

SCADC

SOUTH CENTRAL ALABAMA
DEVELOPMENT COMMISSION



AREA PLAN ON AGING
FY 2026 - 2029

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Verification of Intent

The Area Plan on Aging (AAA) is hereby submitted by the South Central Alabama Development Commission Area Agency on Aging 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.

Dyson Howell
Signature of Executive Director

9/3/25
Date

Jennifer Kilpatrick
Signature of Aging Director

9/3/25
Date

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

Mary Braden
Signature of Chair

8-19-2025
Date

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

Melinda K. Whittington
Signature of Board Chair

8-27-25
Date

Section I

EXECUTIVE SUMMARY

Background

The Older Americans Act (OAA) was passed by Congress in 1965. The OAA was the first federal-level initiative aimed at providing comprehensive services for adults age 60 and older. Area Agencies on Aging (AAAs) were created under the OAA and charged with helping vulnerable older adults live with independence and dignity in their homes and communities. The South Central Alabama Development Commission Area Agency on Aging (SCADC) is one of 13 AAAs in Alabama and one of over 629 nationwide. SCADC is also a state-designated Aging and Disability Resource Center (ADRC) known as One Door Alabama.

SCADC is a non-profit quasi-government agency. The Commission was founded in 1969 and is the parental body of the AAA. SCADC was designated an AAA in 1976 by the State of Alabama under section 305(a)(2)(A) of the OAA, as amended. SCADC serves six rural counties. The counties SCADC serves are Bullock, Butler, Crenshaw, Lowndes, Macon, and Pike. SCADC is governed by a 24-member Board of Directors composed of county and municipal elected officials, representatives of business and industry, and minority leaders (**See Attachment E**).

SCADC has an Advisory Council mandated by the OAA and consists of four volunteers from each county. The council is composed of community representatives of older adults, elected officials, healthcare professionals, and agency representatives who work with older individuals. The function of the Advisory Council is to assist SCADC with developing and administering the Area Plan, identify unmet need and needed services, and advocate for policies and programs that promote quality of life. As required by the OAA, this Area Plan incorporates suggestions from the Advisory Council and numerous community partners (**See Attachment F**).

The key partners and sponsors for the AAAs in Alabama is the Alabama Department of Senior Services (ADSS), the State Unit on Aging that administers OAA federal programs and other related programs funded by the Administration for Community Living (ACL), the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Labor (DOL), and the Alabama Medicaid Agency. SCADC's other partners consist of three county commissions, twelve municipalities, and one non-profit agency that contracts nutrition, transportation, and other OAA services. SCADC also contracts with seven direct service providers to provide home and community-based services.

Over the years, SCADC has formed nontraditional partnerships with a variety of organizations, including faith-based communities, municipalities, hospices, hospitals, mental health agencies, emergency management agencies, and other organizations to meet the needs of older adults, their caregivers, and specific target populations. We will continue working with our partners to educate and assist the public, lawmakers, and communities dedicated to helping individuals in need to help them stay in their own home as long as possible. These partnerships are crucial to the success of the SCADC service delivery system.

The programs and services provided by SCADC with the assistance of partners are necessary to meet the current and future needs of older adults, persons with disabilities, and caregivers. While the COVID-19 pandemic caused a major change in the way some services could be delivered, lessons were also learned on ways to improve services to reach individuals regardless of where they lived. Still, we know the vital importance of face-to-face social interaction and the need for many older adults to have options available, such as home-delivered meals. A common thread to all groups is the desire to remain healthy, active, and independent for as long as possible in their communities. This 2026-2029 area plan will focus on adapting and connecting services to older persons with disabilities and their caregivers with the greatest economic and greatest social need.

Providing Services

SCADC provides federal, state, and other grant-funded programs. These services include long-term services and support through the ADRC, long-term ombudsman care, SenioRx prescription medication assistance, senior employment opportunities, state health and insurance counseling, emergency preparedness, and the Medicaid Elderly and Disabled Waiver Program that provides home- and community-based care.

Care management is a vital part of the SCADC health care delivery system. SCADC has extensive experience assisting aging citizens with case management and other services that are essential to enhancing quality of life. Since October 2018, the AAAs have operated under a new statewide care management system for Medicaid recipients who receive services in their homes through Medicaid's Elderly and Disabled (E&D) Waiver or the Alabama Community Transition (ACT) Waiver. The Alabama Select Network administers the program under a contract with the state's Medicaid agency, ADSS, and local AAAs. Today, these programs and services are more important than ever as the older adult population continues to grow at an unprecedented pace.

SCADC targets its services to older adults who are low-income, minority, with disabilities, live in rural areas, have limited English proficiency, or are at-risk of institutional placement within the planning and service region. Targeting criteria are contained in demographics reports and, in the state, myADSS System. Over 80% of clients served with Title III funds meet at least one targeting criterion.

Because SCADC's service area is mostly rural, outreach efforts are focused on reaching senior adults who are often physically and socially isolated. Throughout the 2026-2029 timeframe of this area plan, SCADC will continue to strengthen and support the programs that have become the cornerstone of care for older adults in the region. We will continue to adapt to the changing needs of the region's older adults and disabled persons by analyzing available data and will maintain its focus on empowering older adults to live their life with dignity, in the place and manner of their choosing.

SCADC has served our communities primarily through the provision of programs and services funded by the OAA. The OAA provides guidance on eligibility for services. SCADC will ensure services will be given to older adults, persons with disabilities, and caregivers with the greatest economic and social need. As part of our mission, SCADC will continue to provide services funded through the OAA. For each of these services, we will look at how we can expand, improve, and adjust to meet the changing needs of our population. These services include:

- Nutrition services, including home-delivered meals, congregate meals, and door-to-door frozen meals. Each program provides an opportunity to focus on increasing awareness of programs that are available for those affected by food insecurity and social isolation.
- Information and Assistance, which includes Options Counseling and Medicare Counseling.
- Caregiver’s support, education, and counseling.
- Multi-purpose Senior Centers that include wellness classes, evidence-based prevention, public awareness, enrichment activities, and health and disease prevention, as well as education on preventing elder abuse, neglect, and financial exploitation.
- Supportive Services that include transportation, homemaker, outreach, information and assistance, outreach, health promotion, recreational activities, public and nutrition education, nutrition counseling, and case management.
- Legal services to include wills, powers of attorney, and advanced directives.

FY 2026-2029 Area Plan on Aging

SCADC will concentrate on the designated five goals within this Area Plan to align with ADSS fiscal years 2025-2028 State Plan as follows:

- 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 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.

Mission

The mission of the SCADC is to foster the comprehensive and coordinated service delivery system that addresses the needs of older adults and their families. Our goal is to help them maintain independence with dignity in their own homes and communities for as long as possible.

Vision

A compassionate and caring community that fully understands the aging process and the issues involved in meeting the needs of older persons, caregivers, and persons with disabilities.

Section II

CONTEXT

Current Status

Characteristics of the Planning and Service Area

The planning and service area is located in the south-central part of Alabama and lies in a horseshoe shape around Montgomery County. It consists of six counties: Bullock, Butler, Crenshaw, Lowndes, Macon, and Pike. The total land area of the region is 4,005 square miles, which is 7.9 percent of Alabama's total land area.

The characteristics affecting the service delivery system and influencing what can reasonably be accomplished in the region include:

- The region's total population is 28% urban and 72% rural. Bullock, Crenshaw, and Lowndes Counties are reportedly 100% rural by the U.S. Census Bureau.⁽¹⁾
- The racial composition of the area is 43% White and 51% Black.⁽²⁾
- The percent of persons ages 25 and older who have not obtained a high school diploma ranges from an estimated low of 12% in Butler and Pike Counties to a high of 26% in Bullock County.⁽²⁾
- The median income in the region for the total population ranges from an estimated low of \$35,160 in Lowndes County to a high of \$49,040 in Crenshaw County.⁽²⁾
- Public hospitals are located in every county except Bullock, Lowndes, and Macon.⁽³⁾
- At least one nursing home is located in each county.⁽³⁾

⁽¹⁾U.S. Census Bureau, 2020.

⁽²⁾U.S. Census Bureau, 2019-2023 American Community Survey.

⁽³⁾Alabama Department of Public Health, January 10, 2025.

Current and Future Demographics of PSA's Aging and Disability Population

The region's 65+ population is projected to increase by 17% between 2020 and 2030. The greatest increases are to occur in Crenshaw and Bullock Counties (I.e. 22% and 18%) with the smallest projected increase in Butler County (13%). The projected growth of the region's 65+ population between 2020 and 2030 is illustrated in Table I. Additional SCADC county-level demographics are contained in Table II; SCADC's demographic profile is displayed in Table III.

**TABLE I
AGE 65+ POPULATION PROJECTIONS BY COUNTY⁽¹⁾**

<u>County</u>	<u>2020</u>	<u>2025</u>	<u>2030</u>	<u>Number and Percent Changes (2020-2030)</u>	
Bullock	1,897	2,137	2,237	340 persons	18%
Butler	4,088	4,431	4,619	531 persons	13%
Crenshaw	2,657	2,955	3,229	572 persons	22%
Lowndes	1,940	2,130	2,268	328 persons	17%
Macon	3,352	3,669	3,855	503 persons	15%
Pike	5,188	5,769	6,094	906 persons	17%
Region	19,122	21,091	22,302	3,180 persons	17%

⁽¹⁾ U.S. Census Bureau, Center for Business and Economic Research, The University of Alabama, 2018.

The projected overall 17% change for the region’s age 65+ population will present significant challenges for the AAA as we strive to maintain current service levels while expanding the anticipated growing number of persons who will also need services. SCADC has many residents diagnosed with Alzheimer’s disease, dementia, racial disparities, and high poverty rates among minority populations. All six counties have a nursing home. Limited access to hospitals, healthcare professions, and transportation, along with poverty, are all components of issues affecting the populations in our planning and service area.

**TABLE II
SOUTH-CENTRAL ALABAMA DEMOGRAPHICS**

	Bullock	Butler	Crenshaw	Lowndes	Macon	Pike
Population Change						
2010 Population ⁽¹⁾	10,914	20,947	13,906	11,299	21,452	32,899
2020 Population ⁽²⁾	10,357	19,051	13,194	10,311	19,532	33,009
2023 Estimated Population ⁽³⁾	10,157	18,807	13,144	10,008	18,951	32,953
% Change: 2010 to 2020	-5.1	-9.1	-5.1	-8.7	-9.0	0.3
Race⁽³⁾						
% White	22.9	51.2	70.6	24.5	17.1	56.1
% Black	71.2	44.7	23.4	74.5	78.3	37.4
% Other	5.9	4.1	6.0	1.0	4.6	6.6
Age⁽³⁾						
Median Age	40.4	42.2	42.4	42.7	37.8	31.7
% 65 and Older	17.9	21.4	19.9	20.1	20.7	15.4
% Under 5	5.4	5.7	5.4	5.7	4.9	5.0
Income⁽³⁾						
Per Capita Income	\$21,462	\$28,306	\$30,321	\$24,965	\$24,595	\$27,762
Median Household Income	\$36,723	\$44,881	\$49,040	\$35,160	\$45,951	\$47,961
% Persons Below Poverty	25.7	21.0	16.2	29.6	22.1	23.4
Education⁽³⁾						
Population, 25 and Older	7,378	13,164	9,104	6,999	11,661	19,352
% Without High School Diploma	26.0	12.4	17.4	16.8	15.8	12.4
% High School Diploma or equivalent	40.6	47.0	41.3	44.0	31.7	34.0
% Bachelor’s Degree or higher	9.0	13.8	16.8	13.9	20.7	27.3
Housing⁽³⁾						
# of Housing Units	4,554	9,841	6,562	4,827	9,664	16,124
% Vacant	24.2	26.2	22.7	13.8	26.0	21.8
% Occupied	75.8	73.8	77.3	86.2	74.0	78.2
% Owner-Occupied	63.5	68.4	74.2	77.3	64.8	62.9
% Renter-Occupied	36.5	31.6	25.8	22.7	35.2	37.1
Median 2023 Value, Owner Units	\$79,400	\$99,700	\$108,400	\$80,600	\$95,700	\$149,000
Average Household Size (Owner)	2.62	2.63	2.65	2.42	2.26	2.42
Average Household Size (Renter)	2.68	2.37	2.25	2.18	2.34	2.41

⁽¹⁾ U.S. Census Bureau, 2010

⁽²⁾ U.S. Census Bureau, 2020

⁽³⁾ U.S. Census Bureau, 2019-2023 American Community Survey

**TABLE III
DEMOGRAPHIC PROFILE: SCADC (PSA #5)**

Age Groups⁽¹⁾		
All Ages	105,454	
Under 60	77,789	73.8%
60-64	7,431	7.0%
65-69	6,654	6.3%
70-74	5,463	5.2%
75-79	3,689	3.5%
80-84	2,289	2.2%
85+	2,139	2.0%
60+	27,665	26.2%
65+	20,234	19.2%

Projections (65+)⁽²⁾	
2000	16,127
2010	16,065
2020	19,122
2030	22,302
2040	21,793

Ethnicity/Race (60+)⁽¹⁾		
Hispanic	252	0.9%
Non-Hispanic	27,413	99.1%
White	14,065	51.3%
Black	12,708	46.4%
Other Minorities	640	2.3%

Gender (60+)⁽¹⁾		
Male	12,285	44.4%
Female	15,380	55.6%

Disability Status (65+)⁽³⁾		
Number of Persons	18,797	
With Any Disability	7,087	37.7%
Hearing Difficulty	2,635	37.2%
Vision Difficulty	1,473	20.8%
Cognitive Difficulty	2,126	30.0%
Ambulatory Difficulty	4,898	69.1%
Self-Care Difficulty	1,239	17.5%
Independent Living Difficulty	2,931	41.4%
With No Disabilities	11,710	62.3%

Living Situation (65+)		
Living Alone ⁽³⁾	5,986	29.6%
Living in Rural Areas ⁽¹⁾	15,961	78.9%

Financial Status (60+)⁽³⁾		
Number of Persons	25,824	
Below Poverty	4,146	16.1%
Number of Minority Persons	13,041	
Minority Below Poverty	2,808	21.5%

Educational Status (65+)⁽³⁾		
Number of Persons	19,485	
Less Than High School Diploma	3,865	19.8%
High School Diploma	7,323	37.6%
Some College, No Degree	3,418	17.5%
Associate's Degree	911	4.7%
Bachelor's Degree	2,104	10.8%
Graduate or professional degree	1,864	9.6%

Grandparents (Age 60+): Grandchildren Responsibility⁽³⁾		
Living with own grandchildren (<18 years)	2,520	
Responsible for grandchildren	1,186	47.1%
Age 30-59	622	52.4%
Age 60+	564	47.6%
Not responsible for grandchildren	1,334	52.9%
Age 30-59	651	48.8%
Age 60+	683	51.2%

Work Status (60+)⁽³⁾		
60-64	7,143	18.7%
In labor force:	3,486	48.8%
Employed	3,442	98.7%
Unemployed	44	1.3%
Not in labor force	3,657	51.2%
65-69	6,695	17.6%
In labor force:	1,880	28.1%
Employed	1,871	99.5%
Unemployed	9	0.5%
Not in labor force	4,815	71.9%
70+	12,790	33.5%
In labor force:	1,234	9.6%
Employed	1,202	97.4%
Unemployed	32	2.6%
Not in labor force	11,556	90.4%

⁽¹⁾U.S. Census Bureau, Census 2020.

⁽²⁾U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

⁽³⁾U.S. Census Bureau, American Community Survey 2019-2023.

Assessment and Evaluation

The planning process for the Area Plan 2026–2029 began with engagement that included a broad range of input gathered from planning and service area residents, consumers, key partners, and providers. Information was also collected from an online survey, existing data, and reports regarding community needs, emerging trends, and the impact of the COVID-19 pandemic on vulnerable populations. The new plan leads with race and intentionally focuses on older Black and Indigenous people, other people of color, and the communities that experience the greatest disadvantages. To understand the harms and issues experienced by these communities, SCADC initiated two public hearings to gather input.

Public Input

Addressing the diverse needs of older adults, persons with disabilities, caregivers, and groups with greatest economic and social needs is a multifaceted task. SCADC created this area plan with assistance and participation from clients, senior centers' participants, advisory council, Board of Directors, staff, direct service providers, caregivers, and the general public. In addition, numerous aspects of service to the elderly were examined. Surveys and public hearings were conducted and information collected from: 2010 and 2020 census documents, 2019-2023 American Community Survey, and the Center for Business and Economic Research, April 2018; 2025 Needs Assessment Survey, ADSS statewide Needs Survey, and virtual town hall meetings.

The South Central Alabama Development Commission (SCADC) posted the draft Area Plan on Aging to the agency's official website for a period of fifteen (15) days. This posting allowed the public and community partners the opportunity to review the plan and provide comments or suggestions. No public comments were received during the posting period.

Challenges

The U.S. population is aging with the older populations growing faster than the younger population. According to the U.S. Census Bureau, the numbers of Americans ages 65 and older will more than double from 2018-2060, reaching 95 million. This shifting demographic change in the population will present new challenges and needs that must be addressed; however, the changing demographics will also present new opportunities and resources. SCADC values the population it serves and will continue to partner with our community members and clients to meet our established mutual goals.

SCADC plays a significant role in planning and community development. SCADC leverages its expertise and resources to identify community needs, advocate for public policies and regulations that support positive aging, implement programs to address emerging needs, build coalitions, and engage stakeholders in addressing the needs of older adults, caregivers and their families, and persons with disabilities.

SCADC is facing significant challenges throughout the planning and service area. We are serving a broader population, including individuals under age 60 who qualify for services due to disabilities or chronic illnesses. Other challenges include:

- Social isolation and loneliness amongst rural older adults due to the COVID-19 pandemic
- Shortage of direct service providers

- Shortage of healthcare facilities in the region
- Lack of technology – high speed internet services in rural areas
- Increase in dementia-related illnesses
- Reaching rural and underserved older adults
- Transportation services not adequately meeting needs of older adults

Through coordination and collaboration with staff, other AAAs, and Aging partners, SCADC will explore potential solutions to include developing innovative programs, pursuing new partnerships, and seeking additional funds to address these challenges over the next four years.

Needs Assessment

SCADC used several different methods to gather feedback from ADSS, older adults, people with disabilities, caregivers, and partners. In the final report of the Alabama State Plan on Aging Needs Assessment, which was conducted in 2024, it was found that the availability of affordable housing was the top priority unmet needs for older adults. A key concern was the availability of affordable transportation (See **Attachment K**).

SCADC reviewed results from ADSS needs assessments to support its Area Plan on Aging development. While most of the above statewide needs assessments are unchanging across the state, each region experiences individualized needs, challenges, and resources. To gain specific insight into the challenges and unmet needs in our region, SCADC staff sought input to identify the most common needs within the region to better understand and learn more about what our community members know about us and the services we offer, where they can turn when they have questions or concerns, resources available, care partner responsibilities, and their identified needs. Being able to remain at home as they age, difficulties with lack of transportation, as well as nutritional needs and affordable home modifications for disabilities were amongst the top needs identified.

Using ADSS's most recent needs assessment and adding a county field, staff received feedback from 825 survey participants representing all six counties during a two-month timeframe in fiscal year 2025. Surveys were distributed via email, hand-delivery, or mail. SCADC also posted the survey on its website for informational purposes only. Respondents included older adults, caregivers, service providers, Board of Directors, advisory council members, senior centers' participants, SenioRx clients, Medicaid Waiver program clients/caregivers, Alabama Cares caregivers, nursing homes, direct service providers, the public, and professionals in the fields of aging and disability. This input is critical for the planning process over the next four years.

Results

In this descriptive, cross-sectional study conducted in 2025, input was obtained from existing clients, the general public, and professionals in the fields of aging and disability within the SCADC region. These responses helped the AAA better understand Alabamians' social, health, and economic needs across its six counties, particularly of the senior population. Survey results identified many issues for consideration in the development of the new area plan on aging. The 825 survey respondents noted the following highest-ranked services:

1. Help with staying at home instead of nursing home
2. Meals / nutrition
3. Affordable housing
4. In-home care assistance
5. Information about Medicare or Medicaid health coverage
6. Affordable transportation
7. Affordable home modifications for disabilities
8. Information about scams targeting older adults
9. Information about safety and crime prevention
10. Information about Alzheimer's and other dementias
11. No-cost legal assistance
12. Information about elder abuse, neglect, and exploitation
13. Information about emergency preparedness

**TABLE IV
DETAILED NEEDS ASSESSMENT RESULTS**

		TOTAL	825
Race			
American Indian or Alaska Native	4	Native American	4
Asian or Asian American	5	White	240
Black or African American	561	Other	9
Native Hawaiian or Pacific Islander	0	Unknown	2
Ethnicity			
Hispanic or Latino	45	Unknown	75
Not Hispanic or Latino	705		
Monthly Income Range			
\$1,255 or Less	358	Unknown	19
Greater than \$1,255	448		
Age Range			
Under 60	92	Unknown	9
60 or Older	724		
Location			
Rural	546	Unknown	11
Non-Rural	268		
Do You Live Alone?			
Yes	459	Unknown	13
No	353		
Do You Feel Socially Isolated and/or Lonely?			
Yes	142	Unknown	8
No	675		
Are You a Person Living with a Disability?			
Yes	264	Unknown	8
No	553		
Are You a Caregiver Taking Care of Someone Else?			
Yes	224	Unknown	22
No	579		
Family Member or Friend Who Would Take Care of You?			
Yes	475	Don't Know	230
No	97	Unknown	23

In the 2025 Needs Assessment, SCADC staff asked respondents to state the importance of twenty community services. Responses ranged from “Not Very Important” to “Very Important.” Figure 1 displays the importance of these items.

