management
GOAL 2: Plan for future emergencies, encouraging healthy and independent lives
GOAL 3: Reach and serve individuals with the greatest economic and social need

GOAL 4: Coordinate and maintain strong and effective HCBS for older adults and people with disabilities
GOAL 5: Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama

Section 2: Context

Introduction

To prepare the Area Plan, M4A relied on results of ADSS's senior needs assessment, M4A's senior needs, a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of senior centers, and results of a public meeting. The SWOT analysis was completed by a contractor to specifically examine social isolation and how to draw former and new participants to the senior centers.

Analysis of Senior Needs from ADSS Survey and M4A Survey

M4A and the other Area Agencies on Aging (AAAs) in Alabama were permitted by ADSS to use the state survey results because the results reflect the responses of the many older adults and caregivers the AAAs surveyed in partnership with ADSS, making the state data relevant to regional AAAs. M4A also completed an abbreviated Community Needs Assessment of senior center participants which align with the state survey results.

For example, M4A seniors thought the following were most important to age successfully in place: legal help (including information on and protection against scams and abuse), transportation, health insurance coverage and information, housing (including home modification for safety and access), information about social isolation/loneliness, information on delaying or avoiding nursing home placement (community living assistance and support), and information about Alzheimer's disease and related dementia. Below the services or information are ranked on a score of 1-5 based on importance with 5 being the most important:

Availability of No Cost Legal Help	3.96
Availability of Meals (in the senior center or home-delivered)	3.81
Availability of Affordable Transportation	3.80
Information about Medicare or Medicaid Health Coverage	3.77
Availability of Affordable Housing	3.75
Availability of Affordable Home Modifications for Disabilities	3.74
Information about Scams Targeting Older Adults	3.74
Information about Isolation and Loneliness	3.68
Information about Elder Abuse, Neglect and Exploitation	3.67
Help with Staying at Home Instead of Nursing Home	3.67
Information about Alzheimer's and Other Dementias	3.62

The following items, although important, scored lower when participants considered what they need to age at home successfully:

Information about Safety and Crime Prevention	3.59
Information about Emergency Preparedness	3.58
Information about COVID-19 and Availability of Vaccination	3.52
Help as a Caregiver Taking Care of an Aging Adult or Grandchild	3.52
Availability of In-Home Care (housing, personal care)	3.52
Help with Financial Planning	3.52
Help with Planning Healthy Meals	3.44
Availability of Assistive Technology	3.32
Help with Finding Employment (full-time or part-time)	3.24

SWOT Analysis

Prior to the pandemic, senior center participation in the M4A region was declining not only in the congregate meal program but also in recreation and other opportunities to be physically and mentally active. During the pandemic, which began in 2020, the senior centers were closed. Unfortunately, when the senior centers reopened, most of the senior centers in the M4A region did not bounce back in attendance which is reflected in the number of congregate meals served versus the number of homebound meals served during FY25.

Because the centers in the M4A region did not bounce back after COVID, M4A applied for and received grant funding to hire a consultant who worked with the center managers, M4A and the municipalities to determine best practices to increase participation at the senior centers. In 2024, the consultant and M4A hosted a center manager conference that provided the results of the almost one-year project which began with a SWOT analysis and with the consultant speaking with both center managers and center participants.

Based on the SWOT analysis, M4A learned many center managers felt under-supported in light of their many responsibilities. As a result, the consultant, during the conference, provided center managers with peer contact information. Fellow center managers, she emphasized, could not only be a source of support but could also act as sounding boards and partners on developing senior center and countywide senior events.

Also, during the center manager conference, several center managers from throughout the M4A region were keynote speakers. They shared valuable strategies on developing activities, identifying community partners, creating a welcoming and dynamic senior center atmosphere, and working with other center managers on outreach events.

After talking with and surveying senior center participants, the consultant reported that most center participants at both small and large senior centers stated the main reason they attend their senior center is because of the center manager. The second reason center participants said they attend their senior centers is because of activities, including social engagement, at the senior center.

As a result of the project, which was funded in part by Cawaco RC&D, M4A dedicated local funds for an outreach coordinator who would assist M4A's Community Development Manager to promote the senior centers. In addition, the Shelby County Commission has provided local funds to M4A to hire an Outreach Coordinator for Shelby County who works with Shelby County Community Services, the Shelby County center managers, and M4A to increase activities and opportunities at the Shelby County senior centers. M4A has encouraged its other county commissions to consider doing the same, not just to increase senior center participation but to provide an additional contact person in each county who can help develop resources, conduct home visits, and help address waiting lists or referral lists for services. The county commissions in the M4A region have all responded favorably to the results of this survey and to the suggestions made as a result of the project.

Public Meeting

Another source of information for the area plan was the public meeting held on June 5, 2025, at the Clanton Senior Center in Chilton County. In response to the public meeting, M4A received 27 completed surveys (results above), plus 18 people attended the meeting.

The following was discussed by attendees of the public meeting:

- Older individuals do not know where to turn to for help;
- Older individuals need transportation to/from medical appointments, grocery stores, pharmacies (and other places to meet their social and spiritual needs);
- Older adults need to have safe access to and exit from their homes; they also need home modification to make living at home safe and independent. Some examples of those in-home modifications include replacing carpeting for people who use wheelchairs, widening doorways, installing grab bars, and raising toilet seats.
- We need to teach older adults to better advocate for themselves during medical visits, but we also need to educate medical professionals about cultural differences (based on age, race) that will enable them and others to better communicate with older individuals, especially older minority adults.
- Other topics discussed at the public meeting: the importance of a caring and dynamic center manager to draw older adults to senior community centers where older adults will have friends, socialize, find opportunities to connect, volunteer, help others, and learn new things. senior centers help older adults maintain their physical and emotional (mental, spiritual) well-being.

Regarding the need to educate medical professionals on cultural and generational differences to better communicate with their older adult patients, the BOLD Coalition in Alabama is working on a similar project. Currently, the Coalition Lead on this important task is obtaining feedback

from focus groups and surveys in order to begin to develop appropriate training for medical professionals who encounter and treat older adults and their loved ones or caregivers. As a follow up to this, Area Agencies on Aging and the Alabama Department of Senior Services could develop a patient advocacy toolkit which would help older adults to communicate better with their physicians—if a toolkit does not already exist. If a toolkit does exist, then it can be reviewed and updated specifically for older adults.

Section 3: Goals and Objectives

OAA Core Formula-Based & Other Non-Formula Based Programs

GOAL 1: Provide strong and effective core OAA and other home-and community-based services programs while strengthening oversight and quality management

Objective 1.1: Structure Title III and V services to help older adults stay at home and in their communities and explore coordination of programs within Title VI

	STRATEGY	PROJECTED OUTCOME
III-B ADRC (I&A), IN-HOME AND LEGAL SERVICES	Look for partnerships, grants, and other opportunities to increase the amount of local funding that can be used for III-B services, such as transportation, chore and minor home modifications. Provide training and in-services to community partners not only so that they are more aware of the assistance M4A can provide under III-B but also so that they can increase referrals for these services.	More people will receive in Home Services so that they can live safely and independently at home. More professionals will know about the in-home services M4A offers through III-B and make referrals so that more people receive services that will enable them to age in place.

III-C ELDERLY NUTRITION PROGRAM (ENP)	Ensure each senior center has an activity calendar that will be reviewed by an M4A Nutrition team member. Encourage senior center managers to poll center participants regarding their preferred activities. Continue to promote senior centers, their activities and events through M4A's electronic newsletter. Provide center managers with home health and hospice contacts that can provide education and medical checks plus sponsor activities. Provide center managers with an updated contact list of other center managers and encourage communication. Participate in the homebound meal routes at senior activity centers and/or obtain route information so the M4A Nutrition team better understands the homebound program. Verify enrollments and item delivery tickets are accurate and timely.	The senior centers will have activities that engage current participants and attract new participants to the senior centers to address social isolation. M4A will better understand the daily operation of the hot homebound meal program operated by senior centers and be in a better position to provide technical assistance to local partners who want to grow or implement a volunteer homebound delivery program. Center managers will experience greater ownership of all aspects of the ENP and receive follow-up and technical assistance to better understand how to administer the ENP. Center managers will have resources to help with activities. Center managers will have the start of community partnerships to support them as they develop educational and recreational activities at their senior centers. Center managers will experience greater support from their peers as they develop friendships and communication amongst each other.
III-D	M4A will contract with a qualified provider or providers to offer Part D programs in the M4A region through the senior centers. M4A will also utilize the Outreach Coordinator for activities in Shelby County which has provided M4A additional funding for such a coordinator.	More people will have access to Part D programs in the M4A region. Senior center participation will increase while Part D programs are being hosted at the senior center.

	The Part D provider will work with the senior center manager to promote the Part D activities.	Awareness of the senior center and its programs will increase as a result of having and promoting Part D activities.
Title V	The SCSEP Project Coordinator will participate in program meetings and provide an in-service to M4A team members on the purpose and goals of the Senior Community Service Employment Program (SCSEP).	The Title V Program (SCSEP) will have more host agencies for participants.
	The SCSEP Project Coordinator will receive support from the admin team as admin team members engage in community outreach.	The Title V Program (SCSEP) will have more contacts for potential unsubsidized employment for participants.
Objective 1.2: Strengthen Alabama's State Long-Term Care Ombudsman program that strives to serve residents in all facility settings		
	STRATEGY	**PROJECTED OUTCOME**
VII	Create web-based videos to educate residents and others on the services available through the Ombudsman program. Promote the ombudsman program (i.e., resident rights) through social medias, outreach events and newsletters. Utilize current partnerships with facilities, hospitals and short-term stay rehabs to promote the Gateway to Community Living program. Host educational opportunities on topics relevant to caregivers, residents, and staff members at long-term care facilities.	More caregivers, partners, residents and facilities will be aware of the Ombudsman's purpose and priority in the community. More partners will be aware of the benefits and opportunities available through Gateway to Community Living. Caregivers will receive information to assist them in planning for themselves and their loved ones, including being aware of factors to

	Evaluate advisory council membership and potentially invite members from other professions. Review volunteer outreach materials and either update or develop new outreach materials with approval from the state ombudsman. Plan and conduct one volunteer outreach activity each year whether this be part of an information fair, health fair, information booth, conference, etc.	consider when deciding on long-term care options. Residents will know more about their rights and how to exercise them. Staff members at long-term care facilities will receive education designed to increase resident and family member satisfaction. The membership of the advisory council will better represent the community and provide guidance on all aspects of the ombudsman program. The ombudsman program will develop a plan to recruit volunteers.
Objective 1.3: Work to continue assisting Alabama's population with high quality non-formula-based services while integrating these services with OAA core programs		
	STRATEGY	**PROJECTED OUTCOME**
ADRC	Continue to work with community partners to increase awareness of programs and services provided by the Area Agencies on Aging. Identify up to 10 partners who refer people in M4A's target populations and invite representatives to round tables (workshop, resource sharing event) where M4A Coordinators will provide information on M4A programs, eligibility requirements, and the referral process. Provide in-services to local agencies and record in-services for training purposes. Develop MOU/As with at least two of these partners (such as Oak Mountain Ministries and County Emergency Assistance programs). The MOU/As will be mutually beneficial so that not only the community partner but also M4A will make appropriate referrals.	There will be more community-based organizations aware of M4A and capable of making referrals to M4A. There will be more community leaders, who serve and plan for rural older adults, caregivers, and older adults at-risk of institutionalization, aware of M4A. M4A will develop formal and informal strategic partnerships that will position M4A to better plan for and meet the needs of the older adults in its 5-county region. Referrals will increase and M4A will help more people.

	Obtain training in both crisis intervention and response to better assist those in need to, for example, mitigate the risk of suicide: https://asparc.org/qpr-training; https://mh.alabama.gov/mental-health-first-aid/	Better equip the ADRC team to assist vulnerable people in Alabama (for example, better communication with people in crisis and potentially mitigate risk of suicide).
SHIP/MIPPA	SHIP train and certify all program coordinators.	There will be better coordination amongst M4A Program Coordinators. The number of Medicare beneficiaries who receive information and help will increase.
SMP	Grow the annual Fraud Summit to include individuals who have experienced fraud/may experience fraud and professionals who are most likely to encounter victims of Medicare and other types of frauds and scams.	Increase the number of Medicare beneficiaries, their family members, and professionals who receive fraud information.
	Continue to include fraud education and recent fraud notifications in M4A's e-newsletter and social media accounts.	
SenioRx	Work to partner with charitable pharmacies in our area to serve potential SenioRx clients with low cost or no cost medications.	Participation in SenioRx will increase.
	Provide targeted outreach to those without insurance or who reach a gap in coverage.	

Objective 1.4: For prevention and detection, strengthen responses to elder abuse, neglect, and exploitation through Title VII, Adult Protective Services, legal services, law enforcement, health care professionals, financial institutions, and other partners

	STRATEGY	PROJECTED OUTCOME
	Continue to work collaboratively with the Elder Justice Center, other programs at M4A, the M4A Advisory Council and/or Elder Justice Alliances, and DHR Adult Protective Services on World Elder Abuse Awareness Day. Disseminate the Elder Abuse Protection Toolkit during World Elder Abuse Awareness Day and during other relevant outreaches such as the annual fraud summit.	More people and organizations in the M4A region will be aware of the different types of elder abuse and how to make a referral. Local organizations that are interested in combating elder abuse, neglect and exploitation will be

	Continue to build the county elder justice alliances. Provide training to the ADRC staff on recognizing elder abuse and making referrals to appropriate programs, including APS and the Elder Justice Center.	identified which will enhance the county elder justice alliances. M4A will strengthen its position as the Aging & Disability Resource Center not only for public and private long-term care services and supports but also for those individuals who have been victims of different forms of elder abuse.
Objective 1.5: Expand Alabama's dementia and Alzheimer's education and direct service efforts promoting prevention, detection, and treatment		
	STRATEGY	**PROJECTED OUTCOME**
Dementia Services	Provide Alzheimer's education and law enforcement training as part of the PANDA Project Work with local first responders to identify individuals who frequently contact paramedics as a result of their ADRD (Alzheimer's Disease and Related Dementias) diagnosis. Continue to strengthen relationships with Adult protective Services to encourage referrals to M4A, especially to the PANDA Project which provides additional support and evidence-based intervention.	APS team members, local law enforcement and first responders will be better equipped to identify people with ADRD and make referrals to M4A. More people diagnosed with ADRD and dementia caregivers will be aware of the services provided by the PANDA Project and M4A. M4A will use what we have learned through the PANDA Project to provide more follow up and in-depth caregiver support through our ADRC.
	Continue to work on the PANDA pilot project with ADSS and incorporate best practices into our ADRC for sustainability.	
Objective 1.6: Improve quality management and accountability of all programs by improving data collection through the information technology (IT) infrastructure, increasing training and technical assistance opportunities with partners, and strengthening desk review and monitoring processes.		
	STRATEGY	**PROJECTED OUTCOME**
Data Reporting (IT)	Continue to utilize *myADSS* to track OAA clients, data, budgets and waiting lists.	M4A will increase accuracy of data recording and monitor/track changes as needed. M4A team members will better understand how to accurately enter data and retrieve data (reports) from *myADSS*.

Training	Continue to provide direct training for all required state and local IT platforms.	M4A team members will be comfortable and well-trained on all reporting systems. The accuracy and timeliness of M4A data will increase. M4A team members will increase their awareness of cyber security and how to prevent data breaches M4A team members will be better equipped to provide support and assistance to the people in the M4A region, especially older individuals.
	Utilize state training on *myADSS* to ensure accuracy in data collection. Continue to participate in Alabama Department of Senior Services IT, data entry, service definition and other trainings. Continue to provide quarterly IT training to M4A team members in partnership with M4A's IT service provider Continue to offer professional development opportunities to M4A staff to grow as aging and disability professionals.	
Monitoring	Continue monthly monitoring through joint program and fiscal meetings to ensure accuracy of program data and fiscal reports.	The accuracy and timeliness of M4A data will increase. M4A will meet the goals of its grants and agreements. M4A will stay in compliance with its OAA and Medicaid Waiver assurances. Communication between program and fiscal staff will be established and strengthened Program staff will be better equipped and have the support they need to overcome challenges and achieve goals. By annually monitoring contractors, M4A and its partners will strengthen communication and ensure contractual compliance.
	Review M4A programs annually using the ADSS Monitoring Tool. Annually monitor OAA contractors.	

GOAL 2: Plan for future emergencies, encouraging healthy and independent lives

Objective 2.1: Increase education and access to services to combat the negative health effects associated with social isolation

	STRATEGY	PROJECTED OUTCOME
	Create or use an existing survey to determine if someone is socially isolated and if so, direct the individual to tools and resources to combat social isolation. Develop appropriate resources that can be accessed via a QR code or link added to M4A's social media outlets. During home visits and other encounters with older adults (for example, at senior centers and outreach events) disseminate postcards to older adults that contain the QR codes or other links to resources M4A develops to address social isolation.	M4A will identify those who may be socially isolated and provide resources to them. The public will have greater awareness of social isolation and how it impacts the health and well-being of older adults. M4A will hopefully generate a conversation with those that are socially isolated and provide resources and tools to them so they may live healthier and fuller lives.
	Develop a campaign focused on Social Determinants of Health (SDOH) and emphasize the need to recognize social isolation, its impact on health (mental, physical and emotional), and how to get help. https://my.aarpfoundation.org/social-isolation-assessment/	

Objective 2.2: Assist target population with accessing assistive technology through services and partnerships to combat falls and increase independence

	STRATEGY	PROJECTED OUTCOME
	Continue to utilize the HUB Worldwide (https://www.hubworldwide.org/) to connect clients to assistive devices and equipment to avoid falls. Continue to partner with organizations like OASIS, the Alabama Department of Rehabilitation Services, and hospice agencies to connect clients in need with resources that can meet their needs.	Team members will increase their knowledge of partners, like the HUB, which provide (donated) assistive technology and durable medical equipment. M4A team members will develop stronger relationships with nonprofit, public and private companies that provide assistive technology and other services (minor home repairs and ramps, for example) that enable individuals to age in place independently and safely. M4A team members will be better equipped to help clients reduce or

		eliminate fall risks so the clients may live safely and independently in their own homes.
Objective 2.3: Revisit the ADSS emergency preparedness planning processes to properly plan for future disasters		
	STRATEGY	**PROJECTED OUTCOME**
	Review M4A's Emergency Preparedness Plan and Continuity of Operation Plan annually.	M4A will ensure that its Emergency Preparedness Plan and Continuity of Operation Plan are relevant and incorporates best practices. M4A will ensure that its emergency supplies are in date and operational in case of a disaster/emergency. M4A will ensure that team members know what to do in case of an emergency.
	Review emergency supplies annually. Conduct annual emergency drills.	

Equity

GOAL 3: Reach and serve individuals with the greatest economic and social need

Objective 3.1: Ensure all OAA and other grant programs target those with the greatest economic and social needs

	STRATEGY	PROJECTED OUTCOME
	M4A will change its contract development procedures to try to encourage Direct Service Providers (DSPs) to serve older individuals in underserved (rural) areas.	DSPs will have a greater understanding for the need for workers in rural areas and hopefully increase workers providing services. Because staff will understand the OAA target populations, they will be empowered and equipped to appropriately prioritize services for those with the greatest economic and social needs. M4A will use the preferred method of communication in order for the client to feel comfortable and verify we understand their needs so there are no barriers to services. M4A will establish relationships with organizations that serve our target population. M4A will develop outreach materials that are linguistically and culturally appropriate to our target populations.
	Provide training to staff on target OAA populations. Use translation services through current staff, when available, and 1-800-688-7989 for translator services. Develop appropriate outreach materials for target population. Distribute outreach materials to partners such as the Hispanic and Immigrant Center of Alabama, Host Agencies, and Community Action Agencies.	

Objective 3.2: Ensure all LTSS participants are assessed in a person-centered manner while services to be implemented are driven by the participant

	STRATEGY	PROJECTED OUTCOME
	Continue to provide annual PCT (Person Centered Thinking) training to staff members.	Staff members will be trained and updated on PCT procedures and expectations.
	Continue to complete quality assurance through ADRC for referred clients to verify the person-centered approach was provided and annually to MW participants.	Staff will ask questions to ensure clients are heard and informed and that needs are met.

Objective 3.3: Use No Wrong Door collaborations to address social determinants of health		
	STRATEGY	**PROJECTED OUTCOME**
	Provide staff members with training to understand social determinants of health (SDOH).	Staff members will understand SDOH and be able to relate how OAA and other public services can help to address SDOH. Team members will increase their awareness of the social determinations of health. The public will become more aware of social determinants of health and their importance in order to live and age well.
	Select a social determinant of health each year for staff education and in-service. Select a social determinant of health each year for promotion and social media.	

Expanding Access to HCBS

GOAL 4: Coordinate and maintain strong and effective HCBS for older adults and people with disabilities		
Objective 4.1: Work to increase access to transition services from facility and hospital settings to allow the best scenario for aging in place		
	STRATEGY	**PROJECTED OUTCOME**
	Continue to grow and increase referrals for H2H through partnerships with local hospitals and rehab facilities.	Outreach materials have been developed specific to M4A and ongoing training ensure that staff understand how to initiate referrals and who is appropriate for the program. M4A staff will strengthen relationships with both VAMC and FMS to ensure timely transitions for Veterans. More professionals and individuals will know about the Gateway Program and hopefully provide referrals.
	Continue to grow the VDC Program. Provide Gateway outreach through M4A's Transition Coordinator and Ombudsmen.	

Objective 4.2: Better coordinate aging network services with Alabama's Medicaid Waiver services		
	STRATEGY	**PROJECTED OUTCOME**
	Continue to screen all potential MW clients with a full Universal Intake Form to ensure all available programs and resources are available to meet their needs.	ADRC staff and MW initials staff will continue to work together to assess and monitor all needs of the clients and ensure referrals are appropriate and followed up on in a timely manner. Medicaid Waiver staff will continue to be trained on the Personal Choices option, make appropriate referrals for eligible clients and work with the PC team to enroll clients who are willing and able to self-direct.
	Utilize the Personal Choices program through Medicaid Waiver so that clients can self-direct services and feel empowered to act as the expert of their needs and care.	

Objective 4.3: Attempt to create new support services, increase funding/access to existing services, or partner/collaborate with existing resources for better resource coverage		
	STRATEGY	**PROJECTED OUTCOME**
	Continue to partner with existing grantors in order to meet unmet needs through the Kim Payne Memorial Critical Needs Fund. A critical unmet need is homemaker services. Develop and utilize a survey on M4A's website to track hits related to the joint nutrition program/ADRC project to help identify those older adults experiencing social isolation.	More people will have homemaker services provided through local funds available through the Critical Needs Fund. M4A will be able to track the utilization of the survey link and potentially follow-up with the people accessing the link by connecting them to M4A's e-newsletter and special tips/tools/resources (senior center contacts) to address social isolation.

GOAL 5: Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama

Objective 5.1: Work to address the needs of caregivers by implementing, to the extent possible, the recommendations from the RAISE Family Caregiver Advisory Council

	STRATEGY	PROJECTED OUTCOME
	Increase the availability of diverse counseling, training, peer support and education, such as behavior management techniques, lifting, self-care, etc.	More caregivers will be equipped to care for loved ones and themselves. More professionals will be aware of resources available to caregiver M4A will increase referrals to the Alabama Cares Program from professionals
	Collaborate with local health departments, nonprofits, and senior centers to distribute materials and co-host awareness events.	

Objective 5.2: Work to strengthen and support the direct care workforce

	STRATEGY	PROJECTED OUTCOME
	Explore potential partnerships with our local nursing programs at Jeff State and the University of Montevallo to see if there is potential for them to assist in meeting the respite needs in our region.	Increase the number of professional care providers assisting older adults to age well at home. More nursing students and other health professionals will have experience and/or information on providing services to older individuals and others, especially amongst groups of people that are under-served or rural areas that have a dearth of service providers.

Objective 5.3: Utilize the National Technical Assistance Center on Grandfamilies and Kinship Families to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children

	STRATEGY	PROJECTED OUTCOME
	M4A will utilize the resources available through NTAC and use it to reach more nontraditional caregivers.	M4A staff will utilize the outreach training tool kit from the NTAC and implement it to better serve older relative caregivers.

	Continue collaboration with DHR and public-school systems to support grandparents and other relative caregivers through support and respite services.	Staff will encourage and support the ongoing needs of older relative caregivers so they feel valued in the role they have taken on.

Objective 5.4: Continue work in coordinating Alabama CARES with ALR objectives		
	STRATEGY	**PROJECTED OUTCOME**
	Continue to partner with Alabama Lifespan Respite (ALR) and share the common goal of providing respite to those in our region.	Alabama Cares team members will utilize the services of ALR to accomplish the common goal of providing respite to caregivers in need.
	Continue to hold "Break to Educate" sessions in all M4A counties for our caregivers to receive education and resources from ALR. Staff will partner with local DSP's, Home Health agencies and other local resources to include education for caregivers.	More caregivers will have education and information to better care and plan for themselves and their loved ones. The Alabama Cares Program will have more partners to provide caregiver education and to provide referrals to the ADRC for caregiver services.

Section 4: Quality Management

Data Collection, Monitoring and Continuous Improvement

M4A utilizes the reporting systems of the Alabama Department of Senior Services which include *myADSS*, Medicaid to Go, and FAMCare. Separate reporting systems are used for the Senior Community Service Employment Program (SCSEP), plus the SenioRx (the state-funded medication assistance program) uses RxAssist Plus.

The Aging & Disability Resources Centers (ADRCs) at each AAA in Alabama use PeerPlace for full assessments, short-calls, referrals, and follow-ups. In addition, the Area Agencies on Aging implementing the PANDA Project (Providing Alzheimer's N' Dementia Assistance) use TCARE (Tailored Caregiver Assessment and Referral), an evidence-based system for caregivers. FAMCare is used by Medicaid programs for case management and quality assurance. Medicaid-to-Go documents Medicaid services, units, and payments.

To monitor programs and projects at M4A as well as the grants associated with them, M4A has monthly program meetings between administrative staff and program staff where expenditures and performance are reviewed against the grant agreement. During these meetings, any shortfalls are thoroughly discussed with an action plan to address any challenges which is then reviewed during subsequent monthly program meetings, if not sooner.

Each year, M4A undergoes an external audit. For the last several years, M4A has had no findings as a result of this external audit..

Annually, all staff members are required to undergo HIPAA training; program staff are required to be SHIP trained and certified. Staff members also must pass the online child abuse and adult abuse trainings of the Alabama Department of Human Resources for mandatory reporters. Staff members are trained in conflicts of interest using M4A Employee Handbook information as well as the online conflict of interest video on the Alabama Ethics Commission website.

Annually, M4A team members are encouraged to attend state, regional, or national conferences for professional development, networking, and best practices. M4A employees attend all mandatory meetings and trainings of the Alabama Department of Senior Services and other grantors and partners, such as Alabama Medicaid Agency, Alabama Select Network, and the Center for Workforce Inclusion.

Annually, M4A reviews its Employee Handbook, Board Bylaws, and liability insurance. The administrative team also, periodically, reviews service contracts to ensure that the needs of the organization are met and that M4A is receiving value for its money. These service contracts not only are for office cleaning and HVAC maintenance but also for IT services which are critical to protect the integrity of client data.

M4A administrative team members meet quarterly with its banking partner to review M4A accounts and to discuss any problems, questions, or best practices.

Finally, each year, M4A, in addition to having emergency drills, reviews its Emergency

Preparedness Plan, emergency supplies, and Continuity of Operations Plan to ensure procedures are relevant and reflect best practices.

Attachments

Attachment 1: Verification of Intent
Attachment 2: Area Plan Assurances
Attachment 3: M4A Advisory Board
Attachment 4: M4A Board of Directors
Attachment 5: M4A Organizational Chart
Attachment 6: M4A Grievance Policy
Attachment 7: M4A Conflict of Interest Policies and Forms
Attachment 8: Planning and Service Area Maps
Attachment 9: Current / Future Aging and Disability Demographics of the M4A Region
Attachment 10: Emergency/Disaster/Pandemic Plan
Attachment 11: Documentation of Public Meeting
Attachment 12: Requests for Waivers
Attachment 13: SWOT Analysis Summary
Attachment 14: Public Hearing Data and Feedback
Attachment 15: Area Plan Required Information

Attachment 1: Verification of Intent

The Area Plan on Aging (AAA) is hereby submitted by the Middle Alabama Area Agency on Aging (M4A) for the period of October 1, 2025, through September 30, 2029. It includes all assurances and plans to be followed by the AAA.

Under provisions of the Older Americans Act (OAA), as amended during the period identified, the AAA identified and its Executive/Governing Board will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the OAA and state policy. In accepting this authority, the AAA assumes responsibility to develop and administer the Area Plan on Aging for a comprehensive and coordinated system of services and to serve as the advocate and focal point for the target population residing in the planning and service area.

This Area Plan on Aging was developed in accordance with all rules, regulations, and requirements as specified under the OAA and the Alabama Department of Senior Services (ADSS) Policies and Procedures and multi-grant Notice of Grant Awards (NGAs) Terms and Conditions. The AAA agrees to comply with all standard assurances and general conditions submitted in the Area Plan on Aging throughout the four (4) year period covered by the plan.

This Area Plan on Aging is hereby submitted to ADSS for Approval.

Signature of Executive Director — August 15, 2025 (Date)

The AAA Advisory Council has reviewed and approved the Area Plan.

J. Miller Piggott
J. Miller Piggott (Aug 15, 2025 10:48:46 CDT)
Signature of Chair — August 15, 2025 (Date)

The Board of Directors has reviewed and approved the Area Plan.

