

# **United Way Area Agency on Aging**

## **Four-Year Area Plan**

### **Fiscal Years 2022 – 2025**



United Way  
**Area Agency  
on Aging**

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**United Way Area Agency on Aging**

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### Verification of Intent

The Area Plan on Aging is hereby submitted by the United Way Area Agency on Aging for the period of October 1, 2021 through September 30, 2025. It includes all assurances and plans to be followed by the Area Agency on Aging (AAA).


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

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

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


  
Signature of Executive Director  
John A. Langloh

9/10/2021  
Date

  
Signature of Aging Director  
Laysea Chasteen


9/9/21  
Date

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

  
Signature of Chair  
Karla Lawrence

9/9/21  
Date

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

  
Signature of Board Chair  
John A. Langloh

9/9/2021  
Date

## NARRATIVE

### EXECUTIVE SUMMARY

#### Background

Incorporated in 1923, the United Way of Central Alabama, Inc. (UWCA) is a 501(c)(3) nonprofit organization serving a six-county region of central Alabama (Blount, Jefferson, Shelby, St. Clair, Chilton, and Walker). UWCA's mission is to increase the organized capacity of people to care for one another and to improve their community. With 165 employees, UWCA has demonstrated capacity to deliver an array of social service programs managed by skilled and experienced professionals. Drew Langloh, President and CEO, reports to a volunteer Board of Directors that is representative of its six-county footprint. UWCA's Finance Department manages fiscal operations, including grant and contract funds valued at over \$59 million. The 2020 Annual Campaign raised over \$36 million to support the provision of health and human services via the UWCA's 75+ partner agencies.

UWCA was designated by the Alabama Department of Senior Services (ADSS) in October 2016 to serve as the Area Agency on Aging (AAA) for Jefferson County, a designation previously held by the Jefferson County Office of Senior Citizen Services. The United Way Area Agency on Aging (UWAAA) service area is Jefferson County in central Alabama, and it is the most populated county in Alabama covering a total land area of 1,111 square miles. The UWAAA's mission is promote the independence and dignity of those served. This is accomplished through the development and maintenance of a comprehensive and coordinated system of services for older adults (aged 55+), individuals with disabilities, and their caregivers. The UWAAA continuously assesses local needs and responds by providing services to the most vulnerable members of our community, including low-moderate income individuals, historically marginalized groups, older adults with limited English proficiency, older adults residing in rural areas, and individuals at risk for long-term care placement.

#### Current Status

Since being under the umbrella of the Community Initiatives department of UWCA, UWAAA has worked diligently to provide for and protect older and disabled Jefferson County residents. Since 2016, UWAAA has provided services to over 55,000 individuals. We have seen an increase in program services each year of the short 5-year timeframe and have plans to continue that increase all while still guaranteeing service quality through continuous quality improvement (CQI) meetings and adherence to CQI standards.

*Accomplishments from UWAAA's first five years of operation include:*

- . 34,321 individuals received I&R, referrals, and counseling via the ARDC
- . 493 clients received 17,036 hours of homemaker services
- . 91 clients received 2,266 hours of Personal Care
- . 459 clients received 43,621 hours of caregiver respite
- . 415 clients received 14,721 units of supplemental supplies, totaling \$368,025 worth of assistance
- . 82 older relatives received assistance while raising a child or a disabled adult child

- 5,486 clients were served 1,050,320 meals at 29 local Senior Centers
- 3,430 homebound clients received 1,112,401 home delivered meals
- 2,552 clients received 7,005 hours of legal assistance
- 3 Senior Celebrations with over 3,000 people in attendance
- 1,316 clients received prescription medication assistance
- 8,385 clients received Medicare or Medicare fraud counseling and assistance
- 274 case investigations and 457 complaints were resolved by our Long-Term Care Ombudsman
- 837 clients participated in preventive health programs such as Tai Chi for Arthritis & Fall Prevention
- Over 800 MOW volunteers were onboarded
- Formation of Advisory Council

## **FY 2022 – 2025 UWAAA Plan on Aging**

This document comprises the four-year (October 1, 2021 – September 30, 2025) Area Plan for Jefferson County. It describes the UWAAA's comprehensive and coordinated system of supportive services and the process used to identify the most pressing needs for supportive and nutrition services and Senior Centers within Jefferson County. It also summarizes how the UWAAA will implement, directly and through contractual arrangements, programs and services to meet the identified needs of older Jefferson County residents, disabled individuals and their caregivers.

Federal and state funds, provided by the ADSS, support the implementation of programs and services authorized under the Older Americans Act of 1965 (OAA). UWAAA programs are supported by state and federal funding sources: Title III-B (Personal Care, Homemaker, Legal Assistance, Long-Term Care Ombudsman, and Access/I&R Services), Medicare Improvement for Patients and Providers Act (MIPPA), Title VII Elder Abuse and Ombudsman, Title III-E Family Caregiver services, Title III-C Nutrition, Title III-Part D Preventive Health, State Ombudsman funds, SenioRx, State Health Insurance Program (SHIP), Senior Medicare Patrol, ADRC, Gateway, Buskey, SNAP, AUM, and Nutrition Services Incentive Program (NSIP) supplemental funding, and matching state funds. UWAAA programs and services proposed under the FY22-25 Area Plan include: *(Please see Attachment K for descriptions)*

### ***Aging & Disability Resource Center***

#### ***Alabama Cares***

#### ***Older Relative Caregiver Program***

#### ***Homemaker/Personal Care Service Program***

#### ***State Health Insurance Assistance Program***

#### ***Senior Medicare Patrol***

#### ***Gateway-Outreach***

#### ***Gateway-Survey***

### ***SenioRx***

#### ***Senior Nutrition Program***

#### ***Long-Term Care Ombudsman***

#### ***Elder Abuse Prevention***

#### ***Vaccine Outreach***

#### ***Alabama Legal Assistance***

#### ***Preventive Health Services***



The UWAAA Area Plan was compiled with guidance and input from ADSS, through public and private partners, and the public at large to help all programs and services develop and improve so that UWAAA can continue to care for those in need, especially the most vulnerable. Over the next four years, UWAAA will concentrate on the areas outlined by ADSS with emphasis on the following included in the goals, objectives, strategies, and projected outcomes:

1. Jeff. Co. older adults, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services.
2. Empower Jeff. Co. older adults and individuals with disabilities to remain in the least restrictive environment with high quality of life through the provision of options counseling, home and community-based services, and support for family caregivers.
3. Empower Jeff. Co. older adults to stay active and healthy through Older Americans Act services, Medicare prevention benefits, recreation, job, and volunteer opportunities.
4. Enable more of the Jeff. Co. aging population to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect, and exploitation.
5. Promote quality management through proactive, progressive management and accountability of UWAAA and its contracting agencies.

New directions or changes anticipated during the planning period include:

1. A focus on community engagement through collaborations with partner agencies and community organizations.
2. Increased demand for services based on projected population growth and increased outreach to raise public awareness.
3. Enhanced service provision and program operations as a result of special funding from ADSS.
4. Integration of COVID-19 response into UWAAA programs and services.

## CONTEXT

### INTRODUCTION

With an estimated population of 659,680 residents, Jefferson County is the largest urban county in the state, comprising 13.5% of Alabama's total population<sup>1</sup>. "The baby boom generation was the largest in the history of the United States. This population is aging and causing a dramatic increase in the elderly population. This is causing dramatic changes in

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<sup>1</sup>U.S. Census Bureau QuickFacts: Jefferson County, Alabama <https://www.census.gov/quickfacts/jeffersoncountyalabama>

society and especially the economy. Because so many of these people will be retiring soon, it puts great pressure on the Social Security Retirement System as well as other retirement programs. In addition, older populations have different spending and saving patterns. Elderly people use many more health resources and spend more of their incomes on healthcare. In addition, older people experience more limitations on their mobility and ability to care for themselves. This will lead to the need for more nursing homes and assisted living facilities. This is especially true for those with Alzheimer's who need progressively more care as their condition worsens."<sup>2</sup> In all, "Alabama's elderly population is expected to grow by 82.4 percent between 2010 and 2040."<sup>3</sup> These projections pose significant policy and funding challenges both today and for years to come as the predicted growth will surely result in increased demands for assistance such as in-home services, home delivered meals, respite services, legal assistance, ombudsman services for nursing facilities, transportation to medical and other appointments, counseling on Medicare benefits, assistance with filling prescriptions, and many other requests for support.

Since 2016, the UWAAA has been an organization dedicated to meeting many of the unique needs of older and disabled citizens. By way of a thoughtfully planned combination of distinct and highly focused programs and services, UWAAA is helping people live healthier, more fulfilled, and well-informed lives every day. Each program of the United Way Area Agency on Aging has been thoughtfully developed in response to many of the unique needs of older and disabled individuals. Whether it is offering valuable information about healthcare, providing hot meals, monitoring the staff and services at long-term care facilities, training in-home caregivers, or helping seniors navigate their Medicare options or find more affordable prescriptions through programs such as SHIP and SenioRx, UWAAA is dedicated to enhancing the quality of life in Jefferson County for those who are most in need of assistance.

Furthermore, UWAAA is uniquely positioned to respond to community needs via a comprehensive and coordinated system of services for older adults (age 55+), disabled individuals, and their caregivers. UWAAA's service model focuses on the most vulnerable members of our community, including low-moderate income individuals, historically marginalized groups, older adults with limited English proficiency, older adults residing in rural areas, and individuals at risk for long-term care placement.

UWAAA partners and collaborates with a diverse network of community and faith-based organizations, public agencies, contracted service providers, civic groups, and local volunteers. Current partners include ADSS, Red Cross, Jefferson County Dept. of Health, Jefferson County Dept. of Human Resources, 28 Senior Centers located across the county, local hospitals, colleges and universities, churches, home health care providers, UWCA's 75+ nonprofit partner agencies in Central Alabama, neighboring AAA's such as M4A, and

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<sup>2</sup> <https://www.alabamapublichealth.gov/healthrankings/geriatrics.html>

<sup>3</sup> U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

numerous individuals and groups who volunteer countless hours serving this population.