Figure 1. Importance of Community Services

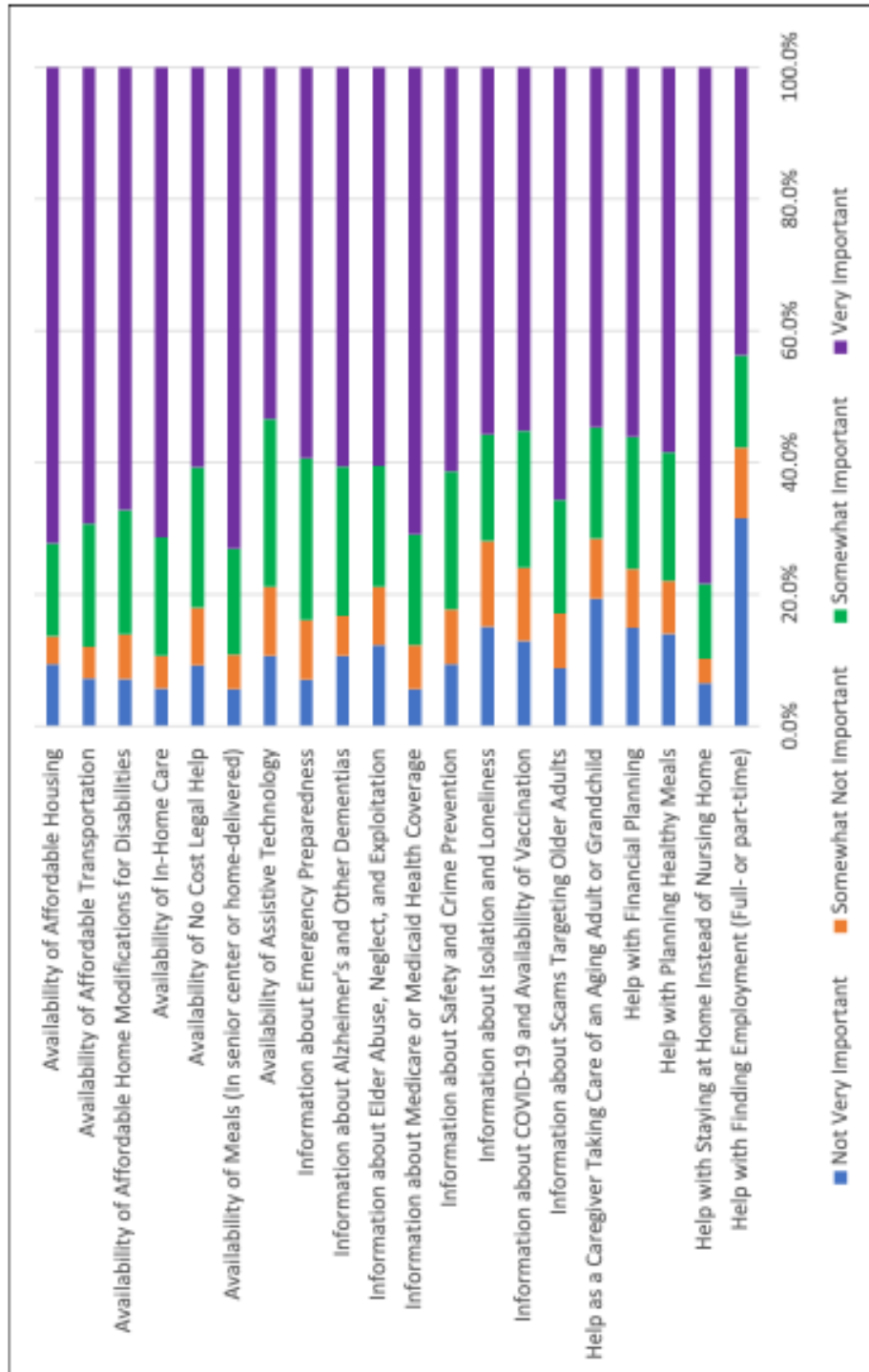
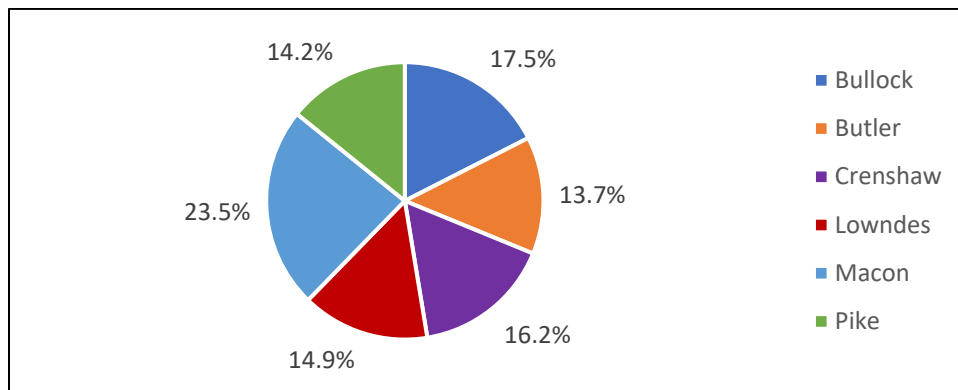


Table V identifies the frequency of completed surveys by county. Figure 2 portrays this information as a pie chart.

**TABLE V
NUMBER OF RESPONDENTS BY COUNTY**

County	Frequency	Percent
Bullock	144	17.5
Butler	113	13.7
Crenshaw	134	16.2
Lowndes	123	14.9
Macon	194	23.5
Pike	117	14.2
Total	825	100.0

Figure 2. Distribution of Respondents by County



Findings: Characteristics of Respondents

The majority of the respondents (724; 88%) were age 60 or older; 92 respondents (11%) were under age 60 (See Table VI).

**TABLE VI
NUMBER OF RESPONDENTS BY COUNTY AND AGE GROUP**

County	Under 60	60 or Older	Unknown	Total
Bullock	15	127	2	144
Butler	8	103	2	113
Crenshaw	8	124	2	134
Lowndes	19	104	0	123
Macon	36	156	2	194
Pike	6	110	1	117
Total	92	724	9	825

Race showed the sample to be primarily African American/Black (561; 68%). Twenty-nine percent of respondents (240) indicated they were White. Table VII displays the frequency of respondents by race; Table VIII contains the information by race and age group.

Findings: Survey Participation and Response Rate

Public hearings were held to gather comments from the public regarding needs and unmet needs (See Appendix K for comments).

Public Hearing Meetings		
Venue	Date	Attendance
Bullock County	5/9/2025	110
Hayneville Senior Center	5/23/2025	44

Service preference will be given to older individuals and caregivers who have the greatest economic and social needs, including older relative caregivers of children and individuals with severe disabilities.

OAA describes the greatest economic need as having an income at or below the Federal poverty level. SCADC will address the greatest social need caused by noneconomic factors, to include population. SCADC and its Aging partners will target individuals with physical and mental disabilities, including those who use assistive technology or are blind or visually impaired. Other targeted groups include individuals with language barriers, racial or ethnic minorities, Native Americans, and those with chronic conditions such as cardiovascular (heart disease, stroke), metabolic (diabetes, obesity, high blood pressure), respiratory, musculoskeletal, mental health, neurological disorders, and other serious diseases such as cancer, chronic kidney disease, or HIV/AIDS).

We assure OAA Title III funded services are focused on at-risk populations, including older individuals with the highest social and economic need. The chart below provides evidence of SCADC’s commitment to focus the provision of Title III services to those with the highest socioeconomic needs.

Targeting Criteria	Target Population	Total Population	Service Population			Total Served (10/1/2023-9/30/2024)	
			Factor	#	%	#	%
Greatest Social Need	Age	105,454	Age 65+	20,234	19.2	3,770	18.6
	Rural	20,234	Age 65+ Rural	15,961	78.9	1,988	12.5
	Lives Alone	13,788	Age 65+ Lives Alone	5,986	43.4	1,500	25.1
	Race/Ethnicity (Non-white)	60,131	Age 65+ Non-White	9,563	15.9	2,484	26.0
Greatest Economic Need	Below Poverty	21,960	Age 65+ Below Poverty	2,785	12.7	1,419	51.0

Greatest Economic and Social Need

With the collection of more robust demographics data, we are pleased to see that we are serving those with the greatest socioeconomic need in our area. We also utilize this data to analyze our impact on rural and ethnic populations.

ADSS requires specific actions that SCADC's partners must use to target services to meet the needs of those in greatest social and greatest economic need to include the following:

- 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 the most rural counties 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.
- Focus community partnerships with social and religious organizations including (tribes for those identified as Native American) those specifically serving individuals with physical and mental disabilities, language barriers, Native American identity, and chronic conditions with special emphasis on persons living with Alzheimer's disease and other dementias.
- Ensure each SCADC 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 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.

SCADC served 3,776 clients in 2024. Approximately 1,050 clients are impoverished and from a minority group, 2,462 are African American, and 1,988 live in rural areas. SCADC remains committed to seeking new partnerships and fostering innovations to ensure we are well-prepared to respond to the needs of our target population and help them remain in their community for as long as possible.

Current Services

Older Americans Act (OAA) Programs

The OAA supports a wide range of social services and programs for individuals aged 60 years or older. SCADC funds many services that help individuals remain self-reliant in their own community. Funds from ACL help prevent premature institutionalization of older adults and adults with disabilities.

Title III-C Nutrition Services - SCADC oversees 18 senior centers in the planning and service area. These sites provide daily congregate and home-delivered meals. Congregate meals are provided in a dining setting designed to meet the nutritional needs of older adults who are mobile but may not eat adequately at home. Hot home-delivered meals, also known as Meals on Wheels,

provide meals and other nutrition services to older persons who are homebound and unable to prepare a nutritious meal on their own. Frozen meals are delivered weekly to seniors located in hard-to-reach areas where there is no senior center and/or transportation. These meals supply one-third of the daily recommended dietary allowances. To be eligible, a person must be 60 years of age or older, the spouse of a participant, or an individual with a disability living with an eligible participant can also receive services, regardless of age.

Nutrition services are provided through contractual agreements with thirteen municipalities, three county commissions, and one non-profit agency. The senior centers are in Union Springs, Greenville, Midway, Brundidge, Troy, Brantley, Luverne, Fort Deposit, Dozier, Hayneville, Honoraville, Bradleyton/Helicon, Georgiana, Goshen, Tuskegee, Shorter, Warriorstand, and Notasulga. SCADC's nutrition program also includes a Licensed Registered Dietician who promotes healthy eating habits for seniors facing nutritional issues. Home-delivered meals and congregate meals will continue to be a significant service provided to eligible participants. Congregate dining has been shown to reduce social isolation and increase access to nutritional meals - both critical needs in rural areas.

SCADC will support those with the Greatest Economic needs and Social Needs by assuring meals can be adjusted accordingly. Nutritional risk assessments are conducted annually to determine the need for nutrition counseling.

Title III-B Supportive Services – These services are vital for older adults living in the community and include in-home services (homemaker, personal, chore, home modification), transportation, information and assistance, recreation, outreach, public and nutrition education, non-evidence-based health promotion and nutrition counseling through contractual agreement. Supportive services are key components of Title III-B and are essential to our overall service delivery system.

Legal Assistance – This service is available through contract with a qualified legal attorney with over 35 years of experience. The legal program provides non-criminal legal services for individuals 60 years of age and older. Legal services include powers of attorney, wills, health care directives, and more.

Title III-E National Caregiver Support Program (NFCSP) Alabama Cares Program – Family caregivers are the backbone of the care system in Alabama. SCADC provides extensive support to family caregivers through phone support, resources, training, supplemental services, respite coordination, and support groups. Family caregivers play a vital role in supporting older adults, children, or relatives with severe disabilities. The Alabama Cares program supports services to help families sustain their efforts in caring for their loved ones in the home as long as possible before institutional placement is required. Individuals who have access to these services include primary family caregivers of frail, older adults age 60 and older, older relative caregivers (not parents) including grandparents age 55 and older caring for children ages 18 and younger, and older relative caregivers (parents) including grandparents aged 55 and older who care for adults age 19 to 59 with disabilities. These services are carried out by staff and contractual agreements with direct service providers, adult day healthcare providers, and medical supply companies.

At SCADC, we offer various programs and services to support care partners throughout their caregiving journey. For easy access, we have in-person support groups in three counties. Counseling services are available to assist with decision making, problem solving, and planning. We provide training to enhance knowledge and skills in areas of health, nutrition, and financial management. We also provide respite programs currently available that help caregivers receive funding for a range of services, such as home modification, respite, assistive technology, and self-care. We have partnered with Alabama Lifespan Respite (Alabama Respite) to promote the expansion of personal choice, person-centered, self-directed model of respite services. We are committed to providing caregivers with the necessary support, resources, and tools they need to provide the best possible care to their loved ones.

Title III-D Evidence-Based Disease and Health Promotion Evidence-Based – SCADC will continue to support evidence-based healthy aging programs through its Title III-D programs. These programs teach adults with chronic diseases, the skills and techniques necessary to manage their health conditions and promote healthier lifestyles, thereby reducing healthcare costs and increasing older adults' quality of life. Evidence-based programs empower older adults to take control of their own health through self-efficacy and self-management. The SCADC Area Agency on Aging offers a variety of high-level evidence-based programs that promote healthy living and aging; develop skills to prevent falls; and manage chronic conditions, depression, and medication management in older adults. These programs offer evidence-based health education programs led by two certified, trained staff, including the Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Matter of Balance Fall Prevention program.

Title VII Long-Term Care Ombudsman – The Long-Term Care Ombudsman Program is designed to improve the quality of life for people who live in nursing homes and assisted living facilities. A Certified Ombudsman Representative is an advocate for residents. The Ombudsman Representative is an impartial, third party who investigates complaints and works to resolve issues on behalf of residents. The Ombudsman promotes community involvement with long-term care facilities and serves as a liaison between residents, residents' families, and the facility. SCADC employs one full-time certified Ombudsman Representative and retains at least one additional Ombudsman on staff.

Elder Abuse – SCADC places strong emphasis on preventing abuse to the elderly. The purpose of this program is to educate the general public regarding the issues of elder abuse, fraud, scams, and financial exploitation. As mandated reporters, our staff receive training upon hire and refresher training thereafter, to ensure they are equipped with the knowledge and skills required to identify and report any suspected cases of abuse.

Title V Senior Community Service Employment Program (SCSEP) – This program provides part-time training assignments for low-income individuals aged 55 years or older through host agencies. Training assignments serve the needs of local communities. The host agencies include schools, libraries, county departments, local aging service providers, senior centers, municipalities, and many others. The goal of the program is to promote dignity, independence, and the well-being of older workers by providing job skills training, employment preparation, and job placement. The Senior Employment Program is a Title V program funded by OAA through the Department of Labor.

State & Medicaid Funded Programs

Aging and Disability Resource Center (ADRC) – SCADC ADRC serves as a highly visible and trusted place where individuals of all incomes and ages can receive information and guidance to help support their ability to make informed decisions. It is an entry point where individuals are screened and given information about available resources in their community. Individuals will call the Ageline (1-800-AGE-LINE) telephone number. Once an individual calls the local or Ageline number, they are connected to a Certified ADRC Counselor who provides valuable information and assistance on services and resources available in their community. Assistance is available by telephone, email, or in person.

SenioRx Program – This program helps provide free or low-cost life sustaining prescription medication assistance from pharmaceutical companies to individuals 55 years of age or older. This program helps lessen the need for individuals to make the critical choice between buying food or their medication. To qualify, individuals must have limited or no prescription drug insurance coverage, have a chronic medical condition, and meet specific income guidelines, and persons of any age with a disability.

ACL Discretionary Grant Programs

State Health Insurance and Assistance Program (SHIP) – SHIP counselors and volunteers are available to assist Medicare beneficiaries in sorting through their options, at no cost, to help them understand their Medicare benefits, Part D plan comparisons, open enrollment, Medicare Savings Programs, Medigap and other secondary coverage long-term care insurance, and more. These services are provided through contractual agreement.

Medicare Improvements for Patients & Providers Act (MIPPA) Local & Statewide – The purpose of MIPPA is to enhance efforts through state and local coalition building focused on intensified outreach activities to help beneficiaries likely to be eligible for Low-Income Subsidy program (LIS), Medicare Savings Program (MSP), or Medicare prescription drug coverage (Part D) and assist beneficiaries in applying for benefits and utilizing their Medicare Prevention benefits. In addition, SCADC serves as a statewide project manager by providing coordination, training, resource development, and marketing services on behalf of disabled and older persons through the service region and state. These services are through a contractual agreement with Jan Neal Attorney-at-Law. The project manager works in partnership with State MIPPA and SHIP Directors and provides technical support and educational training to MIPPA project partners to include the AAAs and the Harrison School of Pharmacy in Auburn, Alabama.

Senior Medicare Patrol (SMP) – This program enhances Alabama’s efforts in empowering and assisting Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse. The SMP program empowers seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, errors, and abuse. Key objectives include conducting outreach and education, engaging volunteers’ assistance, and receiving beneficiary complaints. These services are provided through contractual agreement.

Medicaid Funded Programs

Home- and Community-Based Waiver Services

- E&D Waiver: Elderly & Disabled Waiver Program
- ACT Waiver: Alabama Community Transition
- Personal Choices

E&D Waiver – The E&D Waiver program is designed to help elderly individuals and people with disabilities receive care in their own homes, rather than in nursing facilities. To qualify for the program, individuals must have an income below three times the Federal Poverty Level and meet certain standards of medical need established by Medicaid. SCADC contracts with eight direct service providers to provide these services. Currently, SCADC has 505 participants in the program. SCADC anticipates a 5% increase over the next four years.

E&D Waiver services include:

Case Management – Provides comprehensive assessments and service planning for older persons and adults with disabilities. These services are provided by a staff of 13 certified Case Managers who make monthly face-to-face home visits.

Personal Care – Helps clients with daily activities, such as bathing, dressing, and eating.

Homemaker Services – Provides services that help maintain a safe, clean environment, such as light housekeeping, laundry assistance, meal preparation, and limited errand service. These services help maintain a clean and healthy living environment and help individuals in maintaining their independence while in their home.

Companion Services – These services are for clients who are unable to perform activities of daily living without additional support or supervision.

Respite Care – Provides relief for caregivers of individuals who care for individuals who are unable to care for themselves. This can include skilled and unskilled respite.

Adult Day Services – These services are available in some areas in our region and are designed to help maintain and promote client health through individual and group activities.

Home Delivered Meals – This service is designed to provide nutritious frozen meals, if needed.

ACT Waiver – The Alabama Community Transition Waiver (ACT) provides services to individuals with disabilities or long-term illnesses who currently reside in an institution and desire to transition to a home.

Personal Choices Program - This program is an option for individuals who are enrolled in the Home- and Community-Based Services Waiver Program who choose to self-direct their care. Through this program, individuals are provided a monthly budget from which they will determine the services they need. Individuals may choose to hire someone to help with their care

or they may wish to save money for equipment purchases. Counselors are available to guide them through the process that includes developing a spending plan to help manage the funds designated for their care. Currently, SCADC has a Lead PC Counselor and four PC Counselors to provide these services.

Alabama Community Transition Medicaid Waiver (ACT) provides services to persons with disabilities or long-term illnesses who currently reside in an institution and who wish to transition to a home or community-based setting.

Gateway to Community Living – The purpose of this program is to utilize the local ombudsman representative to help rebalance the long-term care system by transitioning Medicaid individuals from institutions to the community. SCADC will continue to conduct outreach efforts and market this program to help long-term care residents return to and remain in their own communities.

Expanding Access to HCBS

SCADC helps individuals in navigating the long-term care system. We conduct screening to determine eligibility for HCBS programs, and our team is trained to guide clients throughout the process. Our aim is to make it easy for people to access the services they need. Our staff helps those in need understand their options and provide support in completing the necessary paperwork. There are various options available to receive the services needed, but the best one for our clients depends on their specific situation. SCADC has the expertise to guide clients toward the most suitable option that will provide you with the best outcome.

Disaster Preparedness – SCADC is committed to continuing programs that provide safety measures during times of natural disasters. SCADC has a long-range comprehensive emergency/disaster/pandemic plan and business continuity plan in place. The plan includes up-to-date emergency contact information for staff, contractors, direct service providers, and county emergency management personnel. Currently, SCADC has a memorandum of understanding (MOU) with each county emergency management agency in the region. SCADC's primary role is to provide information and referral, outreach, and disaster assistance.

Advocacy – SCADC serves in an advocacy role to ensure that all older persons living in our region have sufficient representation in policies, procedures, and services affecting their lives. SCADC will address all proposed federal, state, and local legislation on issues related to the older population. In addition, we will conduct public hearings on the needs of older adults, carry out activities in support of programs and services, and coordinate planning efforts with the Aging network to help develop solutions for the issues affecting those we serve.

Quality Management

SCADC utilizes multiple state data systems to ensure accurate data entry. The following systems are utilized by SCADC:

- MyADSS (Title III-B, III-C, III-D, III-E, SHIP/MIPPA, Title VII Ombudsman)
- FAMCare – Medicaid Division
- PeerPlace – ADRC Division
- SIRS – SMP

- RxAssist Plus – SenioRx
- T-3 Aging
- GPMS
- MARS
- Medicaid to Go – Case Management

These programs collect comprehensive data on all services provided by SCADC. ADSS offers continuous technical support to ensure accurate data entry is completed by the required dates. ADSS conducts regular monitoring to ensure compliance of both federal and state funds. SCADC monitors the quality of our programs as well as client satisfaction through the distribution of surveys for our OAA programs. We also solicit feedback from our 18 nutrition sites. Annual nutrition surveys are sent to home-delivered meal and congregate participants. Drivers are trained to report health and safety concerns along with updates on client needs to the Nutrition management team. SCADC conducts regular monitoring of contracted partners monthly, quarterly and yearly. This regular monitoring helps us identify and quantify consistent deficiencies for allocation purposes.