Vicki Letlow
Vicki Letlow (Aug 15, 2025 11:14:39 CDT)
Signature of Board Chair — Augus 15, 2025 (Date)

Older Americans Act of 1965 (2020 Reauthorization): AREA PLANS

SEC. 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) 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 and behavioral 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 with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers

(including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point); and
(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;
(4)(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(I) identify the number of low-income minority older individuals in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) 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, specifically including survivors of the Holocaust; and
(ii) inform the older individuals referred to in subclauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
(6) provide that the area agency on aging will—
(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and
(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as

organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) 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, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, 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;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) 7 to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
(i) the need to plan in advance for long-term care; and
(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
(8) provide that case management services provided under this title through the area agency on aging will—
(A) not duplicate case management services provided through other Federal and State programs;
(B) be coordinated with services described in subparagraph (A); and
(C) be provided by a public agency or a nonprofit private agency that—
(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
(9) provide assurances that—
(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and
(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ‘‘older Native Americans’’), including—

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

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

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

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) 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) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State

emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

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

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals aged 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in

such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.
(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a state agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.
(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.

I have read the above **AREA PLANS** information ADSS extracted directly from the Older Americans Act (OAA) of 1965 (2020 Reauthorization) regarding content and submission of Area Plans on Aging.

This document to be signed below pertains to the FY2026-2029 Area Plan on Aging.

August 15, 2025

Signature of Executive Director

Date

Attachment 3: M4A Advisory Board

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 Alabama Area Agency on Aging Area Plan FY: 2025 (invited DHR and VSO representatives = i)

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Sandra Smith		X		ASHL			
Carolyn Thomas		X		Clanton senior center Manager			
Jeffry Bennett				Veteran Service Officer		X	
Michael Cheatham		X		Northside Baptist Church			
Kendra Williams				Community Action Agency (Chilton/Shelby)			
Miller Piggott			X	Alzheimer's of Central Alabama			
Carlette Smith			X	Human Resource Options			

Sheila Baker	X			Retiree/CAWACO Board			
Penny Kakoliris			X	Positive Maturity			
Laura King			X				
Lance Lee				ExpectCare Hospice			
Jeannine Lyons				The ARC of Shelby County			
Brooke McKinley				Shelby Emergency Assistance			
David Patton			X	Senior Volunteer/Businessman			X
Marvin Shackleford	X			Elder Abuse Prevention Council			
Robert Caldwell			X				X
Joy Carter							X
Tonya Walker				Pell City senior center Manager			
Bubba Edge			X	Pell City Director of Parks and Recreation			
Stephanie Griffin (i)				St. Clair DHR			
Hobert Thomas (i)				Veterans Services Officer		X	
Linda Crowe			X	City of Moody	X		
Tina Rickles				Walker DHR			

John Pinion				VA Outreach Coordinator		X	
Bryan Warren			X	Walker County DA Office			
Paul Kennedy			X	Walker Area Community Foundation			
Joey Vick			X	Faith-based ministry	X		
Amy MacPherson (i)				St. Vincent's Chilton Interdisciplinary Care Program (Care Manager)			

Attachment 4: M4A Board of Directors

BLOUNT COUNTY
Chairman Bradley Harvey
bharvey@blountcountyal.gov

Ms. Bonnie Montey
1798 Swann Bridge Road
Cleveland, AL 35049
monteybonnie@yahoo.com
205-446-8946

Ms. Amy Burgess
Blount County Extension Office
6700 County Highway 1
Cleveland, AL 35049
burgeap@auburn.edu
205-274-2129 (o)
256-558-7443 (c)

Ms. Cathy Irvin (Alternate)
cirvin@blountcountyal.gov

CHILTON COUNTY
Ms. Pam Boykin **(Secretary)**
34 County Road 706
Verbena, AL 36091
Pam.boykin@southerncareinc.com
205-299-6909 (c)
205-280-3793 (o)

Commissioner Allen Williams
8585 County Road 59
Verbena, AL 36091
205-368-3338
topshelflogistics@yahoo.com

SHELBY COUNTY
Ms. Mindy Dent
Manager of Community Services
200 West College Street
Columbiana, Alabama 35051
(205) 670-6597 (Office)
(205) 903-8118 (Cell)

Ms. Emma Barclay
Address: 118 Willow Lake Lane
Wilsonville, AL 35186
Eford1919@gmail.com
205-948-8359 (c)

Ms. Vicki Letlow **(Board Chair)**
5110 HWY 55
Wilsonville, AL 35186
Vicki.letlow2@dhr.alabama.gov
205-669-3007 (o)
205-603-2170 (c)

Ms. Bridgette J. Smith (Alternate)
P.O. Box 171
Vincent, AL 35178
205-281-5274 (c)
Bamajordan92@gmail.com

ST. CLAIR COUNTY
Chairman Stanley Batemon
165 5th Avenue, Suite 100
Ashville, AL 35953
sbatemon@stclairco.com
chairman@stclairco.com
tmorgan@stclairco.com
coreyp@stclairco.com
205-594-2100

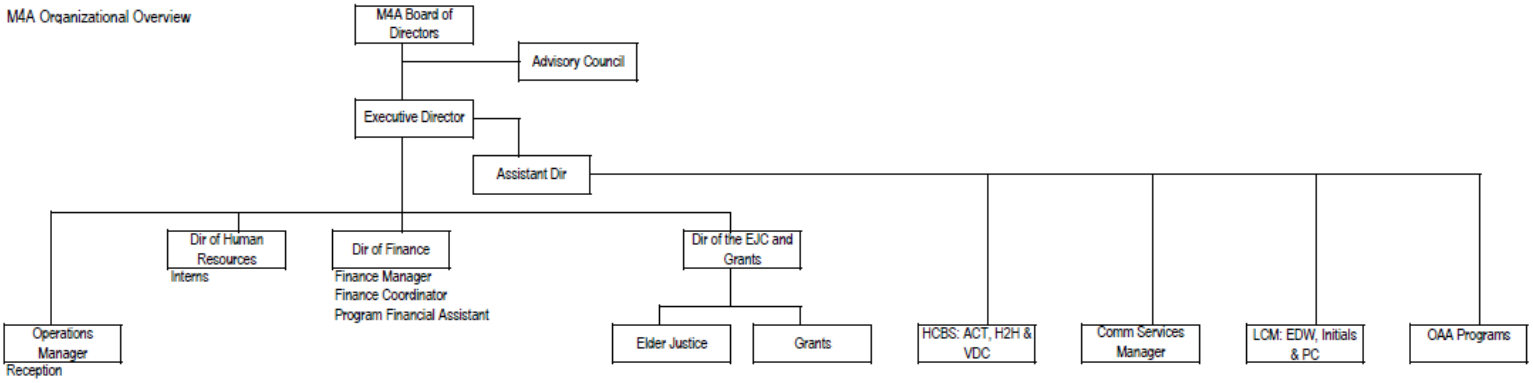
Charity Mitcham
305 Hardwick Lane
Pell City, AL 35128
charitym@stcema.org
205-884-6800
205-594-2116 (o)

WALKER COUNTY
Chairman Steve Miller
1801 3rd Avenue South, Suite 113
Jasper, AL 35501
s.miller@walkercountyal.us
205-384-7230

Ms. Deidre Tatum
Executive Director, WCCAA
P.O. Drawer 421
Jasper, AL 35502
dtatwccaa@bellsouth.net
205-275-3192

Ms. Renee Sides
2121 River Road
Cordova, AL 35550
thecedarhouseal@gmail.com
205-471-4477 (o)
205-471-9447 (c)

Attachment 5: M4A Organizational Chart



M4A Departments

ADMINISTRATION AND FINANCE

Administration	Finance
Executive Director	Dir of Finance
Assistant Director	Finance Manager
Dir of Finance	Finance Clerk
Operations Manager	Program Financial Assistant
Dir of HR	
Dir of EJC	
Receptionists (2)	

PROGRAMS

Elder Justice & Grants	Older Americans Act	HCBS	Community Services
Elder Justice	ADRC (Critical Needs Funds)	Elderly & Disabled Waiver	SenioRx
PANDA Project/Coordinator	Homemaker	ACT Waiver	SHIP
Training	Alabama Cares	Personal Choices	Health & Wellness
Ombudsman Program	Nutrition (SNAP/AESAP)	Hospital to Home	Shelby County Outreach Coordinator
EJC Receptionist	SCSEP	Veterans Directed Care	Outreach/Community Development
	Transportation	Private Contracts	Special Projects
	Legal Services		

Attachment 6: M4A Grievance Policy

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

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

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

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

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

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

After the Board's decision, the aggrieved party may, within 15 days from the date of the Board decision, appeal in writing to the Alabama Department of Senior Services. In the written appeal, the aggrieved party must specify the reason for the appeal and submit all previously required information: Alabama Department of Senior Services / 201 Monroe Street, Suite 350, Montgomery, AL 36104.

Attachment 7: M4A Conflict of Interest Policies and Forms

M4A Conflict of Interest Policy

This Conflict of Interest Policy is designed to help directors, officers and employees of the Middle Alabama Area Agency on Aging identify situations that present potential conflicts of interest and to provide Middle Alabama Area Agency on Aging with a procedure which, if observed, will allow a transaction to be treated as valid and binding even though a director, officer or employee has or may have a conflict of interest with respect to the transaction. The policy is intended to comply with the procedure prescribed in Section 36-15-1, et seq. of the Code of Alabama (1976), which governs conflicts of interest for public officials and employees. All capitalized terms are defined in Part 2 of this policy.

1. Conflict of Interest Defined. For purposes of this policy, the following circumstances shall be deemed to create Conflicts of Interest:
    a. Outside Interests.
        i. A Contract or Transaction between Middle Alabama Area Agency on Aging and a Responsible Person or Family Member.
        ii. A Contract or Transaction between Middle Alabama Area Agency on Aging and an entity in which a Responsible Person or Family Member has a Material Financial Interest or of which such person is a director, officer, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator or other legal representative.
    b. Outside Activities.
        i. A Responsible Person competing with Middle Alabama Area Agency on Aging in the rendering of services or in any other Contract or Transaction with a third party.
        ii. A Responsible Person's having a Material Financial Interest in; or serving as a director, officer, employee, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator or other legal representative of, or consultant to; an entity or individual that competes with Middle Alabama Area Agency on Aging in the provision of services or in any other Contract or Transaction with a third party.
    c. Gifts, Gratuities and Entertainment. A Responsible Person accepting gifts, entertainment or other favors from any individual or entity that:
        i. Does or is seeking to do business with, or is a competitor of Middle Alabama Area Agency on Aging; or
        ii. Has received, is receiving or is seeking to receive a loan or grant, or to secure other financial commitments from Middle Alabama Area Agency on Aging;
        iii. Is a charitable organization operating in Alabama; under circumstances where it might be inferred that such action was intended to influence or possibly would influence the Responsible Person in the performance of his or her duties. This does not preclude the acceptance of items of nominal or insignificant value or entertainment of nominal or insignificant value which are not related to any particular transaction or activity of Middle Alabama Area Agency on Aging.

2. Definitions.
    a. A "Conflict of Interest" is any circumstance described in Part 1 of this Policy.
    b. A "Responsible Person" is any person serving as an officer, employee or member of the Board of Directors of Middle Alabama Area Agency on Aging.
    c. A "Family Member" is a spouse, domestic partner, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister, of a Responsible Person.
    d. A "Material Financial Interest" in an entity is a financial interest of any kind, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect a Responsible Person's or Family Member's judgment with respect to transactions to which the entity is a party. This includes all forms of compensation.
    e. A "Contract or Transaction" is any agreement or relationship involving the sale or purchase of goods, services, or rights of any kind, the providing or receipt of a loan or grant, the establishment of any other type of pecuniary relationship, or review of a charitable organization by Middle Alabama Area Agency on Aging. The making of a gift to Middle Alabama Area Agency on Aging is not a Contract or Transaction.
3. Procedures.
    a. Prior to board or committee action on a Contract or Transaction involving a Conflict of Interest, a director or committee member having a Conflict of Interest and who is in attendance at the meeting shall disclose all facts material to the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting.
    b. A director or committee member who plans not to attend a meeting at which he or she has reason to believe that the board or committee will act on a matter in which the person has a Conflict of Interest shall disclose to the chair of the meeting all facts material to the Conflict of Interest. The chair shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting.
    c. A person who has a Conflict of Interest shall not participate in or be permitted to hear the board's or committee's discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.
    d. The person having a conflict of interest may not vote on the Contract or Transaction and shall not be present in the meeting room when the vote is taken unless the vote is by secret ballot. Such person's ineligibility to vote shall be reflected in the minutes of the meeting. For purposes of this paragraph, a member of the Board of Directors of Middle Alabama Area Agency on Aging has a Conflict of Interest when he or she stands for election as an officer or for re-election as a member of the Board of Directors.
    e. Responsible Persons who are not members of the Board of Directors of Middle Alabama Area Agency on Aging, or who have a Conflict of Interest with respect to a Contract or Transaction that is not the subject of Board or committee action, shall disclose to the Chair or the Chair's designee any Conflict of Interest that such Responsible Person has with respect to a Contract or Transaction. Such disclosure shall be made as soon as the Conflict of Interest is known to the Responsible Person. The Responsible Person shall refrain from any action that may affect Middle Alabama Area Agency on Aging's participation in such Contract or Transaction. In the event it is not entirely clear that a Conflict of Interest exists, the individual with the potential conflict shall disclose the circumstances to the Chair or the Chair's designee, who shall determine whether there exists a Conflict of Interest that is subject to this policy.

4. Confidentiality. Each Responsible Person shall exercise care not to disclose confidential information acquired in connection with such status or information the disclosure of which might be adverse to the interests of Middle Alabama Area Agency on Aging. Furthermore, a Responsible Person shall not disclose or use information relating to the business of Middle Alabama Area Agency on Aging for the personal profit or advantage of the Responsible Person or a Family Member.
5. Review of Policy.
    a. Each new Responsible Person shall be required to review a copy of this policy and to acknowledge in writing that he or she has done so.
    b. Each Responsible Person shall annually complete a disclosure form identifying any relationships, positions or circumstances in which the Responsible Person is involved that he or she believes could contribute to a Conflict of Interest arising. Such relationships, positions or circumstances might include service as a director of or consultant to a nonprofit organization, or ownership of a business that might provide goods or services to Middle Alabama Area Agency on Aging. Any such information regarding business interests of a Responsible Person or a Family Member shall be treated as confidential and shall generally be made available only to the Chair, the Executive Director, and any committee appointed to address Conflicts of Interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.
    c. This policy shall be reviewed annually by each member of the Board of Directors. Any changes to the policy shall be communicated immediately to all Responsible Persons.

M4A Long-term Care Ombudsman Program: Conflict of Interest Disclosure Form

Section 712(f) of the Older Americans Act prohibits conflicts of interest in the Long-term Care Ombudsman Program. As outlined by the *Policies and Procedures Manual of the State of Alabama Long-term Care Ombudsman Program,* conflicts of interest occur when participation in activities negatively impacts the ability of the Ombudsman to serve residents or is likely to create a perception that the primary interest of the Ombudsman is other than as a resident advocate.

The goal of M4A's Long-term Care Ombudsman Conflict of Interest Policy and Disclosure Form, therefore, is to identify and remove conflicts of interest in its ombudsman program.

To ensure compliance with the Older Americans Act, the Alabama Ethics Law, and assurances, all current and potential Long-term Care Ombudsmen, Advisory/Board members and Ombudsman volunteers are required to complete this form.

Please Print Your Name: _____

Employment:

I am currently employed by, performing work for, or participating in the management of a long-term care facility.

Yes **No**

Definition: A long-term care facility includes nursing home facilities, assisted living facilities, and board and care homes.

Within the previous year (12 months), I have been employed by or participated in the management of a long-term care facility in the service area or by the owner or operator of any long-term care facility in the service area.

Yes **No**

A member of my immediate family ('immediate family' means spouse, parents, children, and siblings) is currently employed by, performing work for, or participating in the management of a long-term care facility.

Yes **No**

Within the previous year (12 months), a member of my immediate family has been employed by or participated in the management of a long-term care facility in the service area or by the owner or operator of any long-term care facility in the service area. **Yes** **No**

Financial Interest:

I have an ownership or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or long-term care service.

Yes **No**

Definition: An ownership or investment interest is defined as an individual or entity with a substantial financial interest in a long-term care service or facility. It includes an interest in real estate, fixtures, personal property, stock or any other ownership interest allowing the individual or entity to receive income from the service or facility. Equity, debt or other financial relationship may represent ownership.

I am currently receiving or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility.

Yes **No**

I serve on the board of directors of a facility or agency that provides long-term care services.

Yes **No**

I have accepted gifts or gratuities, as outlined in the Alabama Ethics Law, from a long-term care facility or its management, a resident or a resident representative. **Yes** **No**

I have accepted money or other consideration from anyone other than M4A for the performance of an act in the regular course of the duties of the Ombudsman or as a representative of M4A or of the State Long-term Cares Ombudsman without approval. **Yes** **No**

I have served or currently serve as guardian, conservator or in another fiduciary or surrogate decision-making capacity for a resident of a long-term care facility in the service area.

Yes **No**

A member of my immediate family has an ownership or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or long-term care service.

Yes **No**

A member of my immediate family is currently receiving or has the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility.

Yes **No**

A member of my immediate family serves on the board of directors of a facility or agency that provides long-term care services. **Yes** **No**

A member of immediate family has accepted gifts or gratuities, as outlined in the Alabama Ethics Law, from a long-term care facility or its management, a resident or a resident representative.

Yes **No**

A member of my family has accepted money or other consideration on my behalf or otherwise for the performance of an act in the regular course of my duties as the Ombudsman, Ombudsman Volunteer or Advisory/Board member.

Yes **No**

A member of my family has served or currently serves as guardian, conservator or in another fiduciary or surrogate decision-making capacity for a resident of a long-term care facility in the service area.

Yes **No**

Licensing of Facilities or Services

I have direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service. **Yes** **No**

A member of my immediate family has direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service. **Yes** **No**

Relative is resident of facility

I serve or will serve residents of a facility in which an immediate family member resides.

Yes **No**

Definition: Extended family includes grandparents, parents, siblings, and mother-in-law/father-in-law.

Attest:

I, the undersigned, have read and answered the above statement truthfully, and to the best of my knowledge I am free of any conflict of interest which may negatively impact my ability to serve residents or create a perception that the primary interest of the ombudsman program is other than as a resident advocate.

Date: _____

Signature: _____

Address: _____

_____

Telephone: _____

Cell Phone: _____

Email: _____

The State Ombudsman will make the final determination as to whether a conflict of interest exists.

Attachment 8: Planning and Service Area Maps
The State of Alabama Map and Demographics

ALABAMA 2023 HEALTH PROFILE

SUMMARY		
Total Population		5,108,468
Births		57,835
Deaths		59,211
Median Age		39.5
Life Expectancy at Birth		75.0
Total Fertility Rate per 1,000 Females Aged 15-44		1,729.5
Marriages Issued	Number	35,218
	Rate*	6.9
Divorces Granted	Number	15,384
	Rate*	3.0

*Rates are per 1,000 population.

PREGNANCY/NATALITY	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	72,890	73.0	4,390	13.5
Births	57,714	57.8	3,467	10.6
Induced Terminations of Pregnancy	3,303	3.3	209	0.6
Estimated Total Fetal Losses	11,873	---	714	---

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER	Total	10-14	15-17	18-19	20+
All Births	57,835	50	878	2,539	54,368
Rate	11.3	0.3	8.6	37.3	55.3
White	40,448	25	527	1,632	38,264
Rate	11.5	0.2	8.0	37.3	59.6
Black and Other	17,387	25	351	907	16,104
Rate	10.9	0.5	9.7	37.4	47.3

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	26,502	45.9	3,107	89.7
Low Weight Births	6,023	10.4	442	12.7
Multiple Births	1,896	3.3	44	1.3
Medicaid Births	25,755	44.6	2,785	80.4

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	449	229	220	48	15	33
Rate per 1,000 Births	7.8	5.7	12.7	13.8	6.9	25.7
Postneonatal Deaths	166	83	83	17	4	13
Rate per 1,000 Births	2.9	2.1	4.8	4.9	1.8	10.1
Neonatal Deaths	283	146	137	31	11	20
Rate per 1,000 Births	4.9	3.6	7.9	8.9	5.0	15.6

*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	5,108,468	2,479,253	2,629,215	3,519,476	1,734,260	1,785,216	1,588,992	744,993	843,999
0-4	293,105	149,353	143,752	185,012	94,492	90,520	108,093	54,861	53,232
5-9	312,594	159,171	153,423	200,682	102,674	98,008	111,912	56,497	55,415
10-14	319,834	163,450	156,384	207,808	106,723	101,085	112,026	56,727	55,299
15-44	1,977,594	978,479	999,115	1,303,843	655,920	647,923	673,751	322,559	351,192
45-64	1,273,029	616,664	656,365	908,911	452,790	456,121	364,118	163,874	200,244
65-84	841,893	380,195	461,698	640,775	295,397	345,378	201,118	84,798	116,320
85+	90,419	31,941	58,478	72,445	26,264	46,181	17,974	5,677	12,297

ALABAMA 2023 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	59,211	31,032	28,179	44,785	23,264	21,521	14,426	7,768	6,658
Rate per 1,000 Population	11.6	12.5	10.7	12.7	13.4	12.1	9.1	10.4	7.9

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	14,573	285.3	8,032	324.0	6,541	248.8	11,140	316.5	3,433	216.0
Cancer	10,559	206.7	5,607	226.2	4,952	188.3	8,095	230.0	2,464	155.1
COVID-19	923	18.1	514	20.7	409	15.6	726	20.6	197	12.4
Stroke	3,197	62.6	1,487	60.0	1,710	65.0	2,347	66.7	850	53.5
Accidents	3,556	69.6	2,423	97.7	1,133	43.1	2,542	72.2	1,014	63.8
CLRD*	3,115	61.0	1,438	58.0	1,677	63.8	2,714	77.1	401	25.2
Diabetes	1,438	28.1	812	32.8	626	23.8	926	26.3	512	32.2
Influenza and Pneumonia	962	18.8	509	20.5	453	17.2	760	21.6	202	12.7
Alzheimer's Disease	2,338	45.8	694	28.0	1,644	62.5	1,996	56.7	342	21.5
Suicide	864	16.9	679	27.4	185	7.0	740	21.0	124	7.8
Homicide	715	14.0	593	23.9	122	4.6	179	5.1	536	33.7
HIV Disease	116	2.3	85	3.4	31	1.2	34	1.0	82	5.2

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	3,556	69.6	192	15.1
Motor Vehicle	1,075	21.0	99	7.8
Suffocation	101	2.0	19	1.5
Poisoning	1,521	29.8	21	1.7
Smoke, Fire and Flames	102	2.0	6	0.5
Falls	326	6.4	0	0.0
Drowning	68	1.3	28	2.2
Firearms	24	0.5	11	0.9
Other Accidents	339	---	8	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	59,211	11.6
0-14	662	0.7
15-44	4,442	2.2
45-64	11,994	9.4
65-84	28,443	33.8
85+	13,670	151.2

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	10,559	206.7	5,607	226.2	4,952	188.3
Trachea, Bronchus, Lung, Pleura	2,587	50.6	1,445	58.3	1,142	43.4
Colorectal	1,000	19.6	540	21.8	460	17.5
Breast*	751	14.7	0	0.0	751	28.6
Prostate (male)	534	10.5	534	21.5	---	---
Pancreas	761	14.9	389	15.7	372	14.1
Leukemias	384	7.5	224	9.0	160	6.1
Non-Hodgkin's Lymphomas	290	5.7	166	6.7	124	4.7
Ovary (female)	211	4.1	---	---	211	8.0
Brain and Other Nervous System	327	6.4	184	7.4	143	5.4
Stomach	178	3.5	115	4.6	63	2.4
Uterus and Cervix (female)	269	5.3	---	---	269	10.2
Esophagus	233	4.6	170	6.9	63	2.4
Melanoma of Skin	128	2.5	80	3.2	48	1.8
Other	2,906	---	1,760	---	1,146	---

Rates are per 100,000 population in specified categories.

* Due to extreme low number of male breast cancer deaths, they are only included in the state health profile and are excluded from the county health profiles.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

Blount County: Map

BLOUNT 2023 HEALTH PROFILE

SUMMARY	
Total Population	59,816
Births	676
Deaths	764
Median Age	41.2
Life Expectancy at Birth	74.4
Total Fertility Rate per 1,000 Females Aged 15-44	1,945.0
Marriages Issued	452
Divorces Granted	205

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	819	77.0	35	9.1
Births	674	63.4	29	7.5
Induced Terminations of Pregnancy	9	0.8	0	0.0
Estimated Total Fetal Losses	136	---	6	---

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	10-14	15-17	18-19	20+
All Births	676	0	11	18	647
Rate	11.3	0.0	9.5	23.4	61.4
White	648	0	11	16	621
Rate	11.4	0.0	10.1	22.1	61.7
Black and Other	28	0	0	2	26
Rate	9.9	0.0	0.0	43.9	56.5

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	206	30.6	24	82.8
Low Weight Births	53	7.9	1	3.4
Multiple Births	22	3.3	0	0.0
Medicaid Births	245	36.4	22	75.9

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	2	2	0	0	0	0
Rate per 1,000 Births	3.0	3.1	0.0	0.0	0.0	0.0
Postneonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	1.5	1.5	0.0	0.0	0.0	0.0
Neonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	1.5	1.5	0.0	0.0	0.0	0.0

*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	59,816	29,756	30,060	56,978	28,294	28,684	2,838	1,462	1,376
0-4	3,493	1,754	1,739	3,256	1,630	1,626	237	124	113
5-9	3,729	1,947	1,782	3,458	1,791	1,667	271	156	115
10-14	3,941	2,025	1,916	3,717	1,915	1,802	224	110	114
15-44	21,490	10,861	10,629	20,421	10,295	10,126	1,069	566	503
45-64	15,682	7,877	7,805	15,086	7,579	7,507	596	298	298
65-84	10,296	4,815	5,481	9,918	4,639	5,279	378	176	202
85+	1,185	477	708	1,122	445	677	63	32	31

BLOUNT 2023 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	764	415	349	758	412	346	6	3	3
Rate per 1,000 Population	12.8	13.9	11.6	13.3	14.6	12.1	2.1	2.1	2.2

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	183	305.9	114	383.1	69	229.5	181	317.7	2	70.5
Cancer	125	209.0	71	238.6	54	179.6	122	214.1	3	105.7
COVID-19	13	21.7	7	23.5	6	20.0	13	22.8	0	0.0
Stroke	33	55.2	12	40.3	21	69.9	33	57.9	0	0.0
Accidents	57	95.3	39	131.1	18	59.9	57	100.0	0	0.0
CLRD*	47	78.6	23	77.3	24	79.8	47	82.5	0	0.0
Diabetes	14	23.4	8	26.9	6	20.0	14	24.6	0	0.0
Influenza and Pneumonia	19	31.8	10	33.6	9	29.9	19	33.3	0	0.0
Alzheimer's Disease	19	31.8	6	20.2	13	43.2	19	33.3	0	0.0
Suicide	12	20.1	10	33.6	2	6.7	12	21.1	0	0.0
Homicide	3	5.0	3	10.1	0	0.0	3	5.3	0	0.0
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	57	95.3	4	26.7
Motor Vehicle	26	43.5	4	26.7
Suffocation	1	1.7	0	0.0
Poisoning	18	30.1	0	0.0
Smoke, Fire and Flames	2	3.3	0	0.0
Falls	4	6.7	0	0.0
Drowning	1	1.7	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	5	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	764	12.8
0-14	5	0.4
15-44	57	2.7
45-64	150	9.6
65-84	376	36.5
85+	176	148.5

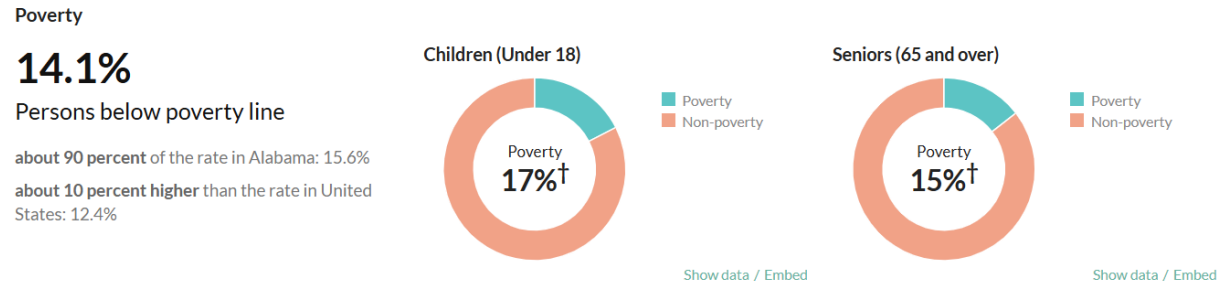
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	125	209.0	71	238.6	54	179.6
Trachea, Bronchus, Lung, Pleura	41	68.5	23	77.3	18	59.9
Colorectal	12	20.1	8	26.9	4	13.3
Breast (female)	11	18.4	---	---	11	36.6
Prostate (male)	2	3.3	2	6.7	---	---
Pancreas	12	20.1	8	26.9	4	13.3
Leukemias	4	6.7	1	3.4	3	10.0
Non-Hodgkin's Lymphomas	3	5.0	2	6.7	1	3.3
Ovary (female)	0	0.0	---	---	0	0.0
Brain and Other Nervous System	2	3.3	2	6.7	0	0.0
Stomach	3	5.0	2	6.7	1	3.3
Uterus and Cervix (female)	1	1.7	---	---	1	3.3
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of Skin	1	1.7	1	3.4	0	0.0
Other	33	---	22	---	11	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

Blount County: Census Reporter Age, Race and Poverty

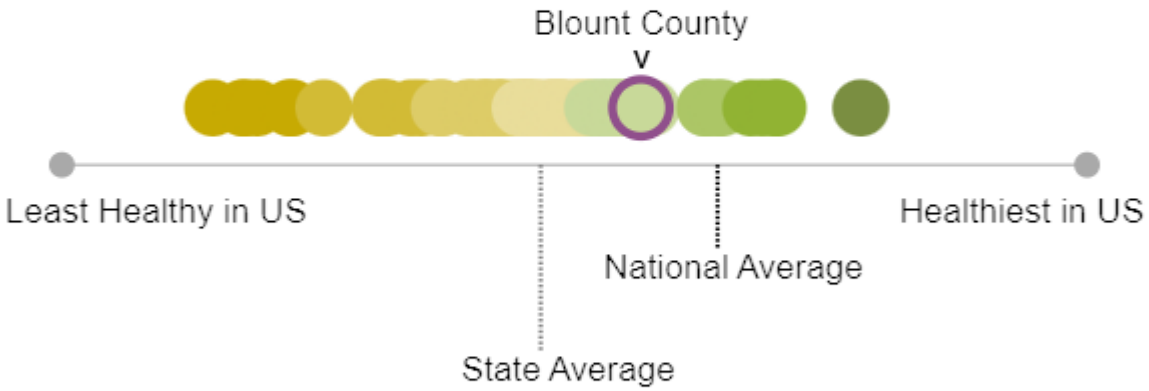


Cite:

https://censusreporter.org/profiles/05000US01009-blount-county-al/ June 6, 2025

County Health Rankings & Roadmaps

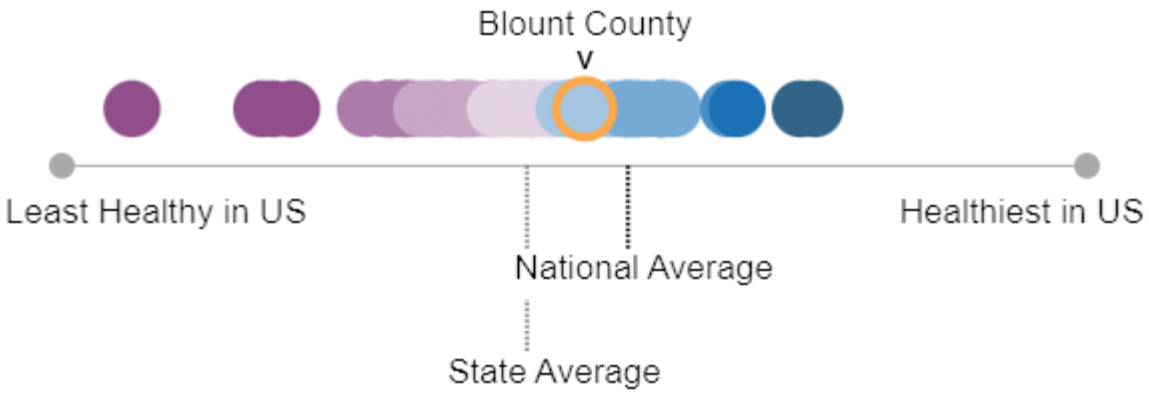
Blount County Population Health and Well-being - 2025



Blount County is faring slightly better than the average county in Alabama for Population Health and Well-being, and slightly worse than the average county in the nation.