The UWAAA Advisory Council is comprised of individuals who represent the target population and other key stakeholders such as elected officials, members of the business community, representatives of organizations that serve the target population, staff members of public agencies (e.g., DHR, public health), UWAAA staff members, and other interested individuals. This body is responsible for providing guidance and advice on all matters related to the development of the four-year Area Plan, administration of the plan, evaluation of programs, resource development, and advocacy for older adults to ensure the accomplishment of the program's six primary goals summarized below:

1. Help older individuals and persons with disabilities live with dignity and independence
2. Ensure that older individuals and persons with disabilities have access to services to assist with daily living
3. Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives
4. Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation
5. Ensure the state of Alabama is taking a proactive approach in detecting challenges and
6. seeking opportunities to help people live where they choose with help from home and community-based programs
7. Support and provide planning and management of programs for strict accountability

## **JEFFERSON COUNTY DEMOGRAPHIC OF AGING AND DISABILITY POPULATIONS**

Overview: Jefferson County's geographic distribution of population, economic activity, and land use is diverse, with a mix of rural and urban areas. Spanning 1,111 square miles, Jefferson is the fifth largest county in Alabama by area. Its population is distributed among the County's nineteen subdivisions (See Attachment H), with the highest concentration of residents living in the Birmingham area.

Older Individuals: Jefferson County has a substantial and growing number of older adult residents. According to the 2019 American Community Survey (ACS) 5-Year Estimates, 145,171 individuals aged 60 years or older represent 22% of the county's population. As mentioned in the Community Foundation of Greater Birmingham's 2015 EngAge Report, the number of older adults in Alabama is projected to increase over time. As such, the older



adult population of Jefferson County is projected to grow as well. It is estimated that the population will continue to rise proportionally, increasing by 30% between 2015 and 2040.<sup>4</sup>

Low-Income Older Individuals: 2017 data show that 13.4% of Americans live below the 100% Federal Poverty Level, indicating Jefferson County's overall poverty rate of 16.8% is higher than the national average.<sup>5</sup> The 2019 ACS 5-Year Estimates indicate that 47.4% of Jefferson County residents aged 60 years or older have household income related to earnings. 26.8% of older adults are employed, while 72.4% are no longer in the labor force. 76.8% of older adult households receive Social Security income with an average annual amount of \$20,546. 46.9% collect an average annual retirement income of \$26,646. Only 0.9% receive cash public assistance and those who do collect on average \$3,450 annually. More older adults (8.5% and 10.6% respectively) receive Supplemental Security Income at an average of \$10,032 per year and SNAP benefits. The 2019 ACS 5-Year Estimates indicate that 11.5% (16,336 individuals) of Jefferson County residents aged 60 years and older are below 100% of the poverty level.<sup>6</sup> For minority residents in the same age group, the U.S. Census estimates that 12.4% of individuals are at or below the poverty level. According to 2019 ACS 5-Year Estimates, 21.4% of Jefferson County residents aged 60 years or older lived in renter-occupied housing units.<sup>7</sup> Additionally, 51.7% paid 30% or more of their household income on rent. The median gross rent was \$757 while the median monthly owner costs were \$1,187 (with mortgage) and \$409 (without mortgage).<sup>8</sup>

Minority Older Adults: The 2019 ACS data indicate that 60.9% of Jefferson County residents 60 years and older are White, 37.3% are Black or African American, and 0.9% are Asian. Only 0.8% of this population is Hispanic or Latino. 57.5% of adults age 60+ in Jefferson County are female, while 42.5% are male. Of adults age 60+ in Jefferson County, 2.6% speak a language other than English, and 1.2% speak English "less than very well."<sup>9</sup> 2.5% of older adults are non-native citizens (foreign born).

Persons with Disabilities: Census data indicates that 35.6% of adults 60+ in Jefferson County have a disability, as compared to 15.4% of the general population. According to the 2019 Community Health Assessment from JCDH, the percentage of overall residents with disabilities has increased significantly in the last 15 years. Of residents age 65+, the percentage of older adults with disabilities also increased dramatically over the last few years, from 36.4% in 2014 to 25.2% in 2017. The "top health conditions" identified in Jefferson County are: 1. Obesity; 2.

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<sup>4</sup> U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

<sup>5</sup> U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

<sup>6</sup> U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

<sup>7</sup> U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

<sup>8</sup> U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

<sup>9</sup> U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

Drug/Alcohol/Opioid Abuse; 3. Diabetes; 4. Homicide; 5. Mental/Emotional Problems.<sup>10</sup> The Alabama Center for Health Statistics Jefferson County Health Profile (2018) lists the top causes of death as: 1. Heart Disease; 2. Cancer; 3. Stroke; 4. Accidents; 5. Respiratory Disease/Illness; and 6. Alzheimer's.<sup>11</sup> The hospital bed occupancy rate in Jefferson County increased from 61% in 2013 to 79% in 2018. In addition, life expectancy in Jefferson County significantly decreased from 75.4 years in 2012 to 74.4 years in 2017, behind the national average of 78.6 years.

In 2017, Alzheimer's jumped from the ninth to the sixth leading cause of death in the county, with the mortality rate increasing by 113% from 2012 and white females experiencing the highest death rate. In addition, the number of drug-related deaths in Jefferson County doubled between 2012 and 2017. This increase in drug-related deaths contributed to lower life expectancy as well as an increased rate of accidental death.<sup>12</sup>

Older Adults Living in Rural Areas: While statistics on the percentage of Jefferson County residents considered to be living in a rural community were not readily available, Jefferson County is considered a largely urban county. Still, almost 2% of Jefferson County residents age 60+ report they have no telephone service available. 76.9% of residents age 65+ own a computer; of those, 87.9% are broadband internet connections, while 11.5% of older adults with a computer do not have an internet subscription.<sup>13</sup> 22,801 (23%) adults age 65+ do not own a computer.

Other Characteristics: Per 2019 Census data, 14.9% of older adults in Jefferson County are Veterans. 28.3% hold a bachelor's degree or higher, 29.2% have some college or Associate's degree, 30.5% have a high school degree, GED, or equivalent, and 12% have less than high school education. 5.5% of older adults in Jefferson County live with their grandchild(ren) and 2.3% are responsible for their grandchild(ren). Many older residents (42%) of Jefferson County live alone, with 20.9% being widowed, 17.7% being divorced, and 7.8% never married.<sup>14</sup>

The following tables and figures and *Attachment I* provide further detail into the demographic profile of Jefferson County:

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<sup>10</sup> Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 152.

<sup>11</sup> Alabama Center for Health Statistics. *County Health Profiles*. (2018): 75.

<sup>12</sup> Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 55.

<sup>13</sup> U.S. Census Bureau. *American Community Survey 5-year Estimates Jefferson County*. 2019.

<sup>14</sup> U.S. Census Bureau. *American Community Survey 5-year Estimates Jefferson County*. 2019.

**Table 1: Jefferson County Age 65+ Population Projections 2010-2040**

Source: U.S. Census Bureau. American Community Survey 1-year Estimates Jefferson County. 2018.

					Change 2010-2040	
Year	2010	2020	2025	2040	Number	Percent
Jefferson County	86,443	106,631	119,605	127,315	+40,872	+47.3%

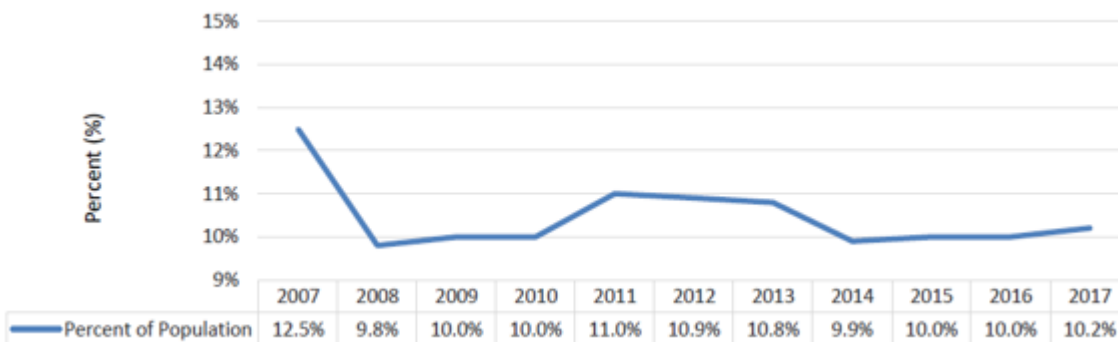
**Table 2: Jefferson County Populations by Age, Race, Sex**

Source: Alabama Center for Health Statistics. *County Health Profiles*. (2018): 77.

2018 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	659,300	311,591	347,709	350,457	170,241	180,216	308,843	141,350	167,493
0-4	41,882	21,278	20,604	20,530	10,517	10,013	21,352	10,761	10,591
5-9	41,984	21,557	20,427	19,905	10,275	9,630	22,079	11,282	10,797
10-14	41,913	21,167	20,746	19,660	10,017	9,643	22,253	11,150	11,103
15-44	261,976	126,124	135,852	133,359	66,520	66,839	128,617	59,604	69,013
45-64	166,998	78,048	88,950	90,840	44,658	46,182	76,158	33,390	42,768
65-84	91,104	39,259	51,845	56,640	25,187	31,453	34,464	14,072	20,392
85+	13,443	4,158	9,285	9,523	3,067	6,456	3,920	1,091	2,829

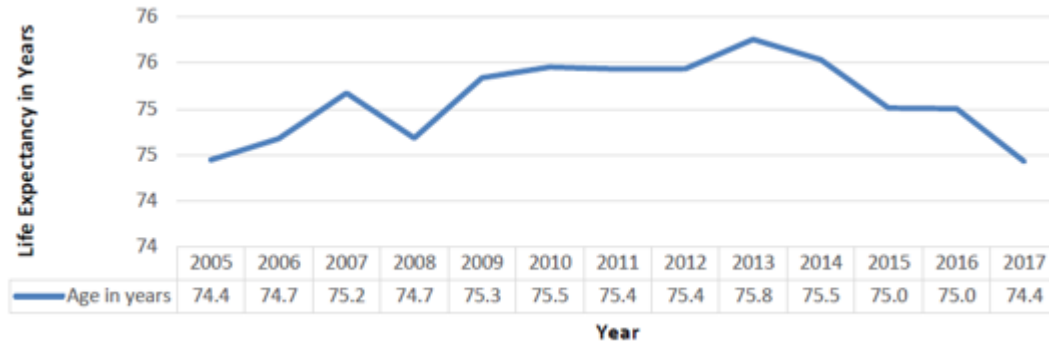
**Figure 1: Percent of Population 65+ Living < 100% Federal Poverty Level**

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 14.