Improvement

SCADC is dedicated to continuous improvement effort. For this Area Plan, SCADC is focused on continuing to grow and improve many of its already-successful programs and services which currently work to ease these issues, while also researching and brainstorming new, innovative ways to implement additional solutions for older individuals, caregivers and their families, and persons with disabilities. Through continued data collection and analysis, ongoing staff training and education, strengthened partnerships, expanded volunteer recruitment, improved public education and outreach, and marketing, SCADC is confident it can make measurable positive impacts for its clients and stakeholders with respect to address these major concerns over the next four years.

Section III

GOALS, OBJECTIVES, STRATEGIES, & OUTCOMES

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	Develop and distribute a transportation survey per county to assess available needs and concerns of older individuals and persons with disabilities through the planning and service area.	Evaluate transportation needs of the elderly and disabled population.
	Seek funds from local providers to expand homemaker services.	Expand homemaker services.
III-C	Develop and disseminate at least one educational brochure or video to attract new participants to attend the nutrition centers annually.	Reduced prevalence of nutritional risk among congregate participants.
	Increase participation of older adults in the Title III-C1 Senior Nutrition Program by offering a broader variety of social activities.	Increased nutrition counseling amongst Nutrition Program participants.
	Provide nutrition counseling to a minimum of 10 individuals through a registered, licensed dietitian. The AAA Registered Dietitian will provide educational materials on at least 12 topics to home-delivered meal participants and offer at least four educational sessions to congregate meal participants.	
III-D	Increase the number of units of evidence-based program practices through a variety of outreach methods to improve individuals' quality of health by at least 3%.	More individuals will know how to better handle their chronic health conditions.
	Successfully bid on at least one grant annually to help sustain continued funding for evidence-based wellness programs.	Expand evidence-based services.
Title V	Increase SCSEP program awareness through ADRC calls and screening by 10% in the next 4 years.	Callers will be more informed about community services, training, and opportunities through the SCSEP program.
	Continue to identify local resources to assist SCSEP participants with reaching their goals.	Participants will be aware of local resources to help meet goals.

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	Develop a combination of in-person workshops, virtual training modules, and information resources to increase the knowledge of the Long-term Care Ombudsman program in nursing homes and assisted living facilities.	Increased awareness and understanding of the Ombudsman program and the Gateway through Community Living. Expand Ombudsman Program volunteer retention.
	Conduct training for caregivers, staff members, and service providers about the resources and support available through the Gateway to Community Living program.	
	Utilize social media, local media outlets, and community partners to recruit at least 10 new Ombudsman volunteers by FY2029.	

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	Collaborate with at least four community hospitals to strengthen outreach efforts to promote AAA programs and services.	Increased knowledge of available programs and services through the AAA. ADRC callers will receive accurate and up-to-date information on available resources. Older adults and persons with disabilities will have information on options to live independently as long as possible.
	The Aging & Disability Resource Center (ADRC) Program Coordinator and Specialist will continue to remain up-to-date on OAA programs and other resources to assist ADRC callers.	
	Increase the number of persons served through the ADRC by 10% annually.	
SHIP/MIPPA	Coordinate with the SenioRx program and Aging & Disability Resource Center (ADRC) to assist Medicare beneficiaries in lowering prescription drug costs.	Increase in the number of people who benefit from Extra Help. Medicare beneficiaries will have immediate access to health insurance information, cost, and other vital material in one secure location. Increased awareness of public benefits and eligibility criteria for programs directly impacting Medicare beneficiaries. Medicare beneficiaries will be better informed and have a clear understanding of their rights and benefits. Future pharmacy students will enter the workforce with Medicare knowledge and experience.
	Educate at a minimum 150 Medicare beneficiaries on the importance of creating a MyMedicare.gov account to access their personal health care information annually.	
	Update and disseminate a copy of the annual Alabama Public Benefit Checklist AAA-ADRC.	
	Coordinate with C.A.R.E.S (Coordination, Advocacy, Resources, Education and Support) and Nutrition programs to provide educational materials and community outreach to empower Medicare beneficiaries and to assist in understanding Medicare and related Medicare options.	
	Train and certify AU-HOP 2 nd and 3 rd year pharmacy students to provide one-on-one counseling during Medicare enrollment events.	

	STRATEGY	PROJECTED OUTCOME
SMP	Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.	Attendees will be educated and more aware of Medicare/Medicaid fraud prevention and detection.
	Distribution of fraud materials to a minimum of 1,000 individuals in partnership with SHIP.	
SenioRx	Formulate a community social group in each county to strengthen the knowledge and understanding of chronic medical conditions.	Better management of chronic conditions through medication assistance.
	Participate in community outreach and develop at least eight new partnerships by 2029.	Increased awareness of SenioRx program.

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
AL Interagency Council	Continue to work together with the AAA Legal provider, Alabama Securities Commission, law enforcement agencies, Adult Protective Services, healthcare agencies, and other senior-based partners to address the critical needs of older adults in immediate danger.	Increased prevention and detection of elder abuse, neglect, and exploitation.
	Enhance training and outreach to include diverse populations in institutional and community-based settings.	Enhanced training and reporting mechanisms to lead to faster and more effective intervention.
	Schedule at least one meeting with two local law enforcement agencies to discuss the possibility of meeting regularly and creating an MOU between the AAA Ombudsman program and each agency.	Awareness of the Ombudsman's roles, responsibilities, and approaches to investigate and cross-report allegations of abuse involving residents.

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	Maintain partnership with Dementia Friendly Alabama to provide education on services and resources available to at least 150 new caregivers over the next 4 years.	More caregivers will receive education on legal matters, reliable duties and responsibilities.
	Partner with local communities to strengthen dementia friendly efforts.	

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)	Staff will receive direct training on ADSS IT software for each program to improve data collection.	Increased efficiency and process improvement while meeting regulatory requirements.
	Improve data collection by using standard service definitions and reviewing program reports on a monthly basis.	
Training	Provide staff HIPAA training annually, which includes training on identifying potential IT threats and protecting health information.	Increased training and technical assistance.
	Provide training aligned to continuous quality improvement efforts for data and program management by enforcing guidelines and operational guides to streamline processes.	
Monitoring	Schedule quarterly program meetings with staff to review program budgets and data collection.	Improved accountability and meet state requirements.
	Continue to monitor all service providers and train annually, or as needed.	

Preparedness, Response, & Recovery

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
	Provide at least one community education presentation annually regarding the negative effects associated with social isolation.	Increased education and interventions associated with social isolation.
	Seek grant funds to purchase 50 Ageless Innovative Joy Companion robotic pets to provide comfort and companionship to help relieve feelings of isolation and loneliness amongst older adults with limited mobility, cognitive impairments, Alzheimer’s and dementia in underserved areas.	

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

	STRATEGY	PROJECTED OUTCOME
	Partner with local providers to offer community education about home modification and assistive technology services available in the PSA.	Increased knowledge and access to assistive technology for older individuals.
	Increase awareness of and access to public and privately funded Assistive Technology programs and resources.	

Objective 2.3: Revisit the ADSS emergency preparedness planning processes to properly plan for future disasters

	STRATEGY	PROJECTED OUTCOME
	Reexamine ADSS emergency preparedness plans annually with staff to ensure the incorporation of best practices and responsiveness to disasters.	Annual review of emergency disaster plans and update, as needed.
	Provide and/or partner with local providers to have at least one emergency preparedness public education presentation annually.	
	Attend Emergency Management Agencies (EMA) meetings to stay abreast of local disaster strategies and plan accordingly.	

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
	Continue building and strengthening partnerships with organizations that focus on the needs of older individuals in the greatest economic and social needs.	Increase outreach efforts to underserved populations by 10%.
	Participate in training opportunities developed by community-based organizations focusing on the needs of older individuals, persons with disabilities, caregivers and their families.	
	Continue to provide evidence-based programs, including falls prevention, diabetes self-management (DSMP) and chronic disease self-management (CDSMP).	

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
	ADRC will continue to streamline callers and assure timely access to proper services and support to ensure participants live in their setting of choice and promote their well-being and quality of life.	Participants will make their own choice to services and supports.

Objective 3.3: Use No Wrong Door collaborations to address social determinants of health

	STRATEGY	PROJECTED OUTCOME
	Conduct ongoing needs assessment surveys using varied methods of engagement through department staff and community partners.	Increase the number of calls to the ADRC 1-800-AGE-LINE telephone number by 2% each year.
	Seek new outreach partners and sites to reach rural underserved populations.	

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
	Strengthen relationships with doctors’ offices, hospitals, clinics, and skilled nursing facilities to ensure transitions from nursing facilities and/or hospitals are communicated with the Medicaid Waiver staff so the transition process can be started in a timely manner.	Increased caseloads from completed transitions for in-home services to be received by individuals on the Medicaid Waiver Program. Ensure continuity of care through transitions back into the community. Reduced hospital readmissions through better post-discharge care coordination and support.
	Continue to train case managers, social workers, and healthcare providers on transition planning and HCBS options.	

Objective 4.2: Better coordinate aging network services with Alabama’s Medicaid Waiver services

	STRATEGY	PROJECTED OUTCOME
	Strengthen relationships with the Alabama Department of Public Health, Home Health and Hospice Agencies, and the Alabama Department of Human Resources to educate those regarding Medicaid Waiver services.	More referrals from ADPH, Home Health and Hospice, and DHR will help allocate resources to the elderly and disabled individuals in need of in-home services. Individuals requiring in-home assistance are fully screened for Waiver Services.
	Help individuals in the region to utilize self-direction services through the Personal Choices Program while ensuring individuals are screened for all HCBS services available.	

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
	Review current resources and conduct research for potential grants or available Medicaid provided services to assist with transportation, housing, durable medical equipment (DME) in the region.	Assisted the elderly and disabled individuals to live on their own independently within their community.
	Develop relationships with ADPH, Home Health and Hospice Agencies, and DHR for training opportunities with Medicaid Waiver Staff.	

Caregiving (Title III-E (Alabama CARES)) and Alabama Lifespan Respite (ALR)

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
	Create a guide to increase public awareness and recognition of the diverse needs, issues, and challenges of other relative’s caregivers.	Improved physical and emotional well-being of other relative’s caregivers.
	Expand partnerships to help utilize community outreach initiatives to reach diverse caregivers populations and raise awareness about available support.	

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

	STRATEGY	PROJECTED OUTCOME
	Create a guide to increase the availability, and use of, financial education and planning tools for family caregivers.	Enhanced and protected family caregivers financial and employment security.
	Improve the availability of long-term services and supports and reduce out-of-pocket costs for facilities through public and private pay.	

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
	Partner with local providers to start and house a kinship or grand family support group to provide a first-steps course aimed to reach at least 50 grandfamily caregivers.	Educated other relative’s caregivers on their duties and responsibilities.
	Develop a support group for other relative’s caregivers.	

Objective 5.4: Continue work in coordinating Alabama CARES with ALR objectives

	STRATEGY	PROJECTED OUTCOME
	Expand respite to at least 25 other relatives’ caregivers.	Reduce the number of other relatives’ caregivers.

Attachment A – Area Plan Assurances

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 age 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.


Signature of AAA Director


Date


PRINT NAME

Attachment B – ADSS’s Area Plan Required Information

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.

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	<p>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).</p> <p>Example: dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, continence, feeding, or walking to assist with personal care needs.</p>
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	<p>An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach.</p> <p><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</p>
Congregate Meals (may include grab and go meals)	<p>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:</p> <p>(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;</p> <p>(ii) Meals provided .. shall:</p> <p>(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;</p> <p>(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.</p>

	<p>(iii) Meals ...may be provided to complement the congregate meal program:</p> <p>(A) During disaster or emergency situations affecting the provision of nutrition services;</p> <p>(B) To older individuals who have an occasional need for such meal; and/or</p> <p>(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)</p>
Home-Delivered Meals	<p>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)</p>
Liquid Nutrition Supplement	<p>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.”</p>
Transportation Subservice (Home-Delivered Meals)	<p>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.</p> <p>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.</p>
Nutrition Education	<p>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)</p>
Nutrition Counseling	<p>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)</p>
Health Promotion: Evidence-Based	<p>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.</p> <p>October 1, 2016, Title III-D funds will only be able to be used on health promotion programs that meet the highest-level criteria.</p>

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: <i>PeerPlace interface will automatically capture one unit of Caregiver I&A in AIMS when a caregiver participant is screened & referred to the CARES program</i>
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.

Attachment C – ADSS’s Needs Assessment and Results

**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	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
Asian or Asian American	<input type="checkbox"/>	Native American	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	White	<input type="checkbox"/>
Other	<input type="checkbox"/>		

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

Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino	<input type="checkbox"/>
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3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

\$1,255 or less	<input type="checkbox"/>	Greater than \$1,255	<input type="checkbox"/>
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4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	<input type="checkbox"/>	60 or older	<input type="checkbox"/>
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5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	<input type="checkbox"/>	Non-rural	<input type="checkbox"/>
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6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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7. Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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8. Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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9. Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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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	<input type="checkbox"/>	Nativo de Hawái o de las islas del Pacífico	<input type="checkbox"/>
Asiático o asiático americano	<input type="checkbox"/>	Nativo americano	<input type="checkbox"/>
Negro o afroamericano	<input type="checkbox"/>	Blanco/blanca americano	<input type="checkbox"/>
Otro	<input type="checkbox"/>		

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

hispano o latino	<input type="checkbox"/>	No Hispano o Latino	<input type="checkbox"/>
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3. Por favor elija su rango de ingresos mensuales (Elija uno colocando una X en la casilla de su elección)

\$1,255 o menos	<input type="checkbox"/>	Más de \$1,255	<input type="checkbox"/>
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4. Por favor elija su rango de edad (Elija uno colocando una X en la casilla de su elección)

Menos de 60	<input type="checkbox"/>	60 o más	<input type="checkbox"/>
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5. Por favor elija su ubicación (Elija una colocando una X en la casilla de su elección)

Rural	<input type="checkbox"/>	No rural	<input type="checkbox"/>
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6. ¿Vives solo? (Elija uno colocando una X en la casilla de su elección)

Sí	<input type="checkbox"/>	No	<input type="checkbox"/>
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7. ¿Se siente socialmente aislado y/o solo? (Elija uno colocando una X en la casilla de su elección)

Sí	<input type="checkbox"/>	No	<input type="checkbox"/>
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8. ¿Es usted una persona que vive con una discapacidad? (Elija uno colocando una X en la casilla de su elección)

Sí	<input type="checkbox"/>	No	<input type="checkbox"/>
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9. ¿Es usted un cuidador que cuida a otra persona? (Elija uno colocando una X en la casilla de su elección)

Sí	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>	no lo sé	<input type="checkbox"/>
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11. Usando la escala numérica a continuación, díganos la importancia de cada elemento colocando una **X** en la casilla que elija:

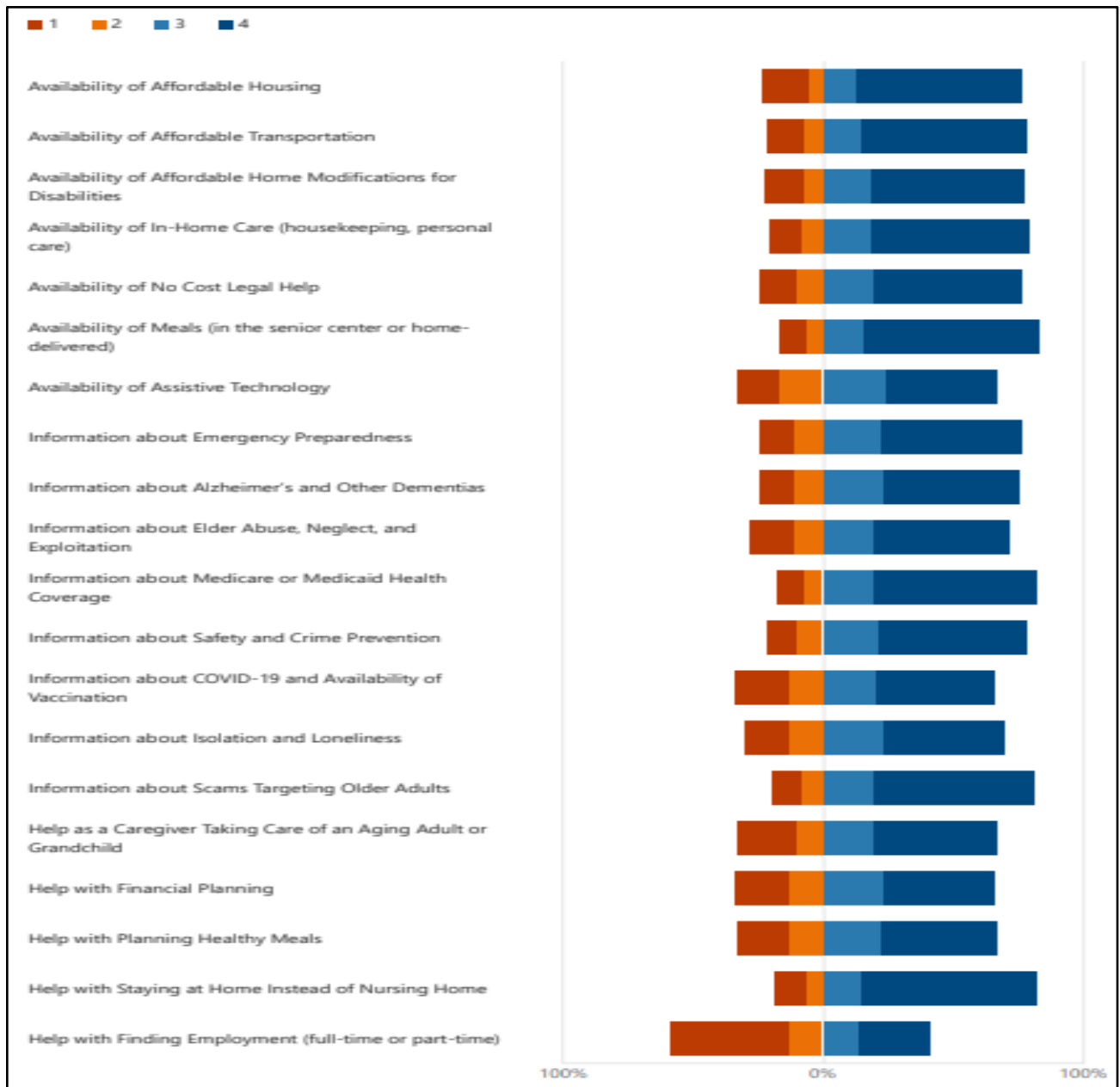
1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	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