County Health Rankings & Roadmaps

Blount County Community Conditions - 2025



Blount County is faring slightly better than the average county in Alabama for Community Conditions, and slightly worse than the average county in the nation.

https://www.countyhealthrankings.org/health-data/alabama/blount?year=2025#population-health, June 6, 2025

Chilton County: Map

CHILTON 2023 HEALTH PROFILE

SUMMARY	
Total Population	46,431
Births	591
Deaths	584
Median Age	39.2
Life Expectancy at Birth	73.2
Total Fertility Rate per 1,000 Females Aged 15-44	2,061.0
Marriages Issued	314
Divorces Granted	161

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	720	83.4	67	21.0
Births	591	68.4	54	17.0
Induced Terminations of Pregnancy	10	1.2	2	0.6
Estimated Total Fetal Losses	119	---	11	---

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	10-14	15-17	18-19	20+
All Births	591	0	7	47	537
Rate	12.7	0.0	7.8	78.9	62.3
White	519	0	7	38	474
Rate	12.9	0.0	9.3	75.5	63.8
Black and Other	72	0	0	9	63
Rate	11.7	0.0	0.0	97.4	53.1

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	265	44.8	42	77.8
Low Weight Births	63	10.7	10	18.5
Multiple Births	18	3.0	0	0.0
Medicaid Births	289	48.9	40	74.1

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER

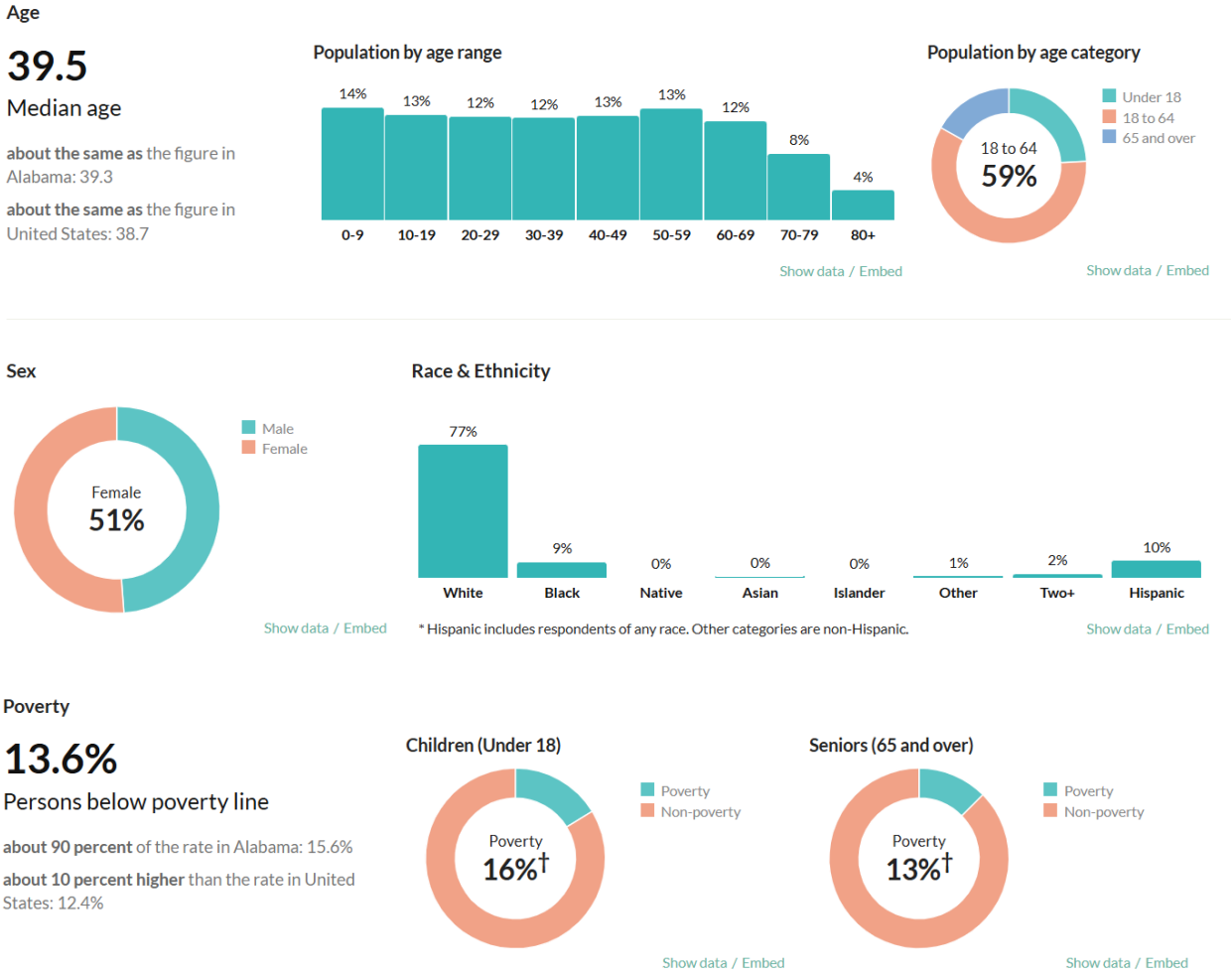
	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	4	3	1	0	0	0
Rate per 1,000 Births	6.8	5.8	13.9	0.0	0.0	0.0
Postneonatal Deaths	1	0	1	0	0	0
Rate per 1,000 Births	1.7	0.0	13.9	0.0	0.0	0.0
Neonatal Deaths	3	3	0	0	0	0
Rate per 1,000 Births	5.1	5.8	0.0	0.0	0.0	0.0

*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	46,431	22,819	23,612	40,269	19,789	20,480	6,162	3,030	3,132
0-4	2,846	1,490	1,356	2,379	1,254	1,125	467	236	231
5-9	3,051	1,504	1,547	2,579	1,263	1,316	472	241	231
10-14	3,263	1,569	1,694	2,748	1,317	1,431	515	252	263
15-44	17,327	8,687	8,640	14,806	7,392	7,414	2,521	1,295	1,226
45-64	11,792	5,925	5,867	10,416	5,270	5,146	1,376	655	721
65-84	7,434	3,370	4,064	6,687	3,038	3,649	747	332	415
85+	718	274	444	654	255	399	64	19	45

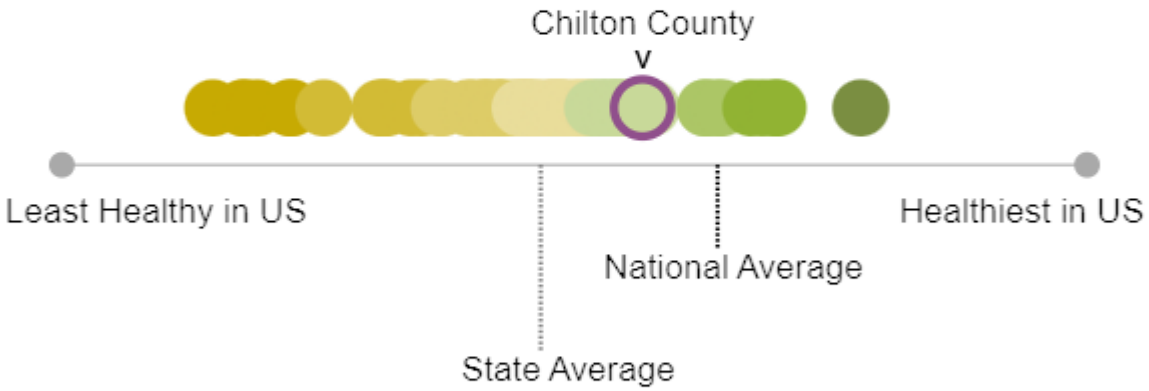
Chilton County: Census Reporter Age, Race and Poverty



Cite: https://censusreporter.org/profiles/05000US01009-blount-county-al/ June 6, 2025

County Health Rankings & Roadmaps

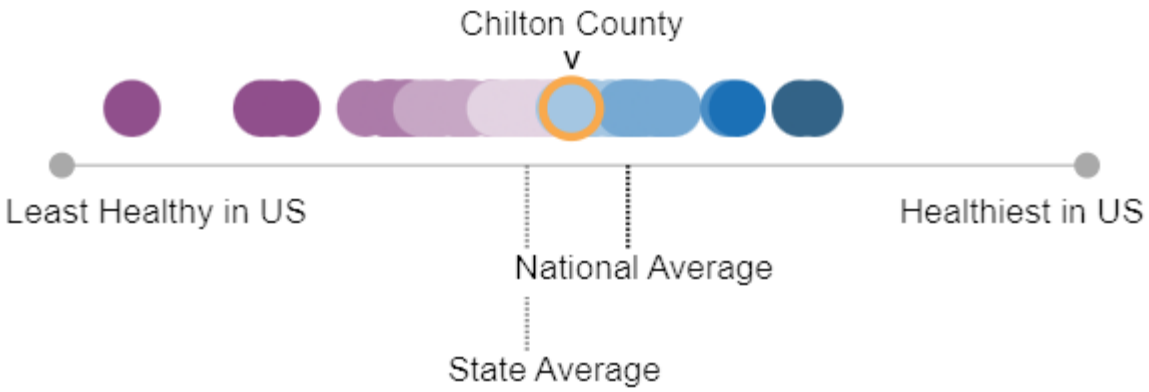
Chilton County Population Health and Well-being - 2025



Chilton County is faring slightly better than the average county in Alabama for Population Health and Well-being, and slightly worse than the average county in the nation.

County Health Rankings & Roadmaps

Chilton County Community Conditions - 2025



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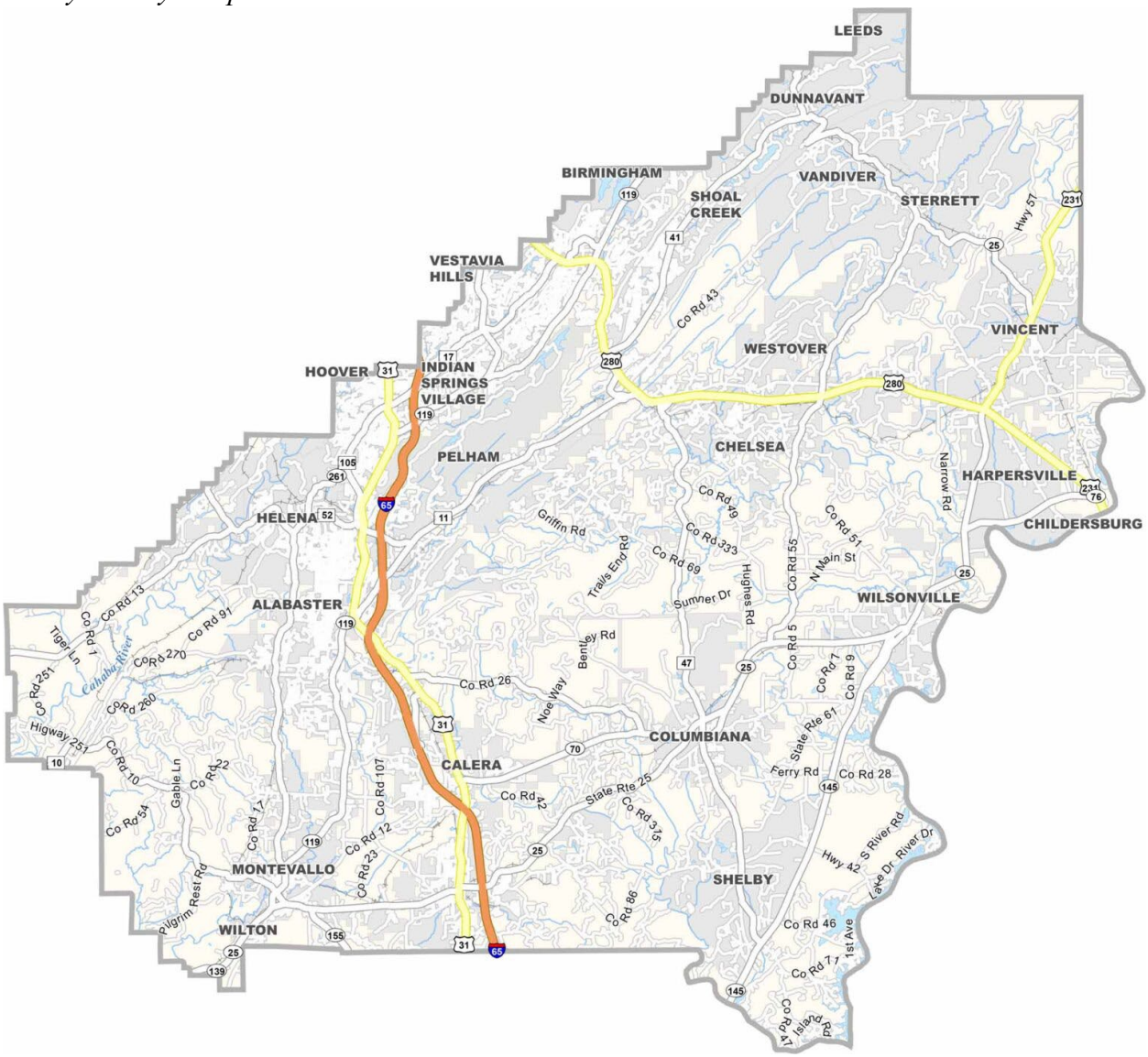
https://www.countyhealthrankings.org/health-data/alabama/chilton?year=2025#population-health June 6, 2025

Shelby County: Map



SHELBY 2023 HEALTH PROFILE

SUMMARY	
Total Population	233,000
Births	2,336
Deaths	1,802
Median Age	40.4
Life Expectancy at Birth	81.2
Total Fertility Rate per 1,000 Females Aged 15-44	1,589.0
Marriages Issued	1,176
Divorces Granted	623

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	2,888	63.7	74	4.8
Births	2,330	51.4	57	3.7
Induced Terminations of Pregnancy	84	1.9	5	0.3
Estimated Total Fetal Losses	474	---	12	---

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	10-14	15-17	18-19	20+
All Births	2,336	0	16	41	2,279
Rate	10.0	0.0	3.4	13.1	50.2
White	1,931	0	11	28	1,892
Rate	10.3	0.0	3.0	11.5	54.7
Black and Other	405	0	5	13	387
Rate	9.0	0.0	4.9	19.2	35.7

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	588	25.2	47	82.5
Low Weight Births	214	9.2	6	10.5
Multiple Births	81	3.5	2	3.5
Medicaid Births	597	25.6	43	75.4

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	11	6	5	1	0	1
Rate per 1,000 Births	4.7	3.1	12.3	17.5	0.0	55.6
Postneonatal Deaths	4	2	2	1	0	1
Rate per 1,000 Births	1.7	1.0	4.9	17.5	0.0	55.6
Neonatal Deaths	7	4	3	0	0	0
Rate per 1,000 Births	3.0	2.1	7.4	0.0	0.0	0.0

*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	233,000	113,397	119,603	187,990	92,098	95,892	45,010	21,299	23,711
0-4	12,230	6,176	6,054	9,441	4,765	4,676	2,789	1,411	1,378
5-9	14,028	7,019	7,009	10,874	5,465	5,409	3,154	1,554	1,600
10-14	15,688	8,064	7,624	12,271	6,310	5,961	3,417	1,754	1,663
15-44	89,367	44,037	45,330	68,925	34,295	34,630	20,442	9,742	10,700
45-64	60,996	29,879	31,117	50,046	24,846	25,200	10,950	5,033	5,917
65-84	36,603	16,674	19,929	32,583	14,955	17,628	4,020	1,719	2,301
85+	4,088	1,548	2,540	3,850	1,462	2,388	238	86	152

SHELBY 2023 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,802	914	888	1,620	832	788	182	82	100
Rate per 1,000 Population	7.7	8.1	7.4	8.6	9.0	8.2	4.0	3.8	4.2

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	449	192.7	252	222.2	197	164.7	413	219.7	36	80.0
Cancer	340	145.9	171	150.8	169	141.3	298	158.5	42	93.3
COVID-19	37	15.9	26	22.9	11	9.2	32	17.0	5	11.1
Stroke	117	50.2	49	43.2	68	56.9	109	58.0	8	17.8
Accidents	117	50.2	71	62.6	46	38.5	97	51.6	20	44.4
CLRD*	58	24.9	19	16.8	39	32.6	55	29.3	3	6.7
Diabetes	11	4.7	6	5.3	5	4.2	8	4.3	3	6.7
Influenza and Pneumonia	35	15.0	22	19.4	13	10.9	34	18.1	1	2.2
Alzheimer's Disease	56	24.0	18	15.9	38	31.8	51	27.1	5	11.1
Suicide	46	19.7	35	30.9	11	9.2	41	21.8	5	11.1
Homicide	2	0.9	2	1.8	0	0.0	1	0.5	1	2.2
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	117	50.2	8	13.8
Motor Vehicle	24	10.3	4	6.9
Suffocation	6	2.6	1	1.7
Poisoning	50	21.5	0	0.0
Smoke, Fire and Flames	1	0.4	0	0.0
Falls	16	6.9	0	0.0
Drowning	4	1.7	2	3.5
Firearms	0	0.0	0	0.0
Other Accidents	16	---	1	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	1,802	7.7
0-14	15	0.4
15-44	103	1.2
45-64	305	5.0
65-84	867	23.7
85+	512	125.2

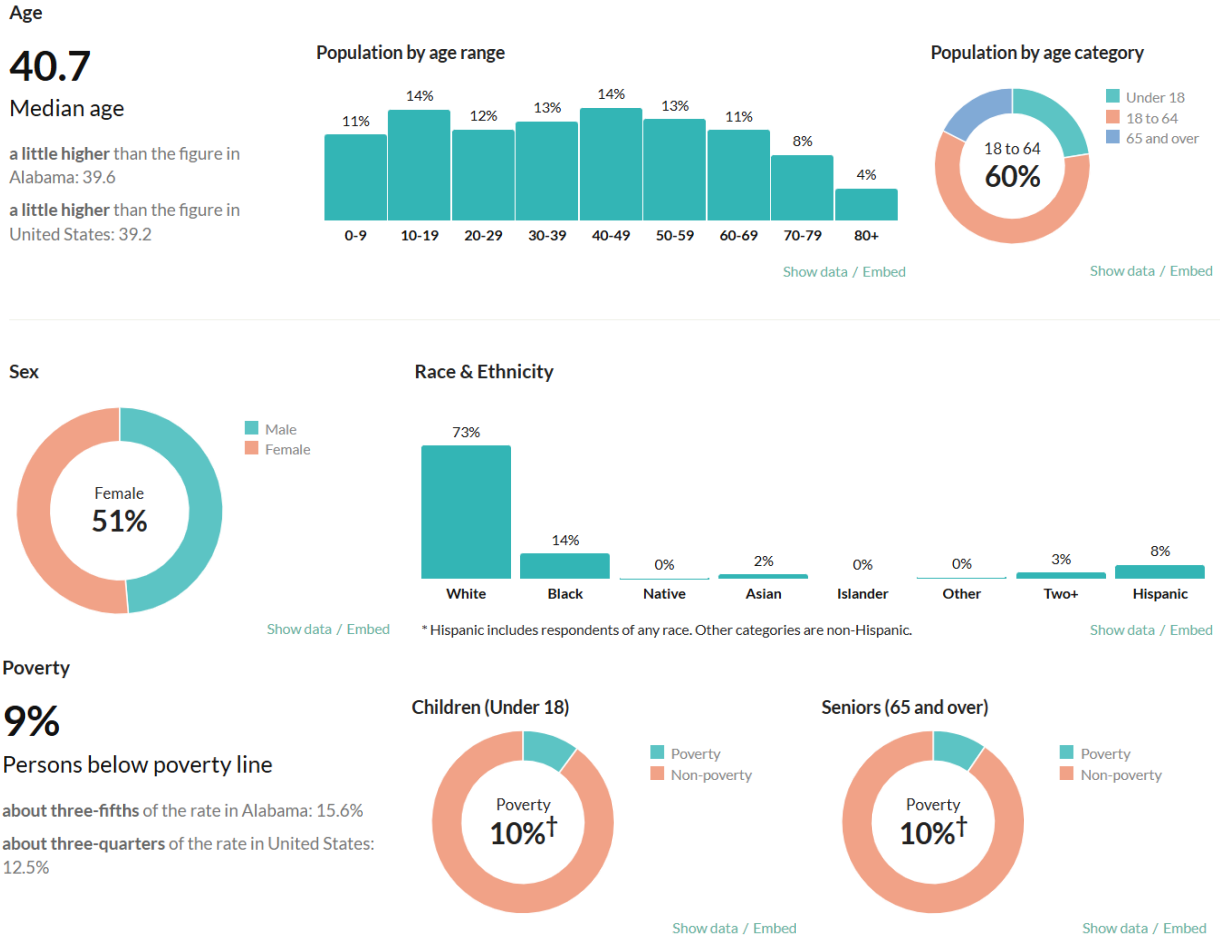
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	340	145.9	171	150.8	169	141.3
Trachea, Bronchus, Lung, Pleura	65	27.9	36	31.7	29	24.2
Colorectal	28	12.0	13	11.5	15	12.5
Breast (female)	32	13.7	---	---	32	26.8
Prostate (male)	15	6.4	15	13.2	---	---
Pancreas	19	8.2	6	5.3	13	10.9
Leukemias	14	6.0	7	6.2	7	5.9
Non-Hodgkin's Lymphomas	10	4.3	5	4.4	5	4.2
Ovary (female)	9	3.9	---	---	9	7.5
Brain and Other Nervous System	14	6.0	9	7.9	5	4.2
Stomach	8	3.4	5	4.4	3	2.5
Uterus and Cervix (female)	11	4.7	---	---	11	9.2
Esophagus	10	4.3	10	8.8	0	0.0
Melanoma of Skin	6	2.6	5	4.4	1	0.8
Other	99	---	60	---	39	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

Shelby County: Census Reporter Age, Race and Poverty



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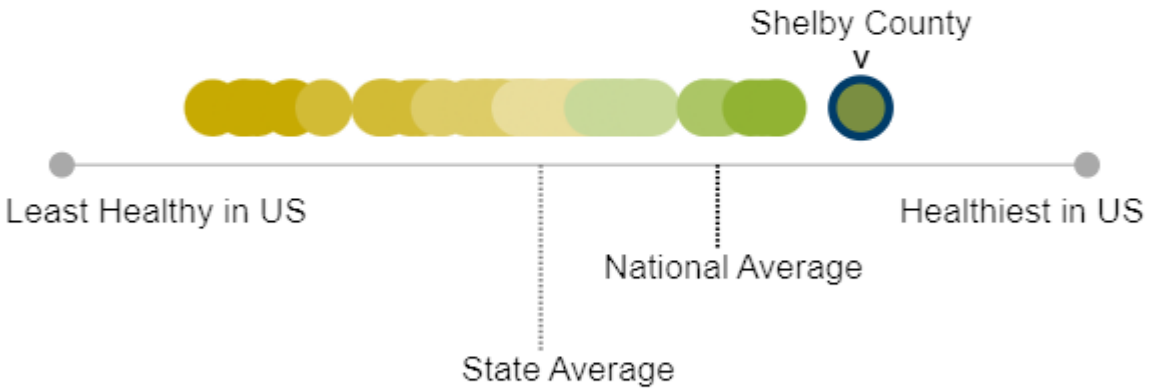
County Health Rankings & Roadmaps

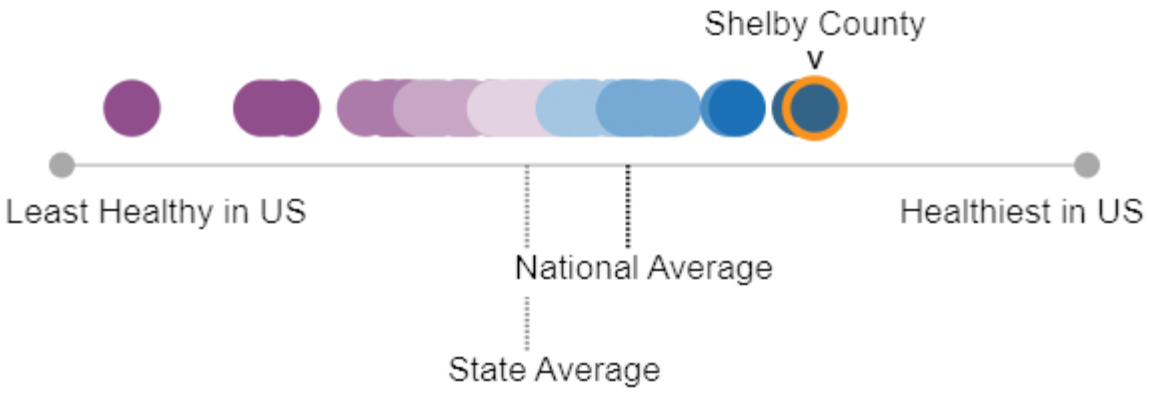
Shelby County Population Health and Well-being - 2025



Shelby County is faring better than the average county in Alabama for Population Health and Well-being, and better than the average county in the nation.