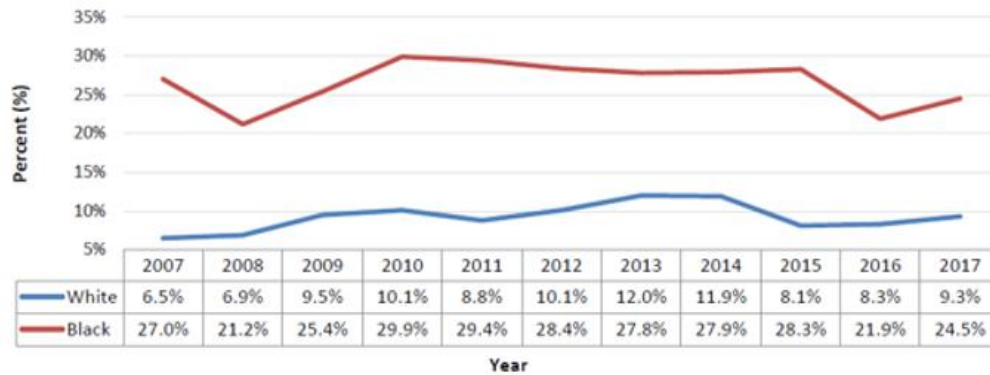
**Figure 2: Life Expectancy in Jefferson County**

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 10.



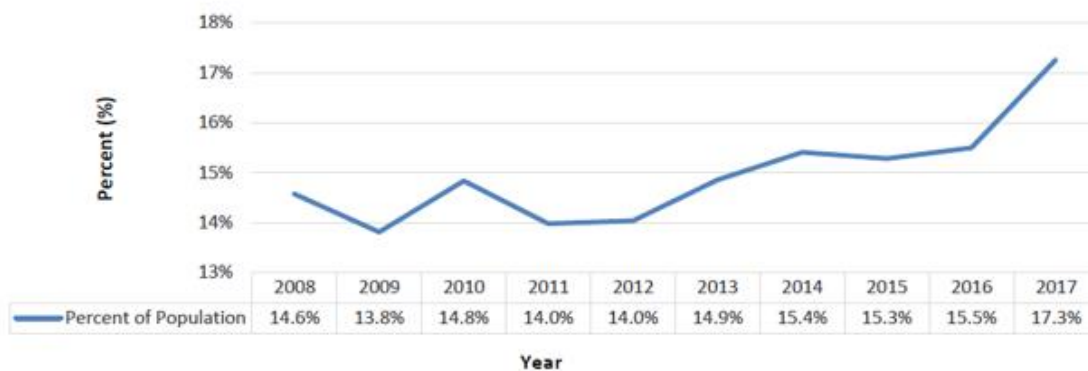
**Figure 3: Percent of Population Living < 100% Federal Poverty Level by Race**

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 15.



**Figure 4: Percent of Total Population with a Disability**

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 22.



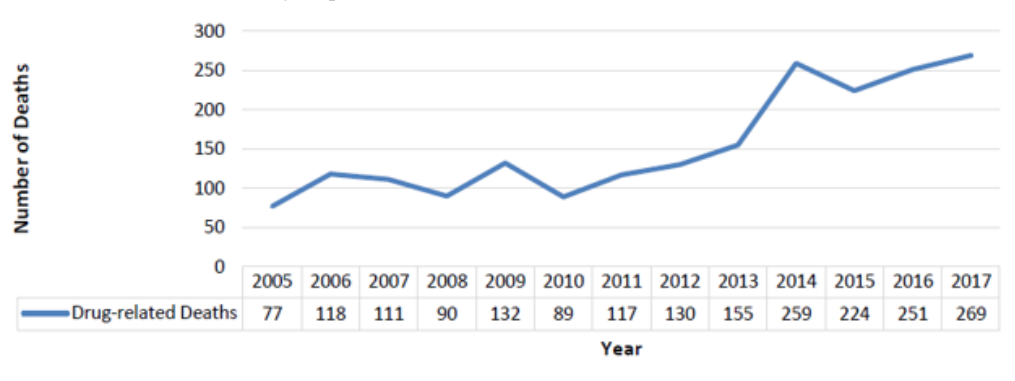
**Figure 5: Percent of Population 65+ with a Disability**

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 23.



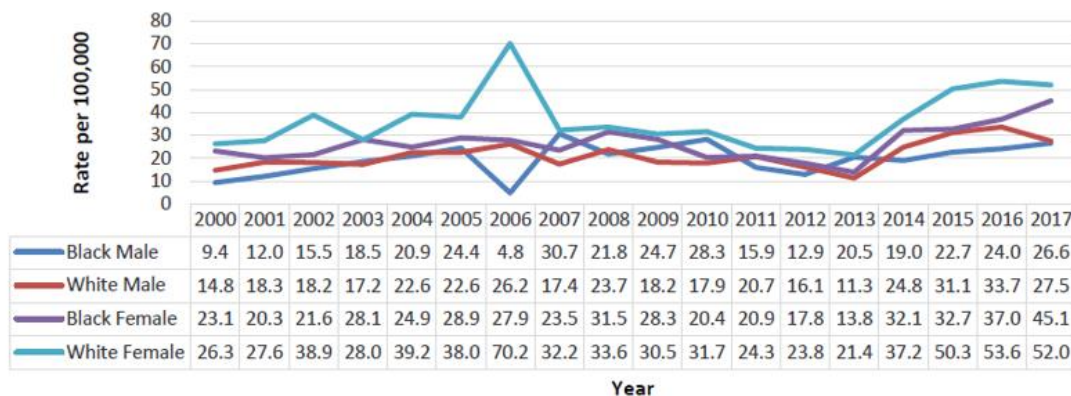
**Figure 6: Drug-Related Deaths in Jefferson County**

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 50.



**Figure 7: Alzheimer's Disease Mortality Rates per 100,000 by Race and Sex**

Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 40.



## CHALLENGES

In developing the Area Plan, UWAAA reviewed the past 5 years of operations, collaborated with partner agencies and groups, and received guidance from ADSS via *Public Input*. All

this was used to help UWAAA better realize and understand the multitude of issues that face older adults, persons with disabilities, and their caregivers in order to formulate a plan that best fits and meets those needs. Through the various methods of information gathering, several challenges were identified. This Area Plan seeks to address the challenges and unmet needs identified and help move forward helping those in need. The following are detailed challenges:

<b>Dementia (Alzheimer's)</b>
According to the Alzheimer's Association's 2018 publication of facts and figures for Alabama, estimates show that in 2020 there will be 96,000 individuals with Alzheimer's or dementia-related illness. Alzheimer's was the sixth leading aging cause of death in Alabama in 2018 according to the Alabama Department of Public Health, and the cost for care is high and will continue to increase.
<b>Direct Service Provider Workforce</b>
Alabama has a shortage of workers in long-term care, people who often aren't paid well and thus seek better jobs. Home care aides are usually paid minimum wage and are often seeking higher paying jobs, which can result in turnover and inconsistent services for those being served. This especially creates difficulty in staffing clients who live in remote areas of the state.
<b>Caregiving</b>
There are approximately 1.3 million caregivers for older individuals and people with disabilities in Alabama and many provide care strictly for older individuals. Compassionate Alabamians, who often sacrifice much in their own lives, devote time, energy, and resources to ensure their loved ones remain in the stability and comfort of familiar surroundings. Caregivers face numerous challenges while trying to provide the best care possible including emotional hardships, juggling employment, time management, and financial strain to name a few.
<b>Opioid Abuse</b>
Prescription opioid abuse among the elderly is increasing and is an urgent social and economic concern. There are many vulnerabilities that lead to drug-related problems among the aging population, such as misuse because of cognitive decline. As of 2018, Alabama was the state with the most opioid prescriptions written per population.
<b>Population Increase</b>
The University of Alabama Center for Business and Economic Research projects that the senior citizen population in Alabama will increase 83% by the year 2040. Many are low-income individuals residing in rural areas and they are living longer with more complex and chronic health conditions. With this tremendous growth in the population, and because dignity, independence, and individual choice are of great importance, Alabama faces a challenge due to a lack of and strain on current resources that are needed to care for the aging and persons with disabilities.



## PUBLIC INPUT

In order for ADSS, AAAs, policy makers, service providers, and the general public to gain understanding of the challenges and unmet needs faced by older adults, persons with disabilities, and caregivers, a statewide needs assessment, virtual town hall, and caregiver surveys were conducted and used to inform Alabama's State Plan on Aging, which in turn informs the FY22-25 UWAAA Area Plan. The State Plan on Aging was provided to the public, service providers, and partners throughout the state for feedback to ensure ADSS and the AAAs create area plans focused on continuing serving senior citizens, persons with disabilities, and caregivers over the next four years but also, through coordination and collaboration with partners, planning on ways to confront challenges in the state and work to create potential solutions to help those we serve live at home with dignity and independence. Needs surveys were distributed to senior citizens in different communities throughout the state. The following are the top ten categories in order of importance:

1. Safety and Crime Prevention	2. Emergency Preparedness Information
3. Prescription Drug Assistance	4. In-Home Care Assistance
5. Legal Assistance	6. Affordable Housing
7. Employment for Senior Citizens	8. Caregiver Support
9. Home Repair Assistance	10. Transportation Assistance

Caregiver surveys were distributed throughout the state to enable ADSS (and the AAA) to learn more about informal and unpaid caregivers and needed respite services:

### What event(s) led you to seek respite services most recently? (Select all that apply)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Relieve stress	67.74%	147
Improve relationship with my spouse or partner	25.35%	55
Improve relationship with other family member	13.36%	29
Care for myself	53.92%	117
Safety issues	14.29%	31
Prevent alcohol or drug problems	1.84%	4
Care for personal business	33.64%	73
Participate in family support groups/services	17.97%	39
<b>Total Respondents</b>		<b>217</b>

**The most recent time I received caregiver respite services, it lasted: (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)**

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Less than 1 day	22.73%	45
1 day	10.61%	21
2 days	4.55%	9
3 or more days	27.78%	55
<b>Total Respondents</b>		<b>198</b>

**Was the length of time you received caregiver respite services enough?**

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Yes	46.73%	93
No	36.18%	72
Don't Know	17.09%	34
<b>Total</b>		<b>199</b>

**How would you feel if caregiver respite services were not available?**

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Not at all stressed	3.83%	8
Somewhat stressed	15.31%	32
Moderately stressed	27.75%	58
Extremely stressed	53.11%	111
<b>Total</b>		<b>209</b>

**How much assistance does the person with a disability or chronic illness require? (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)**

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
No assistance	1.79%	4
Occasional assistance	13.90%	31
Frequent assistance	26.46%	59
Continuous assistance	55.16%	123
Don't know/unsure	0.90%	2
<b>Total</b>		<b>223</b>

**A virtual town hall was recorded through which to present the purpose of the State Plan on Aging (which in turn helps present the purpose of the Area Plan on Aging) with a goal of seeking public input regarding the unmet needs in the state.**