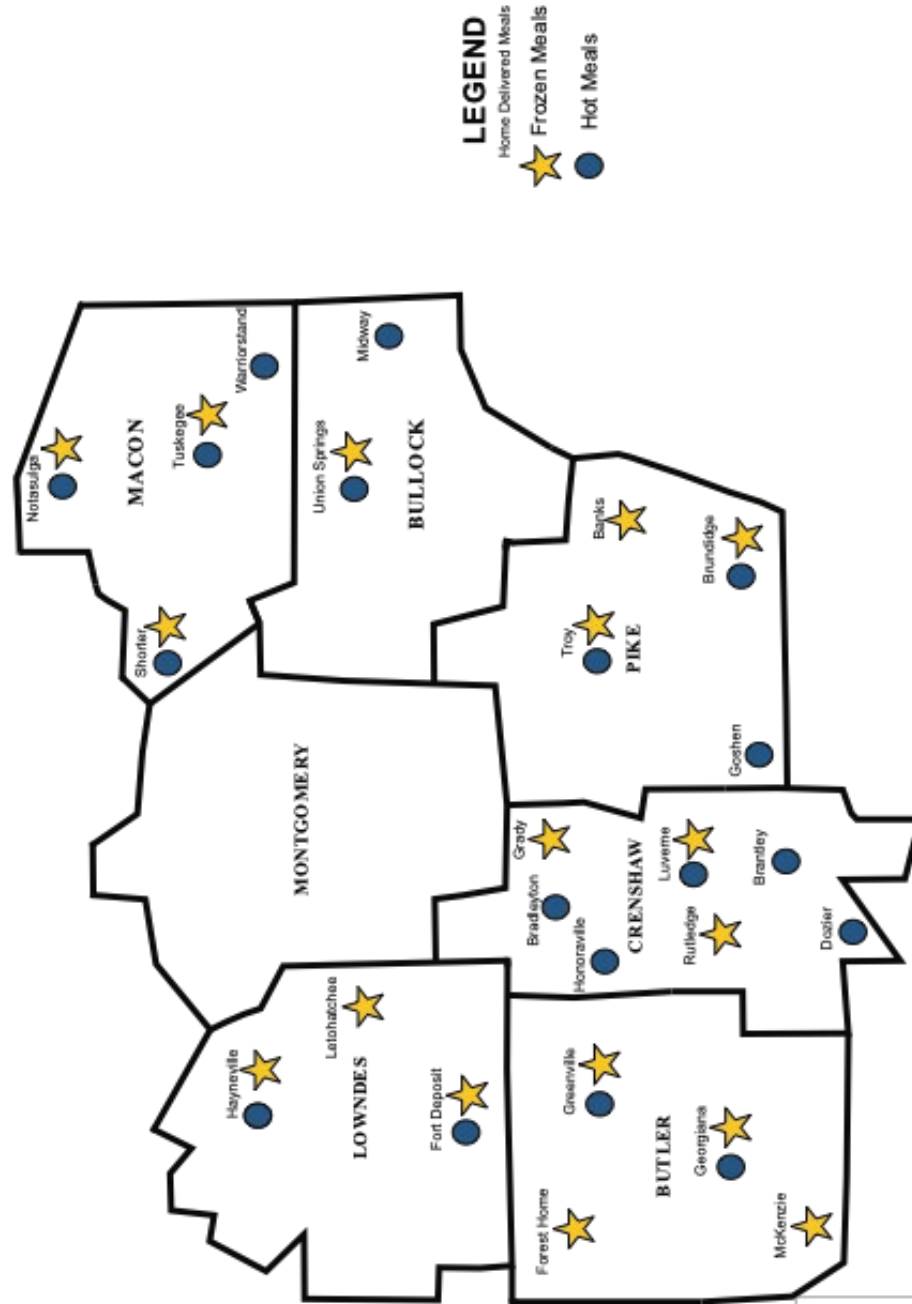
Public Meetings Comments

Top 5 Needs/Unmet Needs

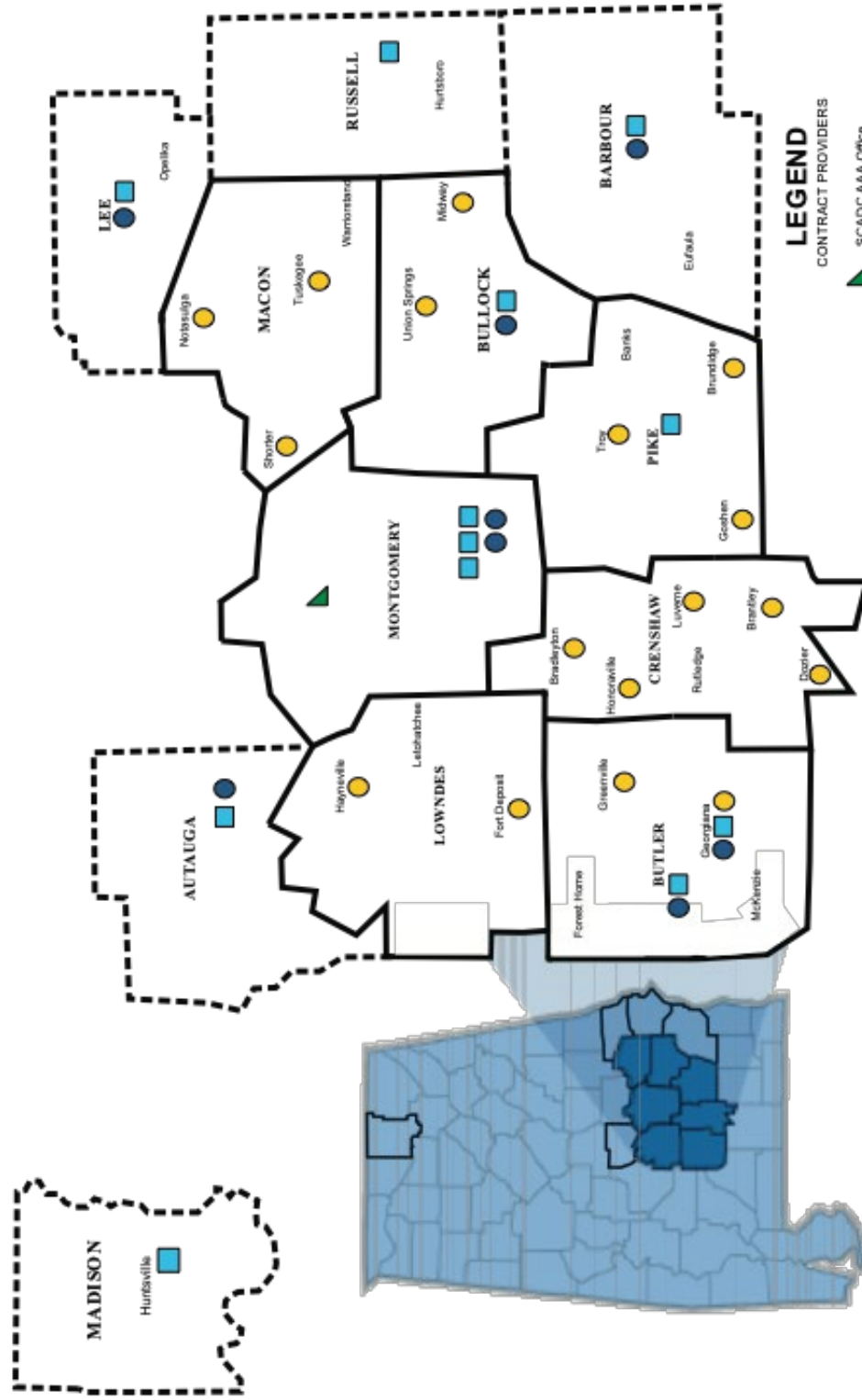
Cullman Senior Center	<ol style="list-style-type: none"> 1. Transportation 2. Increase in homemaker, chore, companion, and respite services 3. Increase in home-delivered meals 	<ol style="list-style-type: none"> 4. Mental health/isolation/grief support (reassurance/wellness check) 5. More in-home service providers
	<p>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+)</p>	
Lanett City Hall	<ol style="list-style-type: none"> 1. Mental health/isolation/grief support (reassurance/wellness check) 2. Increase in personal care and chore services 3. Technology training 	<ol style="list-style-type: none"> 4. Locating resources 5. Financial planning/budgeting/scam education
	<p>Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)</p>	
Andalusia Senior Center	<ol style="list-style-type: none"> 1. Transportation (including list of private transportation resource) 2. Mental health/isolation/grief support (reassurance/wellness check) 3. Increase in homemaker and chore services 	<ol style="list-style-type: none"> 4. Increase in home-delivered meals (including service rural areas) 5. Cost effective Durable Medical Equipment (including home mods)
	<p>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</p>	
McAbee Senior Center	<ol style="list-style-type: none"> 1. Transportation (including VA transportation challenges) 2. Qualified homecare personnel (including overnight respite care) 3. Access to and understanding of available resources 	<ol style="list-style-type: none"> 4. Senior center programs in unreached areas 5. Chore services (specifically yard maintenance)
	<p>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)</p>	

Attachment D – Planning and Service Area Maps

MEAL DROP-OFF POINTS



LOCATION OF CONTRACT PROVIDERS



LEGEND

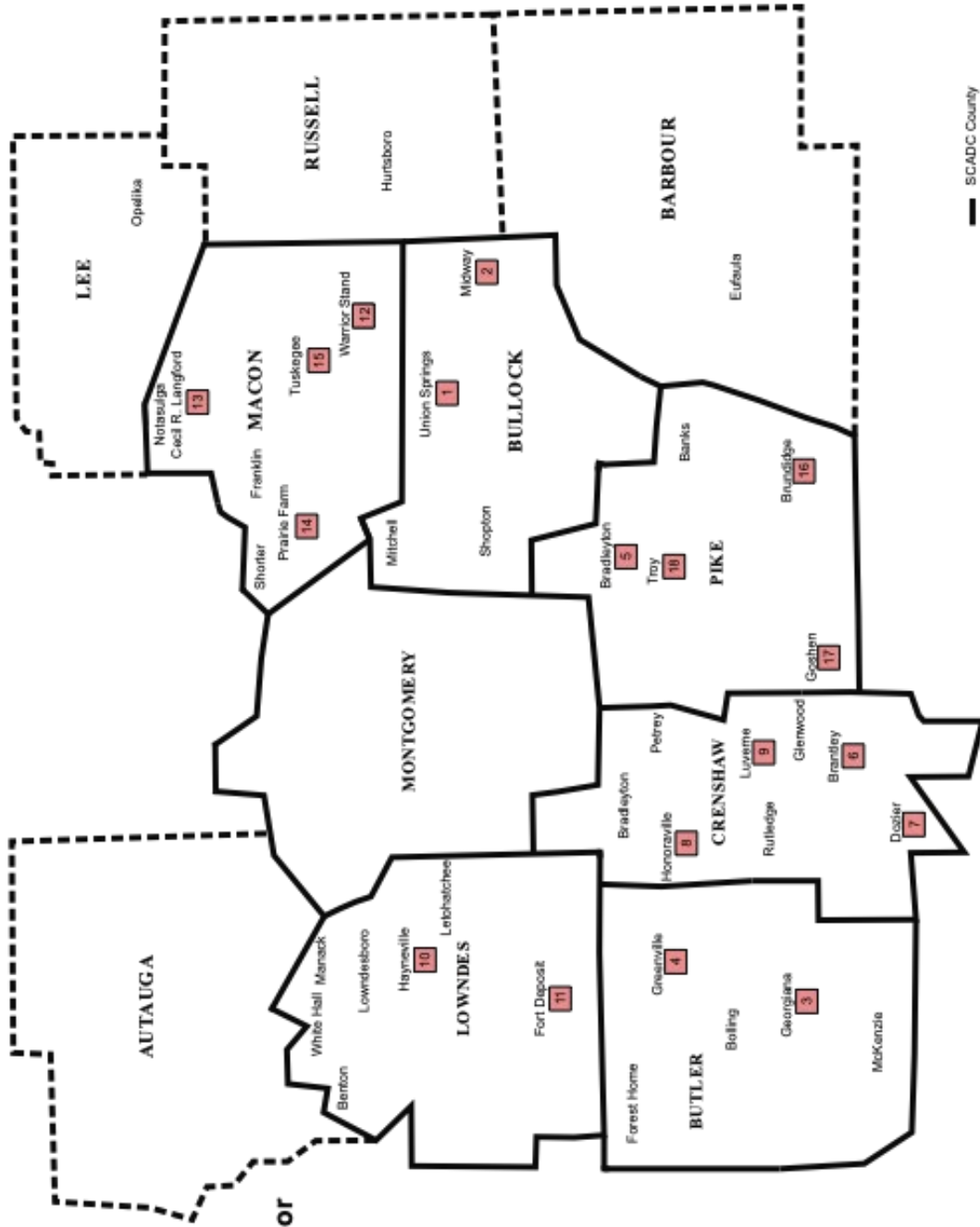
CONTRACT PROVIDERS

- SCADC/AAA Office
- M - Title XIX Medicaid Waiver Services
- T - Title III Supportive Nutrition
- Title III - Alabama Carers

BOUNDARIES

- SCADC County
- Adjoining County

MULTIPURPOSE SENIOR CENTERS



Multipurpose Senior Centers

CONTRACT PROVIDERS

- 1 Union Springs
- 2 Midway
- 3 Georgiana
- 4 Greenville
- 5 Bradleyton/Helicon
- 6 Bradley
- 7 Dozier
- 8 Honoraville
- 9 Luverne
- 10 Hayneville
- 11 Fort Deposit
- 12 Warrior Stand
- 13 Cecil R. Langford
- 14 Prairie Farm
- 15 Tuskegee
- 16 Robert E. Barr
- 17 Goshen
- 18 Troy



Attachment E – Board of Directors

SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION

BOARD OF DIRECTORS

***OFFICERS**

2023- 2025

Mildred Whittington, **Chairman**

Mayor of Midway

P.O. Box 36

Midway, AL 36053

milliewhit@yahoo.com

Melissa Sanders, **Vice-Chairman**

City of Troy

PO Box 549

Troy, AL 36053

(334)670-6058

melissa.sanders@troyal.gov

Lawrence Haygood, **Secretary**

Mayor of Tuskegee

101 Fonville Street

PO Box 830687

Tuskegee, Al 36083-0687

(334)720-0514

mayor@tuskegeecalabama.gov

Jackie Thomas, **Treasurer**
Lowndes County Commission

P. O. Box 65

Hayneville, AL 36040

(334)278-3456

jthomas@htcnet.net

*Elections are held at the annual Board meeting held in May in even years.

MEMBERSHIP

BULLOCK COUNTY

Roderick Clark (334)738-2720
Mayor of Union Springs (334)850-9862-cell
P. O. Box 549
Union Springs, AL 36089
unionsp@ustconline.net

David Padgett (334)473-8016
Bullock County Dev. Authority (334)738-5310-fax
P.O. Box 87
Union Springs, AL 36089
david.padgett@bullockcountyalabama.com

Alonza Ellis, Jr., Chairman (334)738-3883
Bullock County Commission (334)201-0087
P. O. Box 472
Union Spring, AL 36089

BUTLER COUNTY

David Hutchison (334)371-8400
Butler County
P O Box 758
Greenville, AL 36037
DHutchison@bcced.com

Dexter McLendon (334)382-7111
Mayor of Greenville (334)303-7568-cell
P. O. Box 158
Greenville, AL 36037

CRENSHAW COUNTY

Charlie Sankey, Jr., Chairman (334)335-6568
Crenshaw County Commission
P. O. Box 227
Luverne, AL 36049
CS@FCBL.com (Robyn Snellgrove)

Daryl Elliot (334)527-3579-home
Town of Brantley (334)235-1057-work
301 Melanie Drive
Montgomery, AL 36109

William A. Tate (334)403-0407-cell
Judge of Probate
590 East 10th Street
Luverne, AL 36049
willtate74@yahoo.com

LOWNDES COUNTY

Ms. Jackie Thomas (334)548-2331
Lowndes County Commission
P.O. Box 65
Hayneville, AL 36040
jthomas@htcnet.net

Jacquelyn Davison-Boone (334)227-4841
Mayor of Fort Deposit
P.O. Box 260
Fort Deposit, AL 36032
mayer@fort-deposit.net

Charlie King, Jr., Chairman (334)548-2331
Lowndes County Commission
P. O. Box 65
Hayneville, AL 36040

MACON COUNTY

Louis Maxwell, Chairman Macon County Commission 101 E. Northside Street Tuskegee, AL 36083 loumaxlou@yahoo.com	(334)724-2557 (334)421-2481-cell (334)724-2608-fax	Lawrence Haygood Mayor of Tuskegee 101 Fonville Street P O Box 830687 Tuskegee, AL 36083-0687 mayor@tuskegeecalabama.gov	(334)720-0514
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Willie Mae Powell (George Davis)
2521 Old Federal Old
P.O. Box 117
Shorter, AL 36075-0117
mayor@shorteral.com (gdavis@shorteral.com)

MONTGOMERY COUNTY

Mayor, Steven L. Reed
City Hall, Room 206
103 North Perry Street
Montgomery, AL 36104
mayor@montgomeryal.gov

PIKE COUNTY

Chad Copeland Pike County Commission P.O. Drawer 1147 Troy, AL 36081 chad.copeland@troycable.com	(334)566-6374	Jason Reeves Mayor of Troy P.O. Box 549 Troy, AL 36081	(334)566-0177
Isabell Boyd Pike County Economic Mayor of Brundidge P O Box 638 Brundidge, AL 36010 isabellboyd@yahoo.com		Melissa Sanders City of Troy P O Box 549 Troy, AL 36081 melissa.sanders@troyal.gov (Represents the Mayor)	(334)670-6058

Attachment F – Advisory Council

ADVISORY COUNCIL

OAA 306(a)(6)(D)

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

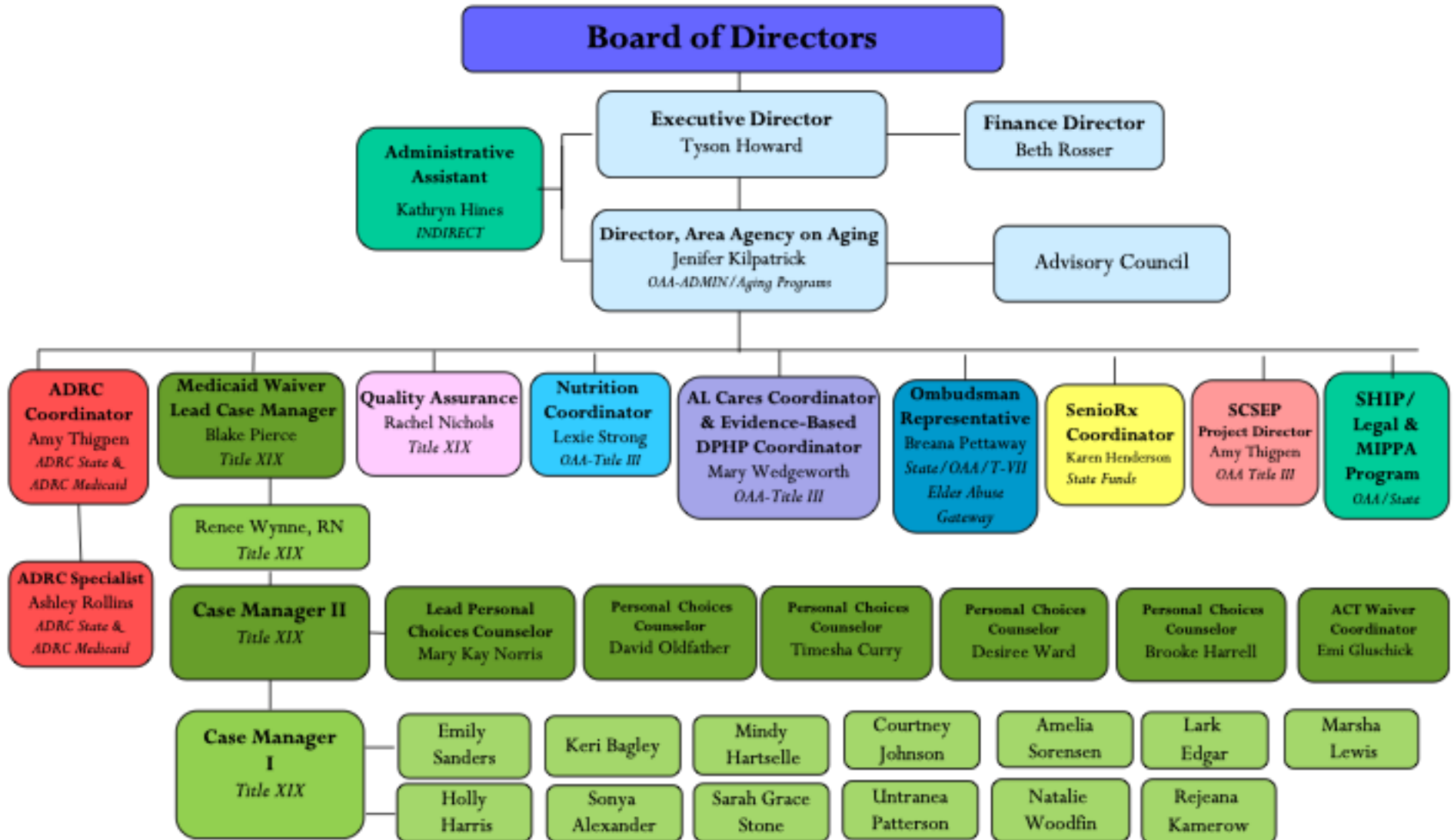
AAA: SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION (SCADC)

Area Plan FY: 2025

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Mrs. Mary Braden				X			X
Hon. Oliver Brooks	X	X		X	X		
Mrs. Edith Brooks	X	X		X			
Mr. Jeffrey Brown	X	X		X			
Mrs. Ella Brown	X	X		X			
Mrs. Evergreen Freeman	X	X		X			X
Ms. Betty James	X			X		X	
Hon. Magdalene K. Patton	X			X	X		X
Ms. Essie B Thomas	X	X	X	X			
Dr. Florence Pace-Tyner	X			X			X
Ms. Miranda Townsend	X	X		X			X

Attachment G – Organizational Chart

South Central Alabama Development Commission Area Agency on Aging Organizational Chart



Attachment H – Grievance Policy

SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION

The Board of Directors of the South Central Alabama Development Commission (SCADC) adopts the following Grievance Procedures to be effective in all programs and services operated by and under contract with SCADC:

GRIEVANCE PROCEDURES

§ 1. Definitions. The following terms whenever used in these Grievance Procedures shall have the meaning stated in this section:

- (a) Adverse party: (1) In the case of grievance filed by a recipient: the contractor, grantee, or service provider; or (2) in the case of a grievance filed by a contractor, grantee, or service provider alleging that a contract or grant proposal was improperly rejected and awarded to another applicant for the contract or grant: the contractor, grantee, or service provider whose competing application was accepted.
- (b) Aggrieved party: any recipient or contractor who shall allege that he, she, or it has been improperly denied services or funding or has been improperly discriminated against on the basis of race, gender, handicap, religion, age, or national origin in the provision of services or funding by SCADC or by a SCADC contractor with respect to services funded by SCADC.
- (c) Board: the Board of Directors of SCADC
- (d) Contractor: any SCADC contractor, grantee, or service provider or any applicant for a contract or grant funded by SCADC.
- (e) Hearing panel: the three-person subcommittee of the Board designated by the Board to hear grievances.
- (f) Recipient: any person who receives or has applied to receive services from SCADC or services funded by SCADC from a SCADC contractor.
- (g) SCADC: the South Central Alabama Development Commission.

§ 2. Authority of the Hearing Panel. The board hereby delegates its authority to its hearing panel, which shall be authorized to hear and to decide all issues that shall come before it with respect to any grievance filed by any aggrieved party. The Executive Director of SCADC (or his or her designee) shall act as recording secretary at all hearings.

§ 3. Contractor Compliance. All contractors shall comply with all decisions of the hearing panel with respect to any grievance proceeding.

§ 4. How Grievance Filed. All grievances shall be filed in writing with the Executive Director of SCADC and shall state with specificity the basis for the grievance.

- (a) Recipient grievances. Within fifteen days of the act that is the basis for the grievance and as a condition precedent to filling any grievance in writing with the appropriate adverse party, stating with specificity the basis for the grievance. Within fifteen days of receipt, the adverse party shall provide the recipient a written response to the grievance. In the case in which the adverse party does not provide the recipient a written response, the grievance is deemed to have been denied by the adverse party as of fifteen days after its receipt by the adverse party. Any recipient who shall remain aggrieved in whole or in part after the response of the

adverse party shall file his or her grievance with SCADC within fifteen days of the response of the adverse party.

- (b) Contractor grievances. Any aggrieved contractor shall file his, her, or it grievance with SCADC within fifteen days of the act that is the basis for the grievance.
- (c) Dismissal of grievance without hearing. The grievance of any aggrieved party shall be dismissed without hearing if the requirements of this section shall not have been followed or upon the written request of the aggrieved party. SCADC shall provide the aggrieved party and any adverse party with written notice of any dismissal under this section.