County Health Rankings & Roadmaps

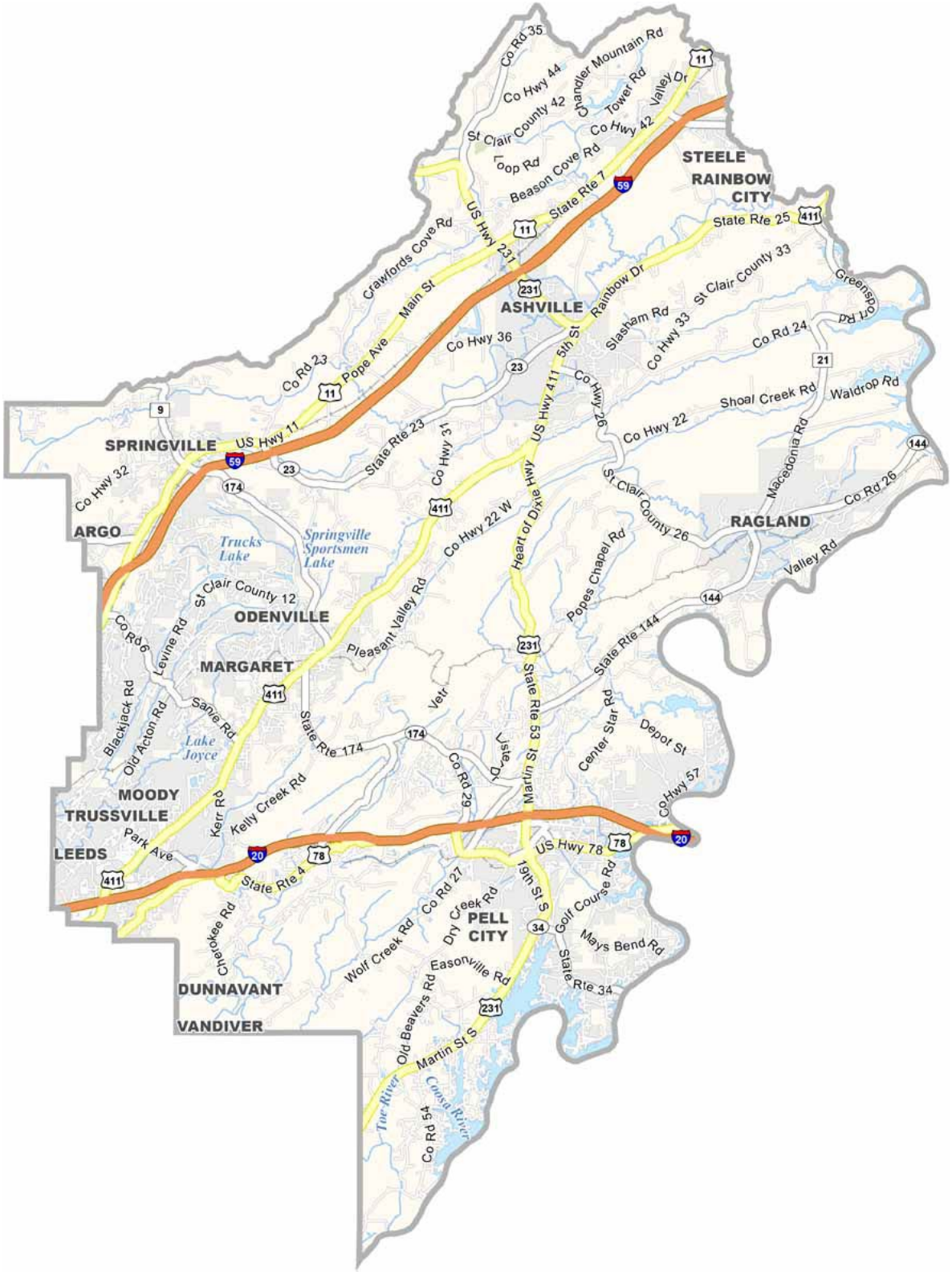
Shelby County Community Conditions - 2025



Shelby County is faring better than the average county in Alabama for Community Conditions, and better than the average county in the nation.

https://www.countyhealthrankings.org/health-data/alabama/shelby?year=2025

St. Clair County: Map



ST. CLAIR 2023 HEALTH PROFILE

SUMMARY	
Total Population	95,552
Births	1,038
Deaths	1,143
Median Age	41.0
Life Expectancy at Birth	75.1
Total Fertility Rate per 1,000 Females Aged 15-44	1,844.0
Marriages Issued	775
Divorces Granted	342

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	1,286	73.8	67	11.8
Births	1,037	59.5	52	9.2
Induced Terminations of Pregnancy	38	2.2	4	0.7
Estimated Total Fetal Losses	211	---	11	---

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	10-14	15-17	18-19	20+
All Births	1,038	0	16	36	986
Rate	10.9	0.0	9.6	32.3	55.9
White	908	0	13	30	865
Rate	11.1	0.0	9.4	32.4	58.3
Black and Other	130	0	3	6	121
Rate	9.4	0.0	10.6	31.8	43.0

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	368	35.5	49	94.2
Low Weight Births	83	8.0	2	3.8
Multiple Births	32	3.1	0	0.0
Medicaid Births	359	34.6	43	82.7

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	5	4	1	0	0	0
Rate per 1,000 Births	4.8	4.4	7.7	0.0	0.0	0.0
Postneonatal Deaths	2	2	0	0	0	0
Rate per 1,000 Births	1.9	2.2	0.0	0.0	0.0	0.0
Neonatal Deaths	3	2	1	0	0	0
Rate per 1,000 Births	2.9	2.2	7.7	0.0	0.0	0.0

*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	95,552	47,341	48,211	81,662	40,221	41,441	13,890	7,120	6,770
0-4	5,184	2,679	2,505	4,208	2,162	2,046	976	517	459
5-9	5,804	2,985	2,819	4,831	2,486	2,345	973	499	474
10-14	6,141	3,250	2,891	5,176	2,756	2,420	965	494	471
15-44	35,654	18,217	17,437	29,559	14,922	14,637	6,095	3,295	2,800
45-64	25,326	12,504	12,822	21,872	10,795	11,077	3,454	1,709	1,745
65-84	15,791	7,161	8,630	14,444	6,579	7,865	1,347	582	765
85+	1,652	545	1,107	1,572	521	1,051	80	24	56

ST. CLAIR 2023 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,143	639	504	1,054	586	468	89	53	36
Rate per 1,000 Population	12.0	13.5	10.5	12.9	14.6	11.3	6.4	7.4	5.3

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	267	279.4	156	329.5	111	230.2	239	292.7	28	201.6
Cancer	197	206.2	111	234.5	86	178.4	185	226.5	12	86.4
COVID-19	10	10.5	6	12.7	4	8.3	10	12.2	0	0.0
Stroke	70	73.3	36	76.0	34	70.5	68	83.3	2	14.4
Accidents	75	78.5	51	107.7	24	49.8	72	88.2	3	21.6
CLRD*	71	74.3	34	71.8	37	76.7	65	79.6	6	43.2
Diabetes	27	28.3	17	35.9	10	20.7	24	29.4	3	21.6
Influenza and Pneumonia	22	23.0	11	23.2	11	22.8	20	24.5	2	14.4
Alzheimer's Disease	31	32.4	11	23.2	20	41.5	30	36.7	1	7.2
Suicide	24	25.1	23	48.6	1	2.1	23	28.2	1	7.2
Homicide	9	9.4	8	16.9	1	2.1	3	3.7	6	43.2
HIV Disease	1	1.0	1	2.1	0	0.0	0	0.0	1	7.2

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	75	78.5	2	8.7
Motor Vehicle	26	27.2	0	0.0
Suffocation	4	4.2	1	4.4
Poisoning	38	39.8	0	0.0
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	4	4.2	0	0.0
Drowning	1	1.0	1	4.4
Firearms	0	0.0	0	0.0
Other Accidents	2	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	1,143	12.0
0-14	9	0.5
15-44	81	2.3
45-64	232	9.2
65-84	579	36.7
85+	242	146.5

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	197	206.2	111	234.5	86	178.4
Trachea, Bronchus, Lung, Pleura	55	57.6	29	61.3	26	53.9
Colorectal	17	17.8	9	19.0	8	16.6
Breast (female)	10	10.5	---	---	10	20.7
Prostate (male)	7	7.3	7	14.8	---	---
Pancreas	10	10.5	6	12.7	4	8.3
Leukemias	8	8.4	4	8.4	4	8.3
Non-Hodgkin's Lymphomas	10	10.5	7	14.8	3	6.2
Ovary (female)	7	7.3	---	---	7	14.5
Brain and Other Nervous System	10	10.5	7	14.8	3	6.2
Stomach	2	2.1	1	2.1	1	2.1
Uterus and Cervix (female)	6	6.3	---	---	6	12.4
Esophagus	5	5.2	5	10.6	0	0.0
Melanoma of Skin	2	2.1	1	2.1	1	2.1
Other	48	---	35	---	13	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

St. Clair County: Census Reporter Age, Race and Poverty

Age

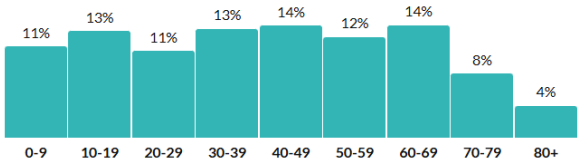
41.2

Median age

a little higher than the figure in Alabama: 39.6

a little higher than the figure in United States: 39.2

Population by age range



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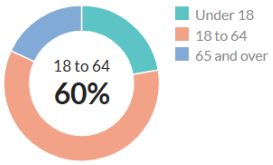
Population by age category



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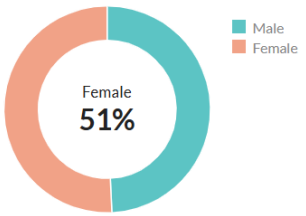
Sex



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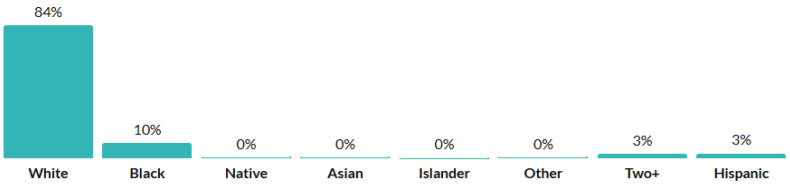
Race & Ethnicity



* Hispanic includes respondents of any race. Other categories are non-Hispanic.

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Poverty

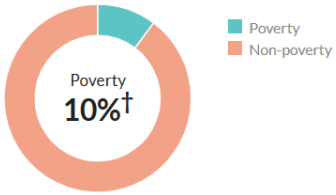
8.9%

Persons below poverty line

about three-fifths of the rate in Alabama: 15.6%

about two-thirds of the rate in United States: 12.5%

Children (Under 18)



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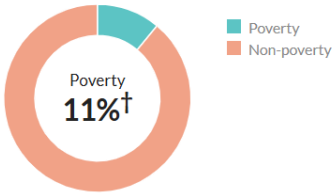
Seniors (65 and over)



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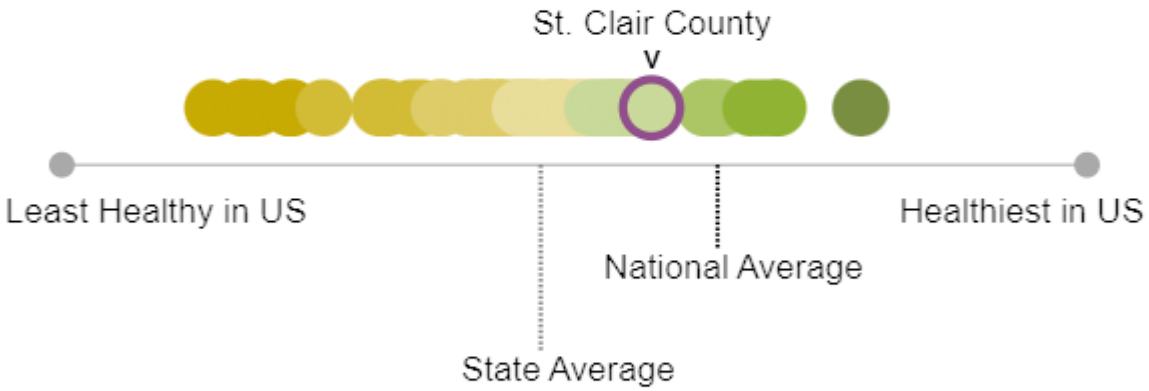
Cite: https://censusreporter.org/profiles/05000US01009-blount-county-al/ June 6, 2025

County Health Rankings & Roadmaps

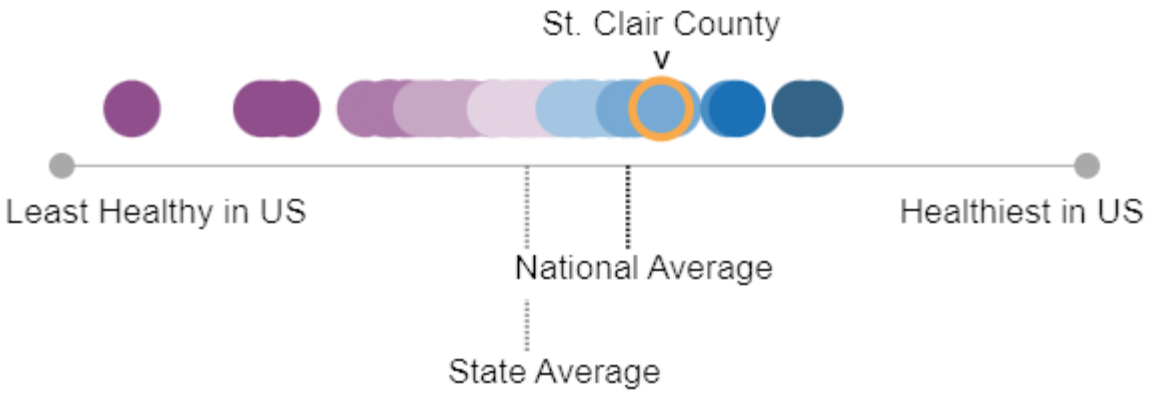
St. Clair County Population Health and Well-being - 2025



St. Clair County is faring slightly better than the average county in Alabama for Population Health and Well-being, and slightly worse than the average county in the nation.

County Health Rankings & Roadmaps

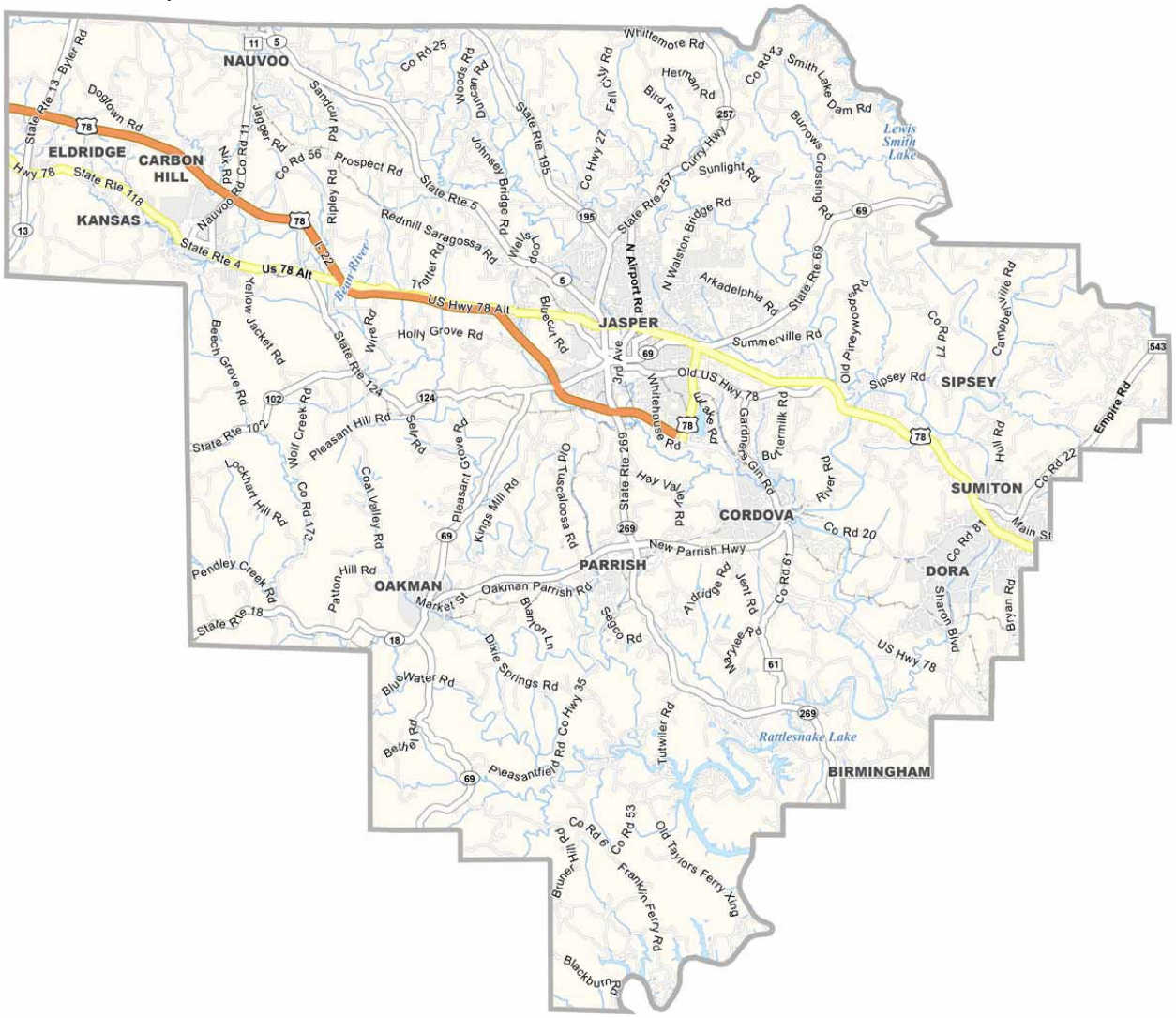
St. Clair County Community Conditions - 2025



St. Clair County is faring better than the average county in Alabama for Community Conditions, and about the same as the average county in the nation.

https://www.countyhealthrankings.org/health-data/alabama/st-clair?year=2025

Walker County, Alabama



WALKER 2023 HEALTH PROFILE

SUMMARY	
Total Population	64,728
Births	789
Deaths	1,113
Median Age	41.4
Life Expectancy at Birth	69.0
Total Fertility Rate per 1,000 Females Aged 15-44	2,069.0
Marriages Issued	528
Divorces Granted	275

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	973	86.0	80	20.6
Births	789	69.8	66	16.9
Induced Terminations of Pregnancy	24	2.1	1	0.3
Estimated Total Fetal Losses	160	---	13	---

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	10-14	15-17	18-19	20+
All Births	789	0	15	51	723
Rate	12.2	0.0	13.8	70.4	63.3
White	677	0	12	43	622
Rate	11.5	0.0	12.5	67.3	60.5
Black and Other	112	0	3	8	101
Rate	18.5	0.0	23.5	93.9	88.4

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	326	41.4	53	80.3
Low Weight Births	76	9.6	3	4.5
Multiple Births	26	3.3	0	0.0
Medicaid Births	382	48.5	53	80.3

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	10	7	3	0	0	0
Rate per 1,000 Births	12.7	10.3	26.8	0.0	0.0	0.0
Postneonatal Deaths	5	5	0	0	0	0
Rate per 1,000 Births	6.3	7.4	0.0	0.0	0.0	0.0
Neonatal Deaths	5	2	3	0	0	0
Rate per 1,000 Births	6.3	3.0	26.8	0.0	0.0	0.0

*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	64,728	31,553	33,175	58,678	28,646	30,032	6,050	2,907	3,143
0-4	3,971	1,995	1,976	3,404	1,726	1,678	567	269	298
5-9	4,045	2,084	1,961	3,534	1,832	1,702	511	252	259
10-14	4,217	2,122	2,095	3,679	1,878	1,801	538	244	294
15-44	22,794	11,483	11,311	20,398	10,271	10,127	2,396	1,212	1,184
45-64	16,717	8,239	8,478	15,470	7,668	7,802	1,247	571	676
65-84	11,834	5,258	6,576	11,109	4,925	6,184	725	333	392
85+	1,150	372	778	1,084	346	738	66	26	40

WALKER 2023 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,113	602	511	1,065	572	493	48	30	18
Rate per 1,000 Population	17.2	19.1	15.4	18.1	20.0	16.4	7.9	10.3	5.7

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	400	618.0	233	738.4	167	503.4	380	647.6	20	330.6
Cancer	159	245.6	85	269.4	74	223.1	156	265.9	3	49.6
COVID-19	22	34.0	9	28.5	13	39.2	22	37.5	0	0.0
Stroke	44	68.0	22	69.7	22	66.3	43	73.3	1	16.5
Accidents	89	137.5	59	187.0	30	90.4	79	134.6	10	165.3
CLRD*	69	106.6	26	82.4	43	129.6	69	117.6	0	0.0
Diabetes	11	17.0	7	22.2	4	12.1	10	17.0	1	16.5
Influenza and Pneumonia	17	26.3	12	38.0	5	15.1	17	29.0	0	0.0
Alzheimer's Disease	49	75.7	15	47.5	34	102.5	48	81.8	1	16.5
Suicide	17	26.3	12	38.0	5	15.1	17	29.0	0	0.0
Homicide	6	9.3	6	19.0	0	0.0	5	8.5	1	16.5
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	89	137.5	4	24.9
Motor Vehicle	18	27.8	1	6.2
Suffocation	1	1.5	1	6.2
Poisoning	61	94.2	0	0.0
Smoke, Fire and Flames	1	1.5	0	0.0
Falls	3	4.6	0	0.0
Drowning	2	3.1	2	12.4
Firearms	0	0.0	0	0.0
Other Accidents	3	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	1,113	17.2
0-14	13	1.1
15-44	90	3.9
45-64	254	15.2
65-84	541	45.7
85+	215	187.0

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	159	245.6	85	269.4	74	223.1
Trachea, Bronchus, Lung, Pleura	42	64.9	27	85.6	15	45.2
Colorectal	14	21.6	10	31.7	4	12.1
Breast (female)	11	17.0	---	---	11	33.2
Prostate (male)	7	10.8	7	22.2	---	---
Pancreas	11	17.0	5	15.8	6	18.1
Leukemias	5	7.7	2	6.3	3	9.0
Non-Hodgkin's Lymphomas	4	6.2	2	6.3	2	6.0
Ovary (female)	3	4.6	---	---	3	9.0
Brain and Other Nervous System	11	17.0	5	15.8	6	18.1
Stomach	1	1.5	0	0.0	1	3.0
Uterus and Cervix (female)	4	6.2	---	---	4	12.1
Esophagus	4	6.2	3	9.5	1	3.0
Melanoma of Skin	1	1.5	1	3.2	0	0.0
Other	41	---	23	---	18	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

Walker County: Census Reporter Age, Race and Poverty

Age

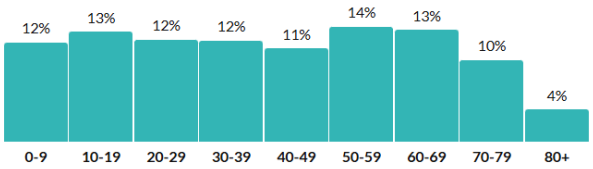
41.3

Median age

a little higher than the figure in Alabama: 39.3

about 10 percent higher than the figure in United States: 38.7

Population by age range



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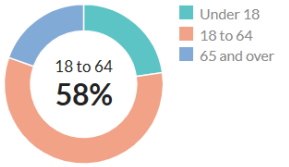
Population by age category



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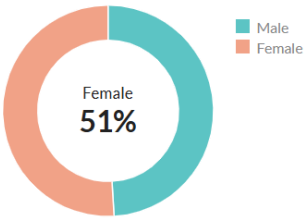
Sex



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Race & Ethnicity

* Hispanic includes respondents of any race. Other categories are non-Hispanic.

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Poverty

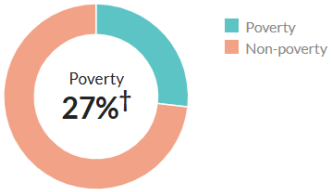
18%

Persons below poverty line

about 20 percent higher than the rate in Alabama: 15.6%

about 1.5 times the rate in United States: 12.4%

Children (Under 18)



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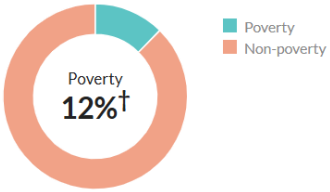
Seniors (65 and over)



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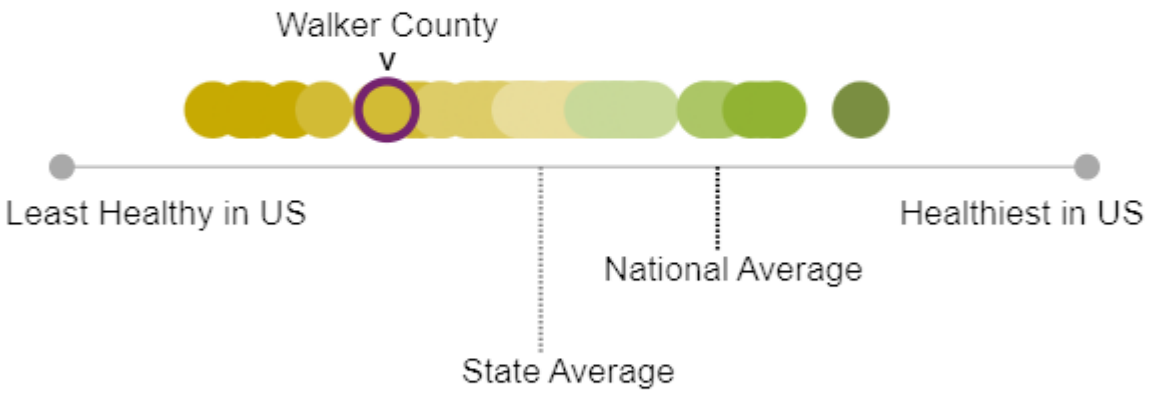
County Health Rankings & Roadmaps

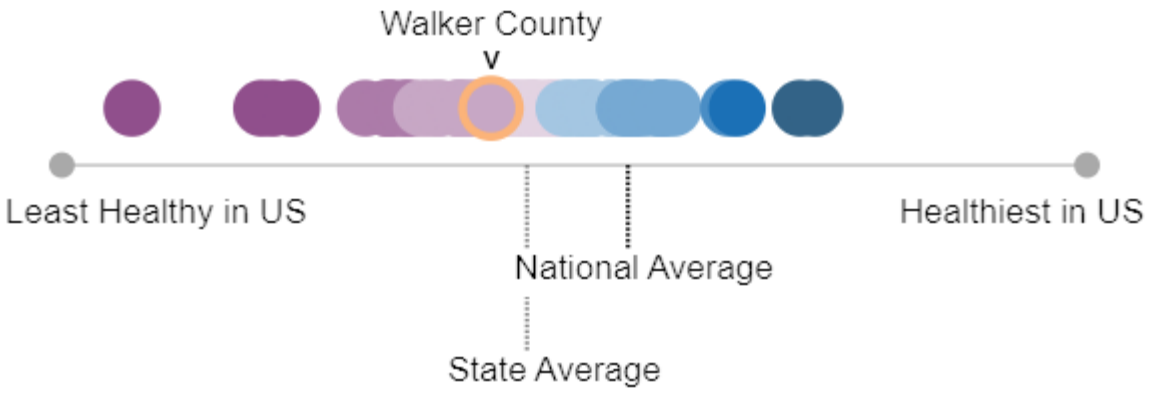
Walker County Population Health and Well-being - 2025



Walker County is faring worse than the average county in Alabama for Population Health and Well-being, and worse than the average county in the nation.