Financial assistance for home repairs	More chore and homemaker services
Affordable, accessible transportation (rural areas)	Senior companion and friendly visitor program
Affordable housing	Home repairs and modification assistance
Better access to voting	Energy assistance
Reliable contractors for home repairs	Increase in meals services
Better enforcement of ADA laws	Access to better healthcare
More independence	Information about resources and how to access
Access to high-speed internet (including free internet)	Mental health education and treatment
Technology training	Services for special needs/disabilities and caregivers
Affordable in-home services	Yard maintenance
More partnering with local churches	Adult day care programs
Better protection from fraud and abuse	Protection from age discrimination in the workplace
Increase in Social Security payments	Tax breaks on housing and groceries
More oversight of long-term care facilities	More senior living establishments
Better oversight of price gouging	Living wage for nursing home workers
Protection from scams (phone and internet)	Adequate training for home and nursing home workers
Legal assistance	Guidelines for quarantine patients
More walking and biking trails for physical activity	Access to PPE supplies
Financial assistance for wheelchair ramps	Better access to in-home services
Increase housing choice vouchers	Haven for elderly individuals living with alcoholism
Increase vegetable vendors	Increase home-delivered meals
Public entertainment venues for seniors	More affordable medication insurance
Better access to food pantries	More senior centers
Homeless shelters	Increase respite services for caregivers
More affordable Assisted Living Facilities	Better protection from fraud and abuse
Social isolation planning for seniors	Housing options in safe areas

## GOALS, OBJECTIVES, STRATEGIES, AND PROJECTED OUTCOMES

*All strategies & projected outcomes are for the duration of the UWAAA Area Plan*

The UWAAA of Jeff. Co. Area Plan implements a structure to assess the needs of older persons, distributes funds for the provision of services, implements a wide range of programs and provides counseling and information about available resources to senior citizens, people with disabilities and caregivers. Through a comprehensive and coordinated system, UWAAA is enhancing lives in meaningful ways – from providing hot, nutritious meals and monitoring long-term care facilities to training caregivers and helping individuals take full advantage of their Medicare benefits. The Plan’s goals, objectives, strategies, and projected outcomes are listed for the programs described in the six focus areas.

### ***FOCUS AREA A: OLDER AMERICANS ACT PROGRAMS (OAA)***

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OAA activities provided through the UWAAA help ensure that older adults, individuals with disabilities, and their caregivers in Jefferson County receive critical social and nutritional services. The following programs are administered by UWAAA to better meet the needs of this target population, making it possible for them to maintain dignity and independence and allowing them stay in their homes longer.

**Title III-B Supportive Services: *Homemaker/Personal Care Programs*** offer support for older adults and individuals with disabilities who need assistance with housekeeping tasks. The service allows individuals to remain independent and continue to reside in their own home; ***Alabama Legal Assistance Program*** provides free legal guidance, consultation, and support to vulnerable older adults to protect their autonomy, dignity, and independence; Information & Referral Assistance Outreach/Public Education/Marketing; Recreation; and Transportation are provided under Part B.

**Title III-C Nutrition Services (C1 Congregate Meals / C2 Home-Delivered Meals): *Senior Nutrition Program/MOW*** provides daily meals served at 28 Senior Centers. This program also serves approximately 350,000 meals annually to homebound recipients who need assistance with meal preparation. ***Nutrition Counseling*** is also provided under this program.

**Title III-D Evidence-Based Disease Prevention and Health Promotion:** provides health-promoting services at local Senior Centers and other community-based locations. It is designed to help older adults prevent or manage their health conditions and promote a healthier lifestyle.

**Title III-E National Family Caregiver Support Program (NFCSP):** *Alabama Cares* a support program for unpaid caregivers caring for individuals who are frail and aged 60+ or for individuals with Alzheimer’s disease or a dementia-related diagnosis, regardless of age. One focus of *Alabama Cares* is **Older Relative Caregivers (ORC)**, grandparents or other relatives 55+ who are primary caregivers for children 18 and younger or a disabled adult child. Alabama Cares and ORC programs provide support under five service categories – caregiver information, caregiver access, caregiver counseling/education, caregiver respite, and caregiver supplemental services.

**Title VII Office of the State Long-Term Care Ombudsman Program:** provides advocacy for people in long-term care facilities and their loved ones by investigating complaints and concerns and providing information about nursing, assisted living and specialty care facilities.

***Goal, Objective, Strategies, and Projected Outcomes for Focus Area A***

**GOAL 1**

Help older individuals and persons with disabilities live with dignity and independence

**OBJECTIVE 1**

Promote and support service provision and sustainability of OAA programs

<b>Title III-B (Supportive Services)</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
UWAAA will: <ul style="list-style-type: none"> <li>• Collaborate with community and outside partners to expand contract services.</li> <li>• Ensure homebound individuals are provided with choices about supportive services, including case management, homemaker, and personal care.</li> <li>• Promote Alabama Legal Assistance Program and encourage clients to utilize legal services for estate planning and end-of-life care, housing stability, and other legal needs of older adults and individuals with disabilities.</li> <li>• Pursue additional funding opportunities to support direct services.</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>• Increased number of Part B clients served in Jefferson County by 5% by September 30, 2025.</li> <li>• Improved access to resources that support independent living, including Medicaid Waiver and Gateway programs.</li> <li>• Increased awareness of legal assistance services for estate planning and other end of life care, housing-related issues, and other needs.</li> <li>• Increased funding to support direct services.</li> </ul>
<b>Title III-C (Nutrition)</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
UWAAA will:	UWAAA will show:

<ul style="list-style-type: none"> <li>• Increase collaboration with community partners to promote nutrition services.</li> <li>• Expand outreach efforts through the ADRC, media, educational forums, and faith-based organizations to increase awareness of the senior nutrition program.</li> <li>• Promote Nutrition Counseling services to at-risk or vulnerable individuals.</li> <li>• Educate nutrition partners on available services.</li> <li>• Maintain close working relationships with Senior Centers to monitor ongoing needs and challenges related to COVID-19.</li> <li>• Create a targeted nutrition education program focusing on a minimum of 1 topic related to nutritional needs of seniors and present to a minimum of 2 senior centers per fiscal year.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of seniors being served at senior centers.</li> <li>• Decreased wait list for clients needing home-delivered meals.</li> <li>• Increased service awareness for older adults and individuals with disabilities.</li> <li>• Increased number of nutrition counseling clients by 50% each year until September 30, 2025.</li> <li>• Enhanced ability to meet the nutritional needs of older adults during the COVID-19 pandemic.</li> <li>• Increased awareness by senior center participants of nutritional needs related to aging.</li> </ul>
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#### **Title III-D (Evidence-Based Disease Prevention and Health Promotion)**

<b>Strategies</b>	<b>Projected Outcomes</b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Provide health promotion and evidence-based disease prevention information and activities through health fairs, Senior Centers, marketing materials, and through other outreach opportunities.</li> <li>• Develop resources to connect older adults and individuals with disabilities with existing educational resources and programs that support improved chronic disease self-management.</li> <li>• Expand community partnerships to increase number and types of locations offering preventive health activities in Jefferson County.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• Increased number of clients served through Preventive Health classes by 10% by September 30, 2025.</li> <li>• Increased number of older adults reporting improved health and wellbeing Increased number of Part D participants enrolled through community referrals.</li> </ul>

#### **Title III-E (Alabama CARES)**

<b>Strategies</b>	<b>Projected Outcomes</b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Continue to coordinate contractual arrangements with Alabama Lifespan Respite.</li> <li>• Enhance UWAAA provider portal to provide trainings and continuing education for our contracted providers.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• Increased client choice due to expanded provider options.</li> <li>• Improved provider utilization of UWAAA SharePoint site for technical assistance, training, and reporting troubleshooting.</li> <li>• Increased caregiver education and awareness of</li> </ul>



<ul style="list-style-type: none"> <li>• Ensure strategic outreach to Spanish-speaking caregivers, including developing Spanish-language education materials and collaboration with Latino/a providers.</li> <li>• Pursue additional funding opportunities to support direct services.</li> </ul>	<ul style="list-style-type: none"> <li>• available resources across diverse populations.</li> <li>• Increased funding to support direct services.</li> </ul>
<b>Title V (SCSEP)</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Title VII (Ombudsman)</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Expand the Ombudsman volunteer base by offering volunteer opportunities such as “phone-a-friend” opportunity.</li> <li>• Assess program needs to increase service capacity through the evaluation of funding, staffing, and volunteer recruitment.</li> <li>• Develop creative strategies for combatting COVID-19-related loneliness and isolation for residents of long-term care.</li> <li>• Increase program awareness through media promotion and collaboration with faith-based organizations and community partners at quarterly education events.</li> <li>• Provide increased support to boarding home residents and boarding homeowners through yearly in-service trainings designed for boarding homeowners/staff in conjunction with the JCDH on safety, resident rights, and boarding home policy and procedure.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• Increased volunteer participation by 25% by September 30, 2025.</li> <li>• Improved quality of services through program development.</li> <li>• Increased visibility and understanding of Ombudsman services among family members and residents of long-term care.</li> <li>• Increased program partnerships with faith-based organizations and community partners.</li> </ul>

## FOCUS AREA B: ADMINISTRATION FOR COMMUNITY LIVING (ACL) DISCRETIONARY GRANT AND OTHER PROGRAMS

In conjunction with OAA grants/programs the UWAAA utilizes Administration of Community Living (ACL) grants and programs to help Jeff. Co. older adults (aged 55+), individuals with disabilities, and their caregivers, with home and community-based needs, helping them maintain their health and independence longer. The UWAAA utilizes this funding to support the following:

**Aging & Disability Resource Center (ADRC):** To streamline access to long-term services and supports for older adults, all persons with disabilities, family caregivers, veterans and LTSS providers as a “Single Entry Point” or “No Wrong Door” providing benefits, options, and counseling. ADRCs will serve as highly visible and trusted places where people of all incomes and ages can receive information and guidance to help support their ability to make informed decisions. Area Agencies on Aging (AAAs) serving as ADRCs will maximize resources to provide a “No Wrong Door” entryway for services that provide persons with disabilities, older individuals, veterans, their families, and the community at large with information, assistance, referral, benefits/options counseling, short-term case management and follow-up to assist in making informed decisions regarding their long-term care planning, home and community-based services and healthcare.

**Medicare Improvements for Patients & Providers Act (MIPPA):** The Grantee will be part of Alabama’s effort to enhance Medicare beneficiaries’ outreach through funding to SHIP, AAAs, and ADRCs. The Medicare Improvements for Patients and Providers (MIPPA) goal is to enhance state efforts in helping Medicare beneficiaries who may qualify for Low Income Subsidy (LIS) or the Medicare Savings Program (MSP).

**Senior Medicare Patrol (SMP):** The SMP program empowers seniors to prevent healthcare fraud through the dissemination of SMP educational materials regarding the prevention of healthcare and identification fraud. The materials are disseminated through the media and at community outreach events for the prevention and reporting of Medicare and Medicaid healthcare fraud. The intent is for anyone on Medicare and/or Medicaid to know how to contact the SMP program with inquiries and complaints regarding Medicare, Medicaid, and other healthcare or related consumer issues.