§ 5. Notice of Hearing. SCADC shall notify the aggrieved party and any adverse party of the date, time and place of the hearing within fifteen days of the receipt of the grievance by SCADC. The date of the hearing shall be no fewer than ten days and no more than thirty days following the date of the notice.

§ 6. Hearing Procedures. Hearing procedures shall be generally informal. The aggrieved party and any adverse party shall have the following rights with respect to the hearing:

- (a) To be represented by counsel or otherwise or to appear pro se;
- (b) To present the oral testimony of witnesses;
- (c) To cross-examine witnesses;
- (d) To introduce documents and exhibits; and
- (e) To make opening and closing statements, subject to time limits imposed by the hearing panel that shall be applied equally in cases in which any adverse party shall appear.

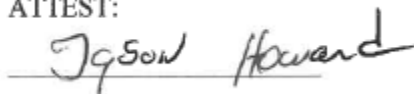
Members of the hearing panel shall have the right to question any witness who shall appear upon the completion of any direct and cross-examination by the parties.

§ 7. Hearing Decisions. The decision of the hearing panel shall be based solely on the testimony and any other evidence presented at the hearing. The decision shall be in writing. Copies of the decision shall be provided to all parties within thirty days of the date of the hearing.

Passed and adopted this 25th day of April, 1990.


R. R. Norman, Jr.
Chairman

ATTEST:



Attachment I – Conflict of Interest Policy

South Central Alabama Development Commission Conflict of Interest Policy

A. PURPOSE

This Conflict of Interest Policy governs the activities of the Board of Directors, officers and staff of the South Central Alabama Development Commission (SCADC). It is the duty of all board members, officers and staff to be aware of this policy, and to identify conflicts of interest and situations that may result in the appearance of a conflict and to disclose those situations/conflicts/ or potential conflicts to the Executive Director, Chairman of the Board or other designated person, as appropriate.

Conflict of Interests

A conflict of interest is defined as an actual or perceived interest by a Board member, officer or staff in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain. Officers, members, and staff are obligated to always act in the best interest of the organization. At all times, officers, board members, and staff are prohibited from using their job title or the organization's name or property, for private profit or benefit.

1. The officers, members and staff of the board should neither solicit nor accept gratuities, favors, or anything of monetary value from contractors/vendors.
2. No officers, board members or staff of the Board shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his/her knowledge any of the following has a financial interest in that purchase or contract: officers or member, any member of their immediate family, their partner, an organization in which any of the above is an officer, director or employee; a person or organization with whom any of the above individuals is negotiating or has an arrangement concerning prospective employment

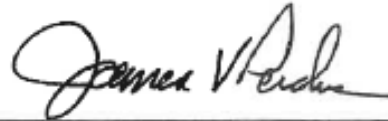
Disclosure

When a conflict of interest is relevant to a matter requiring action by the Board, the interested person(s) shall call it to the attention of the Board and said person(s) shall not vote on the matter. In addition, the person(s) shall not participate in the final decision or related deliberation regarding the matter under consideration.

Record of Conflict ---The official minutes of the Board shall reflect that the conflict of interest was disclosed and the interested person(s) did not participate in the final discussion or vote on the matter.

Annually, each Board member, officers and staff acknowledges that he or she has read and is in compliance with this policy.

Passed and adopted this 20TH day of NOVEMBER 2013.

A handwritten signature in black ink, appearing to read "James V. Perdue", written over a horizontal line.

James V. Perdue
Chairman

Attachment J – 2025 Four-Year Plan Survey Questions

South Central Alabama Development Commission
Area Agency on Aging
Area Plan on Aging 2026-2029
Needs Assessment

County _____

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 SCADC-AAA Area 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	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
Asian or Asian American	<input type="checkbox"/>	Native American	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	White	<input type="checkbox"/>
Other	<input type="checkbox"/>		

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

Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino	<input type="checkbox"/>
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3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

\$1,255 or less	<input type="checkbox"/>	Greater than \$1,255	<input type="checkbox"/>
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4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	<input type="checkbox"/>	60 or older	<input type="checkbox"/>
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5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	<input type="checkbox"/>	Non-rural	<input type="checkbox"/>
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6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	------------	--------------------------

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)				

Thank you!

Please return by February 28, 2025

Attachment K – 2025 Needs Assessment Results and Public Hearings

**TABLE VII
NUMBER OF RESPONDENTS BY RACE**

Race	Frequency	Percent	Valid Percent	Cumulative Percent
African American (Black)	561	68.0	68.2	68.2
Caucasian (White)	240	29.1	29.2	97.4
American Indian / Alaska Native	4	0.5	0.5	97.9
Asian	5	0.6	0.6	98.5
Native American	4	0.5	0.5	99.0
Other	9	1.1	1.1	100.0
Unknown	2	0.2	100.0	
Total	825	100.0		

**TABLE VIII
NUMBER OF RESPONDENTS BY RACE* AND AGE GROUP**

Race	Under 60		60 or Older		Unknown	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
African American (Black)	82	89.1	471	65.1	8	88.9
Caucasian (White)	8	8.7	232	32.0	0	0.0
Other	2	2.2	21	2.9	1	11.1
Total	92	100.0	724	100.0	9	100.0

*The “Other” race category contains the respondents’ answers of American Indian/Alaska Native, Asian, Native American, Other, and Unknown.

A summary of the respondents’ characteristics are as follows:

- 94 percent (705) were not Hispanic or Latino.
- 56 percent (448) had a monthly income greater than \$1,255.
- 67 percent (546) lived in rural areas; 33 percent (268) lived in non-rural areas.
- 56 percent (459) live alone [See Figure 3].
- 17 percent (142) feel socially isolated and/or lonely.
- 32 percent (264) live with a disability [See Figure 4].
- 28 percent (224) are caregivers taking care of someone else.
- 12 percent (97) do not have a family member or friend to take care of them.

Figure 3. Distribution of Respondents by County and Live Alone Status

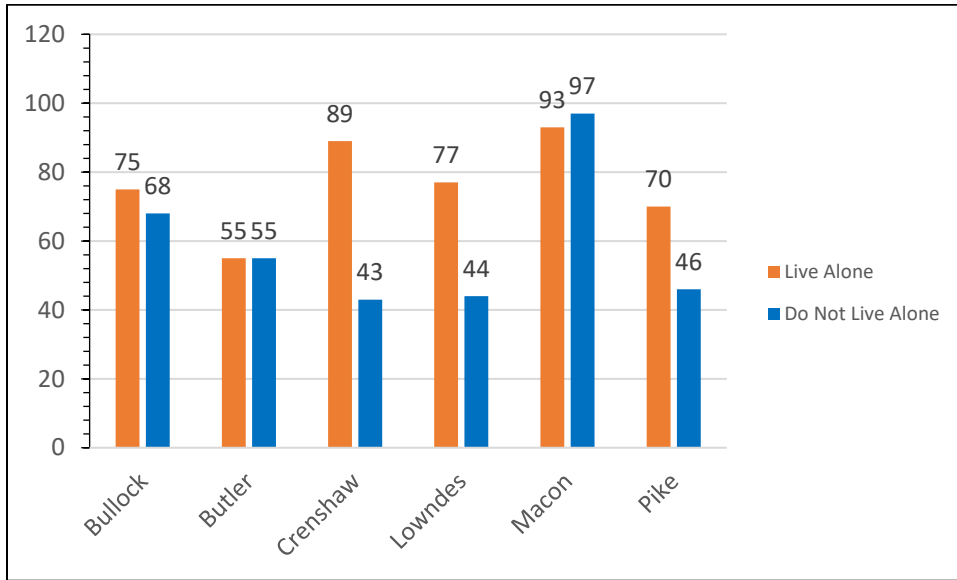
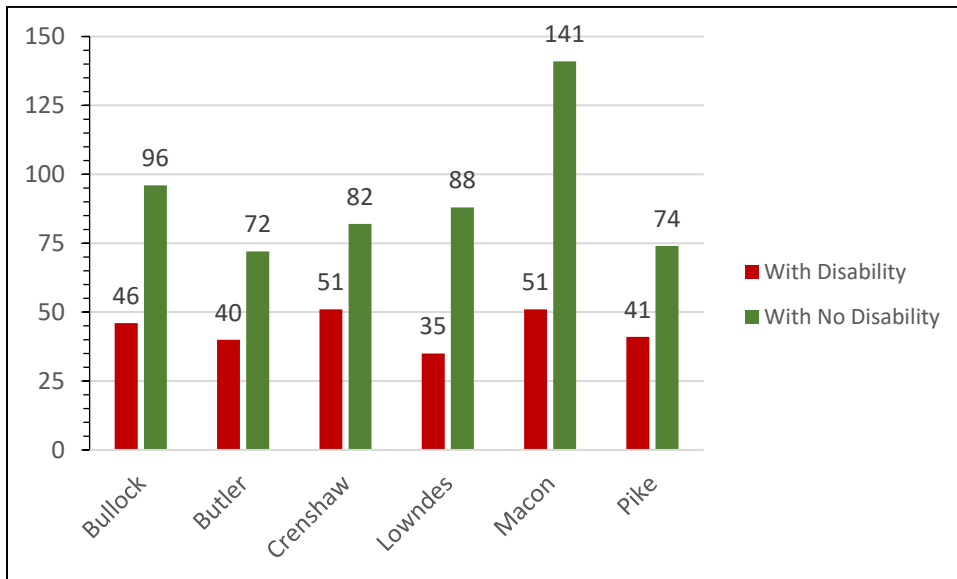


Figure 4. Distribution of Respondents by County and Disability Status



Public Hearings:

To receive feedback from the community on services under our Area Plan on Aging and needs of older adults and their families, people of all ages with disabilities and their caregivers, elected officials, and the general public, we conducted the following public hearings: (1) May 9, 2025 in Bullock County at the Richard B. Stone Complex in Union Springs, AL; and (2) May 23, 2025 in Lowndes County at the Hayneville/Lowndes Multipurpose Senior Center, Hayneville, AL.

Attachment L – Regional and County Populations

**TABLE IX
SCADC'S POPULATION BY AGE GROUP (2023)**

AAA	0-39	40-49	50-59	60-69	70-79	80+	Total
SCADC	54,039	10,892	12,461	13,838	8,419	4,371	104,020
Alabama	2,567,212	618,398	644,311	635,576	398,084	190,672	5,054,253

Source: U.S. Census Bureau, 2019-2023 American Community Survey, File B01001

**TABLE X
SCADC'S AGE 60+ POPULATION BY AGE, RACE, AND GENDER (2020)**

County	Total	Total Male	Total Female	Total White	Total White Male	Total White Female	Total Black & Other	Total Black & Other Male	Total Black & Other Female
Bullock	2,643	1,233	1,410	771	416	355	1,872	817	1,055
Butler	5,525	2,390	3,135	3,446	1,541	1,905	2,079	849	1,230
Crenshaw	3,764	1,691	2,073	2,870	1,305	1,565	894	386	508
Lowndes	3,035	1,389	1,646	1,077	537	540	1,958	852	1,106
Macon	5,263	2,308	2,955	1,002	507	495	4,261	1,801	2,460
Pike	7,435	3,274	4,161	4,899	2,227	2,672	2,536	1,047	1,489
Total	27,665	12,285	15,380	14,065	6,533	7,532	13,600	5,752	7,848

Source: U.S. Census Bureau, Census 2020, Summary File 1

Attachment M – Regional and County Demographics

**TABLE XI
DEMOGRAPHIC PROFILE: BULLOCK COUNTY**

Age Groups⁽¹⁾		
All Ages	10,357	
Under 60	7,714	74.5%
60-64	785	7.6%
65-69	671	6.5%
70-74	497	4.8%
75-79	327	3.2%
80-84	195	1.9%
85+	168	1.6%
60+	2,643	25.5%
65+	1,858	17.9%

Projections (65+)⁽²⁾	
2000	1,543
2010	1,469
2020	1,897
2030	2,237
2040	2,050

Ethnicity/Race (60+)⁽¹⁾		
Hispanic	42	1.6%
Non-Hispanic	2,601	98.4%
White	771	29.6%
Black	1,811	69.6%
Other Minorities	19	0.7%

Gender (60+)⁽¹⁾		
Male	1,233	46.7%
Female	1,410	53.3%

Disability Status (65+)⁽³⁾		
Number of Persons	1,706	
With Any Disability	536	31.4%
Hearing Difficulty	195	36.4%
Vision Difficulty	155	28.9%
Cognitive Difficulty	260	48.5%
Ambulatory Difficulty	304	56.7%
Self-Care Difficulty	90	16.8%
Independent Living Difficulty	205	38.2%
With No Disabilities	1,170	68.6%

Living Situation (65+)		
Living Alone ⁽³⁾	558	30.0%
Living in Rural Areas ⁽¹⁾	1,858	100.0%

Financial Status (60+)⁽³⁾		
Number of Persons	2,336	
Below Poverty	525	22.5%
Number of Minority Persons	1,713	
Minority Below Poverty	462	27.0%

Educational Status (65+)⁽³⁾		
Number of Persons	1,817	
Less Than High School Diploma	428	23.6%
High School Diploma	671	36.9%
Some College, No Degree	449	24.7%
Associate's Degree	65	3.6%
Bachelor's Degree	167	9.2%
Graduate or professional degree	37	2.0%

Grandparents (Age 60+): Grandchildren Responsibility⁽³⁾		
Living with own grandchildren (<18 years)	229	
Responsible for grandchildren	104	45.4%
Age 30-59	46	44.2%
Age 60+	58	55.8%
Not responsible for grandchildren	125	54.6%
Age 30-59	111	88.8%
Age 60+	14	11.2%

Work Status (60+)⁽³⁾		
60-64	670	1.8%
In labor force:	249	37.2%
Employed	249	100.0%
Unemployed	0	0.0%
Not in labor force	421	62.8%
65-69	721	1.9%
In labor force:	176	24.4%
Employed	176	100.0%
Unemployed	0	0.0%
Not in labor force	545	75.6%
70+	1,096	2.9%
In labor force:	168	15.3%
Employed	168	100.0%
Unemployed	0	0.0%
Not in labor force	928	84.7%

⁽¹⁾U.S. Census Bureau, Census 2020.

⁽²⁾U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

⁽³⁾U.S. Census Bureau, American Community Survey 2019-2023.

**TABLE XII
DEMOGRAPHIC PROFILE: BUTLER COUNTY**

Age Groups⁽¹⁾		
All Ages	19,051	
Under 60	13,526	71.0%
60-64	1,433	7.5%
65-69	1,359	7.1%
70-74	1,014	5.3%
75-79	725	3.8%
80-84	481	2.5%
85+	513	2.7%
60+	5,525	29.0%
65+	4,092	21.5%

Projections (65+)⁽²⁾	
2000	3,506
2010	3,489
2020	4,088
2030	4,619
2040	4,460

Ethnicity/Race (60+)⁽¹⁾		
Hispanic	35	0.6%
Non-Hispanic	5,490	99.4%
White	3,446	62.8%
Black	1,919	35.0%
Other Minorities	125	2.3%

Gender (60+)⁽¹⁾		
Male	2,390	43.3%
Female	3,135	56.7%

Disability Status (65+)⁽³⁾		
Number of Persons	3,888	
With Any Disability	1,417	36.4%
Hearing Difficulty	443	31.3%
Vision Difficulty	310	21.9%
Cognitive Difficulty	418	29.5%
Ambulatory Difficulty	1,106	78.1%
Self-Care Difficulty	226	15.9%
Independent Living Difficulty	673	47.5%
With No Disabilities	2,471	63.6%

Living Situation (65+)		
Living Alone ⁽³⁾	1,258	30.7%
Living in Rural Areas ⁽¹⁾	3,005	73.4%

Financial Status (60+)⁽³⁾		
Number of Persons	5,182	
Below Poverty	725	14.0%
Number of Minority Persons	2,091	
Minority Below Poverty	510	24.4%

Educational Status (65+)⁽³⁾		
Number of Persons	4,026	
Less Than High School Diploma	743	18.5%
High School Diploma	1,805	44.8%
Some College, No Degree	736	18.3%
Associate's Degree	260	6.5%
Bachelor's Degree	223	5.5%
Graduate or professional degree	259	6.4%

Grandparents (Age 60+): Grandchildren Responsibility⁽³⁾		
Living with own grandchildren (<18 years)	548	
Responsible for grandchildren	308	56.2%
Age 30-59	107	34.7%
Age 60+	201	65.3%
Not responsible for grandchildren	240	43.8%
Age 30-59	77	32.1%
Age 60+	163	67.9%

Work Status (60+)⁽³⁾		
60-64	1,317	3.5%
In labor force:	533	40.5%
Employed	533	100.0%
Unemployed	0	0.0%
Not in labor force	784	59.5%
65-69	1,443	3.8%
In labor force:	280	19.4%
Employed	276	98.6%
Unemployed	4	1.4%
Not in labor force	1,163	80.6%
70+	2,583	6.8%
In labor force:	236	9.1%
Employed	236	100.0%
Unemployed	0	0.0%
Not in labor force	2,347	90.9%

⁽¹⁾U.S. Census Bureau, Census 2020.

⁽²⁾U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

⁽³⁾U.S. Census Bureau, American Community Survey 2019-2023.

**TABLE XIII
DEMOGRAPHIC PROFILE: CRENSHAW COUNTY**

Age Groups⁽¹⁾		
All Ages	13,194	
Under 60	9,430	71.5%
60-64	981	7.4%
65-69	861	6.5%
70-74	804	6.1%
75-79	500	3.8%
80-84	302	2.3%
85+	316	2.4%
60+	3,764	28.5%
65+	2,783	21.1%

Projections (65+)⁽²⁾	
2000	2,338
2010	2,210
2020	2,657
2030	3,229
2040	3,382

Ethnicity/Race (60+)⁽¹⁾		
Hispanic	16	0.4%
Non-Hispanic	3,748	99.6%
White	2,870	76.6%
Black	782	20.9%
Other Minorities	96	2.6%

Gender (60+)⁽¹⁾		
Male	1,691	44.9%
Female	2,073	55.1%

Disability Status (65+)⁽³⁾		
Number of Persons	2,458	
With Any Disability	784	31.9%
Hearing Difficulty	328	41.8%
Vision Difficulty	192	24.5%
Cognitive Difficulty	207	26.4%
Ambulatory Difficulty	547	69.8%
Self-Care Difficulty	183	23.3%
Independent Living Difficulty	284	36.2%
With No Disabilities	1,674	68.1%

Living Situation (65+)		
Living Alone ⁽³⁾	721	25.9%
Living in Rural Areas ⁽¹⁾	2,783	100.0%

Financial Status (60+)⁽³⁾		
Number of Persons	3,558	
Below Poverty	533	15.0%
Number of Minority Persons	870	
Minority Below Poverty	210	24.1%

Educational Status (65+)⁽³⁾		
Number of Persons	2,618	
Less Than High School Diploma	616	23.5%
High School Diploma	1,052	40.2%
Some College, No Degree	380	14.5%
Associate's Degree	110	4.2%
Bachelor's Degree	293	11.2%
Graduate or professional degree	167	6.4%

Grandparents (Age 60+): Grandchildren Responsibility⁽³⁾		
Living with own grandchildren (<18 years)	438	
Responsible for grandchildren	213	48.6%
Age 30-59	73	34.3%
Age 60+	140	65.7%
Not responsible for grandchildren	225	51.4%
Age 30-59	103	45.8%
Age 60+	122	54.2%

Work Status (60+)⁽³⁾		
60-64	1,122	2.9%
In labor force:	498	44.4%
Employed	463	93.0%
Unemployed	35	7.0%
Not in labor force	624	55.6%
65-69	826	2.2%
In labor force:	252	30.5%
Employed	252	100.0%
Unemployed	0	0.0%
Not in labor force	574	69.5%
70+	1,792	4.7%
In labor force:	203	11.3%
Employed	195	96.1%
Unemployed	8	3.9%
Not in labor force	1,589	88.7%

⁽¹⁾U.S. Census Bureau, Census 2020.

⁽²⁾U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

⁽³⁾U.S. Census Bureau, American Community Survey 2019-2023.

**TABLE XIV
DEMOGRAPHIC PROFILE: LOWNDES COUNTY**

Age Groups⁽¹⁾		
All Ages	10,311	
Under 60	7,276	70.6%
60-64	887	8.6%
65-69	739	7.2%
70-74	579	5.6%
75-79	369	3.6%
80-84	256	2.5%
85+	205	2.0%
60+	3,035	29.4%
65+	2,148	20.8%

Projections (65+)⁽²⁾	
2000	1,646
2010	1,655
2020	1,940
2030	2,268
2040	2,025

Ethnicity/Race (60+)⁽¹⁾		
Hispanic	11	0.4%
Non-Hispanic	3,024	99.6%
White	1,077	35.6%
Black	1,895	62.7%
Other Minorities	52	1.7%

Gender (60+)⁽¹⁾		
Male	1,389	45.8%
Female	1,646	54.2%

Disability Status (65+)⁽³⁾		
Number of Persons	1,934	
With Any Disability	803	41.5%
Hearing Difficulty	249	31.0%
Vision Difficulty	136	16.9%
Cognitive Difficulty	322	40.1%
Ambulatory Difficulty	578	72.0%
Self-Care Difficulty	108	13.4%
Independent Living Difficulty	362	45.1%
With No Disabilities	1,131	58.5%

Living Situation (65+)		
Living Alone ⁽³⁾	708	33.0%
Living in Rural Areas ⁽¹⁾	2,148	100.0%

Financial Status (60+)⁽³⁾		
Number of Persons	2,708	
Below Poverty	585	21.6%
Number of Minority Persons	1,770	
Minority Below Poverty	418	23.6%

Educational Status (65+)⁽³⁾		
Number of Persons	2,007	
Less Than High School Diploma	439	21.9%
High School Diploma	865	43.1%
Some College, No Degree	271	13.5%
Associate's Degree	84	4.2%
Bachelor's Degree	233	11.6%
Graduate or professional degree	115	5.7%

Grandparents (Age 60+): Grandchildren Responsibility⁽³⁾		
Living with own grandchildren (<18 years)	298	
Responsible for grandchildren	152	51.0%
Age 30-59	91	59.9%
Age 60+	61	40.1%
Not responsible for grandchildren	146	49.0%
Age 30-59	98	67.1%
Age 60+	48	32.9%

Work Status (60+)⁽³⁾		
60-64	781	2.0%
In labor force:	492	63.0%
Employed	492	100.0%
Unemployed	0	0.0%
Not in labor force	289	37.0%
65-69	660	1.7%
In labor force:	190	28.8%
Employed	190	100.0%
Unemployed	0	0.0%
Not in labor force	470	71.2%
70+	1,347	3.5%
In labor force:	69	5.1%
Employed	69	100.0%
Unemployed	0	0.0%
Not in labor force	1,278	94.9%

⁽¹⁾U.S. Census Bureau, Census 2020.