County Health Rankings & Roadmaps

Walker County Community Conditions - 2025



Walker County is faring slightly worse than the average county in Alabama for Community Conditions, and worse than the average county in the nation.

https://www.countyhealthrankings.org/health-data/alabama/walker?year=2025

Middle Alabama Area Agency on Aging (M4A)

Executive Director: Carolyn Fortner
209 Cloverdale Circle, Alabaster, AL 35007
P.O. Drawer 618, Saginaw, AL 35137
1-800-AGELINE (1-800-243-5463), 1-866-570-2998 or 25-670-5770
www.M4A.org

Counties Served by M4A:

County	Number of senior centers	Square Miles of County
1. Blount County	4	651
2. Chilton County	3	701
3. Shelby County	6	810
4. St. Clair County	7	654
5. Walker County	6	805
M4A: 5 county region	**26 senior centers**	**3,621 square miles**

Blount County

Total Population	60+ Population	% 60+	65+ Living Alone	Life Expectancy in Years	60+ Below Poverty	Rate of Death Due to Alzheimer's Disease (Per 100,000)
58,884	14,601	24.8%	2,435	74.2	1,794	58.7

All Grandparents Raising Grandchildren	% of Medicare Beneficiaries Age 65+ with 2-3 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 4-5 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 6+ Chronic Conditions	People who are Food Insecure	% of People Food Insecure
1,538	28.2%	26.3%	22.2%	8,380	15%

People with Limited Access to Healthy Food	% of People with Limited Access to Healthy Food	% with Broadband Access	# Minority (Non-White)	% Minority (Non-White)	% of Population Living in Rural Areas	# of Veterans
1,440	3%	80%	6,408	11%	90.0%	3,258

Chilton County

Total Population	60+ Population	% 60+	65+ Living Alone	Life Expectancy in Years	60+ Below Poverty	Rate of Death Due to Alzheimer's Disease (Per 100,000)
44,857	10,531	23.5%	1,927	74.4	1,366	60.8

All Grandparents Raising Grandchildren	% of Medicare Beneficiaries Age 65+ with 2-3 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 4-5 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 6+ Chronic Conditions	People who are Food Insecure	% of People Food Insecure
897	26.2%	25.8%	24.8%	7,590	17%

People with Limited Access to Healthy Food	% of People with Limited Access to Healthy Food	% with Broadband Access	# Minority (Non-White)	% Minority (Non-White)	% of Population Living in Rural Areas	# of Veterans
1,907	4%	75%	10,444	23%	86.7%	2,577

Shelby County

Total Population	60+ Population	% 60+	65+ Living Alone	Life Expectancy in Years	60+ Below Poverty	Rate of Death Due to Alzheimer's Disease (Per 100,000)
220,780	48,738	22.1%	7,732	80.3	3,011	33.9

All Grandparents Raising Grandchildren	% of Medicare Beneficiaries Age 65+ with 2-3 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 4-5 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 6+ Chronic Conditions	People who are Food Insecure	% of People Food Insecure
4,226	28.4%	26.3%	22.3%	22,700	11%

People with Limited Access to Healthy Food	% of People with Limited Access to Healthy Food	% with Broadband Access	# Minority (Non-White)	% Minority (Non-White)	% of Population Living in Rural Areas	# of Veterans
11,354	6%	91%	55,273	25%	22.9%	12,228

St. Clair County

Total Population	60+ Population	% 60+	65+ Living Alone	Life Expectancy in Years	60+ Below Poverty	Rate of Death Due to Alzheimer's Disease (Per 100,000)
90,412	20,887	23.1%	3,507	74.7	2,026	59.5

All Grandparents Raising Grandchildren	% of Medicare Beneficiaries Age 65+ with 2-3 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 4-5 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 6+ Chronic Conditions	People who are Food Insecure	% of People Food Insecure
2,535	30.4%	24.3%	19.8%	12,680	14%

People with Limited Access to Healthy Food	% of People with Limited Access to Healthy Food	% with Broadband Access	# Minority (Non-White)	% Minority (Non-White)	% of Population Living in Rural Areas	# of Veterans
1,984	2%	82%	14,330	16%	72.8%	5,739

Walker County

Total Population	60+ Population	% 60+	65+ Living Alone	Life Expectancy in Years	60+ Below Poverty	Rate of Death Due to Alzheimer's Disease (Per 100,000)
65,194	17,089	26.2%	3,559	69.6	1,913	91.1

All Grandparents Raising Grandchildren	% of Medicare Beneficiaries Age 65+ with 2-3 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 4-5 Chronic Conditions	% of Medicare Beneficiaries Age 65+ with 6+ Chronic Conditions	People who are Food Insecure	% of People Food Insecure
2,342	23.7%	29.6%	31.4%	11,950	19%

People with Limited Access to Healthy Food	% of People with Limited Access to Healthy Food	% with Broadband Access	# Minority (Non-White)	% Minority (Non-White)	% of Population Living in Rural Areas	# of Veterans
2,492	4%	76%	9,644	15%	74.1%	4,241

Sources:

U.S. Census Bureau, American Community Survey S0101 Age and Sex, 2021 ACS 5 Year Estimates Subject Table: https://data.census.gov/table?q=S0101&g=0400000US01,01$0500000&tid=ACSST5Y2021.S0101 (23 January 2023)

U.S. Census Bureau, American Community Survey B25116 Occupied Housing Units, Tenure by Household Size by Age of Householder, 2021 ACS 5 Year Estimates Subject Table: https://data.census.gov/table?q=B25116&g=0400000US01,01$0500000&tid=ACSDT5Y2021.B25116 (23 January 2023)

County Health Rankings & Roadmaps: Building a Culture of Health, Search: Alabama/Download Alabama Data Sets: https://www.countyhealthrankings.org/explore-health-rankings/alabama/data-and-resources (23 January 2023)

U.S. Census Bureau, American Community Survey B17020 Poverty Population for whom Poverty Status is Determined, Poverty Status in the Past 12 Months by Age, 2021 ACS 5 Year Estimates Subject Table: https://data.census.gov/table?q=B17020&g=0400000US01,01$0500000&tid=ACSDT5Y2021.B17020 (27 January 2023)

Vital Stats 2020: County Health Profiles, Alabama Center for Health Statistics, Alabama Department of Public Health. https://www.alabamapublichealth.gov/healthstats/assets/chp2020.pdf (27 January 2023)

U.S. Census Bureau, American Community Survey S1002 Grandparents, 2021 ACS 5 Year Estimates Subject Table: https://data.census.gov/table?q=s1002&g=0400000US01,01$0500000&tid=ACSST5Y2021.S1002 (27 January 2023)

Centers for Medicare & Medicaid Services. Multiple Chronic Conditions—Prevalence State/County Level: All Beneficiaries by Age, 2007–2018: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/MCC_Main (23 January 2023).

U.S. Census Bureau, American Community Survey B02001 Race, 2021 ACS 5 Year Estimates Subject Table: https://data.census.gov/table?q=B02001&g=0400000US01,01$0500000&tid=ACSDT5Y2021.B02001 (23 January 2023)

Veterans Administration, US Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Other Demographics: Counties: Table 9L: VetPop2020 County-Level Veteran Population: https://www.va.gov/vetdata/veteran_population.asp

https://www.montgomeryadvertiser.com/story/news/2019/08/01/alabama-opioids-millions-pills-prescribed-rural-walker-county-jasper/1859820001/
Avalanche of opioids: Why are millions of pills prescribed in rural Walker County? By Melissa Brown (31 July 2025)

Attachment 9: Current/Future Aging and Disability Demographics of the M4A Region

Age and Limited English Proficiency

Alabama 2017-2021
Table S21014B - Ability to Speak English for the Population 60 Years and Over
Universe: Population 60 years and over

Age and Limited English Proficiency

		Total, Population 60 years and over							
				Speak language other than English:					
	Total:	Speak only English	Speak language other than English, Subtotal	Speak English "very well"	Speak English "well"	Speak English "not well"	Speak English "not well"	Speak English "not at all"	Speak English "not at all"
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Percent	Estimate	Percent
Geographic Name									
United States	73,789,100	62,293,405	11,495,690	5,074,450	2,576,610	2,428,215	3.29%	1,416,415	1.92%
Alabama	1,180,160	1,149,130	31,030	17,700	6,125	5,160	0.44%	2,045	0.17%
PSA 3	**111,845**	**108,930**	**2,920**	**1,460**	**675**	**510**	**0.46%**	**275**	**0.25%**
Blount County	14,600	14,240	360	60	70	120	0.82%	105	0.72%
Chilton County	10,530	10,450	85	75	10	-	0.00%	-	0.00%
St. Clair County	20,885	20,505	385	140	125	120	0.57%	-	0.00%
Shelby County	48,740	46,805	1,930	1,050	440	270	0.55%	170	0.35%
Walker County	17,090	16,925	160	135	30	-	0.00%	-	0.00%

Cite: https://agid.acl.gov/
American Community Survey Special Tabulation Tables 2017-2021
June 4, 2025

Age and Number of Disabilities

Alabama 2017-2021
Table S210DIS09 - Age by Number of Disabilities
Universe: Civilian noninstitutionalized population

Age and Number of Disabilities

			60 years and over:					
		60 years and over, Subtotal	With one type of disability	With one type of disability	With two types of disabilities	With two types of disabilities	With three or more types of disabilities	With three or more types of disabilities
	Estimate	Estimate	Estimate	Percent	Estimate	Percent	Estimate	Percet
Geographic Name								
United States	324,818,565	33,338,585	5,085,440	15%	2,071,980	6%	2,591,470	8%
Alabama	4,920,010	522,925	94,955	18%	39,255	8%	51,540	10%
PSA 3	**474,680**	**50,765**	**8,770**	**17%**	**3,280**	**6%**	**5,380**	**11%**
Blount County	58,435	6,535	1,040	16%	450	7%	750	11%
Chilton County	44,510	4,935	1,010	20%	400	8%	785	16%
St. Clair County	88,340	9,460	1,720	18%	415	4%	885	9%
Shelby County	218,925	22,105	3,270	15%	1,050	5%	1,660	8%
Walker County	64,465	7,730	1,730	22%	970	13%	1,300	17%

Cite: https://agid.acl.gov/
American Community Survey Special Tabulation Tables 2017-2021
June 4, 2025

Age and Poverty

Age and Poverty

	Blount	Chilton	Shelby	St. Clair	Walker
Age of Householder by Household Income: 2023	Estimate	Estimate	Estimate	Estimate	Estimate
Total:	21,977	17,554	88,270	35,354	24,843
Householder 45 to 64 years:	8,237	7,052	31,966	13,429	9,368
Percent 45-64 years at or below 2025 FPL	17%	14%	5%	11%	16%
Total at or below 2025 100% FPL	1,367	971	1,586	1,532	1,516
Less than $10,000	552	249	518	428	654
$10,000 to $14,999	467	456	916	732	593
$15,000 to $19,999	348	266	152	372	269
Householder 65 years and over:	6,810	4,946	24,368	9,924	8,327
Percent 65+ years at or below 2025 FPL	21%	22%	13%	18%	22%
Total at or below 2025 100% FPL	1,425	1,084	3,179	1,832	1,851
Less than $10,000	458	314	1889	802	464
$10,000 to $14,999	526	403	820	68	645
$15,000 to $19,999	441	367	470	962	742

Cite: U.S. Census Bureau, U.S. Department of Commerce. "Age of Householder by Household Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars)." American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B19037, 2023, . Accessed on May 16, 2025.

Age and Race

	Blount	Chilton	Shelby	St. Clair	Walker
	60 years and over	60 years and over	60 years and over	60 years and over	60 years and over
Label	Estimate	Estimate	Estimate	Estimate	Estimate
Total population	15,202	10,622	50,911	22,370	17,278
SEX AND AGE					
Male	47.0%	47.2%	45.6%	45.9%	45.3%
Female	53.0%	52.8%	54.4%	54.1%	54.7%
Median age (years)	69.6	69.8	69.6	69.7	70.1
RACE AND HISPANIC OR LATINO ORIGIN					
One race	96.0%	98.9%	97.5%	97.8%	97.5%
White	92.8%	87.4%	86.9%	90.6%	93.0%
Black or African American	1.8%	9.6%	7.8%	6.0%	4.1%
American Indian and Alaska Native	0.2%	0.1%	0.3%	0.6%	0.0%
Asian	0.3%	0.5%	1.6%	0.4%	0.2%
Native Hawaiian and Other Pacific Islander	0.2%	0.0%	0.0%	0.1%	0.0%
Some other race	0.7%	1.4%	0.9%	0.0%	0.1%
Two or more races	4.0%	1.1%	2.5%	2.2%	2.5%
Hispanic or Latino origin (of any race)	2.7%	1.2%	2.6%	0.9%	1.0%
White alone, not Hispanic or Latino	92.2%	86.9%	86.0%	90.6%	92.9%

U.S. Census Bureau, U.S. Department of Commerce. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2023, . Accessed on May 16, 2025.

Age and Hearing and/or Vision Difficulties

Alabama 2017-2021
Table S210DIS11
Universe: Civilian noninstitutionalized population

Age and Hearing and/or Vision Difficulties

			60 years and over:	
		60 years and over, Subtotal	Has both hearing and vision difficulties	Has one or the other hearing or vision difficulty
	Estimate	Estimate	Estimate	Estimate
Geographic Name		72,436,235	1,587,210	8,829,280
United States	324,818,565	1,158,875	30,160	163,410
Alabama	4,920,010	110,425	3,810	15,650
PSA 3	474,680	14,365	485	1,765
Blount County	58,435	10,390	470	1,680
Chilton County	44,510	20,495	745	2,900
St. Clair County	88,340	48,320	1,025	6,050
Shelby County	218,925	16,860	1,080	3,245
Walker County	64,465	7,730	440	1,865

Cite: https://agid.acl.gov/
American Community Survey Special Tabulation Tables 2017-2021
June 4, 2025

Age and Ability to Self-Care and Live Independently

Alabama 2017-2021
Table S210DIS12 - Sex by Age by Self-Care/Independent Living Difficulties
Universe: Civilian noninstitutionalized population 18 years and over

Age and Self-Care and/or Independent Living Difficulties

			60 years and over:			
		60 years and over, Subtotal	Has both self-care and independent living difficulties	Has both self-care and independent living difficulties	Has one or the other self-care or independent living difficulties	Has one or the other self-care or independent living difficulties
	Estimate	Estimate	Estimate	Percent	Estimate	Percent
Geographic Name						
United States	250,712,625	72,436,235	3,844,220	5%	5,233,140	7%
Alabama	3,799,400	1,158,875	73,465	6%	102,190	9%
PSA 3	**363,610**	**110,425**	**6,840**	**6%**	**9,755**	**9%**
Blount County	44,755	14,365	650	5%	1,235	9%
Chilton County	33,765	10,390	755	7%	1,405	14%
St. Clair County	67,850	20,495	1,195	6%	1,800	9%
Shelby County	167,370	48,320	2,630	5%	2,765	6%
Walker County	49,870	16,860	1,605	10%	2,550	15%

Cite: https://agid.acl.gov/
American Community Survey Special Tabulation Tables 2017-2021
June 4, 2025

Annual Population Estimates

Annual Estimates of the Resident Population for Counties in Alabama: April 1, 2020 to July 1, 2024

Geographic Area	April 1, 2020 Estimates Base	Population Estimate (as of July 1)					Annual Change, July 1, 2023 to July 1, 2024		Cumulative Change, April 1, 2020 to July 1, 2024	
		2020	2021	2022	2023	2024	Number	Percent	Number	Percent
United States	**331,515,736**	**331,577,720**	**332,099,760**	**334,017,321**	**336,806,231**	**340,110,988**	**3,304,757**	**1.0**	**8,595,252**	**2.6**
Alabama	**5,025,369**	**5,033,094**	**5,049,196**	**5,076,181**	**5,117,673**	**5,157,699**	**40,026**	**0.8**	**132,330**	**2.6**
Blount County, Alabama	59,130	59,110	59,050	59,491	59,777	60,163	386	0.6	1,033	1.7
Chilton County, Alabama	45,012	45,060	45,255	45,856	46,525	47,262	737	1.6	2,250	5
St. Clair County, Alabama	91,494	91,687	92,850	93,879	95,487	96,927	1,440	1.5	5,433	5.9
Shelby County, Alabama	223,024	223,915	227,436	230,140	233,593	235,969	2,376	1.0	12,945	5.8
Walker County, Alabama	65,345	65,141	64,552	64,408	64,845	65,260	415	0.6	-85	-0.1
M4A Region	484,005	484,913	489,143	493,774	500,227	505,581	5,354	1%	21,576	4%

Note: The estimates are developed from a base that integrates the 2020 Census, Vintage 2020 estimates, and 2020 Demographic Analysis estimates. For population Cite:
Annual and Cumulative Estimates of Resident Population Change for Counties in Alabama and County Rankings: April 1, 2020 to July 1, 2024 (CO-EST2024-CHG-01)
Source: U.S. Census Bureau, Population Division
Release Date: March 2025

Total Rural and Urban Populations

Total Urban and Rural Population

Urban and Rural / Total Population	Blount County, Alabama	Chilton County, Alabama	Shelby County, Alabama	St. Clair County, Alabama	Walker County, Alabama	PSA 3 M4A
Total:	59,134	45,014	223,024	91,103	65,342	483,617
Urban	5,624	6,507	169,571	29,963	13,274	224,939
Rural	53,510	38,507	53,453	61,140	52,068	258,678
Percent Rural to Total County Population	90%	86%	24%	67%	80%	69%
Percent Rural to M4A Total Rural Population	21%	15%	21%	24%	20%	100%

U.S. Census Bureau. "URBAN AND RURAL." Decennial Census, DEC Demographic and Housing Characteristics, Table P2, 2020, . Accessed on May 16, 2025.

Medicaid Eligible by County 2022

Total Urban and Rural Population

Urban and Rural / Total Population	Blount County, Alabama	Chilton County, Alabama	Shelby County, Alabama	St. Clair County, Alabama	Walker County, Alabama	PSA 3 M4A
Total:	59,134	45,014	223,024	91,103	65,342	483,617
Urban	5,624	6,507	169,571	29,963	13,274	224,939
Rural	53,510	38,507	53,453	61,140	52,068	258,678
Percent Rural to Total County Population	90%	86%	24%	67%	80%	69%
Percent Rural to M4A Total Rural Population	21%	15%	21%	24%	20%	100%

U.S. Census Bureau. "URBAN AND RURAL." Decennial Census, DEC Demographic and Housing Characteristics, Table P2, 2020, . Accessed on May 16, 2025.

Population by Intrastate Funding Formula Factors (from the ADSS State Plan on Aging)

Table G-3
Intrastate Funding Formula: Population Data by PSA and Factor

	A	B	C	D	E	
AAA	60+ (2021)1	60+ Below Poverty (2021)2	60+ Rural (2020)3	60+ Alone (2020)4	60+ Below Poverty Minority (2020)5	Total
NACOLG	61,353	6,237	40,922	16,295	1,190	125,997
WARC	68,503	8,718	41,006	15,990	4,124	134,341
M4A	111,846	10,650	65,290	23,670	1,445	212,901
UWAAA	152,237	17376	21,527	40,110	10,565	241,815
EARPDC	123,697	14,676	77,685	30,010	4,099	250,167
SCADC	26,537	3,648	21,891	7,175	2,290	61,541
ATRC	47,578	7,970	40,741	13,935	5,530	115,754
SARCOA	79,469	9,529	48,653	20,215	3,269	161,135
SARPC	168,256	16,615	52,987	39,150	7,014	284,022
CAAC	79,156	8,751	29,104	21,050	4,999	143,060
LRCOG	42,627	5,733	16,172	9,805	2,575	76,912
NARCOG	60,336	6,132	38,460	15,315	1,015	121,258
TARCOG	158,565	14,275	68,286	34,600	3,100	278,826
Total	**1,180,160**	**130,310**	**562,724**	**287,320**	**51,215**	**2,211,729**
	53.36%	**5.89%**	**25.44%**	**12.99%**	**2.32%**	**100.00%**

(1) Source: 2021 ACS 5-year Estimates
https://data.census.gov/table/ACSST5Y2021.S0101?q=age&g=040XX00US01$0500000

(2) Source: 2021 ACS 5-year Estimates
https://data.census.gov/table/ACSDT5Y2021.B17020?q=age+poverty&g=040XX00US01$0500000&moe=false

(3) Source: 2020 Decennial Census

(4) Source: Administration for Community Living, 2016 - 2020 ACS Special Tabulation
Table S21010B - Sex by Household Type (Including Living Alone) by Relationship for the Population 60 Years and Over http://www.agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21010B&stateabbr=AL

(5) Source: Administration for Community Living, 2016 - 2020 ACS Special Tabulation
Table S21040 - Hispanic or Latino and Race by Poverty Status in the Past 12 Months for the Population 60 Years
and Over for Whom Poverty Status is Determined
http://www.agid.acl.gov/DataFiles/ACS2014/Table.aspx?tableid=S21040&stateabbr=AL

Middle Alabama Area Agency on Aging

Internal Emergency Action Plan

Precaution and Prevention

(February 2025)

Table of Contents

Precaution and Prevention

1. No M4A employee or visitor should carry guns or other weapons into the building. Examples of other weapons include any firearm, air gun, switch blade, “flick or “button” knife, brass knuckles, explosives, batons, and single shots.
2. The front door is to always remain locked at all times outside of business hours.
3. The lobby door and back door are both accessible by key fob. Only full-time and part-time employees should have a key fob. If accommodations are needed for non-staff individuals within M4A, permission must be granted by the Manager of Operations and Executive Director.
4. All visitors and volunteers must be signed-in and signed-out of the building.
5. All visitors and volunteers must have badges.
6. Visitors should be retrieved from the lobby and escorted through the building by the employee they are visiting.
7. A code system will be used for alerting employees to intruders/unwelcome visitors in or outside of the building.
8. If an intruder has entered the building, staff not in the office should be alerted.
9. Employees should not let strangers/visitors “piggyback” with them through the door.
10. 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.

M4A ASSISTING ALL AGES AT ALL STAGES

Precaution and Prevention

1. If there is/are an unfamiliar person(s) in the parking lot, the employee should not exit the building.
2. The employee should see if there are any coworkers still in the building.
3. If there are still coworkers in the building, the employee should check with them to see if they are expecting anyone.
4. If another coworker is expecting someone, the coworker should check from a window to make sure the unfamiliar person is the expected visitor.
5. 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.
6. 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

205-664-6818 Station 1 @ 1st Ave W
205-664-6816 Station 2 @ Butler Road
205-664-6827 Station 3 @ 1st St S

Shelby County Sheriff: 9-1-1

205-669-4181

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 visitor in and escort visitor through the building.
2. The visitor should be signed-in and given a visitor badge by the employee being visited.
3. If the employee being visited deems the visitor a dangerous or unwelcome visitor, the employee should let the receptionist know not to let the visitor 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. 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 (see "Intruder" on Quick Chart).
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. If there is a window in the office, the blinds should be closed or shut.
8. If an employee is in another employee's office when the page is heard, the "visiting employee" 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.

"Intruder"-Intruder in the lobby, inside, or outside the building.

When employees hear the page, they should remain in the office/room they are in with the door locked, lights off, and 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 their designated 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 nearby office if safe to do so. The highest-level member of the administration staff who is available should contact the police. Employees that know of a coworker 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

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. Fire Guard Protection Company will test smoke alarms, emergency lights and fire extinguishers annually.
6. A staff fire drill will be performed annually. An intercom announcement will be made to announce the beginning of a fire drill.
7. First aid kits will be kept on the bottom of the bookcase in the front hallway by the AED.
8. Volunteers/visitors will be required to sign-in when entering the building and sign-out when exiting. They will also be asked to wear a badge/nametag. It will be the responsibility of the receptionist to sign them in and give them a badge/name tag. It will be the responsibility of the staff member whom the volunteer/visitor is visiting to make sure the volunteer/visitor signs-out and returns the badge/nametag.

In Case of an Actual Fire!

In the case of an actual fire, please listen for the phrase "FIRE IN THE BUILDING – PLEASE EVACUATE" over the intercom. Currently (as of 9/20/2023), 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 front 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.

Once in our evacuation area, staff will begin roll call.

Once in our evacuation area, first aid will be administered to those who are in need.

The highest-level administrative staff member 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: FRONT PARKING LOT

EVACUATION SIGNAL: ANNOUNCEMENT OF "FIRE – PLEASE EVACUATE."

BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

1. The Executive Director will make the decision to shelter-in-place or evacuate.
2. The OneCallNow system will be used alert staff outside the office about the situation and procedure.
3. If the decision to shelter-in-place is made, the staff shall shelter-in-place in the SCSEP office in the middle of the building.
4. When sheltering-in-place, staff members will bring their flashlight, marker, and whistle with them.
5. The Director of Human Resources will be responsible for bringing the first aid kit.
6. The disaster kit is located in the cabinet located in the kitchen.
7. Once in the designated shelter-in-place area, staff roll call will be used to account for all staff and visitors/volunteers.
8. The Nutrition Team will check that all Center manager(s) have accounted for all center participants and homebound clients.
9. Once in the designated shelter-in-place area, employees will use their markers to write their names on their arms, as well as any pertinent medical information if needed.
10. Once in the shelter-in-place area, first aid will be administered to those in need.
11. 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: SCSEP OFFICE

SHELTER-IN-PLACE SIGNAL: ANNOUNCEMENT OF "PLEASE SHELTER IN PLACE"

BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

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 (Announcement of "HAZARDOUS MATERIAL OUTSIDE – PLEASE SHELTER IN PLACE" over intercom)
2. News and instructions through radio, television or Internet
3. Know evacuation routes from your building
4. Know "in-shelter" area of the building
5. Have hazardous material emergency shelter kit ready and staff trained to use it
6. Teams 1 and 2 will begin sealing building if necessary (see Teams 1 and 2 on Quick Chart).

SHELTER-IN-PLACE: SCSEP OFFICE

SHELTER-IN-PLACE SIGNAL: ANNOUNCEMENT OF "HAZARDOUS MATERIAL OUTSIDE – PLEASE SHELTER IN PLACE" AND SEVERAL BLOWS OF THE WHISTLE

BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

Hazardous Condition

Kit Contents and Location

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 Kitchen – UPSTAIRS.)

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.

Hazardous Condition: Outside Building

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

- Assistant Director
- Director of Finance
- Human Resources Director
- Operations Manager
- Director of the Elder Justic Center of Alabama

Hazardous Condition: Inside Building

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.
4. From a safe place – One Call Now will be started.

The three ways to minimize exposure to hazardous materials are: Distance-Shielding- Time!

5. **Distance:** The more distance from you and the incident is the safest method.
6. **Shielding:** The more of a heavy, dense material between you and the incident the better.
7. **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.

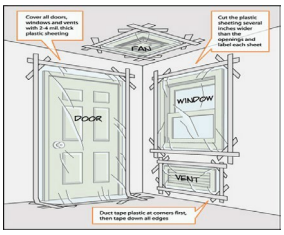
EVACUATE TO: FRONT PARKING LOT

EVACUATION SIGNAL: ANNOUNCEMENT OF "HAZADORUS MATERIAL IN THE BUILDING – PLEASE EVACUATE."

BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

HAZARDOUS CONDITIONS

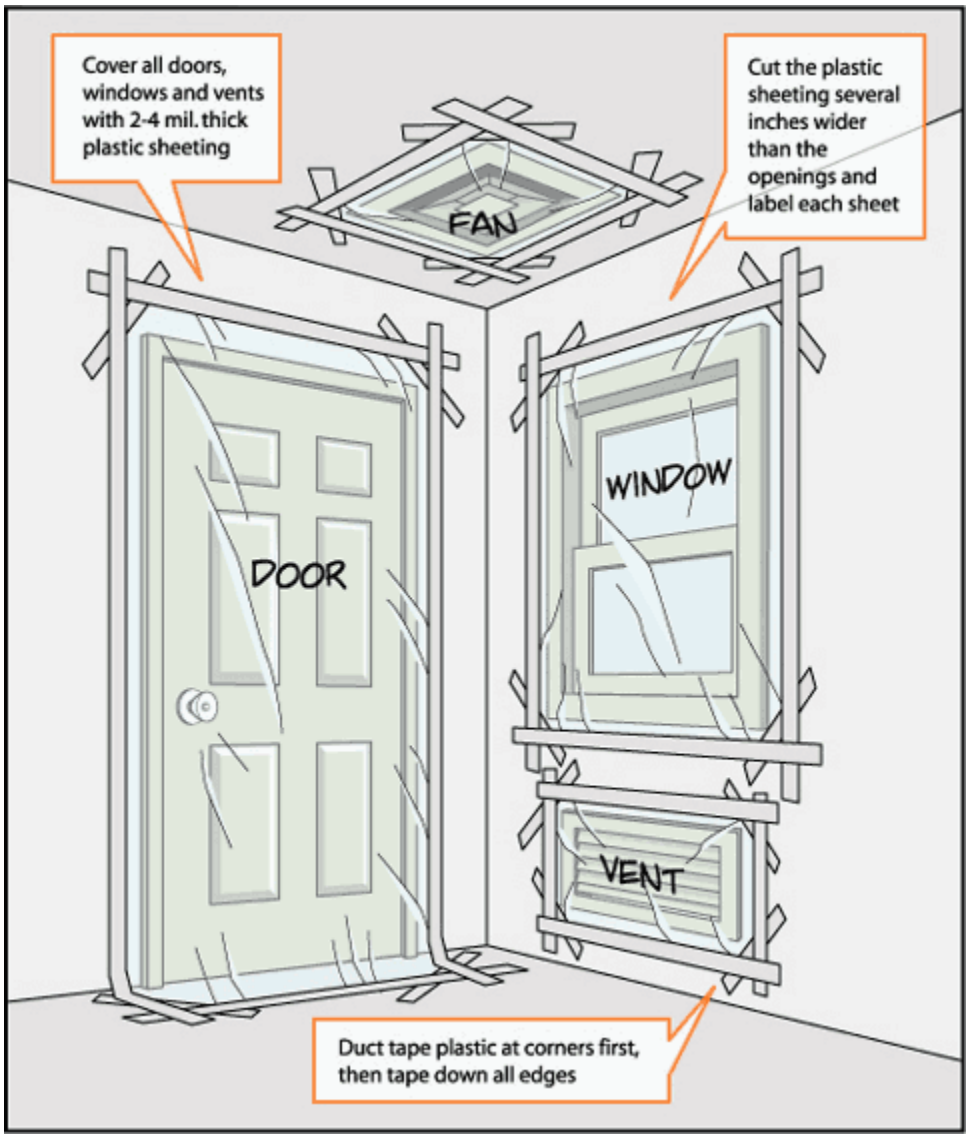
What if We Shelter-in-Place?



The staff will be notified to shelter-in-place and the designated employees will ready the in- shelter area located in the **SCSEP OFFICE**:

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 Teams 1 and 2. If available, 100% recirculation is started as soon as possible (not available in the M4A Office Building).
3. Teams 1 and 2: Plastic sheeting is placed with duct tape over both doorways going into the kitchen and any air vents in the building, after the staff and visitors in the building are accounted for and have entered the in-shelter area. Shelter-in place area will be in the SCSEP office located on the first floor.
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 Diagram



Source: http://www.ready.gov/america/makeaplan/shelter_in_place.html

Hazardous Condition

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. One Call Now will be used to notify staff about when it is safe to return to the office building.

Hazardous Condition

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.

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.

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)

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!**	FIRE - INTERCOM	Front Parking Lot	9-1-1	Bring flashlight / Exit Building Quickly
Bomb in building **Evacuate!**	BOMB INTERCOM	Front Parking Lot	9-1-1	Bring flashlight / Exit Building Quickly
Hazardous Material in the building: **Evacuate!**	INTERCOM/One Call Now	Front Parking Lot	9-1-1 and/or EMA 669-3999 One Call Now is Activated	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!**	INTERCOM/One Call Now	SCSEP Office	9-1-1 and/or EMA 669-3999 One Call Now is Activated	Bring flashlight, marker & whistle HR and Director will turn off all air units **Teams 1 and 2 will close/seal doors and vents Render first aid
Inclement Weather	INTERCOM/One Call Now	SCSEP Office	One Call Now is Activated	In office: shelter Out of office: caution
Intruder/Active Shooter	INTRUDER or SHOOTER	RUN, HIDE, FIGHT	9-1-1	**RUN:** Find the nearest escape route, leave belongings, and keep hands visible **HIDE:** Hide in an area out of sight, block entry to hiding space and lock doors, and silence phones and/or pagers **FIGHT:** As a last resort and only when your life is in imminent danger: attempt to incapacitate the intruder and act with physical aggression and throw items at the intruder.