**State Health Insurance Assistance Program (SHIP):** The Grantee will be part of Alabama’s effort to strengthen its capability to provide all Medicare eligible individuals information, counseling, and assistance on health insurance matters.

**Emergency Preparedness:** UWAAA has developed a comprehensive emergency plan and procedures for responding to emergencies. This plan is updated annually. The AAA maintains up to date emergency contact information for staff, providers, and county emergency management personnel.

**SenioRx:** The SenioRx Program is designed to assist low-income Alabama residents, age 55 and above, and individuals of all ages with a disability(ies), who do not have prescription drug coverage, who need to obtain medication for chronic illness(es) or condition(s) for little or no cost. SenioRx also provides assistance to those who have reached their Medicare Part D coverage gap also known as the “donut hole.” Comprehensive counseling, benefits screening and application assistance are also provided as part of the ADRC process.

### Goal, Objective, Strategies, and Projected Outcomes for Focus Area B

## **GOAL 2**

Ensure that older individuals and persons with disabilities have access to services to assist with daily living

## **OBJECTIVE 2**

Promote, advocate, and support service provision, sustainability, and expansion of ACL discretionary grant programs and other funding source programs

<b>ADRC</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Market the ADRC/1-800-AGE-LINE as the primary Jeff. Co. resource for information and services for older adults, individuals with disabilities, and their caregivers.</li> <li>• Utilize ADRC and other UWAAA staff to screen for and promote COVID-19 vaccine access and education, as well as related transportation needs</li> <li>• Expand community partnerships, including those identified in No Wrong Door work plan, to better inform older adults and individuals with disabilities about long-term planning and care.</li> <li>• Utilize a variety of platforms (eblasts, social media, website, press releases, newsletters, mailers, town halls, television/radio, etc.) to provide timely and accurate information to targeted individuals across Jefferson County.</li> <li>• Strengthen grassroots efforts to disseminate UWAAA outreach materials via local health fairs, existing agency partnerships, support groups, faith-based organizations, pharmacies, housing communities, small businesses, etc.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• Increased visibility and referrals to the UWAAA and partner agencies as a result of strategic marketing and media promotion.</li> <li>• Increased number of calls to 1-800-AGE-LINE for access to COVID-19 resources and supportive services.</li> <li>• Increased number of community partners and external organizations referring to and utilizing UWAAA services by 10% by September 30, 2025.</li> <li>• Increased awareness of UWAAA programs and services as result of grassroots outreach and presence at community-based events.</li> <li>• Increased number of older individuals, persons with disabilities, and caregivers requesting information and accessing resources/services via the ADRC and 1-800-AGE-LINE by 10% by September 30, 2025.</li> </ul>
<b>MIPPA</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Promote awareness of Medicare resources and counseling available via SHIP, SMP, and ADRC.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• The number of Medicare beneficiaries educated about Medicare's prevention and healthcare services will increase by 5% by September 30, 2025.</li> <li>• The number of Medicare beneficiaries assisted with LIS and MSP applications will increase by 5% by September 30, 2025.</li> </ul>

<ul style="list-style-type: none"> <li>• Develop targeted marketing campaigns to increase awareness of Low-Income Subsidy (LIS) &amp; Medicare Savings Plan (MSP).</li> </ul>	
<b>SMP</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Collaborate with senior nutrition program to distribute Medicare fraud materials to meal recipients.</li> <li>• Conduct education and outreach via libraries, churches, and senior centers on technology for Medicare beneficiaries.</li> <li>• More fully integrate advocacy and education into existing UWAAA programs to prevent fraud and financial exploitation.</li> <li>• Deliver a variety of trainings (Fraud Summits, webinar series, etc.) on SMP-related topics, including COVID-19 -related scams.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• An increase in Medicare beneficiaries, their families, and caregivers educated on ways to prevent healthcare fraud, errors, and abuse.</li> <li>• Increased awareness among older adults, individuals with disabilities, and the public of strategies to prevent fraud and financial exploitation.</li> <li>• Increased awareness of COVID-19 scams and other “red flag” activities that may lead to fraud or exploitation.</li> <li>• Fewer older adults and individuals with disabilities are victims of fraud and financial exploitation.</li> </ul>
<b>SHIP</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Develop partnerships with organizations serving Latino/a communities.</li> <li>• Expand SHIP volunteer base through a coordinated marketing and recruitment process.</li> <li>• Develop virtual and in-person Open Enrollment events designed to be accessible for all persons.</li> <li>• Establish relationships with local colleges and universities to enlist the help of students and volunteers to assist with SHIP events and client services.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• Increased SHIP client enrollments by 10% by September 30, 2025.</li> <li>• 80 new SHIP-certified volunteers by September 30, 2025.</li> <li>• Increased service capacity to better meet the needs of clients with disabilities.</li> <li>• Increased volunteer involvement through local colleges and universities.</li> </ul>
<b>Disaster Preparedness</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Review emergency and disaster plans quarterly, and county/state call lists will be reviewed and updated annually.</li> <li>• Provide ongoing disaster training to our partnering nutrition centers, long-term care facilities and UWAAA staff.</li> <li>• Continue to maintain relationship ADRC partnerships with local EMA to provide mutual</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• Increased capacity to assist EMAs in Jefferson County.</li> <li>• Improved understanding of senior centers, caregivers and UWAAA staff on how to access emergency preparedness and disaster recovery resources.</li> </ul>

aid, communication, and coordination for pre- and post-disaster assistance.	
<b>SenioRx</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
UWAAA will: <ul style="list-style-type: none"> <li>• Increase the number of pharmacies, charitable pharmacies, free clinics, wellness centers, and doctors' offices in Jefferson County who actively partner with SenioRx.</li> <li>• Implement bimonthly follow up for current SenioRx clients.</li> <li>• Establish relationships with local colleges to enlist the help of students and volunteers to assist with SenioRx events and client services.</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>• Increased number of total clients served by 10% by September 30, 2025.</li> <li>• Increased number of community partners by 10% by September 30, 2025.</li> <li>• Increased number of volunteers to assist with program needs.</li> </ul>
<b>Medicaid Waiver (E&amp;D, ACT, TA)</b>	
<b>Strategies</b>	<b>Projected Outcomes</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## FOCUS AREA C: PARTICIPANT-DIRECTED / PERSON-CENTERED PLANNING

UWAAA will continue to ensure that people served through all its programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives. This strategy will be implemented through trainings to ensure that all UWAAA staff and partners are well versed and understand what participant-directed/person-centered planning is and how to develop an effective service plan around the person-centered decision-making process.

### Goal, Objective, Strategies, and Projected Outcomes for Focus Area C

#### GOAL 3

Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives

#### OBJECTIVE 3

Continue to integrate and support a person-centered approach in all aspects of the existing service delivery system

<b>Strategies</b>	<b>Projected Outcomes</b>
UWAAA will:	UWAAA will show:

<ul style="list-style-type: none"> <li>• Facilitate training for all UWAAA staff on person-centered practices.</li> <li>• Ensure marketing, outreach and promotional materials use person-centered language and represent a diverse range of persons and abilities.</li> <li>• Conduct client service delivery satisfaction surveys.</li> </ul>	<ul style="list-style-type: none"> <li>• All employees are adequately trained on utilizing a person-centered approach to service delivery.</li> <li>• 100% of clients served are afforded the opportunity to provide client satisfaction feedback.</li> </ul>
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## FOCUS AREA D: ELDER JUSTICE

Combating elder abuse is a key priority of UWAAA. According to the Elder Justice Initiative the crime of elder abuse affects at least 10% of older Americans each year<sup>15</sup>. UWAAA is committed to combatting all forms of elder abuse and financial exploitation through trainings, services, and increased public awareness. We will train the public on how to recognize, report and avoid elder abuse. Through this increased education we will better equip the public to react and use our “No Wrong Door” model to give further assistance.

### Goal, Objective, Strategies, and Projected Outcomes for Focus Area D

#### GOAL 4

Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation

#### OBJECTIVE 4

Continue to address issues elder abuse, neglect, and exploitation by supporting systems change and promotion of innovative practices in the field of elder justice

<i>Strategies</i>	<i>Projected Outcomes</i>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Develop and provide education, outreach materials and promotional campaigns to older adults, individuals with disabilities, and the public on recognizing, reporting, and avoiding instances of elder abuse, neglect, and exploitation.</li> <li>• Provide staff trainings to educate staff on best practices related to elder abuse.</li> <li>• Ombudsman will provide training and in-services on topics related to improving the quality of life for individuals living in long-term care facilities.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• Improved and increased access to legal assistance to address instances of elder abuse, neglect, and exploitation.</li> <li>• Increased availability of training opportunities for community partners, in-home staff, and others on recognizing, reporting, and avoiding instances of elder abuse, neglect, and exploitation.</li> </ul>

<sup>15</sup> [Elder Justice Initiative \(EJI\) | Department of Justice](#)



- Promote Residents' Rights month through events, activities, marketing campaigns, etc.

## FOCUS AREA E: ADDRESSING CHALLENGES

UWAAA understands the needs of our target population are constantly changing. Through a coordinated system of ADRC screening, staff cross-training, and strategic community partnerships, UWAAA will be able to effectively monitor and respond to new challenges that arise during our four-year plan.

### Goal, Objective, Strategies, and Projected Outcomes for Focus Area E

#### GOAL 5

Ensure the state of Alabama is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs.

#### OBJECTIVE 5

Work with partners to improve the health and well-being of those we serve.