⁽²⁾U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

⁽³⁾U.S. Census Bureau, American Community Survey 2019-2023.

**TABLE XV
DEMOGRAPHIC PROFILE: MACON COUNTY**

Age Groups⁽¹⁾		
All Ages	19,532	
Under 60	14,269	73.1%
60-64	1,359	7.0%
65-69	1,346	6.9%
70-74	1,068	5.5%
75-79	704	3.6%
80-84	401	2.1%
85+	385	2.0%
60+	5,263	26.9%
65+	3,904	20.0%

Projections (65+)⁽²⁾	
2000	3,367
2010	3,031
2020	3,352
2030	3,855
2040	3,698

Ethnicity/Race (60+)⁽¹⁾		
Hispanic	68	1.3%
Non-Hispanic	5,195	98.7%
White	1,002	19.3%
Black	4,077	78.5%
Other Minorities	116	2.2%

Gender (60+)⁽¹⁾		
Male	2,308	43.9%
Female	2,955	56.1%

Disability Status (65+)⁽³⁾		
Number of Persons	3,896	
With Any Disability	1,438	36.9%
Hearing Difficulty	447	31.1%
Vision Difficulty	337	23.4%
Cognitive Difficulty	359	25.0%
Ambulatory Difficulty	963	67.0%
Self-Care Difficulty	203	14.1%
Independent Living Difficulty	565	39.3%
With No Disabilities	2,458	63.1%

Living Situation (65+)		
Living Alone ⁽³⁾	1,227	31.4%
Living in Rural Areas ⁽¹⁾	2,396	61.4%

Financial Status (60+)⁽³⁾		
Number of Persons	5,165	
Below Poverty	819	15.9%
Number of Minority Persons	4,191	
Minority Below Poverty	712	17.0%

Educational Status (65+)⁽³⁾		
Number of Persons	3,927	
Less Than High School Diploma	777	19.8%
High School Diploma	1,079	27.5%
Some College, No Degree	882	22.5%
Associate's Degree	198	5.0%
Bachelor's Degree	508	12.9%
Graduate or professional degree	483	12.3%

Grandparents (Age 60+): Grandchildren Responsibility⁽³⁾		
Living with own grandchildren (<18 years)	495	
Responsible for grandchildren	201	40.6%
Age 30-59	150	74.6%
Age 60+	51	25.4%
Not responsible for grandchildren	294	59.4%
Age 30-59	104	35.4%
Age 60+	190	64.6%

Work Status (60+)⁽³⁾		
60-64	1,283	3.4%
In labor force:	584	45.5%
Employed	578	99.0%
Unemployed	6	1.0%
Not in labor force	699	54.5%
65-69	1,469	3.9%
In labor force:	482	32.8%
Employed	477	99.0%
Unemployed	5	1.0%
Not in labor force	987	67.2%
70+	2,458	6.4%
In labor force:	197	8.0%
Employed	187	94.9%
Unemployed	10	5.1%
Not in labor force	2,261	92.0%

⁽¹⁾U.S. Census Bureau, Census 2020.

⁽²⁾U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

⁽³⁾U.S. Census Bureau, American Community Survey 2019-2023.

**TABLE XVI
DEMOGRAPHIC PROFILE: PIKE COUNTY**

Age Groups ⁽¹⁾		
All Ages	33,009	
Under 60	25,574	77.5%
60-64	1,986	6.0%
65-69	1,678	5.1%
70-74	1,501	4.5%
75-79	1,064	3.2%
80-84	654	2.0%
85+	552	1.7%
60+	7,435	22.5%
65+	5,449	16.5%

Projections (65+) ⁽²⁾	
2000	3,727
2010	4,211
2020	5,188
2030	6,094
2040	6,178

Ethnicity/Race (60+) ⁽¹⁾		
Hispanic	80	1.1%
Non-Hispanic	7,355	98.9%
White	4,899	66.6%
Black	2,224	30.2%
Other Minorities	232	3.2%

Gender (60+) ⁽¹⁾		
Male	3,274	44.0%
Female	4,161	56.0%

Disability Status (65+) ⁽³⁾		
Number of Persons	4,915	
With Any Disability	2,109	42.9%
Hearing Difficulty	973	46.1%
Vision Difficulty	343	16.3%
Cognitive Difficulty	560	26.6%
Ambulatory Difficulty	1,400	66.4%
Self-Care Difficulty	429	20.3%
Independent Living Difficulty	842	39.9%
With No Disabilities	2,806	57.1%

Living Situation (65+)		
Living Alone ⁽³⁾	1,514	27.8%
Living in Rural Areas ⁽¹⁾	3,771	69.2%

Financial Status (60+) ⁽³⁾		
Number of Persons	6,875	
Below Poverty	959	13.9%
Number of Minority Persons	2,406	
Minority Below Poverty	496	20.6%

Educational Status (65+) ⁽³⁾		
Number of Persons	5,090	
Less Than High School Diploma	862	16.9%
High School Diploma	1,851	36.4%
Some College, No Degree	700	13.8%
Associate's Degree	194	3.8%
Bachelor's Degree	680	13.4%
Graduate or professional degree	803	15.8%

Grandparents (Age 60+): Grandchildren Responsibility ⁽³⁾		
Living with own grandchildren (<18 years)	512	
Responsible for grandchildren	208	40.6%
Age 30-59	155	74.5%
Age 60+	53	25.5%
Not responsible for grandchildren	304	59.4%
Age 30-59	158	52.0%
Age 60+	146	48.0%

Work Status (60+) ⁽³⁾		
60-64	1,970	5.2%
In labor force:	1,130	57.4%
Employed	1,127	99.7%
Unemployed	3	0.3%
Not in labor force	840	42.6%
65-69	1,576	4.1%
In labor force:	500	31.7%
Employed	500	100.0%
Unemployed	0	0.0%
Not in labor force	1,076	68.3%
70+	3,514	9.2%
In labor force:	361	10.3%
Employed	347	96.1%
Unemployed	14	3.9%
Not in labor force	3,153	89.7%

⁽¹⁾U.S. Census Bureau, Census 2020.

⁽²⁾U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

⁽³⁾U.S. Census Bureau, American Community Survey 2019-2023.

Attachment N – Regional and County Health Profiles

**TABLE XVII
HEALTH PROFILE: BULLOCK COUNTY (2022)**

2022 ESTIMATED POPULATIONS	
Total	10,202
White	2,847
Black and Other	7,355
Median age	39.8
Life expectancy at birth	71.8
Total fertility rate per 1,000 women ages 10-49	1,981.0

DEATHS BY AGE GROUP		
Age group	Total	Rate ⁽¹⁾
0-14	3	1.7
15-44	14	3.4
45-64	33	12.9
65-84	58	36.0
85+	19	94.5
Total	127	12.4

⁽¹⁾Rate is per 1,000 population in specified age group.

2022 ESTIMATED POPULATIONS BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	550	270	280	127	52	75	423	218	205
5-9	568	267	301	157	70	87	411	197	214
10-14	651	336	315	144	79	65	507	257	250
15-44	4,066	2,527	1,539	1,048	739	309	3,018	1,788	1,230
45-64	2,553	1,452	1,101	775	516	259	1,778	936	842
65-84	1,613	740	873	517	257	260	1,096	483	613
85+	201	61	140	79	27	52	122	34	88
Total	10,202	5,653	4,549	2,847	1,740	1,107	7,355	3,913	3,442

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	127	71	56	26	12	14	101	59	42
Death rate per 1,000 pop.	12.4	12.6	12.3	9.1	6.9	12.6	13.7	15.1	12.2

Selected Causes	Total		Male		Female		White		Black & Other	
	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾
Heart disease	20	196.0	13	230.0	7	153.9	2	70.2	18	244.7
Cancer	17	166.6	8	141.5	9	197.8	2	70.2	15	203.9
COVID-19	7	68.6	2	35.4	5	109.9	3	105.4	4	54.4
Stroke	7	68.6	5	88.4	2	44.0	1	35.1	6	81.6
Accidents	9	88.2	7	123.8	2	44.0	1	35.1	8	108.8
CLRD ⁽³⁾	4	39.2	4	70.8	0	0.0	1	35.1	3	40.8
Diabetes	8	78.4	5	88.4	3	65.9	1	35.1	7	95.2
Influenza & pneumonia	4	39.2	2	35.4	2	44.0	1	35.1	3	40.8
Alzheimer's disease	2	19.6	0	0.0	2	44.0	0	0.0	2	27.2
Suicide	2	19.6	2	35.4	0	0.0	1	35.1	1	13.6
Homicide	2	19.6	2	35.4	0	0.0	0	0.0	2	27.2
HIV Disease	1	9.8	0	0.0	1	22.0	0	0.0	1	13.6

⁽²⁾Rate is per 100,000 population.

⁽³⁾CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Division of Statistical Analysis.

**TABLE XVIII
HEALTH PROFILE: BUTLER COUNTY (2022)**

2022 ESTIMATED POPULATIONS	
Total	18,650
White	9,697
Black and Other	8,953
Median age	42.2
Life expectancy at birth	71.2
Total fertility rate per 1,000 women ages 10-49	1,830.5

DEATHS BY AGE GROUP		
Age group	Total	Rate ⁽¹⁾
0-14	3	0.9
15-44	23	3.5
45-64	71	15.3
65-84	139	39.7
85+	66	128.2
Total	302	16.2

⁽¹⁾Rate is per 1,000 population in specified age group.

2022 ESTIMATED POPULATIONS BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	1,084	557	527	423	215	208	661	342	319
5-9	1,109	558	551	505	259	246	604	299	305
10-14	1,220	666	554	583	327	256	637	339	298
15-44	6,569	3,195	3,374	2,990	1,516	1,474	3,579	1,679	1,900
45-64	4,651	2,116	2,535	2,625	1,286	1,339	2,026	830	1,196
65-84	3,502	1,548	1,954	2,227	1,032	1,195	1,275	516	759
85+	515	124	391	344	69	275	171	55	116
Total	18,650	8,764	9,886	9,697	4,704	4,993	8,953	4,060	4,893

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	302	149	153	176	89	87	126	60	66
Death rate per 1,000 pop.	16.2	17.0	15.5	18.1	18.9	17.4	14.1	14.8	13.5

Selected Causes	Total		Male		Female		White		Black & Other	
	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾
Heart disease	65	348.5	30	342.3	35	354.0	41	422.8	24	268.1
Cancer	56	300.3	30	342.3	26	263.0	30	309.4	26	290.4
COVID-19	22	118.0	13	148.3	9	91.0	14	144.4	8	89.4
Stroke	19	101.9	9	102.7	10	101.2	13	134.1	6	67.0
Accidents	23	123.3	17	194.0	6	60.7	12	123.7	11	122.9
CLRD ⁽³⁾	11	59.0	4	45.6	7	70.8	10	103.1	1	11.2
Diabetes	11	59.0	5	57.1	6	60.7	3	30.9	8	89.4
Influenza & pneumonia	3	16.1	1	11.4	2	20.2	3	30.9	0	0.0
Alzheimer's disease	15	80.4	1	11.4	14	141.6	11	113.4	4	44.7
Suicide	5	26.8	4	45.6	1	10.1	4	41.2	1	11.2
Homicide	3	16.1	2	22.8	1	10.1	0	0.0	3	33.5
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

⁽²⁾Rate is per 100,000 population.

⁽³⁾CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Division of Statistical Analysis.

**TABLE XIX
HEALTH PROFILE: CRENSHAW COUNTY (2022)**

2022 ESTIMATED POPULATIONS	
Total	13,025
White	9,333
Black and Other	3,692
Median age	41.3
Life expectancy at birth	71.8
Total fertility rate per 1,000 women ages 10-49	2,065.5

DEATHS BY AGE GROUP		
Age group	Total	Rate ⁽¹⁾
0-14	1	0.4
15-44	9	2.0
45-64	50	14.9
65-84	107	46.4
85+	55	199.3
Total	222	17.0

⁽¹⁾Rate is per 1,000 population in specified age group.

2022 ESTIMATED POPULATIONS BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	749	394	355	485	254	231	264	140	124
5-9	836	447	389	580	312	268	256	135	121
10-14	896	445	451	610	289	321	286	156	130
15-44	4,595	2,255	2,340	3,171	1,563	1,608	1,424	692	732
45-64	3,367	1,674	1,693	2,480	1,255	1,225	887	419	468
65-84	2,306	1,075	1,231	1,793	833	960	513	242	271
85+	276	84	192	214	62	152	62	22	40
Total	13,025	6,374	6,651	9,333	4,568	4,765	3,692	1,806	1,886

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	222	116	106	170	87	83	52	29	23
Death rate per 1,000 pop.	17.0	18.2	15.9	18.2	19.0	17.4	14.1	16.1	12.2

Selected Causes	Total		Male		Female		White		Black & Other	
	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾
Heart disease	57	437.6	22	345.2	35	526.2	42	450.0	15	406.3
Cancer	33	253.4	20	313.8	13	195.5	24	257.2	9	243.8
COVID-19	23	176.6	17	266.7	6	90.2	19	203.6	4	108.3
Stroke	7	53.7	2	31.4	5	75.2	6	64.3	1	27.1
Accidents	9	69.1	1	15.7	8	120.3	8	85.7	1	27.1
CLRD ⁽³⁾	10	76.8	4	62.8	6	90.2	10	107.1	0	0.0
Diabetes	12	92.1	7	109.8	5	75.2	10	107.1	2	54.2
Influenza & pneumonia	2	15.4	0	0.0	2	30.1	2	21.4	0	0.0
Alzheimer's disease	17	130.5	6	94.1	11	165.4	14	150.0	3	81.3
Suicide	2	15.4	2	31.4	0	0.0	2	21.4	0	0.0
Homicide	3	23.0	3	47.1	0	0.0	1	10.7	2	54.2
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

⁽²⁾Rate is per 100,000 population.

⁽³⁾CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Division of Statistical Analysis.

**TABLE XX
HEALTH PROFILE: LOWNDES COUNTY (2022)**

2022 ESTIMATED POPULATIONS	
Total	9,777
White	2,461
Black and Other	7,316
Median age	42.4
Life expectancy at birth	68.7
Total fertility rate per 1,000 women ages 10-49	1,776.0

DEATHS BY AGE GROUP		
Age group	Total	Rate ⁽¹⁾
0-14	0	0.0
15-44	17	5.0
45-64	37	14.3
65-84	87	49.1
85+	40	169.5
Total	181	18.5

⁽¹⁾Rate is per 1,000 population in specified age group.

2022 ESTIMATED POPULATIONS BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	589	321	268	86	50	36	503	271	232
5-9	563	302	261	124	71	53	439	231	208
10-14	612	305	307	113	55	58	499	250	249
15-44	3,419	1,689	1,730	695	355	340	2,724	1,334	1,390
45-64	2,585	1,221	1,364	748	385	363	1,837	836	1,001
65-84	1,773	778	995	614	293	321	1,159	485	674
85+	236	78	158	81	36	45	155	42	113
Total	9,777	4,694	5,083	2,461	1,245	1,216	7,316	3,449	3,867

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	181	103	78	55	30	25	126	73	53
Death rate per 1,000 pop.	18.5	21.9	15.3	22.3	24.1	20.6	17.2	21.2	13.7

Selected Causes	Total		Male		Female		White		Black & Other	
	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾
Heart disease	60	613.7	33	703.0	27	531.2	15	609.5	45	615.1
Cancer	25	255.7	15	319.6	10	196.7	9	365.7	16	218.7
COVID-19	11	112.5	7	149.1	4	78.7	0	0.0	11	150.4
Stroke	11	112.5	7	149.1	4	78.7	5	203.2	6	82.0
Accidents	10	102.3	10	213.0	0	0.0	3	121.9	7	95.7
CLRD ⁽³⁾	1	10.2	1	21.3	0	0.0	1	40.6	0	0.0
Diabetes	3	30.7	2	42.6	1	19.7	1	40.6	2	27.3
Influenza & pneumonia	6	61.4	3	63.9	3	59.0	2	81.3	4	54.7
Alzheimer's disease	7	71.6	2	42.6	5	98.4	4	162.5	3	41.0
Suicide	2	20.5	2	42.6	0	0.0	1	40.6	1	13.7
Homicide	1	10.2	1	21.3	0	0.0	0	0.0	1	13.7
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

⁽²⁾Rate is per 100,000 population.

⁽³⁾CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Division of Statistical Analysis.

**TABLE XXI
HEALTH PROFILE: MACON COUNTY (2022)**

2022 ESTIMATED POPULATIONS	
Total	18,516
White	3,351
Black and Other	15,165
Median age	38.4
Life expectancy at birth	70.9
Total fertility rate per 1,000 women ages 10-49	1,117.5

DEATHS BY AGE GROUP		
Age group	Total	Rate ⁽¹⁾
0-14	2	0.8
15-44	24	3.1
45-64	68	16.2
65-84	127	35.4
85+	42	106.6
Total	263	14.2

⁽¹⁾Rate is per 1,000 population in specified age group.

2022 ESTIMATED POPULATIONS BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	859	448	411	153	87	66	706	361	345
5-9	815	403	412	169	80	89	646	323	323
10-14	848	434	414	171	91	80	677	343	334
15-44	7,818	3,629	4,189	1,145	647	498	6,673	2,982	3,691
45-64	4,191	1,892	2,299	936	483	453	3,255	1,409	1,846
65-84	3,591	1,525	2,066	709	356	353	2,882	1,169	1,713
85+	394	121	273	68	33	35	326	88	238
Total	18,516	8,452	10,064	3,351	1,777	1,574	15,165	6,675	8,490

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	263	147	116	51	30	21	212	117	95
Death rate per 1,000 pop.	14.2	17.4	11.5	15.2	16.9	13.3	14.0	17.5	11.2

Selected Causes	Total		Male		Female		White		Black & Other	
	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾
Heart disease	77	415.9	43	508.8	34	337.8	19	567.0	58	382.5
Cancer	38	205.2	20	236.6	18	178.9	9	268.6	29	191.2
COVID-19	17	91.8	9	106.5	8	79.5	3	89.5	14	92.3
Stroke	16	86.4	9	106.5	7	69.6	3	89.5	13	85.7
Accidents	15	81.0	13	153.8	2	19.9	1	29.8	14	92.3
CLRD ⁽³⁾	11	59.4	6	71.0	5	49.7	4	119.4	7	46.2
Diabetes	9	48.6	5	59.2	4	39.7	2	59.7	7	46.2
Influenza & pneumonia	1	5.4	1	11.8	0	0.0	0	0.0	1	6.6
Alzheimer's disease	8	43.2	1	11.8	7	69.6	1	29.8	7	46.2
Suicide	2	10.8	2	23.7	0	0.0	0	0.0	2	13.2
Homicide	10	54.0	8	94.7	2	19.9	0	0.0	10	65.9
HIV Disease	1	5.4	0	0.0	1	9.9	0	0.0	1	6.6

⁽²⁾Rate is per 100,000 population.

⁽³⁾CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Division of Statistical Analysis.

**TABLE XXII
HEALTH PROFILE: PIKE COUNTY (2022)**

2022 ESTIMATED POPULATIONS	
Total	33,014
White	18,881
Black and Other	14,133
Median age	31.6
Life expectancy at birth	72.6
Total fertility rate per 1,000 women ages 10-49	1,540.0

DEATHS BY AGE GROUP		
Age group	Total	Rate ⁽¹⁾
0-14	7	1.3
15-44	21	1.3
45-64	94	13.9
65-84	184	39.4
85+	84	147.6
Total	390	11.8

⁽¹⁾Rate is per 1,000 population in specified age group.

2022 ESTIMATED POPULATIONS BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	1,710	861	849	819	404	415	891	457	434
5-9	1,757	936	821	877	469	408	880	467	413
10-14	1,739	897	842	890	455	435	849	442	407
15-44	15,801	7,618	8,183	8,767	4,376	4,391	7,034	3,242	3,792
45-64	6,766	3,195	3,571	3,954	1,976	1,978	2,812	1,219	1,593
65-84	4,672	2,115	2,557	3,154	1,472	1,682	1,518	643	875
85+	569	190	379	420	140	280	149	50	99
Total	33,014	15,812	17,202	18,881	9,292	9,589	14,133	6,520	7,613

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	390	203	187	240	124	116	150	79	71
Death rate per 1,000 pop.	11.8	12.8	10.9	12.7	13.3	12.1	10.6	12.1	9.3

Selected Causes	Total		Male		Female		White		Black & Other	
	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾	Number	Rate ⁽²⁾
Heart disease	80	242.3	47	297.2	33	191.8	45	238.3	35	247.6
Cancer	68	206.0	34	215.0	34	197.7	44	233.0	24	169.8
COVID-19	23	69.7	12	75.9	11	63.9	15	79.4	8	56.6
Stroke	16	48.5	4	25.3	12	69.8	9	47.7	7	49.5
Accidents	15	45.4	13	82.2	2	11.6	10	53.0	5	35.4
CLRD ⁽³⁾	18	54.5	8	50.6	10	58.1	13	68.9	5	35.4
Diabetes	15	45.4	8	50.6	7	40.7	6	31.8	9	63.7
Influenza & pneumonia	5	15.1	3	19.0	2	11.6	4	21.2	1	7.1
Alzheimer's disease	18	54.5	8	50.6	10	58.1	15	79.4	3	21.2
Suicide	1	3.0	1	6.3	0	0.0	1	5.3	0	0.0
Homicide	4	12.1	3	19.0	1	5.8	0	0.0	4	28.3
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

⁽²⁾Rate is per 100,000 population.