**Team 1: LISA ADAMS & ANNA LAY Team 2: NATALIE LOCASTRO & JESSICA DAVENPORT

Quick Chart Emergency Telephone Numbers

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

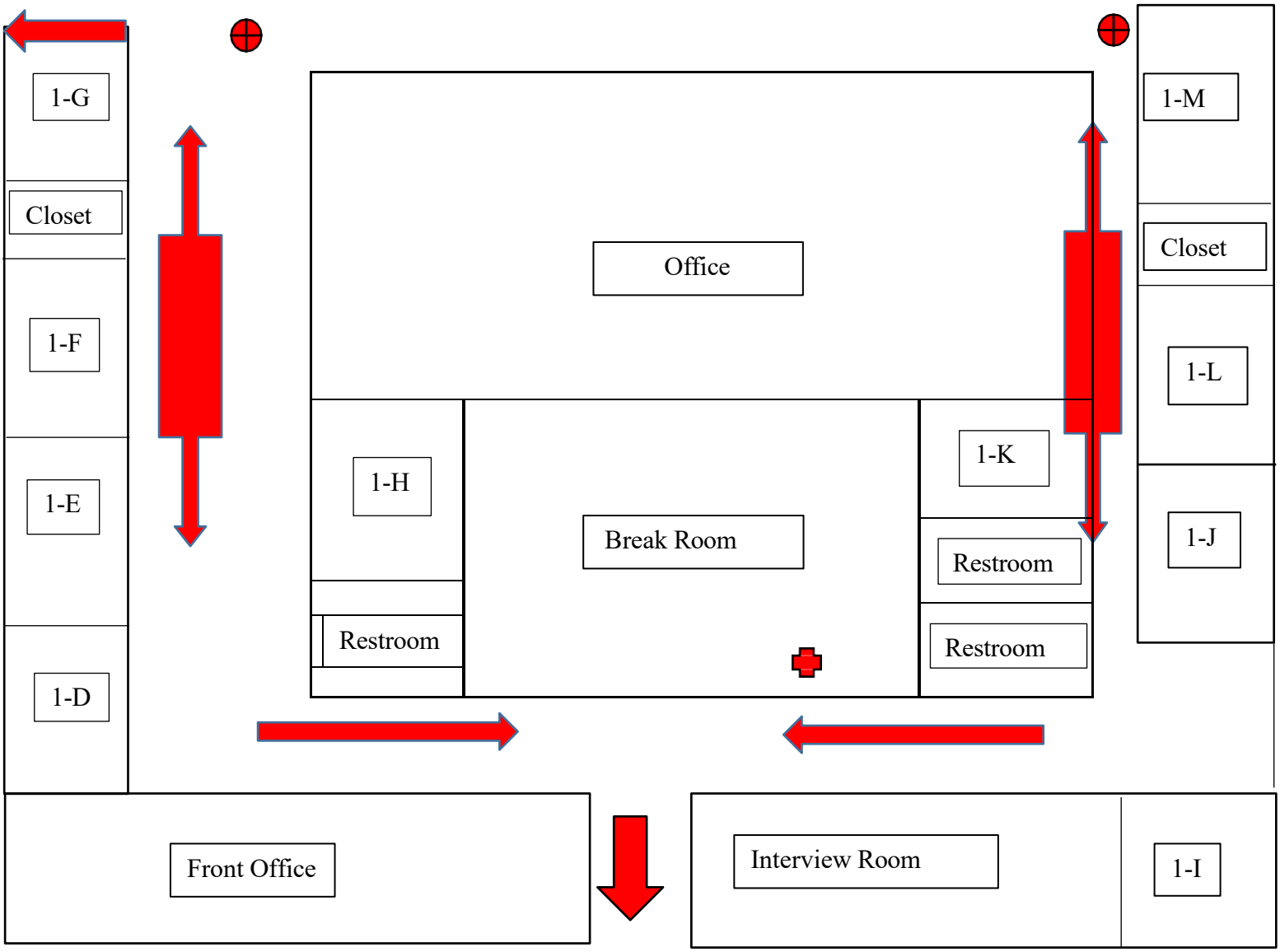
Police and Fire for all Counties: 9-1-1

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

Emergency Exit Plan

First Floor

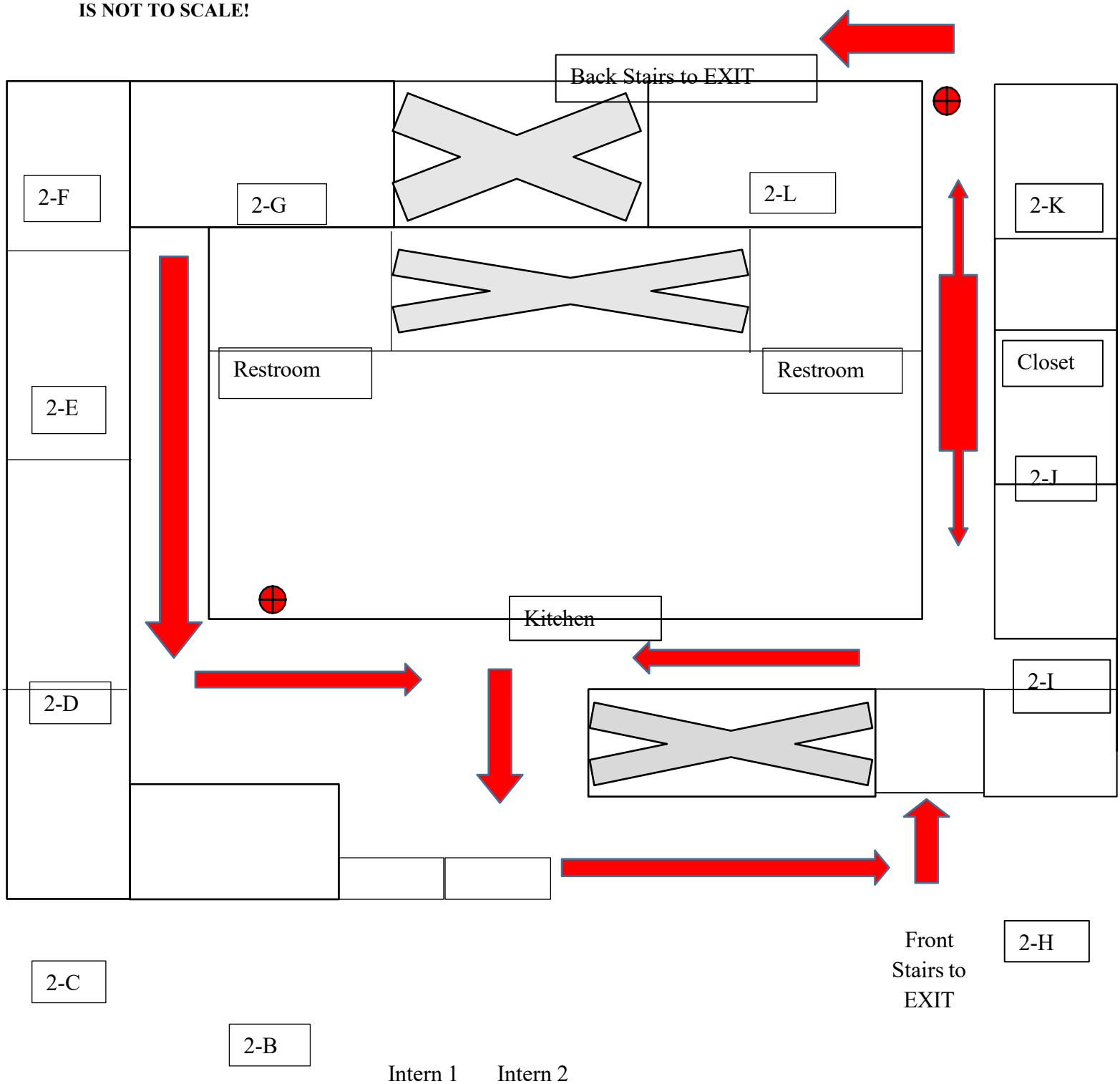
EXITS ARE MARKED WITH RED ARROWS; FIRE EXTINGUISHERS WITH RED DOTS; AND THE AED WITH A RED CROSS. THE ROUTE YOU TAKE WILL DEPEND ON WHERE THE FIRE IS LOCATED AND WHERE YOU ARE WHEN YOU HEAR THE ALERT. EXIT ROUTES ARE MARKED IN BLUE. MAP IS NOT TO SCALE!



Emergency Exit Plan

Second Floor

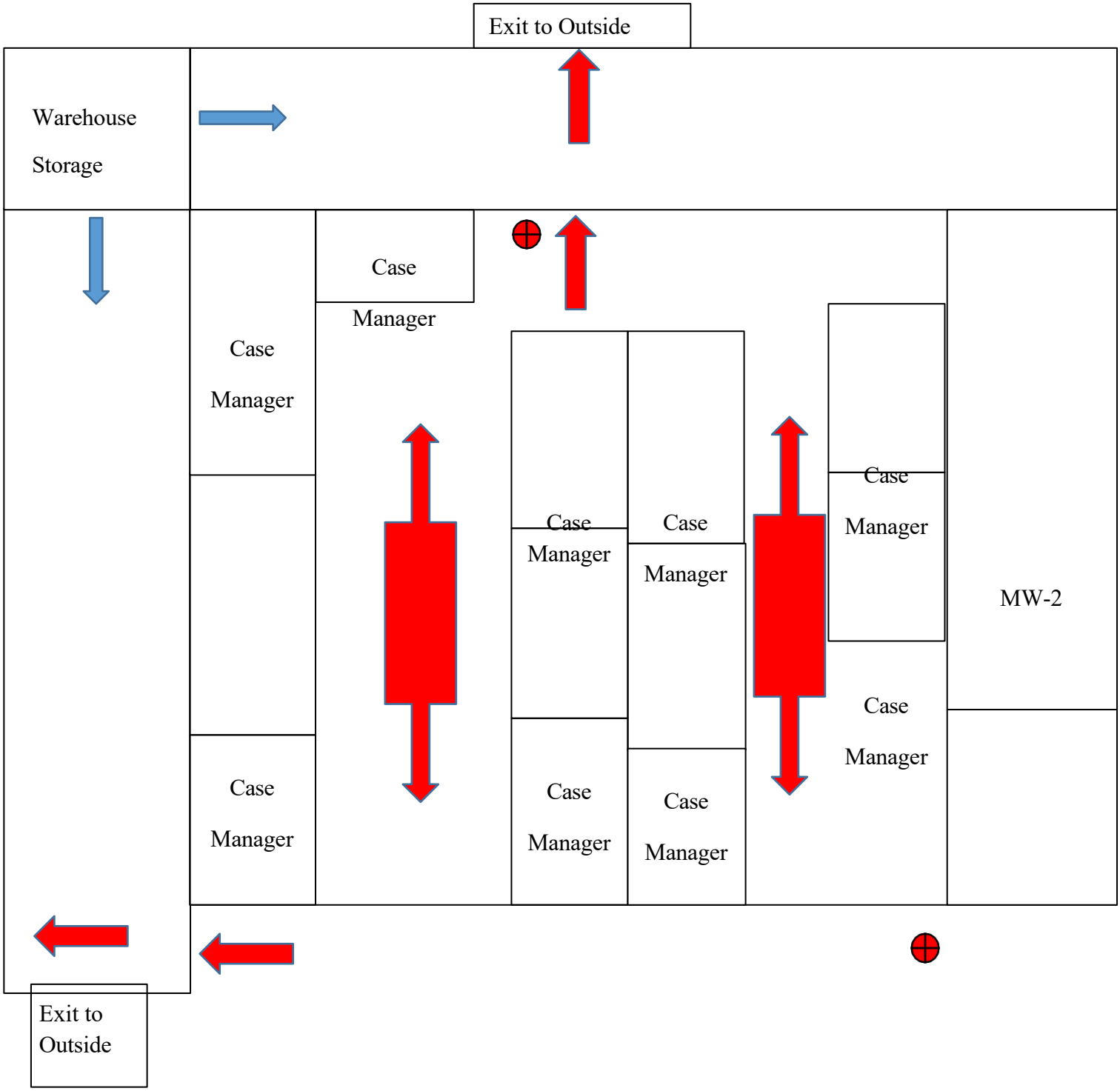
EXITS ARE MARKED WITH RED ARROWS; FIRE EXTINGUISHERS WITH RED DOTS; AND THE AED WITH A RED CROSS. THE ROUTE YOU TAKE WILL DEPEND ON WHERE THE FIRE IS LOCATED AND WHERE YOU ARE WHEN YOU HEAR THE ALERT. EXIT ROUTES ARE MARKED IN BLUE. MAP IS NOT TO SCALE!



Emergency Exit Plan

Medicaid Waiver Suite

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. EXIT ROUTES ARE MARKED IN BLUE. MAP IS NOT TO SCALE!



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

Staff Member	CPR	AED	First Aid	Recert.
Carolyn Abbott	X	X	X	5/2025
Lisa Adams	X	X	X	5/2026
Amanda Glass	X	X	X	6/2026

Inventory - EAP Cabinet

TO BE REVIEWED: MARCH 2025

LAST REVIEWED: MAY 2024

Quantity	Item	Inventory	Expiration Date
6 cases	bottled water	0	
	tuna	0	
8 cans	chicken	0	3.26
6 small cans	beef stew	6	3.27
1	can opener	1	
3	trash bags	3	
2	black markers	2	
10	blankets	9	
3	towels, washcloths	3 towels/4washcloths/4handtowels	
3	Deodorant/Antiperspirant	3	
1	shampoo	1	
1	Bar of soap	1	
18	flashlights	18	
1 box	whistles	12 boxes of 12	
2 pack	leather cords	2	
2	air horn	2	
2	2 mil. Sheeting to cover doors	2	
6	2 mil. Sheeting to cover vents	6	
1	duct tape	1	
1	scissors	1	
1box	latex-free exam gloves	1	
1 bottle	Ibuprofen	1	3.27
1	Instant Temple Thermometer	1	
1	AA Batteries	1	
1 box	Alcohol Wipes	1	
3	Hand sanitizer	3	
2 boxes	Surgical masks	2	
1	First Aide Kits	2	
1	Radio	1	

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

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?

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.:

_____

_____

_____

_____

After an actual emergency which requires lock-down, shelter-in-place or evacuation, the M4A HR/Operations Manager shall assess the strengths and weaknesses of the emergency plan that was utilized and issue a written report with recommendations to the Executive Director within 10 business days. 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:

_____

_____

_____

Middle Alabama Area Agency on Aging

Disaster Response & Recovery Plan Addendum (SCSEP)

In the case of a disaster the following contingency plan will be operational.

Organizational Continuity Plan

During or after an emergency, agency management will evaluate the status of its assets, the condition of the community environment and the needs of its staff/participants. Upon the completion of the evaluation, steps are taken to restore services as soon as is practical and possible within the constraints of environmental realities, resource availability, and safety considerations."

- Staff capabilities include carrying out routine activities such as completion of forms, performing intakes, processing payroll and other administrative duties.
  Person responsible: Carolyn Fortner, Executive Director; Maranda Johnson, Assistant Director, Cayla Jones, Finance Director

- SCSEP Project Director & Assistant Director will have access to a laptop computer and hard copy of files containing the names, phone numbers and addresses of all active participants. If SCSEP director is unavailable, Maranda Johnson, Assistant Director will have those resources.

- SCSEP Participants will resume scheduled hours or make modifications in host agencies and schedules to accommodate their continued community service employment.
  Person responsible: Maranda Johnson, Assistant Director and Sarah Simmons, Finance Manager.

Property Safeguarded

All fiscal records and other records: Participant fiscal files are kept in the Fiscal office in a locked file cabinet. Participant personnel files are kept in the Project Director's office in a locked file cabinet.

Back Up Host Agencies (HA)

Participants should contact Michelle Posey, SCSEP Asst. Director (Cell) 205-962-5003 or (office) 205- 670-5770 or Tawny Day, SCSEP Project Coordinator, 205-670-5770 if their host agency is not available, if both are unavailable, please contact Maranda Johnson, Assistant Director, 205-670-5770.

M4A will work with participants to find temporary placement at: Red Cross, Salvation Army, Community Action, senior centers, etc.

Also, an assessment of the potential for additional placements at the following current host agencies has been done to accommodate participants whose HA is unavailable: Yes; M4A's SCSEP program has roughly 20 HA without participants. These HA are able to act as temporary placements for participants.

Back Up Plan (IT)

In the event that network communications are unavailable, hard copy of essential documents are being kept with Michelle Posey, Assistant Project Director, in a locked file cabinet.

Payroll Continuation

All fiscal records and other records: Participant's fiscal files are kept in the Fiscal office in a locked file cabinet. Participant personnel files are kept in the Project Directors office in a locked file cabinet.

Alternatively, M4A is able to manually write a check to pay a participant if needed.

Middle Alabama Area Agency on Aging

Disaster Response for High-Risk Clients

In the case of an emergency or inclement weather where the AAA has advance notice, M4A notifies and instructs employees using email and/or OneCallNow.

Nutrition: M4A's Nutrition Supervisor maintains a list of homebound frozen meal clients who are high risk and live alone using information from the Universal Intake Form. This list is updated at least quarterly.

When the Nutrition Supervisor has advance notice of an emergency or inclement weather, the Nutrition Supervisor and other Nutrition employees notify not only center managers of inclement weather or emergency but also frozen meal clients who are high risk and live alone.

Post-inclement weather or emergency, the Nutrition Supervisor contacts not only all center managers to make sure the centers and participants are unaffected by the weather but also the relevant frozen meal clients to check on their safety

Medicaid Waiver: Medicaid Waiver identifies high risk clients who live alone via FAMCare and their Case Managers are responsible for notifying their clients both pre-inclement weather and post-inclement weather or emergency.

Alabama Cares: Alabama Cares clients who have a loved one (care recipient) who is high risk and lives alone is instructed by the Alabama Cares Coordinator to have an emergency preparedness plan for this loved one, although it is rare that the Alabama Cares Program serves a caregiver who does not live with a high-risk care recipient.

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.

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.

1. 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.

Middle Alabama Area Agency on Aging

Disaster Recovery and
Business Continuity Plan

Table of Contents

Introduction

This document is the Business Continuity Plan for M4A, 209 Cloverdale Circle, Alabaster, AL 35007.

This plan was specifically designed to guide M4A through a recovery effort of specifically identified organization functions. At the onset of an emergency condition, M4A employees and resources will respond quickly to any condition which could impact M4A's ability to perform its critical organizational functions. The procedures contained within have been designed to provide clear, concise and essential directions to recover from varying degrees of organizational interruptions and disasters.

Please note that this plan is provided as an outline of possible necessary steps determined prior to a disaster. It is not intended to be a complete work. Disasters and their effects are unpredictable and may vary from what was planned.

Policy Statement

It is the policy of M4A to maintain a comprehensive Business Continuity Plan for all critical organization functions. Each department head is responsible for ensuring compliance with this policy and it is reviewed no less than annually. M4A's Disaster Recovery efforts exercise reasonable measures to protect employees, safeguard assets, and client records.

Plan Distribution

Each employee of M4A will receive the plan via PerformYard. Employees are encouraged to print two copies of the plan: one for home and one for their car.

Plan Revision Date

The latest manual revision date appears in the lower left-hand corner of the footer. This date indicates the most recent published date of the plan.

Defined Scenario

A disaster is defined as a disruption of normal organizational functions where the expected time for returning to normal would seriously impact M4A's ability to maintain client commitments and regulatory compliance. M4A's recovery and restoration program is designed to support a recovery effort where M4A would not have access to its facilities and data at the onset of the emergency condition.

Recovery Objectives

The M4A Plan was written with the following objectives:

To ensure the life/safety of all M4A employees and vulnerable clients throughout the emergency condition, disaster declaration, and recovery process.

To re-establish essential organization related services.

To suspend all non-essential activities until normal and full organization functions have been restored.

To mitigate the impact to M4A's clients through the rapid implementation of effective strategies as defined herein.

To reduce confusion and misinformation by providing a clearly defined command and control structure.

To consider relocation of personnel and facilities as a recovery strategy of last resort.

Plan Exclusions

The **M4A Business Continuity Plan** does not include:

Succession of Management

Restoration of the Primary Facilities

Plan Assumptions

M4A's Business Continuity Plan was developed under certain assumptions for the plan to address a broad spectrum of disaster scenarios. These assumptions are:

M4A's recovery efforts are based on the premise that any resources required for the restoration of critical organization functions will reside outside of the primary facility.

Any vital records required for recovery can be either retrieved or recreated from an off-site location and moved to the recovery facility within 24 hours.

Declaration Initiatives

M4A's decision process for implementing any of the three levels of recovery strategies to support the restoration of critical organization functions are based on the following declaration initiatives:

Every reasonable effort has been made to provide critical services to M4A's operations by first attempting to restore the primary facility and/or operate using short term outage procedures.

After all reasonable efforts have failed to restore the primary facility and using manual procedures would restrict client support, M4A would implement a recovery strategy that requires the relocation of personnel and resources to an alternate recovery facility.

If the outage will clearly extend past the acceptable period of time, long term outage procedures will be implemented.

Recovery Strategies

To facilitate a recovery, regardless of the type or duration of disaster, M4A has designed multiple recovery strategies. These strategies are categorized into three (3) levels. Each level is designed to provide an effective recovery solution equally matched to the duration of the emergency condition.

LEVEL 1: SHORT-TERM OUTAGE (RIDE-OUT) – LESS THAN 48 HOURS

A short-term outage is defined as the period of time M4A can operate without computerized operations, or where an outage window of the same time would not allow adequate time to restore/utilize automated recovery operations.

LEVEL 2: MEDIUM-TERM OUTAGE (TEMPORARY) – UP TO SIX WEEKS

A medium-term outage is defined as the time that M4A will be impacted for a period greater than 48 hours, but less than six weeks. A disaster may either be declared agency wide or only for the affected department or building. The decision will be based on the amount of time and/or expense required to implement the formal recovery, as well as the anticipated impact to M4A's organization over this period of time.

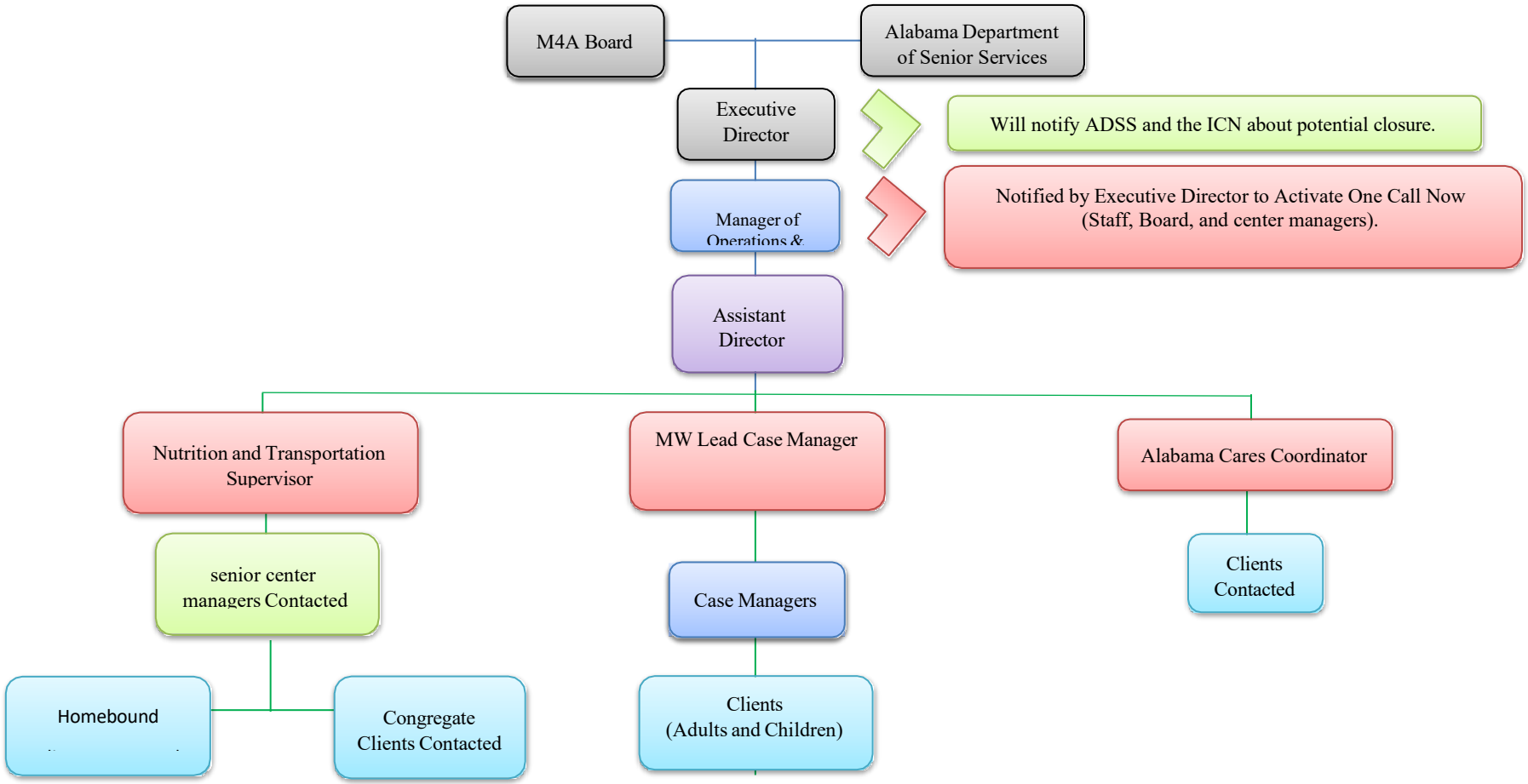
LEVEL 3: LONG-TERM OUTAGE (RELOCATION) – 6 WEEKS OR MORE

A long-term outage is defined as the period of time that M4A will exceed six weeks of recovery. During this phase of recovery, M4A will initiate a physical move of personnel and resources.

Team Overview

During an emergency, each team member contributes the skills that they use in their everyday work to the overall response.

M4A Emergency Contact Chart



** If program staff are unable to reach a client or if a client needs assistance, the program staff person will notify the Assistant Director and Manager of Operations and Strategy. The Manager of Operations and Strategy will contact the appropriate county EMA office.

Teams

BUSINESS CONTINUITY AND RESPONSE TEAM

The Business Continuity and Response Team is comprised of senior M4A management and is responsible for authorizing declarations of disaster, emergency expenditures, approving public release of information, and ensuring stakeholders and clients are informed. They will be first on scene to assess the damage caused by the disaster or ensure precautionary measures are taken in light of any impending disaster (e.g., inclement weather, etc.). Once the Business Continuity and Response Team determines the extent of the disaster, they will either order an evacuation of the facility or work with facilities to mitigate the effects to M4A. If necessary, a command center will be established. This team will be directed by the Executive Director and contain the

following members:

Assistant Director

Manager of Operations and Strategy

Director of Finance

Director of Human Resources

Director of the Elder Justice Center

RECOVERY AND COMMAND CENTER TEAM

The Recovery Team provides enterprise-level support for both the physical site and technology issues. The Recovery Team will be the first persons at the established meeting point, or alternative site, in order to register arriving personnel. If necessary, the members of this team will establish a command center ensuring that the alternate site is ready and adequate for arriving recovery personnel. Members of the Recovery Team will include:

Executive Director

Assistant Director

Manager of Operations and Strategy

Administrative Assistants

Receptionists

Director of Finance

Finance Manager

Finance Clerk

Finance Program Assistant

Director of Human Resource

Director of the Elder Justice Center

EJC Office Manager

RESTORATION TEAM

The Restoration Team consists of personnel from M4A's programs deemed critical to the continuation of M4A. The members of the Restoration Team receive updated status from the other teams to pass on to their team members to ensure prompt recovery of each department.