Dementia (Alzheimer's)	
Strategies	Projected Outcomes
UWAAA will: <ul style="list-style-type: none"> <li>• Strengthen partnerships with specialized dementia and Alzheimer's education programs to better inform caregivers of community-based long-term services and support options.</li> <li>• Develop marketing and outreach materials specific to dementia and Alzheimer's.</li> <li>• Pursue opportunities for innovative dementia and Alzheimer's programming, such as specialty support groups and law enforcement training.</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>• Increased knowledge and understanding of dementia and Alzheimer's disease among caregivers, community partners, service providers, and the general public.</li> <li>• Highly trained and more informed caregivers who are aware of dementia signs and symptoms and resources available.</li> <li>• Increased availability of targeted supports for caregivers of adults with dementia/Alzheimer's.</li> </ul>
Direct Service Provider Workforce	
Strategies	Projected Outcomes
UWAAA will: <ul style="list-style-type: none"> <li>• Maintain good working relationships with home health agencies to provide support for their DSP workforce where possible.</li> <li>• Ombudsman will monitor and assess staffing</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>• Improved quality of direct care services for AL Cares. Homemaker/Personal Cares clients, and residents of long-term care as indicated by client and provider surveys.</li> </ul>

issues/needs at long-term care facilities during routine visits and complaint follow-ups.	
<b>Caregiving</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
UWAAA will: <ul style="list-style-type: none"> <li>• Continue to offer respite services for traditional caregivers and older relative caregivers.</li> <li>• Further develop caregiver support groups through increased promotion and creative programming, such as “lunch &amp; support” groups.</li> <li>• Integrate technology-based resources for dementia caregiving into service model.</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>• Caregivers have access to receive relief leading to the reduction of caregiver stress and burnout.</li> <li>• Increased attendance at monthly caregiver support groups by 50% by September 30, 2025.</li> <li>• Increased caregiver utilization of online resources and/or e-learning management systems related to caregiving.</li> </ul>
<b>Opioid Abuse</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
UWAAA will: <ul style="list-style-type: none"> <li>• Assess for possible opioid use during ADRC intake and through programmatic services and make appropriate referrals when necessary.</li> <li>• Integrate opioid abuse and related topics into AAA staff training, in-services, senior center workshops, and caregiver support groups.</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>• Increased availability of opioid-related information and resources to older individuals, persons with disabilities, and caregivers seeking help.</li> <li>• Improved ADRC screening and referral protocol for persons needing assistance with opioid abuse.</li> </ul>
<b>Population Increase</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
UWAAA will: <ul style="list-style-type: none"> <li>• Continue to promote available resources for the growing number of aging individuals and people with disabilities.</li> <li>• Establish partnerships with local agencies and organizations to find solutions to provide services more effectively.</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>• More clients will be able to stay in their homes instead of being placed into long-term care facilities.</li> <li>• Improved overall access to resources for older adults, individuals with disabilities, and their caregivers.</li> </ul>

## FOCUS AREA F: QUALITY MANAGEMENT

UWAAA will continue its stringent efforts to ensure that federal and state funds are used strategically, effectively, and efficiently for services and supports to help our target population in Jeff. Co. UWAAA utilizes an ongoing Continuous Quality Improvement (CQI) process designed to utilize data to identify areas of needed improvement and implement quality improvement projects directed at advancing efficient, effective service delivery and achievement of strategic and program goals.

Prior to each fiscal year, UWAAA creates a custom CQI Annual Plan. Grant agreements,

recommendations made in audits/assessments/programmatic reviews, accreditation standards, program manuals, strategic plans/annual operating plans, and industry standards/national best practices are used as applicable to inform the development of appropriate benchmarks.

Data measuring programmatic outputs, client outcomes, program effectiveness, outreach and marketing, and management and operations (financial viability, safety/security, development) are compiled monthly and analyzed on a quarterly basis. Based on this Quality Improvement Projects (QIP) are created to address areas falling short of targeted benchmarks or requiring modification. Each program staff member is given the opportunity to identify barriers and needs in the program as well as solutions. These solutions are documented in a QIP plan and plans are updated quarterly to report on progress made for existing goals and needed new QIPs.

### Goal, Objective, Strategies, and Projected Outcomes for Focus Area F

#### GOAL 6

Support and provide proactive planning and management of programs for strict accountability

#### OBJECTIVE 6

Provide high quality, efficient services

<b>Data Reporting/Information Technology</b>	
<i>Strategies</i>	<i>Projected Outcomes</i>
UWAAA will: <ul style="list-style-type: none"> <li>Utilize WellSky Human Services software for data collection, reporting, and program evaluation.</li> <li>Provide continuing education to ensure all staff are aware of best practices, trends, and tools related to data reporting and IT.</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>Adherence to all data collection and reported standards required by ADSS</li> <li>Greater efficiencies related to data collection, entry and reporting.</li> </ul>
<b>Program Monitoring</b>	
<i>Strategies</i>	<i>Projected Outcomes</i>
UWAAA will: <ul style="list-style-type: none"> <li>Develop and enhance monitoring and auditing activities to assess efficiency of internal processes and performance of external contractors.</li> <li>Implement monthly and quarterly reviews of CQI tool to identify and address performance</li> </ul>	UWAAA will show: <ul style="list-style-type: none"> <li>Improved contractor performance and compliance.</li> <li>Improved overall program performance resulting from enhanced quality assurance efforts as well as program staff accountability for program performance.</li> <li>Improved process for internal program and fiscal monitoring.</li> </ul>

<p>issues as well as program outcomes.</p> <ul style="list-style-type: none"> <li>• Monitor budget performance through a quarterly review of program spending (current year vs. previous year).</li> </ul>	
<b>Training</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
<p>UWAAA will:</p> <ul style="list-style-type: none"> <li>• Conduct staff trainings on program guidelines, performance standards, and best practices from the field related to UWAAA services and subject matter.</li> <li>• Conduct regular program cross-training for all UWAAA staff.</li> <li>• Convene regularly scheduled meetings with contractors for enhanced communication and transmission of program requirements.</li> </ul>	<p>UWAAA will show:</p> <ul style="list-style-type: none"> <li>• Greater efficiency and service quality across all UWAA programs.</li> <li>• Ensure each UWAAA staff person is knowledgeable on all UWAAA programs and services offered.</li> </ul>

## **Attachment B**

### **AREA PLANS ASSURANCES**

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 Plan information ADSS extracted directly from the Older Americans Act (OAA) regarding submission of Area Plans.

Signature of AAA Director

PRINT NAME

9/10/2021

Date

## Attachment C

### ADVISORY BOARD

OAA 306(a)(6)(D)

The Area Agency on Aging (hereinafter “AAA”) 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 AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

AAA: UWAAA

Area Plan FY: 2022

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Cindy Cain				X			X
Dee Caudel				X			X
Mayor Ashley Curry				X	X		X
Linda DeMarco				X			X
Matthew Haynes				X			X
Daniel Kessler				X			X
Karin Korb							X
Cheryl Ogletree	X		X	X			X
Lauren Schwartz	X			X			X
Ana Sullivan				X			X
Gloria Vail	X		X	X			X
Ervin Wilkerson	X			X			X
Cara Williams				X			X
Danny Williams				X			X
Sandi Wilson				X			X



## **Attachment D**

### **BOARD OF DIRECTORS**

**John Turner, Board Chair**  
Chief Executive Officer  
Regions Financial Corporation

**Marvell “Chip” Bivins, Jr., Vice Chair**  
Chief Audit Officer  
The University of Alabama System

**Mallie Ireland, Immediate Past Chair**  
Community Volunteer

**John A. “Drew” Langloh, President & CEO**  
United Way of Central Alabama, Inc.

**Doug Coltharp**  
EVP&CFO  
Encompass Health

**Edward “Ned” L. Rand, Jr., Treasurer**  
Chief Executive Officer  
Pro Assurance

**Todd Carlisle, Chair of Audit**  
CEO Sirote & Permutt PC

**Alan Rogers, Secretary**  
Partner Balch & Bingham LLP

**Kenneth J. Carlson, Chair of Investments**  
Portfolio Manager Greybox Investments

**Jeff Stone, Chair of Legacy Gifts**  
Executive Vice President  
Brasfield & Gorrie, LLC

**Matthew Dent, Chair of Marketing and Communications**  
Chief Executive Officer Buffalo Rock

**Dr. Tracey Morant Adams, Chair of Community Impact**  
Sr. Executive Vice President  
Chief Community Development & Corporate Social Responsibility Officer  
Renasant Bank

**Paula Drake, Chair of Public Relations and Community Affairs**  
Executive Vice President & Chief Communications Officer Regions Bank

**Alesia Jones, Chair of Community Initiatives**  
Chief Human Resources Officer  
University of Alabama at Birmingham

**Dow Briggs, MD**  
Executive Vice President  
Blue Cross and Blue Shield of Alabama

**Greg King**  
Alabama Regional President  
IBERIABANK

**Richard Bielen**  
President and Chief Executive Officer  
Protective Life Corp

**Joe Hampton** President, Alabama, and Mississippi Spire

**Robert Aland**  
EVP/Chief Commercial Banking Officer  
CenterState Bank

**Jay Brandrup**  
Founder and Principal  
Kinetic Communications

**Maggie Brooke**  
Community Volunteer

**Myla Calhoun**  
Vice President, Birmingham Division  
Alabama Power Company

**Sheri Cook**  
SVP of Human Resources  
Altec, Inc.

**Mary Wyatt Crenshaw**  
CEO/Owner  
Wyatt General Contractor, LLC

**Mark A. Crosswhite, Ex-officio**  
President and CEO  
Alabama Power Company

**Greg Curran**  
Chairman  
Maynard Cooper & Gale

**Krystal Drummond**  
Attorney  
Drummond Company, Inc.

**Yolanda Fox**  
**Chilton County Community Volunteer**  
**Nancy Goedecke**  
Chairman of the Board/CEO  
Mayer Electric

**Eleanor Griffin**  
Southern Living - Retired

**John Hackett**  
General Manager  
Kamtek, Inc.

**Raymond Harbert, Jr.**  
SVP of Finance and Administration  
Harbert Management Corporation

**Mark Imig**  
EVP/Group Manager  
Commercial Banking  
Iberia/First Horizon Bank



**Lucy Marsh**  
President & COO  
Thompson Tractor Company

**Katie Bee Marshall**  
Co-Founder  
Marshall and Shaw

**Emmett E. McLean**  
EVP, COO, & Secretary  
Medical Properties Trust Inc.

**Lauren Pearson**  
Founder, Wealth Edit & Managing  
Director,  
Partner  
HighTower Somerset Advisory

**Alan Register**  
Commercial Banking District  
Director & Birmingham Market  
Executive  
Regions Financial Corporation

**Dawn Helms Sharff**  
Managing Partner

**Bradley Hans Sitarz**  
SVP/Market Executive-AL/MS  
Wells Fargo

**Andrea Smith**  
CEO of Birmingham Market  
BBVA Compass

**Jim Smith**  
SVP of Sustainability  
Royal Cup Coffee and Tea

**Bryson Stephens**  
Chairman  
EBSCO Industries, Inc.

**Dr. Mark Sullivan**

Superintendent  
Birmingham City Schools

**Bo Taylor**  
Vice President of the Central Region  
Coca-Cola Bottling Company United,  
Inc.

**Kevin Ward**  
Senior Vice President, People  
Shipt

**Rich Wederman**  
Warehouse Operations Manager  
Publix Super Markets, Inc.

**HONORARY LIFE MEMBER**  
William J. Rushton III

## **UWCA Subsidiary Board Officers**

### Community Partnership of Alabama

President & CEO – Drew Langloh  
VP & Secretary – Karla Lawrence  
VP & Treasurer – Kelly Carlton