⁽³⁾CLRD is known as Chronic Lower Respiratory Disease.

Produced by the Alabama Department of Public Health, Center for Health Statistics, Division of Statistical Analysis.

**Attachment O – Emergency Preparedness/
Continuity Plan Disaster Recovery**



**SOUTH CENTRAL ALABAMA
DEVELOPMENT COMMISSION
AREA AGENCY ON AGING**

EMERGENCY/DISASTER/PANDEMIC PLAN



SCADC
SOUTH CENTRAL ALABAMA
DEVELOPMENT COMMISSION

Updated April 2025



Outline

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 - A. Background
 - B. Plan Rationale
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 - A. Pre-disaster Period
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 - Nutrition Coordinator
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- B. SCADC-AAA Staff Contacts
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- H. Senior Centers
- I. Vehicles
- J. Title III & XIX Service Contractors
- K. Long-Term Healthcare Facilities

PURPOSE

The Purpose of this plan is to describe the actions to be taken by the South Central Alabama Development Commission Area Agency on Aging (SCADC-AAA) and its agents in the event of an emergency or disaster that occurs at or otherwise threatens the lives and safety of senior citizens and those with disabilities within the six (6) county service area.

I. Introduction

A. Background

The South Central Alabama Development Commission (SCADC) is designated as an Area Agency on Aging (AAA). The AAA is located at 5900 Carmichael Place, Montgomery, Alabama 36117. This agency is responsible for the planning, coordination and grant management of a variety of social services for older persons and persons with disabilities. The area served by the AAA includes the following counties: Bullock, Butler, Crenshaw, Lowndes, Macon, and Pike Counties. **Appendix A**).

In the event of a major disaster, as defined by Emergency Management Agencies (EMAs), the AAA will be able to respond with its resources and respond to requests for assistance from local EMAs (**Appendix C**) and local governments (**Appendix D**).

B. Plan Rationale

The rationale for the provision of this assistance has two basic components:

1. To combine the resources of local aging programs with those services traditionally being utilized for short- and long-term restoration and rehabilitation of disaster victims, regardless of age.
2. To provide a viable advocate for older disaster victims who are often reluctant to seek help in the post disaster period.

C. Plan Format

II. Resources

A. Basic List

The primary resources and services available for disaster use are as follows:

- (1) Staff, both paid and volunteer personnel (**Appendix E and I**), experienced in working with older adults and dealing with complicated administrative procedures.
- (2) Portable meals that may be served in a variety of settings.
- (3) Transportation in each county through the use of 15 passenger vans and commuter buses operated by paid personnel.

B. Current Use and Disaster Adaptability

- (1) AAA Network Staff:
 - (a) AAA staff includes the following positions: AAA Director, Nutrition Program Coordinator, Case Managers, Lead Community Ombudsman, Aging & Disability

- (b) Resource Coordinator, Alabama Cares Coordinator, and SenioRx Coordinator. Other support staff includes the SCADC Executive Director and Fiscal Officer. In the event of an emergency, disaster, or pandemic situation, the staff will be obligated to address the needs. In addition, the Disaster Relief Coordinator will attend EMA debriefings.
- (c) Eighteen (18) senior centers (**Appendix G**) are established throughout the planning and service area. Congregate and Home Delivered Meals, Transportation, Nutrition Education, Exercise and Recreational activities are available at most centers. Senior Center Managers have received training in responding to disaster situations. In the event of a disaster, paid and volunteer staff will be available to assist. Following a disaster, the EMA may set up a Disaster Recovery Center. The Disaster Relief Coordinator will contact the AAA Director. Senior Center Managers and AAA personnel, in coordination with the EMA, shall be available to assist persons as they seek help. In this process, AAA personnel will have the responsibility to assist older victims.

Senior center staff capabilities include Outreach Services, Transportation Services for older individuals to the Disaster Recovery Center, assisting in completing forms, serving meals and other administrative duties.

(2) Portable Meals

Presently, 924 hot meals (471 Congregate and 453 Home Delivered Meals) are being served daily in the six-county area.

Operations for meal preparation are conducted under a statewide contract. Delivery begins each day about 3:00 a.m. from the Montgomery and Enterprise Commissaries (**Appendix F**). Meals “provided to each participating older individual must include 331/3 of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.” These meals are normally hot meals however, cold, frozen and shelf stable meals are also available.

Meals are prepared in bulk and loaded into specially equipped trucks to support the insulated carriers that contain large covered transport pans of food. Eating utensils are stored at the Centers.

In the event of a disaster, these portable meals will be available to disaster victims. The meals will be dispersed at the discretion of the disaster agency. Meals can be served to victims and rescue workers. If service takes place at the site of a disaster and electricity is not available, hot meals must be served immediately after they are removed from the trucks. Disaster sites without electricity can also be provided with cold meals or shelf stable meals if previously requested from the food vendor.

Meals may be served at senior centers which may also be used as temporary shelters (**Appendix G**). Meals may also be served at Disaster Recovery Centers. Arrangements for Home Delivered Meals can be made on a limited basis.

Meals are readily available on a Monday through Friday basis. In the event of a holiday or weekend, meal availability will be at the discretion of the food vendor.

(3) Transportation

Buses available for use to transport older adults in the planning and service area are shown in **Appendix H**.

Normal use of vehicles occurs during normal business hours. Transportation to and from senior centers, shopping areas, doctors' offices and social service agencies are provided to older individuals. All vehicles are owned by local governments and operated by paid personnel.

In the event of a disaster, vehicles and drivers will be available to support relief efforts.

III. Plan for Deployment in Times of Disaster

A. Pre-Disaster Period:

Where circumstances prior to a disaster or emergency situation permit, all personnel who will be involved in this deployment will be alerted, vehicles will be checked for readiness, and area senior centers will be checked for supplies. The food vendor will be contacted and asked to review in house procedures for possible deployment of the disaster plan.

B. Disaster Plan Implementation:

After being contacted by the EMA following a disaster, the AAA Director will make the appropriate contacts with aging program personnel to deploy their resources. The Alabama Department of Senior Services (ADSS) will be immediately contacted and informed of the disaster situation and the action being taken by the AAA. Depending on the resources requested, the Disaster Relief Coordinator and the AAA Director will begin contacting and assigning service personnel and vehicles.

C. Meals:

EMA will contact the AAA to request meals. The AAA Director will contact the Nutrition Program Coordinator for assistance with the meals information. The following information will be needed to order meals:

- Number of meals needed
- Exact location of meal deliveries
- If eating utensils will be needed
- Estimated number of days that meals will be needed
- Type of meals (hot, cold, frozen or shelf stable)

The Nutrition Program Coordinator will relay this information to the food vendor (**Appendix F**). The Nutrition Program Coordinator will then inform appropriate Senior Center Managers from which meals are being diverted whether volunteers are needed for meal service and whether utensils need to be moved from senior centers to disaster locations.

D. Transportation

The AAA, using Title III funds with local match funds from grantees, has 15 passenger vans and commuter buses available for use by older individuals in the planning and service area. These vehicles (**Appendix H**) may be utilized to meet the demands of older disaster victims.

E. Procedures for SCADC-AAA Service Deployment

(1) Identifying the Adequacy of Services

The AAA Director and the Disaster Relief Coordinator will utilize the AAA staff to determine the need and availability of meals, vehicles, and workers to be deployed to the disaster area and work in coordination with various agencies.

(2) Notification of Plan of Action to ADSS

Upon deployment of the disaster plan, the AAA Director or the Disaster Relief Coordinator will contact ADSS (**Appendix B**) to report the status of the disaster plan deployment, the approximate length of time the plan will remain in effect and to what degree it will affect the agency's general operations.

(3) Impact on Resources

Because food service is provided under a statewide contract that furnishes equipment to maintain appropriate hot and cold temperatures, the SCADC-AAA Director or the Disaster Relief Coordinator will designate appropriate staff to inventory furnished equipment upon delivery at designated disaster areas and inventory again before being returned to the food service vendor.

Vehicles used in case of disaster in the devastated area will be inventoried in the same manner as the food service equipment. Upon checking vehicles in and out of the disaster area, the designated staff will report findings to the AAA Director or the Disaster Relief Coordinator.

(4) AAA Access to Unobligated Funds

During the disaster situation, the AAA Director may request from the AAA Fiscal Officer the disbursement of unobligated funds to address the need for additional resources. The AAA will request in writing any funds needed to carry out the directions of the disaster plan. The AAA Fiscal Officer will document the use of such funds and be responsible for requesting reimbursement from ADSS. The Fiscal Officer and the

AAA Director will assist local grantees in submitting supplemental reimbursement requests as a result of a disaster situation.

(5) Provision of Supportive Services

The AAA, under service contract, will provide Legal Assistance to older victims of a disaster. Case Managers will be available to offer Case Management Services for older victims following a disaster. Case Managers will be responsible for coordinating resources for individuals (i.e. homebound, frail, institutionalized, and others) needing special services. Case Managers will coordinate with DHRs, hospitals, and other agencies to provide comprehensive Case Management Services.

Supportive Services available at senior centers can be adapted for use in times of a disaster if a senior center is designated as a Disaster Recovery Center. These services include Outreach, Transportation, Information and Assistance and Recreation.

(6) Addressing the Needs of Homebound Older Individuals

The AAA staff, with assistance of local aging program personnel and EMA personnel, will make a comprehensive assessment of the needs of the homebound elderly in the disaster area. Processing information from the above-mentioned agencies, the AAA will provide Outreach, Information and Assistance, and other services to the homebound older individuals as needed.

IV. AAA Staff Disaster Responsibilities

AAA Director and Disaster Relief Coordinator

- A. Pre-Disaster Period
 - 1. Maintain copy of AAA Disaster Plan- work and home
 - 2. Update telephone numbers in AAA Disaster Plan
 - 3. Review Disaster Plan with food vendor (with assistance from the Nutrition Coordinator)
 - 4. Secure Memorandums of Understanding for cooperation in the event of a disaster with:
 - a. Emergency Management Agencies (EMA)
 - b. Departments of Human Resources (DHR)
 - c. American Red Cross
 - d. Mental Health Centers (MHC)
 - e. Other appropriate organizations
 - 5. Schedule and attend disaster trainings with:
 - a. SCADC-AAA staff
 - b. Senior Center staff
 - c. Volunteers
 - 6. Weather Warning
 - a. Review AAA Disaster Plan
 - b. Contact local program staff to determine their preparedness
- B. Disaster/Recovery Period
 - 1. Monitor media reports
 - 2. Contact AAA staff and assign immediate tasks
 - 3. Receive report from local program staff
 - a. Geographical scope of disaster
 - b. Status of resources
 - (1) Senior Centers and alternates
 - (2) Meal distribution capabilities
 - (3) Transportation capabilities
 - (4) Manpower capabilities
 - c. Needs of older individual population
 - (1) Medical emergency
 - (2) Transportation emergency
 - (3) Mental health emergency
 - d. Need for disaster information centers
 - 4. Review meal distribution priorities
 - a. Confirm disaster victims
 - b. Frail/disabled elderly
 - c. Relief workers
 - d. General public
 - 5. Contact food vendor on status of resources
 - a. Meal capabilities
 - b. Delivery capabilities
 - 6. Receive request from EMA or DHR for meals
 - a. Number of meals

- b. Location of meal delivery
 - c. Estimated number of day's meals will be needed
 - d. Type of meals (hot, cold, frozen or shelf stable)
 - 7. Receive request from EMA or DHR for other resources
 - a. Transportation
 - b. Shelter
 - 8. Contact SCADC Executive Director
 - a. Status of situation
 - b. Intent
 - c. Employee congregation site (SCADC or alternate)
 - 9. Nutrition Program Coordinator to divert meals or order additional meals from food vendor
 - 10. Have AAA staff notify local program staff for deployment of requested resources
 - a. Inform Senior Centers Managers of any meal diversions or non-deliveries
 - b. Inform volunteers if needed for meal service
 - c. Request eating utensils if needed from senior center
 - 11. Utilize unallocated Title III funds
 - a. Request in writing from ADSS
 - b. Document all expenditures
 - 12. Contact ADSS representative
 - a. Status of situation
 - b. Intent
 - c. Employee congregation site
 - 13. Contact AAA staff
 - a. Status of situation
 - b. Employee congregation site
 - 14. Move to employee congregation site
 - 15. Determine staff assignments and assign to AAA staff
 - a. Begin record keeping
 - (1) Time worked
 - (2) Disaster victims assisted
 - (3) Needs and actions
 - (4) Amount of time used to assist
 - b. Assign staff to work at DRCs
 - (1) Elder Law Counsel
 - (2) Case Managers
 - (3) Other staff
- C. End of recovery period
- 1. Attend FEMA debriefings
 - 2. Final report of AAA response
 - a. Compiled report from Disaster Relief Coordinator and AAA staff
 - 3. Send report to ADSS

Nutrition Program Coordinator

- A. Pre-Disaster Period
 - 1. Maintain copy of SCADC Disaster Plan- work and home
 - 2. Update telephone numbers in SCADC Disaster Plan
 - 3. Attend disaster meetings as directed by the AAA Director
 - 4. Weather Warning
 - a. Review SCADC Disaster Plan
 - b. Receive call from AAA Director
- B. Disaster/Recovery Period
 - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
 - 2. Begin record keeping
 - a. Time worked
 - b. Activity narrative
 - 3. Contact food vendor
 - a. Number of meals needed
 - b. Location of meals delivery
 - c. Estimated number of days/meals needed
 - d. Type of meals needed (hot, cold, frozen or shelf stable)
 - 4. Contact local program staff to deploy requested resources
 - a. Inform Senior Centers of any meal diversions or non-deliveries
 - b. Inform Volunteers if needed for meal service
 - c. Request eating utensils if needed from Senior Center
 - 5. Maintain record of emergency meal diversion or ordering
 - 6. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
 - 1. Inform food vendor when normal procedures are to resume
 - 2. Give final written report to AAA Director of disaster relief efforts

Medicaid Waiver Case Managers

- A. Pre-Disaster Period
 - 1. Maintain copy of SCADC Disaster Plan- work and home
 - 2. Maintain copy of Medicaid Waiver clients' emergency contacts- work and home
 - 3. Update telephone numbers in SCADC Disaster Plan
 - 4. Attend disaster meetings as directed by the AAA Director
 - 5. Weather Warning
 - a. Review SCADC Disaster Plan
 - b. Receive call from AAA Director
- B. Disaster/Recovery Period
 - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
 - 2. Begin record keeping
 - a. Time worked
 - b. Clients assisted
 - c. Needs and actions
 - 3. Assess emergency needs of Medicaid Waiver clients and other homebound seniors
 - a. Telephone contacts
 - b. Field visits
 - 4. Assess probable effectiveness of local program staff to respond to the needs of clients
 - 5. Report to AAA Director and make recommendations necessary to provide service
 - 6. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
 - 1. Notify clients of end of emergency service
 - 2. Give final written report to AAA Director of disaster relief efforts

Lead Community Ombudsman

- A. Pre-Disaster Period
 - 1. Maintain copy of SCADC Disaster Plan- work and home
 - 2. Maintain copy of Nursing Facilities and Assisted Living Facilities emergency contacts- work and home (**Appendix J**)
 - 3. Update telephone numbers in SCADC Disaster Plan
 - 4. Attend disaster meetings as directed by the AAA Director
 - 5. Weather Warning
 - a. Review SCADC Disaster Plan
 - b. Receive call from AAA Director
- B. Disaster/Recovery Period
 - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
 - 2. Begin record keeping
 - a. Time worked
 - b. Clients assisted
 - c. Needs and actions
 - 3. Assess emergency needs of long-term care facility residents
 - a. Contact long-term care facilities
 - b. Visit long-term care facilities
 - 4. Obtain list of long-term care facility residents and family member's telephone numbers
 - 5. Obtain list of where residents were moved
 - 6. Call family members
 - a. Inform them of the new location of their family members
 - b. Encourage them to visit family member daily for a week to alleviate transfer trauma
 - 7. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
 - 1. Compile information while maintaining confidentiality
 - 2. Give final written report to AAA Director of disaster relief efforts

Alabama Cares Coordinator

- A. Pre-Disaster Period
 - 1. Maintain copy of SCADC Disaster Plan- work and home
 - 2. Update telephone numbers in SCADC Disaster Plan
 - 3. Attend disaster meetings as directed by the AAA Director
 - 4. Weather Warning
 - a. Review SCADC Disaster Plan
 - b. Receive call from AAA Director
- B. Disaster/Recovery Period
 - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
 - 2. Begin record keeping
 - a. Time worked
 - b. Clients assisted
 - 3. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
 - 1. Give final written report to AAA Director of disaster relief efforts

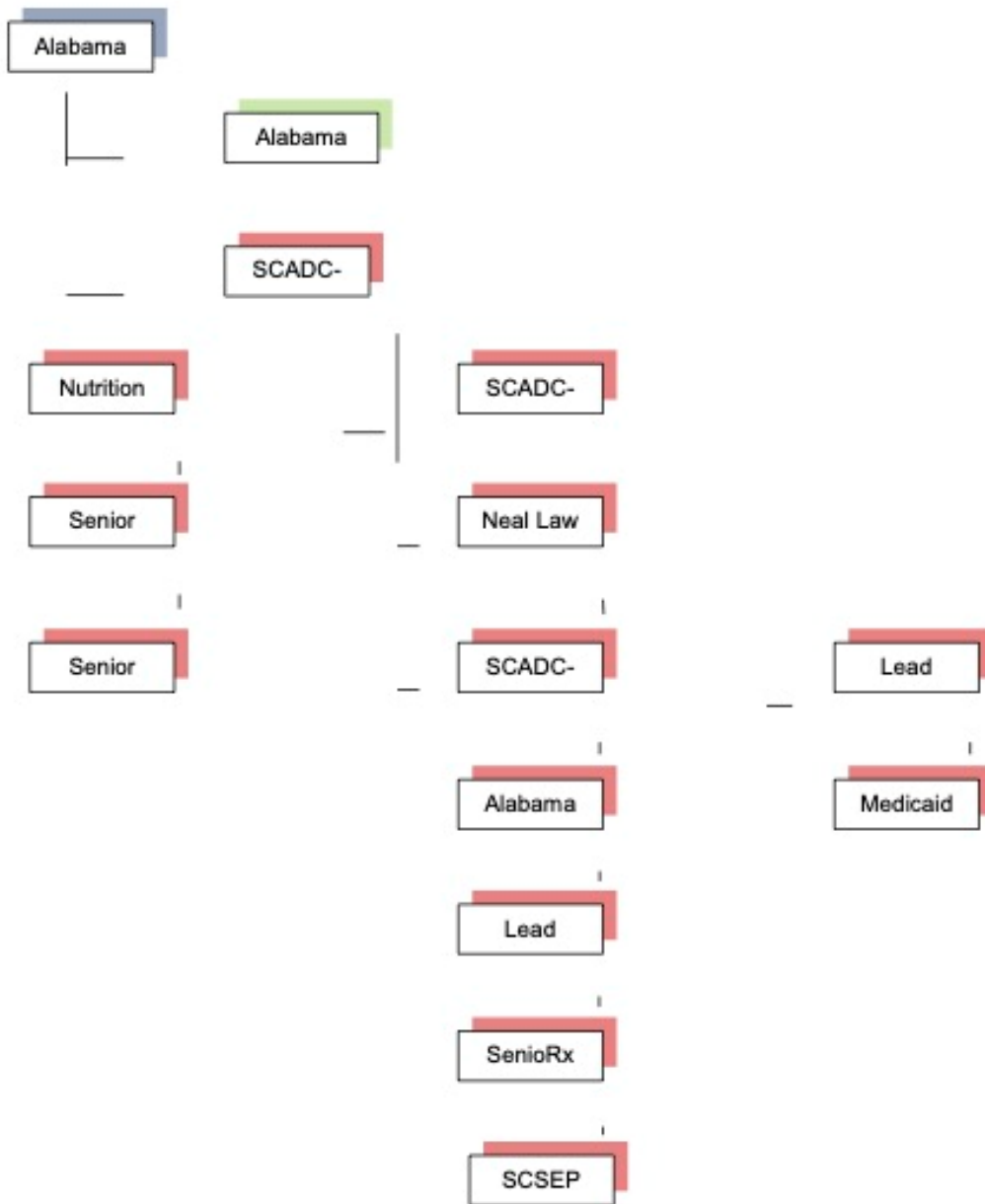
SenioRx Coordinator

- A. Pre-Disaster Period
 - 1. Maintain copy of SCADC Disaster Plan- work and home
 - 2. Update telephone numbers in SCADC Disaster Plan
 - 3. Attend disaster meetings as directed by the AAA Director
 - 4. Weather Warning
 - a. Review SCADC Disaster Plan
 - b. Receive call from AAA Director
- B. Disaster/Recovery Period
 - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
 - 2. Begin record keeping
 - a. Time worked
 - b. Clients assisted
 - 3. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
 - 1. Give final written report to AAA Director of disaster relief efforts