Recovery Team (see page 7)

Community Services Manager

Older Americans Act Manager

ADRC Supervisor

ADRC Specialists

AL Cares Coordinator

Nutrition and Transportation Supervisor

SenioRx Coordinator

SHIP Coordinator

MW Lead Case Manager

RN Supervisor

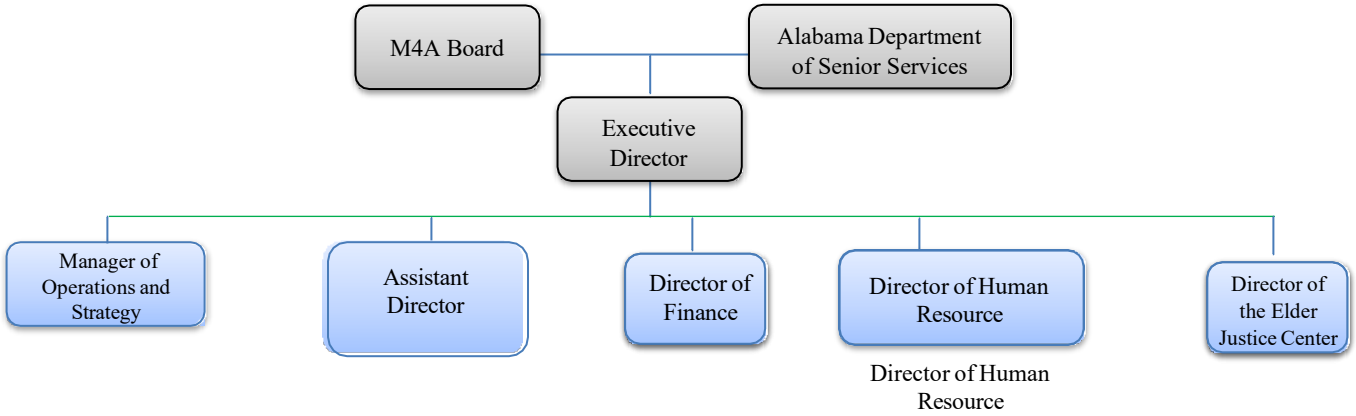
Community Ombudsman

SCSEP Project Director

SCSEP Assistant Project Director

Disaster Recovery and Business Continuity Plan

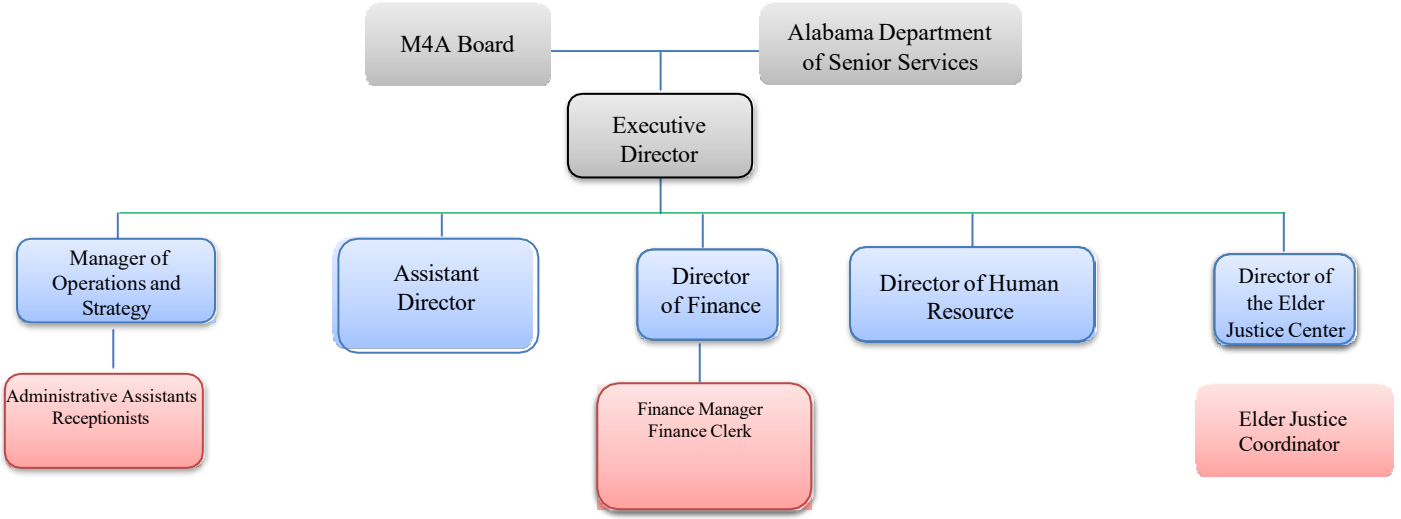
Business Continuity and Response Team



**This team will be first on scene to assess the damage caused by the disaster or ensure precautionary measures are taken in light of any impending disaster (e.g., inclement weather, etc.)

Disaster Recovery and Business Continuity Plan

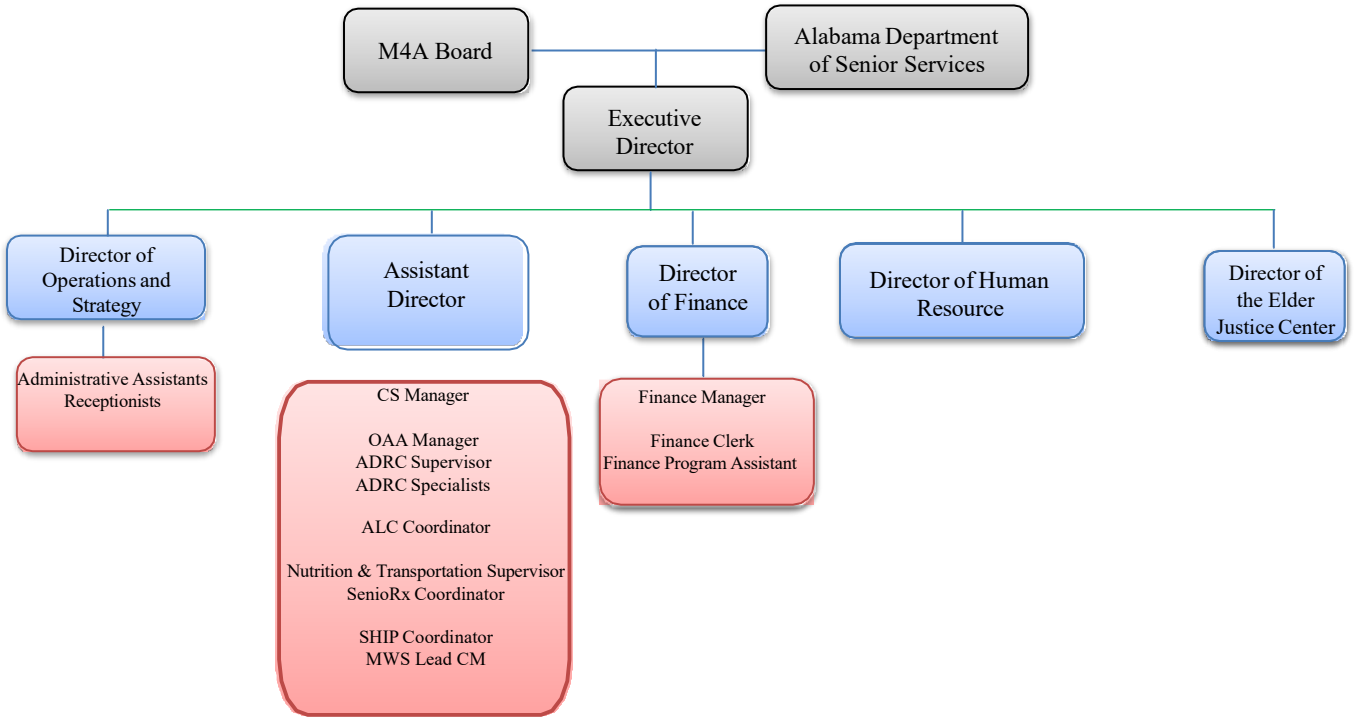
Recovery and Command Center Team



**This team will be the first persons at the established meeting point, or alternative site, in order to register arriving personnel. If necessary, the members of this team will establish a command center.

Disaster Recovery and Business Continuity Plan

Restoration Team



**This team will receive updated status from the other teams to pass on to their team members to ensure prompt recovery of each department.

Emergency Phone Numbers

Emergency

1.	Police	911
2.	Fire	911
3.	Ambulance	911
4.	ADT (Alarm Company)	(800) 238-2727

Communications

Agility Technology Group (Main number): (205) 543-7880

Daniel Layfield: (205) 543-7880 ext. 103

Greg Hardy: (205) 543-7880 ext. 101

Eric Plowman: (205) 543-7880 ext. 102

BTS Technologies (David Dick: BTS, Level3 and Charter):

Main Number: (205) 290-8423

Cell Number: (205) 290-8301

Maintenance & Repair

Steve Harless	(205) 369-6357
	(205) 664-4751
MainLine Heating and Air	
	(205) 290-0890
Cooks Pest Control	(205) 664-4500
American Electrical Company	
	(800) 888-2726
Alabama Power	

Threat Profile

Hazard:	Profile of Hazard:	First Response:
Freezing Rain	Freezing rain is rain occurring when surface temperatures are below freezing. A heavy accumulation of ice may affect trees and transmission lines. Streets and highways become extremely hazardous to motorists.	Step 1: Monitor weather advisories. Step 2: Notify staff in the field via One Call Now. Step 3: Close office as needed. If closing office, activate One Call Now and contact ADSS and the ICN.
Tornadoes	Tornadoes are violent rotating columns of air, which descend from severe thunderstorm cloud systems. They are normally short-lived local storms containing high-speed winds. A tornado can cause damage even though it does not appear to touch the ground.	Step 1: Monitor weather conditions. Step 2: Call 911. Step 3: Activate One Call Now. Contact ADSS and the ICN if needed. Step 4: Out of office staff-shelter in place. Step 5: Staff in the office-shelter in the downstairs SCSEP office.
Flood	M4A's service region is located in a minimal risk flood zone according to the Flood Risk Information System. However, if flooding does occur, follow the flood procedures under "First Response."	Step 1: Monitor flood advisories. Step 2: Determine flood potential to remote workers. Step 3: Notify employees at risk with One Call Now. If needed, contact ADSS and the ICN.
Hurricane	Our area is not considered a coastal area; however, hurricane winds and rain have affected this area. Aftermath may involve clean up, repair and extended periods without electricity.	Step 1: Listen for hurricane advisories and warnings. Step 2: Close office if needed. If closing office, activate One Call Now and contact ADSS and the ICN. Step 3: Shut down all equipment.
Earthquake	An earthquake is the shaking, or trembling, of the earth's crust, caused by underground forces. Aftermath may include building damage and loss of utilities.	Step 1: Evacuate building if needed. If closing office, activate One Call Now and contact ADSS and the ICN. Step 2: Shut off utilities. Step 3: Account for all personnel. Step 4: Determine impact of organization disruption.

Power Failure	Power failures occur throughout the year and can severely impact the entire community. They can be caused by winter storms, lightning or construction equipment digging in the wrong location.	Step 1: Call Alabama Power. Step 2: Contact Agility IT. Step 3: Contact ADSS and the ICN.
Building Fire	In case of a building fire, follow M4A fire procedures. See page 16 for the "Office Emergency Quick Chart."	Step 1: Report the fire (call 911). Step 2: Bring flashlight and evacuate. If closing office, activate One Call Now and contact ADSS and the ICN. Step 3: Report to front of the building. Step 4: Account for all employees. Step 5: Assess damage.
Regional Fires	Although unlikely, brush or forest fires have occurred in parts of Alabama and Florida.	Step 1: Monitor reports. Step 2: Evacuate building. If closing office, activate One Call Now and contact ADSS and the ICN. Remove essential contents from office if time allows.
Bomb in the building	Bombs can be constructed to look like almost anything and can be placed or delivered in various ways.	Step 1: Evacuate the building. If closing office, activate One Call Now and contact ADSS and the ICN. Step 2: Notify 911. Step 3: Activate One Call Now. Step 4: Account for all staff. Step 5: Return to building once cleared by emergency personnel.
Hazardous Material outside the building	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.	Step 1: Shelter in the downstairs SCSEP office. Step 2: Notify appropriate EMA and 911, as well as ADSS and the ICN. Step 3: Activate One Call Now. Step 4: HR and Operations Manager will turn off HVAC. Step 5: Teams 1 and 2 (See page 16 for the "Office Emergency Quick Chart.") will close/seal doors and vents.

Hazardous Material inside the building	Hazardous materials may be released in the building. If so, follow the next steps.	Step 1: Evacuate the building. Step 2: Notify appropriate EMA and 911, as well as ADSS and the ICN. Step 3: Activate One Call Now. Step 4: Return to building once cleared by emergency personnel.

Office Emergency 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!**	FIRE - INTERCOM	Front Parking Lot	9-1-1	Bring flashlight. Exit building quickly.
Bomb in building **Evacuate!**	BOMB INTERCOM	Front Parking Lot	9-1-1	Bring flashlight. Exit building quickly.
Hazardous Material in the building: **Evacuate!**	INTERCOM/One Call Now	Front Parking Lot	9-1-1 and/or EMA 669-3999 One Call Now is Activated	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!**	INTERCOM/One Call Now	SCSEP Office	9-1-1 and/or EMA 669-3999 One Call Now is Activated	Bring flashlight, marker & whistle. HR and Director will turn off all air units. **Teams 1 and 2 will close/seal doors and vents and render first aid.
Inclement Weather	INTERCOM/ One Call Now	SCSEP Office	One Call Now is Activated	In office: shelter. Out of office: caution.

Intruder/Active Shooter	INTRUDER or SHOOTER	RUN, HIDE, FIGHT	9-1-1	**RUN:** Find the nearest escape route, leave belongings, and keep hands visible. **HIDE:** Hide in an area out of sight, block entry to hiding space and lock doors, and silence phones and/or pagers. **FIGHT:** As a last resort and only when your life is in imminent danger: attempt to incapacitate the intruder and act with physical aggression and throw items at the intruder.

**Team 1: LISA ADAMS & ANNA LAY / Team 2: NATALIE LOCASTRO & JESSICA DAVENPORT

Recovery Strategy Overview

M4A's Disaster Recovery and Business Continuity Plan is created for surviving the loss of facilities and/or systems during a disaster.

Once M4A's **Business Continuity and Response Team** has determined that a declaration of disaster is required, the following sequence of events will occur:

Steps:	**Instructions:**
1: Evacuate affected facility	If the emergency requires the evacuation of employees, follow the appropriate evacuation plan contained on the "Office Emergency Quick Chart" on page 15.
2: Go to evacuation location	Follow appropriate building evacuation instructions. Employees in the field will be instructed to return home.
3: Determine length of outage	Review written and verbal damage assessment reports from facilities and civil authorities and then estimate the amount of time the facility will be uninhabitable.
4: Select disaster level	Based on the estimated duration of the outage, declare the disaster event as either a L1 (Less than 48 hrs.), L2 (49 hrs. to 6 weeks), or L3 (7 weeks or longer). Executive Director or Assistant Director will contact both ADSS and the ICN.
5: Activate alternate facilities plan	Contact alternate facilities identified on page 20 of this plan. Confirm their availability and alert them of estimated arrival time.
6: Release personnel from the evacuation area	Once the disaster level has been selected, release all employees from the evacuation area to their assigned recovery location. Non-essential personnel – Home Recovery and Command Center Team – Alternate Facility
7: Recovery and Command Center Team establish Command Center	Recovery and Command Center Team are the first to arrive at the alternate facility to setup and organize the command center prior to the arrival of support personnel.
8: Establish situation desk	At the command center, establish a dedicated line with operator to field all incoming calls. Announce command center phone number to entire team.

9: Review recovery plan	Review the Recovery Plan to establish priorities on a department by department basis.
10: Create technology shopping list	Once the technology requirements of the affected department(s) are known, create a requirements list for Manager of Operations and Strategy.

Disaster Recovery and Business Continuity Plan

Steps:	Instruction:
11: Contact vendors	Using the vendor contacts or local sources, order replacement technology.
12: Retrieve electronic/hardcopy vital	Retrieve vital records from backup service or other locations. Have vital records sent to the alternate facility if necessary.
13: Setup replacement LAN	The priority of M4A server restoration is to support all M4A business.
14: Populate alternate facility	Once the replacement network is functional, notify the Restoration Team that employees can now begin populating the alternate facility.

*If agency closes or delays opening, Executive Director or Assistant Director will inform both ADSS and the ICN.

Disaster Recovery and Business Continuity Plan

Plan Participants

The following identifies the M4A plan participants and their associated recovery function. At the time of a disaster, these individuals will be among the first to be contacted.

Recovery Role:	**Primary:**	**Alternate:**
Recovery Manager	Name: Carolyn Fortner Title: Executive Director Office: 205-670-5770 ext. 216 Cell: 205-299-2470 E-mail: cfortner@M4A.org	Name: Natalie Locastro Title: Manager of Oper & Strategy Office: 205-670-5770 ext. 215 Cell: 205-267-7137 E-mail: nlocastro@M4A.org
Voice Recovery	Name: Natalie Locastro Title: Manager of Oper & Strategy Office: 205-670-5770 ext. 215 Cell: 205-267-7137 E-mail: nlocastro@M4A.org	Name: Lisa Adams Title: Director of Human Resource Office: 205-670-5770 ext. 112 Cell: 205-777-9821 E-mail: ladams@M4A.org
IT Recovery	Name: Natalie Locastro Title: Manager of Oper & Strategy Office: 205-670-5770 ext. 215 Cell: 205-267-7137 E-mail: nlocastro@M4A.org	Name: Agility IT Title: Off-Site IT Contractor Office: (205) 543-7880 Cell: N/A E-mail: support@agilityit.com

Disaster Recovery and Business Continuity Plan

Recovery Role:	Primary:	Alternate:
Network Recovery	Name: Natalie Locastro Title: Manager of Oper & Strategy Office: 205-670-5770 ext. 215 Cell: 205-267-7137 E-mail: nlocastro@M4A.org	Name: Agility IT Title: Off-Site IT Contractor Office: (205) 543-7880 Cell: N/A E-mail: support@agilityit.com
Administrative Support	Name: Lisa Adams Title: Director of Human Resources Office: 205-670-5770 ext. 112 Cell: 205-777-9821 E-mail: ladams@M4A.org	Name: Anna Lay & Jessica Davenport Title: Receptionist Office: 205-670-5770 E-mail: alay@M4A.org / jdavenport@M4A.org

Alternate Site Setup

Once the alternate site has been secured, the Recovery and Command Center Team will work with the staff to configure appropriate command center and recovery space.

The following provides M4A configurations for general work areas and the command center.

Recovery Area:	**Configuration:**
Command Center	Occupancy – 10 Room – 500-sq. ft. Conference table or 8 smaller tables Phones – 10 Office supplies – stationary, writing supplies, copier Communications – cellular phones
Work Area Recovery	Occupancy – 50 Room – 3000- sq. ft. Folding Tables- 30-50 Phones – 55 Facsimile – 1 Office Equipment – copier, printer, desktop/laptop, scanner, calculator Office supplies – stationary, writing supplies
Admin Support Room (Supplies Only)	Occupancy – 0 Room – 100-sq.ft. Phone – 0 Office Equipment – scale, postage meter Supplies – Mailing/shipping supplies

Disaster Recovery and Business Continuity Plan

Recovery Ranking

The following organization processes will be recovered within the sequence specified below:

Priority Rank:	Organization Process:	Potential Impact:	Allowable Downtime:
1	Phone System	Communication is key for our agency because we receive approx. 300 phone calls monthly. It is also necessary for teams to be able to communicate with each other to perform their job duties.	24 hrs-48 hrs.
2	Network/IT	To be able to perform our normal processes, the ability to connect to email, web-based software, etc., is necessary.	24 hrs-48 hrs.
3	Accounting	For business to be able to continue, we will need to establish the ability to make payments to vendors, as well as employees.	2-3 days
4	Mail	Establish the alternate mailing address for postal service as well as Fed Ex, UPS.	3 days
5	Workstations	Establish docking stations for necessary employees to be able to perform their functions. Each employee has a laptop.	5 days
6	Field Workers	Establish additional remote offices as needed.	3 days

Disaster Recovery and Business Continuity Plan

Vendor Contact Information

Provider:	Contact:	Purpose:
ABS	(205) 451-1700	Printers
ADT	(800) 238-2727	Alarm System
Advanced Electrical Company	(205) 664-4500	Electrical
Agility Technology Group	(205) 543-7880	Computers, Internet and Server
Alabama Power	(800) 888-2726	Power
BTS	(205) 290-8423	Phone Hardware
MainLine Heating and Air	(205) 664-4751	HVAC
Cooks	(205) 290-0890	Pest Control
Deep Green Lawn Care	(205) 529-5919	Lawn care, exterior clean up
Steve Harless	(205) 369-6357	Building Owner
Office Depot	(800) 463-3768	Paper products and Office supplies

Recovery Location Options

The below are options for recovery locations to be used based on need and availability.

15863 Highway 25 Calera, AL 35040 (Building connected to the Calera senior center)

200 Mildred Street Columbiana, AL 35051

Additional Possible Locations:

Shelby County facilities

City of Alabaster facilities

Hotel Conference Rooms

Unoccupied commercial real estate

PUBLIC MEETING

Calling All:

- **Senior Adults**
- **People with Disabilities**
- **Caregivers**

We want to hear from you!

We are seeking comments from senior adults, people with disabilities, caregivers, and others interested in people living at home and in their communities for as long as possible.

Collected information will be used in the development of the 2025-2028 Area Plan for the Middle Alabama Area Agency on Aging.

Thursday, June 5, 2025

10:00a.m. – 11:15a.m.

For more information, contact

Natalie Locastro at (205)670-5770

Clanton Senior Center

500 Enterprise Road

Clanton, AL 35045

You can email comments to:

areaplan@m4a.org

We are seeking comments from senior adults, people with disabilities, caregivers and others interested in people living at home and in their communities for as long as possible. To prepare for this meeting please fill out this survey.

How important are the following for older Alabamians to age successfully?

Please choose one of the following:

1 = Not Very Important 2 = Somewhat Not Important

3 = Somewhat Important 4 = Very important

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				
Information about Emergency Preparedness				
Information about Alzheimer's and Other Dementias				
Information about Elder Abuse, Neglect and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Health Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

Comments:_____

_____

_____

Moody Waiver FY26

Reviewed: AP
Approved: JW B
Commissioner
Denied: _____
Commissioner
Date: 6-9-2025

Alabama Department of Senior Services
WAIVER REQUEST FORM

Area Agency on Aging: Middle Alabama Area Agency on Aging FY: 2026

Date Submitted: May 28, 2025

Service/Activity: Nutrition (only one service/activity per waiver request)

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. X

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.)

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.)

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.)

Part E: If request is for reduction in days served (less than 5 days a week), explain how high-risk participants and C-2 clients will be served 5 days a week:

Explanation: **The City of Moody has requested its senior center be allowed to operate 4-days per week because the municipality's offices and services, including the senior center, are open Monday-Thursday. The City will make an additional lunchtime meal (hot, frozen or picnic) available to all participants who need or request one in order to ensure that all high-risk participants have meals for 5-days per week.**

Part F: If request is for cost share waiver, Part A) 3 answer, check box a or b, and explain.

☐ a. Is a significant portion of the persons receiving the services under the Act and subject to cost sharing under the state threshold of $1,063 per month income? Yes or No (provide documentation)

Explanation: _____

_____

_____

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

Explanation: _____

_____

_____

Part G: Signature

_____ _____

Signature of Area Agency on Aging Director Date

_____ May 28, 2025

Signature of Executive Director Date

BH

Reviewed: AP

Approved: [signature] Commissioner

Denied: _____ Commissioner

Date: 6-9-2025

Alabama Department of Senior Services
WAIVER REQUEST FORM

Area Agency on Aging: Middle Alabama Area Agency on Aging **FY:** 2026

Date Submitted: May 28, 2025

Service/Activity: Nutrition (only one service/activity per waiver request)

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. X

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.)

_____

_____

_____

_____

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.)

_____

_____

_____

_____

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.)

_____

_____

_____

_____

ADSS 7/31/2020

Part E: If request is for reduction in days served (less than 5 days a week), explain how high-risk participants and C-2 clients will be served 5 days a week:

Explanation: **The City of Odenville has requested its senior center be allowed to operate 4-days per week because of participation. The City will make an additional lunchtime meal (hot, frozen or picnic) available to all participants who need or request one in order to ensure that all high-risk participants have meals for 5-days per week.**

Part F: If request is for cost share waiver, Part A) 3 answer, check box a or b, and explain.

☐ a. Is a significant portion of the persons receiving the services under the Act and subject to cost sharing under the state threshold of $1,063 per month income? Yes or No (provide documentation)

Explanation: _____

_____

_____

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

Explanation: _____

_____

_____

Part G: Signature

_____ _____

Signature of Area Agency on Aging Director Date

_____ May 28, 2025

Signature of Executive Director Date

ADSS 7/31/2020

Attachment 13: SWOT Analysis Summary

Summary of Recommendations

Reset the expectations.

I have compiled a current contact list for those working in the area senior centers for easy access to the directors or managers with whom you need to support more closely.

Main Themes from SWOT

1. Low congregant and homebound participation in the meal program;
2. Low participation in the transportation program;
3. Lack of community support for senior center initiatives such as "meals on wheels" program (volunteer programs to deliver hot, homebound meals and visit homebound meal clients), senior center activities and projects;
4. Motivation and resources of the senior center leadership;
5. Other factors such as best practices.

Meals

1. A lack of volunteers to deliver and prepare the meals, or accept more referrals;
2. Program directors being the driver which pulls them from the senior center where activity programs, networking and marketing needs their attention more than ever;
3. The delay in getting a new meal added (referral for homebound takes too long);
4. Difficulty attracting seniors to visit before mealtimes and/or stay after meals to engage with other seniors or programs;
5. Time consulting paperwork that could be digital for ease and faster service.

Transportation

It is first important to consider that centers are growing without transportation services provided while other centers that have transportation are NOT growing. Transportation should be an asset to those who have it available while desired by others. However, it is not key to growth. The SWOT results have confirmed the same trend regarding meal programs, inconsistency and a lack of policy/understanding.

They do not understand how to market the transportation or utilize it for their benefit. This is certainly an area that needs more attention and one I would love to dive more into. It will most likely come down to the need to educate the center managers, seniors and their caregivers, the community and market the outcomes.

Volunteers and Support for center managers

The need for volunteers affects every aspect of every senior center. The lack of volunteers affects the programs and activities that can be offered and the time the manager has to actually run the center. The education to be provided by professional partnerships, manpower for homebound meal deliveries, and donations of time, services, activity supplies and programs is also greatly affected. One must also not forget the effect on the supporting energy, passion and commitment that enables growth and prevents burnout and declining programs. We simply must pour into our program directors that they are not meant to do it alone. We are stronger together and our older

Americans deserve the very best we can provide them.

Change Needed
Almost all of the centers feel their programs have suffered from COVID shutdown and are struggling with getting things off the
ground again. They agree that depression has increased since COVID, yet their programs haven't changed.

Change is *essential* and begins with us and them. I encourage you to "celebrate" them and then "challenge" them…challenge them to commitment, to task orientation, training and execution. This is not a one-time thing either…more like monthly to quarterly. I have prioritized a list I feel would benefit from an on-site visit asap now that the holidays are behind us.

I have prioritized a list I feel would benefit from an on-site visit asap now that the holidays are behind us.

The most common *excuse* for bingo (and
bingo alone) is "my seniors are set in their ways." Let's change their ways and help them to find what they might enjoy and don't even recognize they need.

50% of the population interviewed feel their main function of the center is for nutrition programs, while 37.5% feel that their activity program is their most important program, yet lack diversity, structure and planning to engage and grow programs. 12.5% feel the resources or education are important for their programs.

Sample Action Steps

- 100% of directors interviewed feel inadequate and insecure about their leadership. They cannot grow when they feel that way. **Action**: celebrate them and then challenge them.

- The seniors need to have on-going discussion, training if you will, for how to treat others and how to provide hospitality to the community they want AND to each other.

- Many feel there should be more signage around town leading the way to their center rather than just a sign out front.

- Marketing training, how to get program assistance, donations, community support, is desired and lacking. **Action**: start small but be consistent and I suggest starting with intake protocols.

(Need for technology and more frequent meetings)

- Many centers do not have an answering machine to accept messages outside of operating hours. 12.5% of the population interviewed.
- It would be very helpful, a request, for paperwork to be digital for a faster and more accurate delivery. Current practices take them longer than they feel they have, given the lack of volunteer support. **Action**: prioritize the crucial paperwork and improve electronic

efficiency. If workers are not efficient electronically, they will not keep up with the pace of the outside world in which they are trying to grow. Efficient leaders or managers and passionate support staff will drive change.

- Social media is under-utilized and could greatly help them market and share their programs and excitement. **Action**: social media will speak volumes to the caregivers of the seniors we are aiming to find.

- Educational programs are misunderstood and are not being strategically planned for what the seniors need or want to learn about. **Action**: professional speakers who can provide education on fraud, advance care planning, healthy lifestyles, fall prevention, etc. If vendors don't show, don't stop inviting, just don't invite THEM again.

- Less than half of the center directors know the city leadership and are asking for commitment to their needs. **Action**: round table meetings per county in Q1 to meet and discuss plans for the year to encourage city involvement. Newspaper, TV and local magazine articles, school serv-list of emails could be used to invite seniors, raise donation awareness, etc.

- The process to get a new homebound meal recipient started takes too long. **Action**: digital referral with a digital response (timely).

- Less than 3% of those interviewed have spent time recruiting volunteers or programs for their center. **Action**: managers are delivering meals and doing activities because they aren't finding volunteers or vendors/groups to support them. They simply must change this way of thinking by recognizing the importance of finding experienced and driven workers/volunteers.

Data and Feedbck from Public Meeting: June 5, 2025, Chilton County, AL

Availability or No Cost Legal Help	3.96
Availability of Meals (in the senior center or home-delivered)	3.81
Avalilability of Affordable Transportation	3.80
Information about Medicare or Medicaid Health Coverage	3.77
Availability of Affordable Housing	3.75
Availability of Affordable Home Modifications for Disabilities	3.74
Information about Scams Targetting Older Adults	3.74
Information about Isolation and Loneliness	3.68
Information about Elder Abuse, Neglect and Exploitation	3.67
Help with Staying at Home Instead of Nursing Home	3.67
Information about Alzheimer's and Other Dementias	3.62
Information about Safety and Crime Prevention	3.59
Information about Emergency Preparedness	3.58
Information about COVID-19 and Availability of Vaccination	3.52
Helps as a Caregiver Taking Care of an Aging Adult or Grandchild	3.52
Availability of In-Home Care (housing, perfornal care)	3.52
Help with Financial Planning	3.52
Help with Planning Healthy Meals	3.44
Availability of Assistive Technology	3.32
Help with Finding Employmet (full-time or part-time)	3.24
	3.62

The Public Hearing for the Area Plan was held Thursday, June 5, 2025 in Chilton County at the Clanton Senior Center. We received 27 responses to surveys in preparation for the public meeting and 18 people who attended the meeting. The following was discussed at the public meeting: older individuals do not know where to turn to for help; older individuals need transportation to/from medical appointments, grocery stores, pharmacies (and other places to meet their social and spiritual needs); older adults need to have safe access to and exit from their homes; they also need home modification to make living at home safe and independent. We need to teach older adults to better advocate for themselves during medical visits but we also need to education medical professionals about cultural differences (based on age, race) that will enable medical professionals and others to better communicate with older individuals, especially older minority adults. Other topics discussed at the public meeting: the importance of a caring and dynamic center manager to draw older adults to senior community centers where older adults will have friends, socialize, find opportunities to connect, volunteer, help others, and learn new things. Senior centners help older adults maintain their physical and emotional (mental, spiritual) well-being as they connect and help others. The results of the surveys that were completed indicated that the following are

most important to older adults who attended the public meeting: legal services, food, transportation, Medicare/Medicaid, housing, home modifications, scams/fraud that target older adults, elder justice, help staying at home and information about dementias.