### Priority Veteran

President & CEO – Drew Langloh  
VP & Secretary – Karla Lawrence  
VP & Treasurer – Kelly Carlton

### Hands on Birmingham

President & CEO – Drew Langloh  
VP & Secretary – Kelly Carlton  
VP & Treasurer – John Martin

### Meals on Wheels

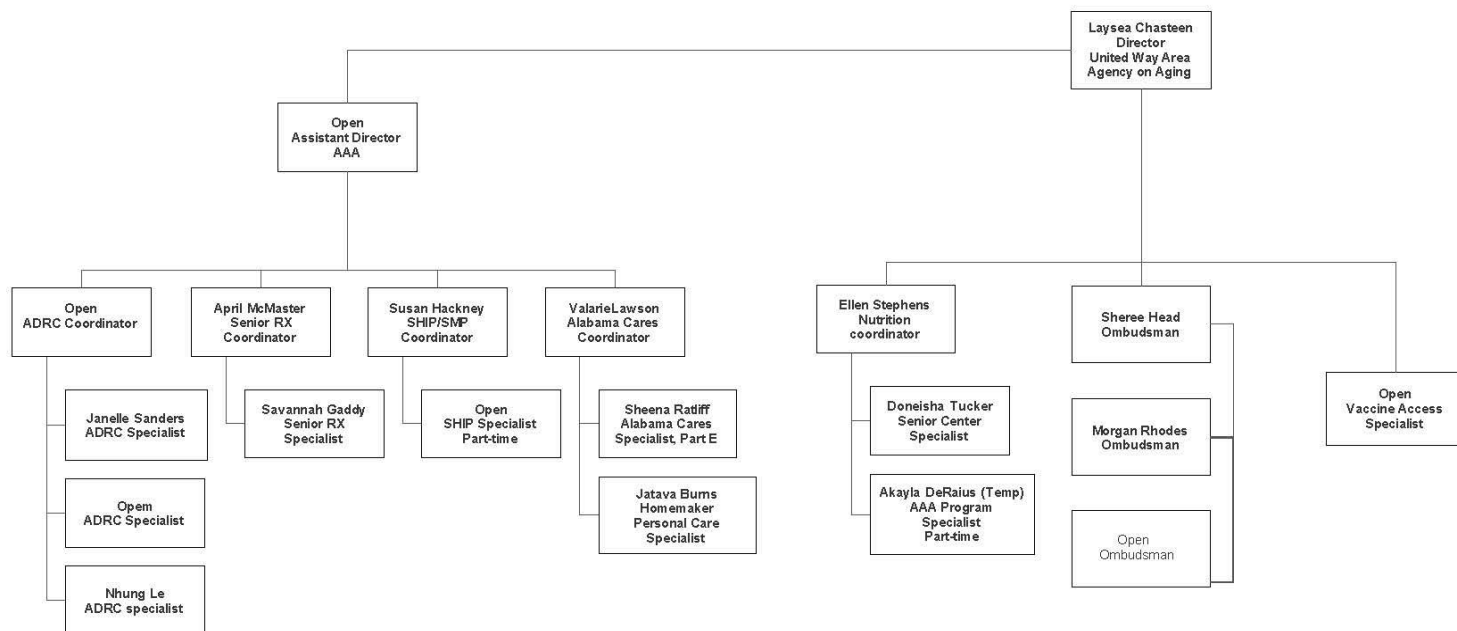
Chairman of the Board & President – Drew Langloh  
Secretary – Gale Renta  
VP & Treasurer – Kelly Carlton  
Board Member – Karla Lawrence

## **Attachment E**

### **AGENCY ORGANIZATIONAL CHART**

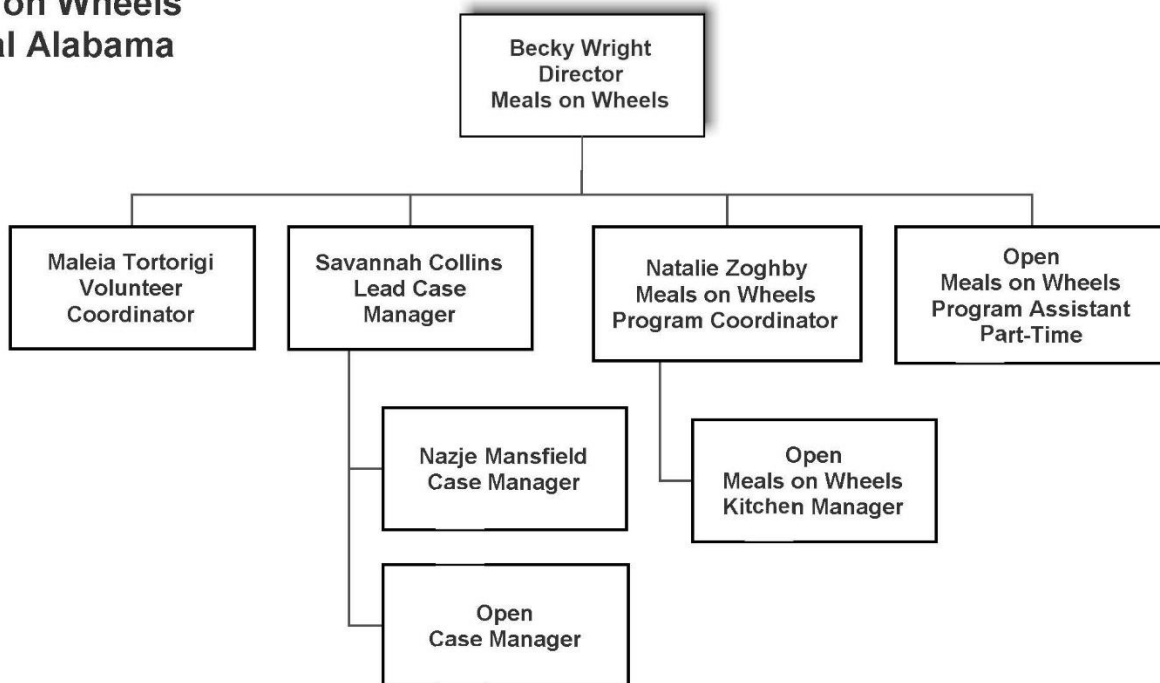
#### **Chart 1: United Way Area Agency on Aging**