SCSEP Coordinator

- A. Pre-Disaster Period
 - 1. Maintain copy of SCADC Disaster Plan- work and home
 - 2. Update telephone numbers in SCADC Disaster Plan
 - 3. Attend disaster meetings as directed by the AAA Director
 - 4. Weather Warning
 - a. Review SCADC Disaster Plan
 - b. Receive call from AAA Director
- B. Disaster/Recovery Period
 - 1. Receive instructions on immediate tasks to be carried out from AAA Director and whether to report to SCADC or alternate location
 - 2. Begin record keeping
 - a. Time worked
 - b. Clients assisted
 - 3. Carry out other duties as assigned by the AAA Director
- C. End of recovery period
 - 1. Give final written report to AAA Director of disaster relief efforts

V. SCADC-AAA Staff Disaster Responsibilities



APPENDIX A

SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION AREA AGENCY ON AGING

STAFF CONTACTS
5900 Carmichael Place
Montgomery, Alabama 36117
Telephone: (334) 244-6903
FAX: (334) 271-2715

Executive Director

Tyson Howard, Ext. 123
THoward@scadc.net
(334) 278-3382 (H)
(334) 398-2840 (C)

Director, Area Agency on Aging

Jennifer Kilpatrick, Ext. 129
jkilpatrick@scadc.net
(334) 300-1588 (C)

Finance Director

Beth Rosser, Ext. 132
brosser@scadc.net
(334) 354-2715 (C)

Nutrition Program Coordinator

Lexie Strong, Ext. 155
lstrong@scadc.net
(334) 398-2841 (Work Cell)

SenioRx Program Coordinator

Karen Henderson, Ext. 151
khenderson@scadc.net

Lead Community Ombudsman

Breanna Dawson, Ext. 126
BDawson@scadc.net
(334) 303-3703 (Work Cell)

Alabama Cares Program Coordinator

Mary Wedgeworth, Ext. 148
MWedgeworth@scadc.net
wedg6001@bellsouth.net
(334) 202-7728 (C)

ADRC Coordinator/ SCSEP Coordinator

Amy Thigpen, Ext. 152
athigpen@scadc.net
(334) 430-2228

Administrative Assistant

Kathryn Hines, Ext. 120
khines@scadc.net
(334) 471-0591

Project Manager, Planning

Ashton Hutchison
aestes@scadc.net
(334) 312-1407 (C)

Lead Case Manager

Blake Pierce, Ext. 137
bpierce@scadc.net
(334) 414-1317 (C)

APPENDIX B

ALABAMA DEPARTMENT OF SENIOR SERVICES

Scott Stabler
Aging Disaster Preparedness
Alabama Department of Senior Services
201 Monroe Street, RSA Tower Suite 350
Montgomery, AL 36130
334-242-5743

Brittani Harris, MPA, RDN, LD
Nutrition Director
Alabama Department of Senior Services
201 Monroe Street Suite 350
P.O. Box 301851
Montgomery, AL 36130-1851
334-242-5743

APPENDIX C

EMERGENCY MANAGEMENT AGENCIES

EMA Directors

BULLOCK	Ray Scott, Director Bullock County EMA 110 Hardaway Avenue West P.O. Box 472 Union Springs, Alabama 36089 (334) 738-3883 (office) (334) 850-4038 (cell) (334) 738-3839 (fax) Scott.ray@yahoo.com
BUTLER	Rosie Till, Director Butler County EMA 350 Airport Road Greenville, Alabama 36037 (334) 382-7911 (office) (334) 525-0763 (fax) bcema@butlercoal.us
CRENSHAW	Elliott H. Jones, Director Crenshaw County EMA 118 East Third Street P.O. Box 222 Luverne, Alabama 36049 (334) 335-4538 (office) (334) 335-6016 (fax) ccema@troycable.net
LOWNDES	Rodney Rudolph, Director Lowndes County EMA 105 Tuskeena Street E P.O. Box 235 Hayneville, Alabama 36040 (334) 548-2324 (office) (334) 548-5101 (fax) Rodney.rudolph@ymail.com
MACON	Faydra Hall, Director Macon County EMA 246 County Road 10 Tuskegee, Alabama 36083-1731 (334) 724-2626 (office) (334) 724-2621 (fax) faydrawalker@yahoo.com
PIKE	Herb Reeves Pike County EMA 216 South Oak Street Troy, Alabama 36081 (334) 566-8272 (office) (334) 465-0218 (cell) pikecoema@troycable.net

APPENDIX D

ELECTED OFFICIALS

Bullock County

Alonza Ellis, Chairman
Business: (334) 738-3883
Cell: (334) 850-1308
Fax: (334) 738-3839

Town of Midway

Mildred Whittington, Mayor
Business: (334) 529-3261
Cell: (334) 695-7621
Home: (334) 529-4700
Milliewhit@yahoo.com

City of Union Springs

Roderick Clark, Mayor
Business: (334) 738-2720
Fax: (334) 738-5068
Cell: (334) 850-9862
rclark@unionspringsal.gov

Butler County

Joseph "Joey" Peavy, Chairman
Business: (334) 382-3612
Fax: (334) 382-3506
Cell: (334) 525-0622
Jdpeavy52@gmail.com

Town of Georgiana

Franklin Betterton, Mayor
Business: (334) 376-9852
Fax: (334) 376-9850
Cell: (334) 362-0175
cityofgeorgiana@camellia.com

City of Greenville

Dexter McLendon, Mayor
Business: (334) 382-7111
Fax: (334) 382-7031
Cell: (334) 303-7568
mayor@cityofgreenville.com

Town of McKenzie

Lester Odom, Mayor
Business: (334) 374-2311
Fax: (334) 374-2312
mckenzie@alaweb.com

Crenshaw County

Hon. Charlie Sankey, Jr., Chairman
Business: (334) 335-6568
Fax: (334) 335-3616

City of Luverne

Ed Beasley, Mayor
Business: (334) 335-3741
Fax: (334) 335-2206

Town of Brantley

Bernie Sullivan, Mayor
Business: (334) 527-8624
Fax: (334) 527-3216

Town of Glenwood

Billy Knight, Mayor
Business: (334) 335-4463

Town of Dozier

Henry Merrill, Mayor
Business: (334) 496-3742

Town of Petrey

Bobby Beasley, Mayor
Business: (334) 335-5455
Cell: 334) 207-7640

Town of Rutledge

Stephen Phillips, Mayor
Business: (334) 335-6624
Fax: (334) 335-6634

Lowndes County

Charlie King, Chairman
Business: (334) 548-2331
Fax: (334) 548-5101
Cell: (334) 412-7415
Harris.robertm@yahoo.com

Town of Benton

John D. Cooper, Mayor
Business: (334) 874-7878
Cell: (334) 312-0867

Town of Gordonville

Orbuty Ozier, Mayor
Business: (334) 563-7730
Fax: (334) 563-7216
Cell: (334) 850-0265

Town of Fort Deposit

Jacquelyn Davison-Boone, Mayor
Business: (334) 227-4841
Fax: (334) 227-4800
Cell: (334) 850-1499
Home: (334) 227-4343
mayor@fort-deposit.net

Town of Hayneville

Jimmy Davis, Mayor
Business: (334) 548-2128
Fax: (334) 548-2129
mayor@htcnet.net

Town of Mosses

Harold Bell, Mayor
Business: (334) 563-9141
Fax: (334) 563-9141

Town of Lowndesboro

Ed McCurdy, Mayor
Business: (334) 278-3434
Fax: (334) 278-3110
Work: (334) 264-2220
Cell: (334) 300-0700

Town of White Hall

Delmartre Bethel, Mayor
Business: (334) 875-5703
Fax: (334)875-5708

Macon County

Louis Maxwell, Chairman
Business: (334) 724-2557
Fax: (334) 724-2621
Cell: (334) 421-2481
loumaxlou@yahoo.com

Town of Franklin

Henry Peavy, Mayor
Business: (334) 727-2111

Town of Notasulga

Tommy Miller, Mayor
Business: (334) 257-1454
Fax: (334) 257-4645
Cell: (334) 319-8587

Town of Shorter

Willie Mae Powell, Mayor
Business: (334) 727-9190
Fax: (334)727-9298
Cell: (334) 467-6532
mayor@shorteralabama.com

City of Tuskegee

Lawrence Haygood, Mayor
Business: (334) 720-0514
Fax: (334) 720-0519
mayor@tuskegeecalabama.gov

Pike County

Lawanda Green Bell, Chairwoman
Business: (334) 566-6374
Fax: (334) 566-0142

Town of Banks

Lisa Culpepper, Mayor
Business: (334) 243-5768
Home: (334) 243-5364
Cell: (334) 372-6933

City of Brundidge

Isabell Boyd, Mayor
Business: (334) 735-2321
Business: (334) 735-3570
Fax: (334) 735-5180
isabellboyd@yahoo.com

Town of Goshen

Darren Jordan, Mayor
Business: (334) 484-3246
Fax: (334) 484-3250

City of Troy

Jason Reeves, Mayor
Business: (334) 566-017
Fax: (334) 670-6004
Cell: (334) 372-0010
Jason.reeves@troyal.gov

APPENDIX E

COMMUNITY SERVICE WORKERS

Bullock County

Miranda Townsend
108 N. Baskin St.
Union Springs, AL 36089
Business: (334) 738-2928
Residence: (334) 738-2688
Cell: (334) 750-1697

Macon County

Dr. Florence Tyner-Pace
202 E Martin Luther King Highway
Tuskegee Alabama 36083
Business: (334) 720-0527
Cell: (334) 850-1095

APPENDIX F

FOOD SERVICE VENDOR

TRIO COMMUNITY FOODS

MONTGOMERY PRODUCTION CENTER

Ainsworth Spence, Manager

2267 S Forbes Road

Montgomery, Alabama 36110

(334) 832-9381

(334) 832-9383 FAX

Counties served: Bullock, Butler, Lowndes, and Macon

ENTERPRISE PRODUCTION CENTER

Brian Henry, Manager

3848 Salem Road

Enterprise, AL 36330

(205) 624-7089

Brian.henry@triocommunitymeals.com

Counties served: Crenshaw, Pike

APPENDIX G

SENIOR CENTERS

BULLOCK COUNTY

City/County Multipurpose Senior Center
204 Baskin Street
Union Springs, Alabama 36089
8:00 am – 2:00 pm

Center Manager: Terri Bean
Telephone: (334) 738-5120
Residence: (334) 421-3066

Midway Multipurpose Senior Center
166 Railroad St.
Midway, Alabama 36053
9:00 am – 1:00 pm

Center Manager: Jennie Sparks
Business: (334) 529-3858
Residence: (334) 202-0876

BUTLER COUNTY

Georgiana Multipurpose Senior Center
306 Palmer Avenue S.
Georgiana, Alabama 36033
9:00 am – 1:00 pm

Center Manager: Billy Matthew
Business: (334) 376-9742
Residence: (251) 227-0802

Greenville Multipurpose Senior Center
903 Cedar St.
Greenville, Alabama 36037
9:00 am – 12:30 pm

Center Manager: Bett donna Mack
Business: (334) 382-6005
Residence: (334) 437-3284

CRENSHAW COUNTY

Bradleyton-Helicon Multipurpose Senior Center
55 E. Helicon Rd.
Grady, Alabama 36036
8:30 am – 1:30 pm

Center Manager: Melessia Cross
Business: (334) 537-9520
Residence: (334) 306-0030

Brantley Senior Center
81 Maple Street
Brantley, Alabama 36009
9:00 am – 1:00 pm

Center Manager: Rhonda Norton
Business: (334) 343-6102
Residence: (334) 343-6102

Dozier Senior Center
7712 S. Main St. (Jan Cook Community Center)
Dozier, Alabama 36028
9:00 am – 1:00 pm

Center Manager: Jyneese Matthews
Business: (334) 496-3888
Residence: (334) 208-4321

Honoraville Multipurpose Senior Center
111 Post Office Rd.
Honoraville, Alabama 36042
9:00 am – 1:30 pm

Center Manager: Bo Taylor
Business: (334) 335-6137
Residence:

Luverne Multipurpose Senior Center
217 S. Forest Ave.
Luverne, Alabama 36049
8:00 am – 1:00 pm

Center Manager: Anita West
Business: (334) 335-6712
Residence: (334) 335-5070

LOWNDES COUNTY

Hayneville Multipurpose Senior Center

215 Tuskeena St.
Hayneville, Alabama 36040
9:00 am – 1:00 pm

Center Manager: Mary Edwards
Business: (334) 548-2112
Residence: (334) 563-7839

Fort Deposit Senior Center

308 Old Fort Rd. (Fort Deposit VFD)
Fort Deposit, Alabama 36032
9:00 am – 1:00 pm

Center Manager: Julia Scott
Business: (334) 404-4444
Residence: (334) 392-1432

MACON COUNTY

Cecil R. Langford Multipurpose Senior Center

801 Cemetery Road
Notasulga, Alabama 36866
8:30 am – 12:30 pm

Center Manager: Debbie McCall
Business: (334) 257-4111
Residence: (360) 980-9111

Prairie Farm Senior Center

45 Tysonville Rd. (Prairie Farm Recreation Center)
Shorter, Alabama 36075
9:00 am – 1:00 pm

Center Manager: Cherry Purifoy
Business: (334) 724-0814
Residence: (334) 530-0252

Warrior Stand Senior Center

395 County Road 5
Tuskegee, Alabama 36083
9:00 am – 1:00 pm

Center Manager: Myra Temple
Business: (334) 724-9520
Residence: (334) 727-6438

Tuskegee Senior Citizens Center

216 L'Overture Circle
Tuskegee, Alabama 36083
9:00 am – 1:00 pm

Center Manager: Tonya Crawford
Business: (334) 850-0650
Residence: (334) 207-1095

PIKE COUNTY

Robert E. Barr Multipurpose Senior Center

128 N. Main Street (Brundidge Station)
Brundidge, Alabama 36010
8:00 am – 12:30 pm

Center Manager: Marchell Arnold
Business: (334) 735-3539
Residence: (334) 372-7664

Goshen Multipurpose Senior Center

535 Montgomery Street
Goshen, Alabama 36035
8:30 am – 12:30 pm

Center Manager: Bobbie Leverett
Business: (334) 484-3244
Residence: (334) 484-3323

Troy Nutrition Center

498 East Walnut Street
Troy, Alabama 36081
8:00 am – 4:00 pm

Center Manager: Jessica Cox/Nikki Jones
Business: (334) 566-0201
Residence: (334) 403-2765

APPENDIX I

TITLE XIX SERVICE CONTRACTORS

Addus Health Care dba: Addus Home Health

Vikisha Smith
100 Interstate Park Dr., Ste. 105
Montgomery, AL 36109
Business: (334) 213-7382

Capital City Home Health and Rehab

Jesse Scott
4137 Carmichael Road Suite 200
Montgomery, AL 36106
Business: (334) 593-8556

Hands of Standard, LLC

Chasity Waters
1206A East Commerce St.
P.O. Box 892 Greenville, AL 36037
Business: (334)376-0075

In Home Care

Lillie Evans
597 Shady Grove Rd.
P. O. Box 591
Hurtsboro, Alabama 36860
Business: (334) 667-6394

Inman Home Care, LLC

Randy Inman
440 E. Barbour St.
Eufaula, AL 36027
Business: (334)232-4095

SouthCare Specialty Services, LLC-River Region

Leigh Davis
274 Interstate Hwy Park Loop
Prattville, AL 36066
Business: (334)801-9020

Traveling Angels Nursing Services

Katrina Davis
2108 Executive Park Drive
Opelika, Alabama 36801
Business: (334)275-9741

Tri-County Adult Day Health

Rita Willis
P.O. Box 142
Georgiana, Alabama 36033
Business: (334) 376-2463

TITLE III SERVICE CONTRACTORS

A New Beginning for You, Inc

Patricia A. Wright
P. O. Box 193
Troy, Alabama 36081
Business: (334) 807-9900

Addus HealthCare, Inc., DBA: Addus Home Care

Vikisha Smith
100 Interstate Park Dr., Ste. 105
Montgomery, AL 36109
Business: (334) 213-7382

Ariel Home Medical

Sheila Jackson
5646 Bell Rd.
Montgomery, AL 36116
Business: (334)612-2100

Capital City Home Health and Rehab

Jesse Scott
4137 Carmichael Road Suite 200
Montgomery, AL 36106
Business: (334) 593-8556

Hands of Standard, LLC

Chasity Waters
1206A East Commerce St.
P.O. Box 892 Greenville, AL 36037
Business: (334)376-0075

In Home Care

Lillie Evans
597 Shady Grove Rd.
P. O. Box 591
Hurtsboro, Alabama 36860
Business: (334) 667-6394

Inman Home Care, LLC

Randy Inman
440 E. Barbour St.
Eufaula, AL 36027
Business: (334)232-4095

Professional Medical Fulfillment

Brian Riddle
2403 S Uniroyal Rd.
Opelika, AL 36804
Business: (334)275-4512

SouthCare Specialty Services, LLC-River Region

Leigh Davis
274 Interstate Hwy Park Loop
Prattville, AL 36066
Business: (334)801-9020

Tri-County Adult Day Health

Rita Willis
P.O. Box 142
Georgiana, Alabama 36033
Business: (334) 376-2463

United Cerebral Palsy of Huntsville and Tennessee Valley, Inc., Alabama Lifespan Respite

Network Program
Tracy Cieniewicz
1856 Keats Drive
Huntsville, AL 35810
Business: (256)859-8300

TITLE III

Honorable Roderick Clark, Mayor

City of Union Springs
Post Office Box 549
Union Springs, Alabama 36089
Business: (334) 738-2720

Honorable Dexter McLendon, Mayor

City of Greenville
Post Office Box 158
Greenville, Alabama 36037
Business: (334) 382-7111

Honorable Mildred Whittington, Mayor

Town of Midway
Post Office Box 36
Midway, Alabama 36053
Business: (334) 529-3261

Honorable Isabell Boyd, Mayor

City of Brundidge
Post Office Box 638
Brundidge, Alabama 36010
Business: (334) 735-3570

Honorable Jason Reeves, Mayor

City of Troy
Post Office Box 549
Troy, Alabama 36081
Business: (334) 566-0177

Honorable Alonza Ellis, Jr., Chairman

Bullock County Commission
Post Office Box 472
Union Springs, Alabama 36089
Business: (334) 738-3883

Honorable Bernie Sullivan, Mayor

Town of Brantley
Post Office Box 44
Brantley, Alabama 36009
Business: (334) 527-8624

Honorable Ed Beasley, Mayor

City of Luverne
Post Office Box 249
Luverne, Alabama 36049
Business: (334) 335-3741

Honorable Jacquelyn Davison-Boone, Mayor

Town of Fort Deposit
Post Office Box 260
Fort Deposit, Alabama 36032
Business: (334) 227-4841

Honorable Henry Merrill, Mayor

Town of Dozier
Post Office Box 36
Dozier, Alabama 36028
Business: (334) 496-3742

Honorable Robert M. Harris, Chairman

Lowndes County Commission
Post Office Box 65
Hayneville, Alabama 36040
Business: (334) 548-2331

Honorable Franklin Betterton, Mayor

Town of Georgiana
Post Office Box 218
Georgiana, Alabama 36033
Business: (334) 376-9852

Honorable Darren Jordan, Mayor

Town of Goshen
Post Office Box 146
Goshen, Alabama 36034
Business: (334) 484-3246

Honorable Charles Sankey, Jr., Chairman

Crenshaw County Commission
Post Office Box 227
Luverne, Alabama 36049
Business: (334) 335-6568

Honorable Lawrence Haygood, Mayor

City of Tuskegee
101 Fonville Street
Tuskegee, Alabama 36083
Business: (334) 720-0514

Jan Neal Law Firm, LLC

Jan Neal, CEO
207 N. 4th Street
Opelika, Alabama 36801
Business: (334) 745-2779/(800) 270-7635

Angel Walker, Executive Director

Macon-Russell Community Action Agency, Inc.
102 Lakeview Road
Tuskegee, Alabama 36083
Business: (334) 727-6100 ext. 13/14

APPENDIX J

SKILLED NURSING FACILITIES:

Southern Springs Health Care Facility

Administrator: Kristy L. Tanner
745 Southern Springs Road
Union Springs, Alabama 36089
Business: (334) 738-5590

Troy Health and Rehab

Administration: Warren Kelly
515 Elba Hwy
Troy, Alabama 36079
Business: 334.566.0880

Georgiana Health and Rehabilitation

Director of Nursing: Jackie Averette
206 N. Palmer Ave.
Georgiana, Alabama 36033
Business: (334) 376-2267

Orchard Healthcare Center

Administrator: Jackie Green
629 AL-21 Hayneville, Alabama 36040
Business: (334) 548-5995

Crowne Health Care of Greenville

Administrator: Crystal McInvale
408 Country Club Drive
Greenville, Alabama 36037
Business: (334) 382-2693

Luverne Health & Rehab

Administrator: Stephanie Trotter
142 West Third Street
Luverne, Alabama 36049
Business: (334) 335-6528

Magnolia Haven Nursing Home

Administrator: Tiffany Chambliss
603 Wright Street
Tuskegee, Alabama 36083
Business: (334) 727-4960

ASSISTED LIVING FACILITIES:

Pine Needle Senior Living

Administrator: Mary Perkins
600 Glendale Ave.
Greenville, Alabama 36037
Business: (334) 382-3757

Serenity South Senior Living at Troy

Administrator: Allison Cook
610 Botts Avenue
Troy, Alabama 36081
Business: 334.808.1325

Country Place Senior Living Greenville

Administrator: Alaina Norman
1035 Fort Dale Road
Greenville, Alabama 36037
Business: (334)-382-0515

Memory Care Assisted Living

Administrator: Pat Wilson
3108 Luverne Highway
Greenville, Al 36037
Business: 334.382.6507

SCADC-AAA STAFF

For Official Use Only

The information being collected is for official use only within SCADC and except as required by law, will not be furnished to any commercial enterprise, company or representative nor any organization or agency outside of SCADC without the Executive Directors permission. This information shall only be used by SCADC to produce Locator/Recall Rosters and for business only purposes.

Please complete the following

EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Department _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

I have voluntarily provided the above contact information and authorize _____ and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ Date _____