Area Plan Required Information

Alabama's Area Agencies on Aging (AAAs) must include the following information in the organizations Area Plan:

Greatest Economic and Social Need

(2) That the area agency shall identify populations within the planning and service area at greatest economic need and greatest social need, which shall include the populations as set forth in the § 1321.3 definitions of greatest economic need and greatest social need.

Preference of services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities.

Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic factors, to include populations ADSS and its Area Agency on Aging (AAA) partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias) and living in rural locations throughout the state.

Assessment and Evaluation

(3) Assessment and evaluation of unmet need, such that each area agency shall submit objectively collected, and where possible, statistically valid, data with evaluative conclusions concerning the unmet need for supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers. The evaluations for each area agency shall consider all services in these categories regardless of the source of funding for the services; (4) Public participation specifying mechanisms to obtain the periodic views of older individuals, family caregivers, service providers, and the public with a focus on those in greatest economic need and greatest social need.

Alabama Department of Senior Services
2025-2028 State Plan on Aging
Needs Assessment

Make your voice heard by sharing what's important to you. We are seeking help from Senior Adults, People with Disabilities, Caregivers, and Others interested in people living at home for as long as possible. The information collected from this assessment will play an integral part in the development of the State Plan on Aging.

1. Please choose your race (Choose one by placing an X in the box of your choice)

American Indian or Alaska Native	☐	Native Hawaiian or Pacific Islander	☐
Asian or Asian American	☐	Native American	☐
Black or African American	☐	White	☐
Other	☐		

2. Please choose your ethnicity (Choose one by placing an X in the box of your choice)

Hispanic or Latino	☐	Not Hispanic or Latino	☐

3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

$1,255 or less	☐	Greater than $1,255	☐

4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	☐	60 or older	☐

5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	☐	Non-rural	☐

6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

7. Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

8. Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

9. Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

10. If you are not able to take care of yourself, is there a family member or friend who would take care of you? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐	Don't Know	☐

11. Using the number scale below, please tell us the importance of each item by placing an **X** in the box you choose:

1=Not Very Important, 2=Somewhat Not Important, 3=Somewhat Important, 4= Very Important

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				
Information about Emergency Preparedness				
Information about Alzheimer's and Other Dementias				
Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				

Help with Finding Employment (full-time or part-time)				

SPANISH

Departamento de Servicios para Personas Mayores de Alabama
Plan Estatal sobre Envejecimiento 2025-2028
Necesita valoración

Haz oír tu voz compartiendo lo que es importante para ti. Buscamos ayuda de adultos mayores, personas con discapacidades, cuidadores y otras personas interesadas en que las personas vivan en casa el mayor tiempo posible. La información recopilada a partir de esta evaluación desempeñará un papel integral en el desarrollo del Plan Estatal sobre el Envejecimiento.

1. Por favor elige tu carrera (Elige una colocando una X en la casilla de tu elección)

Indio americano o nativo de Alaska	☐	Nativo de Hawái o de las islas del Pacífico	☐
Asiático o asiático americano	☐	Nativo americano	☐
Negro o afroamericano	☐	Blanco/blanca americano	☐
Otro	☐		

2. Por favor elija su origen étnico (Elija uno colocando una X en la casilla de su elección)

hispano o latino	☐	No Hispano o Latino	☐

3. Por favor elija su rango de ingresos mensuales (Elija uno colocando una X en la casilla de su elección)

$1,255 o menos	☐	Más de $1,255	☐

4. Por favor elija su rango de edad (Elija uno colocando una X en la casilla de su elección)

Menos de 60	☐	60 o más	☐

5. Por favor elija su ubicación (Elija una colocando una X en la casilla de su elección)

Rural	☐	No rural	☐

6. ¿Vives solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

7. ¿Se siente socialmente aislado y/o solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

8. ¿Es usted una persona que vive con una discapacidad? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

9. ¿Es usted un cuidador que cuida a otra persona? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

10. Si no puede cuidarse a sí mismo, ¿hay algún familiar o amigo que pueda cuidar de usted? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐	no lo sé	☐

11. Usando la escala numérica a continuación, díganos la importancia de cada elemento colocando una **X** en la casilla que elija:

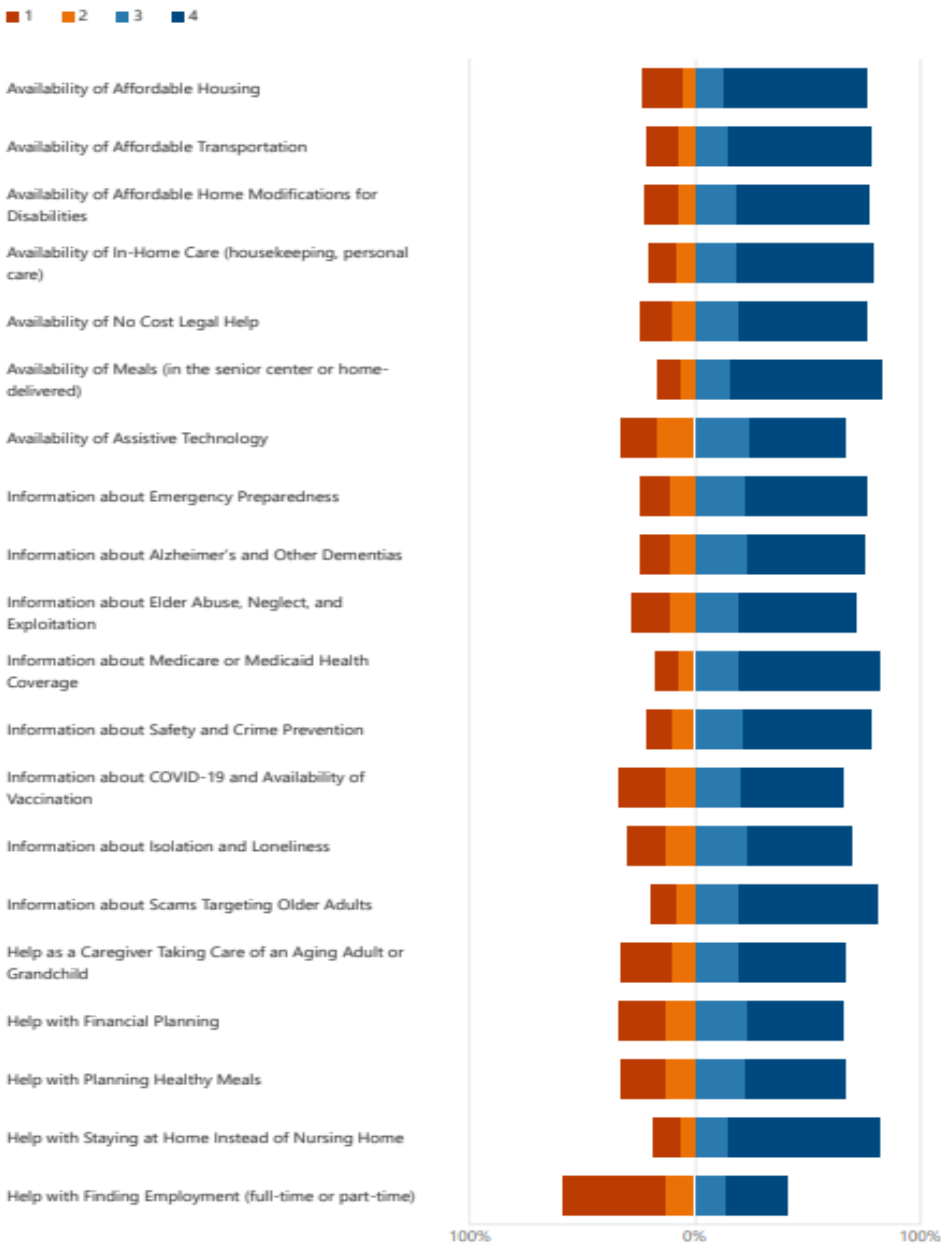
1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	1	2	3	4
Disponibilidad de viviendas asequibles				
Disponibilidad de transporte asequible				
Disponibilidad de modificaciones de viviendas asequibles para discapacitados				
Disponibilidad de atención domiciliaria (limpieza, cuidado personal)				
Disponibilidad de ayuda legal sin costo				
Disponibilidad de comidas (en el centro para personas mayores o entrega a domicilio)				
Disponibilidad de tecnología de asistencia				
Información sobre preparación para emergencias				
Información sobre el Alzheimer y otras demencias				

Información sobre el abuso, la negligencia y la explotación de personas mayores				
Información sobre la cobertura de salud de Medicare o Medicaid				
Información sobre Seguridad y Prevención de Delitos				
Información sobre COVID-19 y disponibilidad de vacunación				
Información sobre el aislamiento y la soledad				
Información sobre estafas dirigidas a adultos mayores				
Ayuda como cuidador para cuidar a un adulto mayor o a un nieto				
Ayuda con la planificación financiera				
Ayuda para planificar comidas saludables				
Ayuda para quedarse en casa en lugar de en un asilo de ancianos				
Ayuda para encontrar empleo (tiempo completo o tiempo parcial)				

Needs Assessments Results			
			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	Greater than $1,255	2138
Age Range			
Under 60	414	60 or Older	2860
Location			
Rural	1751	Non-Rural	1518

Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553
Are You a Person Living with a Disability?			
Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don’t Know	686		



Public Meetings		
Venue	**Date**	**Attendance**
Cullman senior center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia senior center	3/28/2024	35
McAbee senior center	4/5/2024	42

Public Meetings Comments		
Top 5 Needs/Unmet Needs		
Cullman senior center	1. Transportation 2. Increase in homemaker, chore, companion, and respite services 3. Increase in home-delivered meals	4. Mental health/isolation/grief support (reassurance/wellness check) 5. More in-home service providers
	Other comments: improve senior center rules (i.e., open containers), funding to pay transportation drivers, more funding for recreation/crafts (non-evidenced based), senior center field trips, increase legal assistance, larger senior centers (including larger bathroom stalls), improve Medicaid Waiver services (wait list, day programs, more respite hours), waiver expansion for middle class (cost share), more senior housing (specific only to 60+)	
Lanett City Hall	1. Mental health/isolation/grief support (reassurance/wellness check) 2. Increase in personal care and chore services 3. Technology training	4. Locating resources 5. Financial planning/budgeting/scam education
	Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)	
Andalusia senior center	1. Transportation (including list of private transportation resource) 2. Mental health/isolation/grief support (reassurance/wellness check) 3. Increase in homemaker and chore services	4. Increase in home-delivered meals (including service rural areas) 5. Cost effective Durable Medical Equipment (including home mods)
	Other comments: housing (homelessness assistance), 211 information (partnership/collaboration), more Adult Day Health providers, Project Lifesaver (ID bracelets for people with dementia), insurance benefits education, prescription drug assistance, improved cell/life alert coverage in remote areas (broadband access), senior adult visitation, senior neighborhood watch program	
McAbee senior center	1. Transportation (including VA transportation challenges) 2. Qualified homecare personnel (including overnight respite care) 3. Access to and understanding of available resources	4. senior center programs in unreached areas 5. Chore services (specifically yard maintenance)
	Other comments: tax relief on pensions/retirement, rate of pay for homecare workers, cost of living for senior adults, transitional assistance for senior adults downsizing (financial)	

Services

(5) The services, including a definition of each type of service; the number of individuals to be served; the type and number of units to be provided; and corresponding expenditures proposed to be provided with funds under the Act and related local public sources under the area plan;

Service	Definition
Personal Care	Assistance (personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). Example: dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, continence, feeding, or walking to assist with personal care needs.
Homemaker	Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.
Chore	Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework.
Adult Day Care/Health	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most known as Adult Day, Adult Day Health, senior centers, and Disability Day Programs. [OAA, Section 321(a)(5)(B)]
Case Management	Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as screening and assessing needs, providing options counseling, coordinating services, and providing follow-up as required. Short-term case management is used to stabilize individuals and their families in times of immediate need before they have been connected to ongoing support and services. It may involve a home visit and more than one follow-up contact.
Legal Assistance	Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the OAA, Sections 102(a) (23 and 24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling, or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law.

Information and Assistance (I&A)	A service that: provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and serves the entire community of older individuals, particularly with greatest social and economic need and at risk of institutional placement.
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential participants or their caregivers and encouraging their use of existing services and benefits.
Public Education	Providing opportunities for individuals to acquire non-nutrition related knowledge, experience, or skills. This service may include workshops designed to increase awareness on various topics, such as crime or accident prevention, continuing education, or legal issues. Workshops may be designed to teach participants a specific skill in a craft, job, or occupation if the participant does not expect to receive wages or other stipends.
Marketing	An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach. <u>Examples</u>: Newspaper Ad/story – 1 unit / Estimated audience (Clients) = 1,500 Newsletter – 1 unit / Estimated audience (Clients) = 200 Billboard ad – 1 unit / Estimated audience (Clients) = Number of passerby's the billboard company estimates (number must not exceed 10,000 in MyADSS, i.e., if billboard company states passerby's = 50,000 please still enter only 10,000) Social Media Post – 1 unit / Estimated audience (Clients) = Number of followers of social media page
Congregate Meals (may include grab and go meals)	Congregate meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes … provided under Title III, part C–1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person, except where: (i) If included as part of an approved State plan … or State plan amendment … and area plan or plan amendment …and to complement the congregate meals program, shelf-stable, pick-up, carry- out, drive-through, or similar meals may be provided under Title III, part C–1; (ii) Meals provided .. shall: (A) Not exceed 25 percent of the funds expended by the State agency under Title III, part C–1, to be calculated based on the amount of Title III, part C– 1 funds available after all …are completed; (B) Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C–1, to be calculated based on the amount of Title III, part C–1 funds available after all transfers …are completed.

	(iii) Meals ...may be provided to complement the congregate meal program: (A) During disaster or emergency situations affecting the provision of nutrition services; (B) To older individuals who have an occasional need for such meal; and/or (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. §1321.87(a)(1)
Home-Delivered Meals	Home-delivered meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes ... provided under Title III, part C–2 by a qualified nutrition service provider to eligible individuals and consumed at their residence or otherwise outside of a congregate setting, as organized by a service provider under the Act. Meals may be provided via home delivery, pick-up, carry-out, drive-through, or similar meals. § 1321.87 (2)
Liquid Nutrition Supplement	A Liquid Nutrition Supplement provided alone and not a part of the meal is considered "other nutrition services" under Title III-C. It can be reported on the State Program Report (SPR) under "consumable supplies."
Transportation Subservice (Home-Delivered Meals)	This unit of transportation may apply to meals of any type delivered to the participant's residence from the senior center or other drop-off point. If the AAA pays to deliver a frozen meal pack, it is one unit of transportation per delivery and per person, but not per meal.
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (§1321.87(a)(3). (SPR/OAAPS 2021)
Nutrition Counseling	Nutrition Counseling is a service provided under Title III, parts C–1 or 2 which must align with the Academy of Nutrition and Dietetics. Congregate and home-delivered nutrition services shall provide nutrition counseling, as appropriate, based on the needs of meal participants, the availability of resources, and the expertise of a Registered Dietitian Nutritionist. §1321.87(4)
Health Promotion: Evidence-Based	Evidence-based disease prevention and health promotion services programs are community-based interventions as set forth in Title III, part D of the Act, which have been proven to improve health and well-being and/or reduce risk of injury, disease, or disability among older adults. All programs provided using these funds must be evidence based and must meet the Act's requirements and guidance as set forth by the Assistant Secretary for Aging. See link under Notes. October 1, 2016, Title III-D funds will only be able to be used on health promotion programs that meet the highest-level criteria.

Health Promotion: Non-Evidence Based	Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined. These activities may include health risk assessments, routine health screenings, physical fitness or group exercise programs, art therapy, music therapy, counseling regarding social services and follow -up health services, or other non-evidence-based programming (recreation / i.e., games and crafts).
Caregiver services for both Caregivers of Older Adults and Older Relative Caregivers	
Caregiver Information & Assistance Non-Registered Caregiver Aggregate	A service that provides the individual with current information on opportunities & services available to the individuals within their communities; assesses the problems & capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults. **Note:** *PeerPlace interface will automatically capture one unit of Caregiver I&A in AIMS when a caregiver participant is screened & referred to the CARES program*
Public Information Services Non-Registered Caregiver Aggregate	A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is ***not*** tailored to the needs of the individual caregiver.
Caregiver Support Groups Non-Registered Caregiver Aggregate	A service led by an individual who meets requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purpose of Title III-E funding, caregiver support groups would **not** include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required.
*Caregiver Case Management Assistance Registered Caregiver	A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.
*Caregiver Counseling Registered Caregiver	A service designed to support caregivers & assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed trained to work with older adults and families and specifically to understand & address the complex physical, behavioral, and emotional problems related to their caregiver roles. Includes counseling to individuals or group sessions.
*Caregiver Training Registered Caregiver	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to caregiving. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and

	other family members. Training may include use of evidence-based programs; be conducted in-person or on-line; and be provided in individual or group settings
*In-Home Respite Registered Caregiver/Care Recipient	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
*Out-of-Home Respite (Day) Registered Caregiver/Care Recipient	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps) where an overnight stay does not occur.
Out-of-Home Respite (Overnight) Registered Caregiver/Care Recipient	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
Other Respite Registered Caregiver/Care Recipient	A respite service provided using OAA funds in whole or in part, which does not fall into the previous defined respite service categories.
Supplemental Services Registered Caregiver/Care Recipient	Goods and Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, DME, emergency response systems, legal and/or financial consultation, transportation, and nutrition services. For caregiver age 60+, care recipient must be **unable** to perform two (2) ADLs.

Service	**FFY2026 Estimated Persons Served**	**FFY2026 Units**
Personal Care	5,197	904,397
Homemaker	7,365	1,204,600
Chore	80	773
Adult Day Care/Health	14	2,997
Case Management	35,031	111,824
Legal Assistance	4,863	11,738
Information and Assistance (I&A)		430,684
Outreach / Public Education / Marketing (Other Services)	2,558,427	
Congregate Meals (may include grab and go meals)	16,924	1,572,240
Home-Delivered Meals	22,393	4,899,322
Transportation		213,908

Nutrition Education		66,646
Nutrition Counseling	114	169
Health Promotion: Evidence-Based	9,006	
Health Promotion: Non-Evidence Based	1,071,585	
Caregivers of Older Adults		
Caregiver Information & Assistance	37,584	922
Public Information Services	119,159	2,220
Caregiver Support Groups		461
Caregiver Case Management Assistance	4,856	52,238
Caregiver Counseling	2,243	21,221
Caregiver Training	1,410	13,053
In-Home Respite	684	102,739
Out-of-Home Respite (Day)	113	20,177
Out-of-Home Respite (Overnight)	1	216
Other Respite		
Supplemental Services	483	
Older Relative Caregivers		
Caregiver Information & Assistance	10,845	2,189
Public Information Services	22,264	1,042
Caregiver Support Groups		400
Caregiver Case Management Assistance	383	3,770
Caregiver Counseling	267	1,727
Caregiver Training	248	1,341
In-Home Respite	21	2,412
Out-of-Home Respite (Day)	56	11,217
Out-of-Home Respite (Overnight)		
Other Respite		
Supplemental Services	134	

FY 26 Title III Estimated Expenditures

	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	222,548	34,545	273,653	**523,227**	**612,678**	61,157	381,881	-	35,363	2,145,051
West	242,180	40,040	553,352	**634,763**	**435,640**	24,507	320,426	7,879	38,110	2,296,898
M4A	167,185	29,995	1,085,623	**1,239,946**	**1,401,573**	118,902	540,802	7,315	61,415	4,652,756
United Way	380,905	65,877	971,070	**981,848**	**1,831,268**	84,886	573,338	16,023	89,280	4,994,494
East	325,231	67,758	1,857,735	**1,335,858**	**2,898,960**	95,511	507,897	17,963	8,363	7,115,276
South Central	192,022	20,376	254,255	**510,981**	**829,438**	23,076	117,511	5,258	14,737	1,967,654
Ala Tom	269,294	22,414	403,292	**752,413**	**854,742**	15,115	117,450	6,224	28,686	2,469,630
SARCOA	254,294	35,225	2,091,178	**1,359,015**	**1,920,535**	42,262	330,458	7,205	31,729	6,071,901
South Ala	322,406	63,550	1,326,978	**2,070,087**	**1,482,748**	116,946	717,335	7,748	14,033	6,121,832
Central	341,779	16,688	480,665	**999,878**	**1,061,948**	44,282	283,832	4,350	23,705	3,257,127
Lee Russell	228,782	24,690	514,841	**324,130**	**293,410**	2,863	110,491	3,091	13,499	1,515,797
NARCOG	138,651	10,229	851,304	**1,073,740**	**1,252,958**	38,047	304,217	5,969	16,414	3,691,530
TARCOG	612,755	85,265	2,209,739	**1,708,715**	**1,801,326**	85,645	518,285	8,685	38,117	7,068,532
	3,698,034	516,652	12,873,685	**13,514,600**	**16,677,224**	753,200	4,823,922	97,711	413,450	53,368,478

Funds Distribution

(6) Plans for how direct services funds under the Act will be distributed within the planning and service area, in order to address populations identified as in greatest social need and greatest economic need, as identified in § 1321.27(d)(1);

OAA funds allocations is completed utilizing the Intrastate Funding Formula (IFF). ADSS requires specific actions that each AAA partner must use to target services to meet the needs of those in greatest social and greatest economic need, and the following actions are recommended to meet these needs:

- Focus on serving those who are considered low-income, minority, especially low-income minority older individuals, and those residing in rural areas, especially those who may be most isolated.
- Focus outreach efforts and services on counties that are the most rural in each partner service area where older individuals may be the most isolated.
- Focus outreach efforts on topics that may be relevant to older individuals and caregivers with the greatest economic and social needs (as defined above).
- Focus on community partnerships with social and religious organizations (tribes for those identified as Native American) that specifically serve those with physical and mental disabilities, language barriers, Native American identity, and chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias).
- Ensure that the AAA partner governing board and/or advisory council consists of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs provided under the OAA, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' healthcare (if appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan.

Chronic conditions:

- Cardiovascular (heart disease, stroke)
- Metabolic and endocrine (diabetes, obesity, high blood pressure)
- Respiratory (asthma, chronic obstructive pulmonary disease (COPD))
- Musculoskeletal (arthritis, osteoporosis)
- Mental health (depression, anxiety, bipolar, schizophrenia)
- Neurological (Alzheimer's disease and other dementias, epilepsy, ALS, autism spectrum disorder)
- Other (cancer, chronic kidney disease, HIV/AIDS)

Minimum Proportion

(8) Minimum adequate proportion requirements, as identified in the approved State plan as set forth in § 1321.27;

ADSS requires each AAA to budget and spend using the following percentages of Title III B funding (plus required match) on priority services:

Title III-B Allotment	
Access	29.1%
In-Home	2.5%
Legal	6.7%

Expansion of Congregate Meals Program

(10) If the area agency requests to allow Title III, part C–1 funds to be used as set forth in § 1321.87(a)(1)(i) through (iii), it must provide the following information to the State agency:

> *(i) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor impact on congregate meals program participation;*
>
> *(ii) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;*
>
> *(iii) Description of the eligibility criteria for service provision;*
>
> *(iv) Evidence of consultation with nutrition and other direct services providers, other interested parties, and the general public regarding the need for and provision of such meals; and*
>
> *(v) Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties.*

ADSS intends to implement shelf-stable/pick-up meal flexibility at congregate meal sites in accordance with the regulatory updates recently issued by ACL and under the following policies and procedures:

Congregate (C-1) grab and go meals can be used on a limited basis for eligible participants who are determined by the Area Agency on Aging (AAA) to be unable to eat meals in a congregate setting.

Meals must complement the congregate meals program and can be shelf-stable, pick-up, carryout, drive-through, or similar meals provided under the ENP of Alabama.

The AAA has a choice of whether to use grab and go meals.

The AAA using grab and go meals must include this as a written part of their approved area plan or plan amendment. The AAA will monitor the use of grab and go meals and provide proof of monitoring to ADSS upon request.

Grab and go meals shall not exceed 25% of the Title III, part C-1 funds expended by ADSS and/or by any AAA according to ADSS fiscal records.

Special functions or trips where meals are consumed as a group away from the senior center are congregate meals and shall not count as grab and go meals.

Participants who pick up meals but congregate virtually and consume the meal together shall not count as a grab and go meal.

Grab and go meals are any C-1 meal (hot, picnic, shelf-stable, or frozen) that is not consumed in a congregate setting.

Ineligible people should not be served grab and go meals.

Criteria for assessing participants for grab and go meals: Eligible Congregate participants qualify for the grab and go meals service if any of the following exists:

A. During disaster or emergency situations affecting the provision of nutrition services. For example, a center must close for situations such as bad weather, water service disruption, public health emergency, and participants cannot congregate to eat.
B. Older individuals who have an occasional need for such a meal. For example, a participant who has a doctor's appointment and cannot stay to eat at the center, severe weather, local funeral, food bank pick-up days, providing childcare, or lack of transportation. Other examples include a congregate participant is sick, and a meal is picked up by the participant (or their agent) or delivered to the participant. Grab and go meals consumed offsite longer than three consecutive weeks by a congregate participant could be considered C-2 meals and funded with C-2 funds.
C. Older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. Consuming a meal in the congregate setting causes a socialization impairment. Example: A person may have swallowing, chewing, other medical, mental, or hygiene issues that would cause them difficulty eating with others. Participant with compromised immune system & needs to avoid crowds, participant with a rigid eating schedule with conditions like Crohn's disease, participant with chewing or swallowing problems.
D. Other unusual circumstances, approved by the SUA and AAA that would prevent a participant from eating in a congregate setting.

Procedure:

Eligible congregate participants with a regular need for grab and go meals will be assessed and pre-approved by the AAA before being served. (See Criteria for assessing participants for grab and go meals and check "Grab and Go" on the ENP Enrollment Form).

Eligible congregate participants with an occasional need for grab and go meals should be approved by the AAA prior to being served.

The senior center shall document the number of C-1 grab and go meals served each day on the item delivery ticket (IDT) under GNG (grab and go).

C-1 grab and go meals shall be documented on the meal accounting and reporting system (MARS) meal ticket each day under Served Grab N Go.

On the MARS meal ticket, (meals served congregate + meals served grab and go = people eligible congregate).

*If a AAA chooses not to use grab and go meals, any C-1 meal not consumed in a congregate setting will have to be paid with C-2 funds. Congregate clients who receive a grab-and-go meal paid for with C-2 funds may not necessitate the ADL/IADL requirement since they are not considered a home-bound participant.

Services Specific to Conditions

(c) Area plans shall incorporate services which address the incidence of hunger, food insecurity and malnutrition; social isolation; and physical and mental health conditions.

Each of Alabama's Area Agencies on Aging (AAA), through their Area Plans, provide OAA services that encompass the factors listed in the statute.

Self-Direction

(d) Pursuant to section 306(a)(16) of the Act (42 U.S.C. 3026(a)(16)), area plans shall provide, to the extent feasible, for the furnishing of services under this Act, through self-direction.
Each of Alabama's Area Agencies on Aging (AAA) provide a minimum of one (1) service program utilizing self-direction practices.

Coordination of Goals/Objectives

(e) Area plans on aging shall develop objectives that coordinate with and reflect the State plan goals for services under the Act.

ADSS engages in regular communications with the AAA Director's to ensure the Area Plans will mirror the goals and objectives of the State Plan with guidance detailing for the AAAs to create the strategies and projected outcomes for each goal and objective. Annually ADSS works with the AAAs through an Annual Operating Plan process to detail progress and next steps toward achieving the strategies developed in the Area Plans.

Title VI Coordination

*(a) For planning and service areas where there are Title VI programs, the area agency's **policies and procedures**, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the area agency's aging network, including service providers, will coordinate with Title VI programs to ensure compliance with section 306(a)(11)(B) of the Act (42 U.S.C. 3026(a)(11)(B)).*

*(b) The **policies and procedures** set forth in paragraph (a) of this section must at a minimum address:*

(1) How the area agency's aging network, including service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III;

(2) The communication opportunities the area agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils as set forth in § 1321.63.

ADSS is committed to facilitating collaborative efforts between Title III and Title VI programs in Alabama to best serve all older adults in the state. Collaboration with Tribal Organizations and Title VI programs is woven throughout the administration of Older American Act programs. The needs assessment for the 2025 – 2028 State Plan was intentionally inclusive of older native Americans in to best understand the needs of all older adults on the state. ADSS will continue to support, encourage, and pursue strategies to increase these collaborations between Title III and Title VI programs. AAAs, the Alabama Indian Affairs Commission (AIAC), and Tribal Organizations will be provided with information about the updated Title VI requirements in Section 1322 of the OAA.

ADSS will work with the AAAs and AIAC to communicate these opportunities and program information and changes where applicable including:

- Strategies for outreach to elders and family caregivers;
- How title VI programs may refer individuals; and
- Opportunities to serve on advisory councils, workgroups, and boards, when applicable.

ADSS will work with the AAAs, AIAC, and Tribal Organizations to understand how Tribal Organizations define their targeted populations of greatest social and economic need, and how to provide collaborative Title III programming in a culturally appropriate and trauma-informed manner. Multiple strategies are added to Objective 1.1 Title VI. Coordination also includes preparation for emergencies and disaster management. Strategies are added to Objective 2.3 to enhance this collaboration.