## United Way Area Agency on Aging Jefferson County



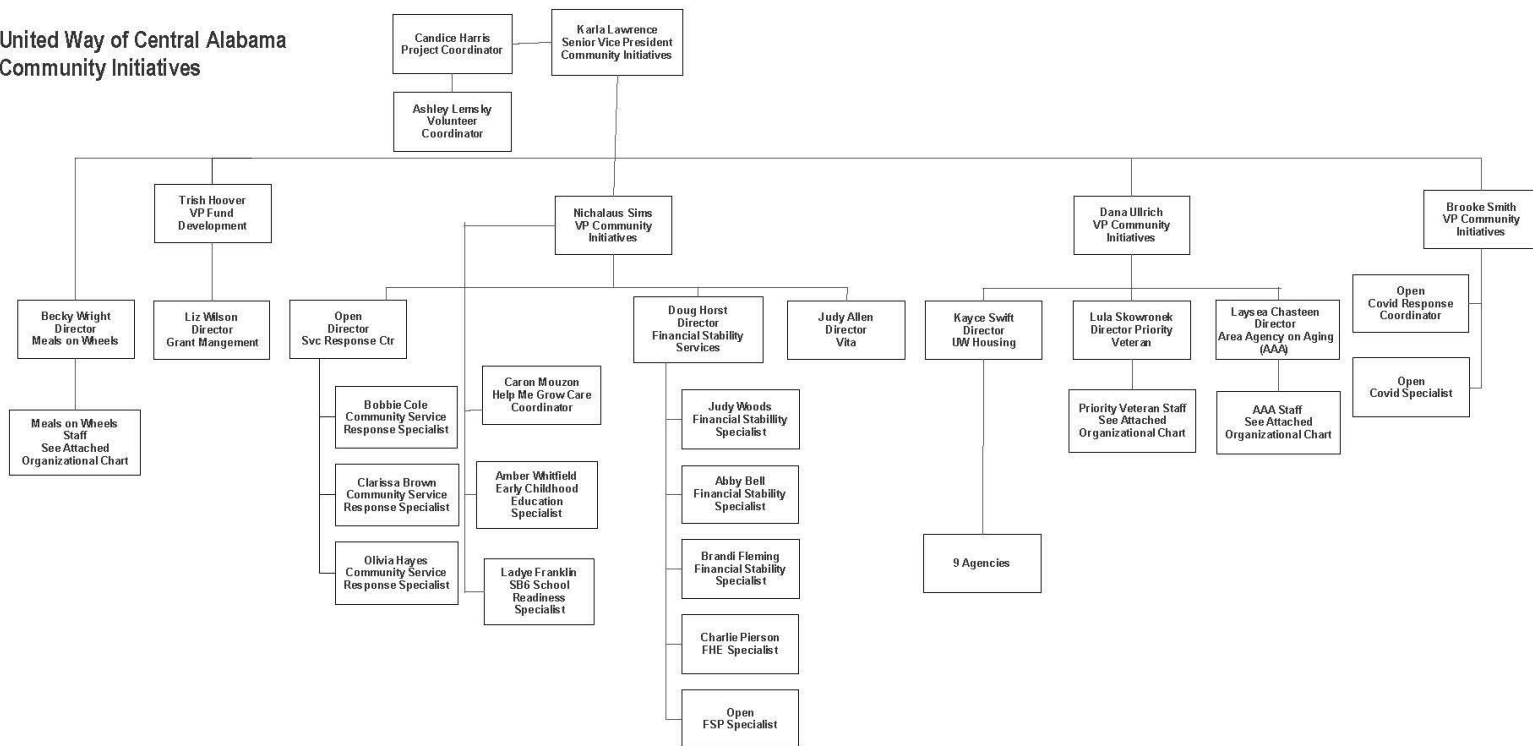
**Chart 2: Meals on Wheels**

**Meals on Wheels  
Central Alabama**



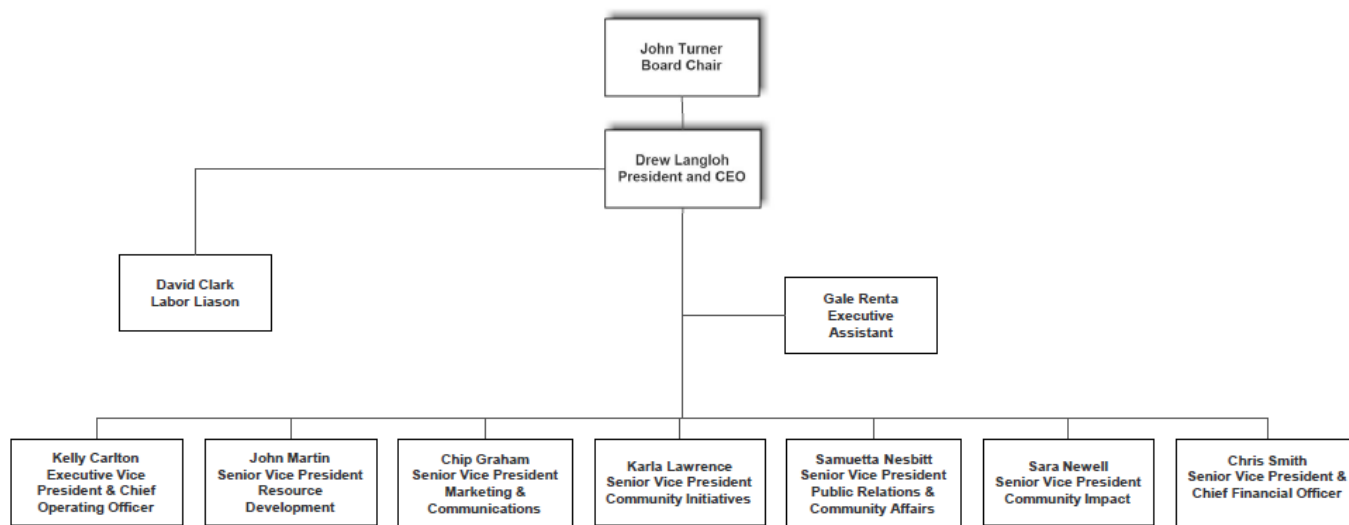
### Chart 3: UWCA Community Initiatives Department

#### United Way of Central Alabama Community Initiatives





### Chart 4: UWCA Administration



## Attachment F

### UWAAA Grievance Policy

1. UWCA is committed to treating you with respect and providing you with the highest quality services possible. You have a right to file complaints or grievances about the services you receive from UWCA or its affiliates and to have those grievances reviewed by persons not involved in providing these services. You have the right at any time to receive a copy of the Grievance Policy, which describes the procedures below in more detail. Presenting or filing grievances will not result in any retaliation from UWCA or interrupt any services you may be receiving.
2. If you have a difference with your assigned staff member, think you have received poor service, or otherwise have a complaint about the services you have received or your treatment by UWCA staff, first try to work out the problem directly with the staff person and then with his/her supervisor.
3. If the grievance cannot be worked out, you may submit a written statement about the problem to the Vice President of Community Initiatives. This statement should describe the specific complaint, the resolution you hope to obtain, and whether you request a conference with the Vice President of Community Initiatives. This statement may be submitted to: United Way Community Initiatives, P.O. Box 320189 Birmingham, AL 35232 or [cigrants@uwca.org](mailto:cigrants@uwca.org). If you need assistance filing the grievance, you may ask, and an independent staff person will be appointed to assist you, or you may be referred to a third party such as Legal Services Alabama.
4. If requested, the Vice President of Community Initiatives shall meet with you within three working days after the complaint is received. You may bring another person with you to such a conference if you desire. The Vice President of Community Initiatives shall investigate the facts and circumstances of the complaint and shall give you a written decision within five working days of the conference (or other contact with you, if no conference is requested).
5. If you do not agree with the decision, you may appeal the decision to the Senior Vice President of Community Initiatives by sending a request for a review of the decision in writing to United Way Community Initiatives, P.O. Box 320189 Birmingham, AL 35232 or [cigrants@uwca.org](mailto:cigrants@uwca.org). You may also request review by UWCA's Chief Operating Officer instead of this Senior Vice President. This person shall review all written materials related to the complaint, conduct further investigation as necessary, and if you request, shall meet with you within three working days after the appeal is received. She/he shall give a decision within writing in five working days after the conference (or of receipt of the appeal, if no conference is requested).
6. If the applicable service or program is funded entirely by UWCA, then the previous step is the final decision. If the applicable service or program is funded at least in part by a third party, you may appeal the decision to this third-party funding source (if applicable). The written decision you receive from the previous step will contain instructions on how to appeal to this funding source; these instructions may vary depending on the particular funder. The funder will serve as the final appeal step for the client.

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*Client signature and date*

DISCLAIMER: UWCA will try to keep to the time schedule outlined above whenever possible under reasonable circumstances. If there will be a delay, UWCA will let all persons know.

## Attachment G

### CONFLICT OF INTEREST POLICY

*(Adopted: June 23, 1994, by the board of directors of United Way of Central Alabama, Inc.)*

**BE IT RESOLVED** that no volunteer shall knowingly take any action or make any statement intended to influence the conduct of the United Way of Central Alabama, Inc., or any of its committees or member agencies in such a way as to confer any financial benefit on such volunteer, a member of his or her immediate family, or any corporation in which he or she or such member has a significant interest as a stockholder, officer, director, or employee. Such action shall constitute a conflict of interest and the member shall immediately disclose this actual conflict of interest.

**BE IT RESOLVED ALSO** that in the event there comes before the board of directors or any committee, a matter for consideration or decision that raises a potential conflict of interest for any board or committee member, the member shall disclose the potential conflict as soon as he or she becomes aware of it and shall abstain from voting in connection with any such conflict.

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*(Signature)*

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*(Date)*

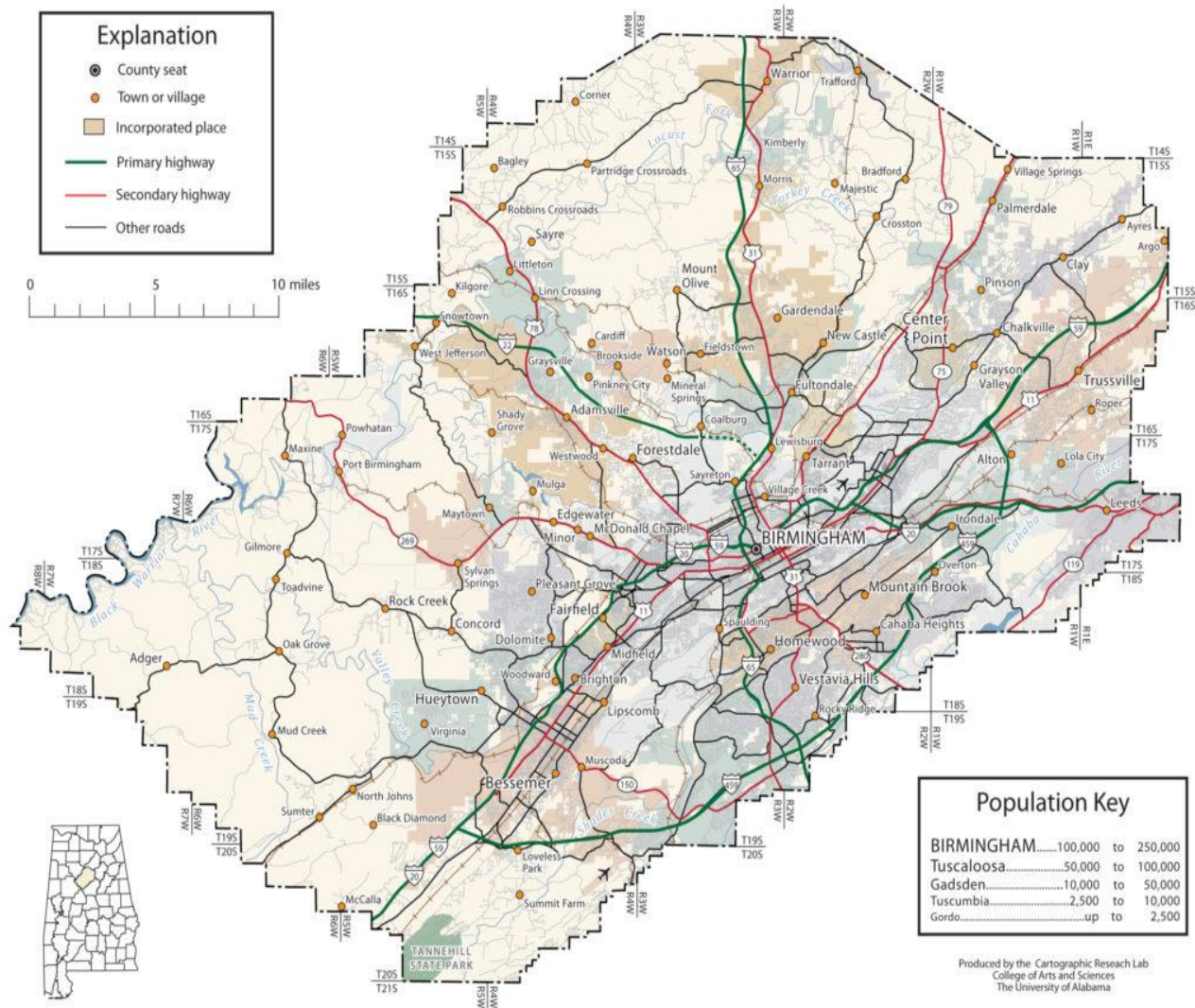
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*(Print Name)*

## Attachment H

### PLANNING & SERVICE AREA MAP

#### JEFFERSON COUNTY



# Attachment I

## Current / Future Aging and Disability Demographics of PSA

**Table I: Jefferson County Public Health Profile**

Source 1: Alabama Center for Health Statistics. *County Health Profiles*. (2018):82.

Source 2: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 29.

<b>Mortality and Other Information</b>	<b>Number</b>	<b>Rate</b>
Death Rate from Heart Disease	1,607	243.7
Death Rate from Cancer	1,353	205.2
Death Rate from Stroke	498	75.5
Death from Accidents (Motor Vehicle, Poisoning, Falls)	424	64.3
Death Rate from CLRD	370	56.1
Death Rate from Alzheimer's Disease	325	49.3
Death Rate from Influenza and Pneumonia	185	28.1
Death Rate from Homicide	161	24.4
Death Rate from Diabetes	141	21.4
Life Expectancy	74.7	
Median Age	37.9	
# Hospital Beds, % Occupancy (2018)	658.7 beds per 100,000 residents	79%

**Table 2: Older Adults in Jefferson County by Race and Ethnicity**

Source: U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

<i>Demographic Classification</i>	<i>Population (2019 ACS 5-year estimates)</i>
<b>Total persons, aged 60 years or older</b>	<b>145,171</b>
White persons	60.9%
Black or African American persons	37.3%
Asian persons	0.9%
American Indian and Alaskan Native persons	0.2%
Persons of another race	0.1%
Persons of two or more races	0.7%
Persons of Hispanic or Latino ethnicity	0.8%

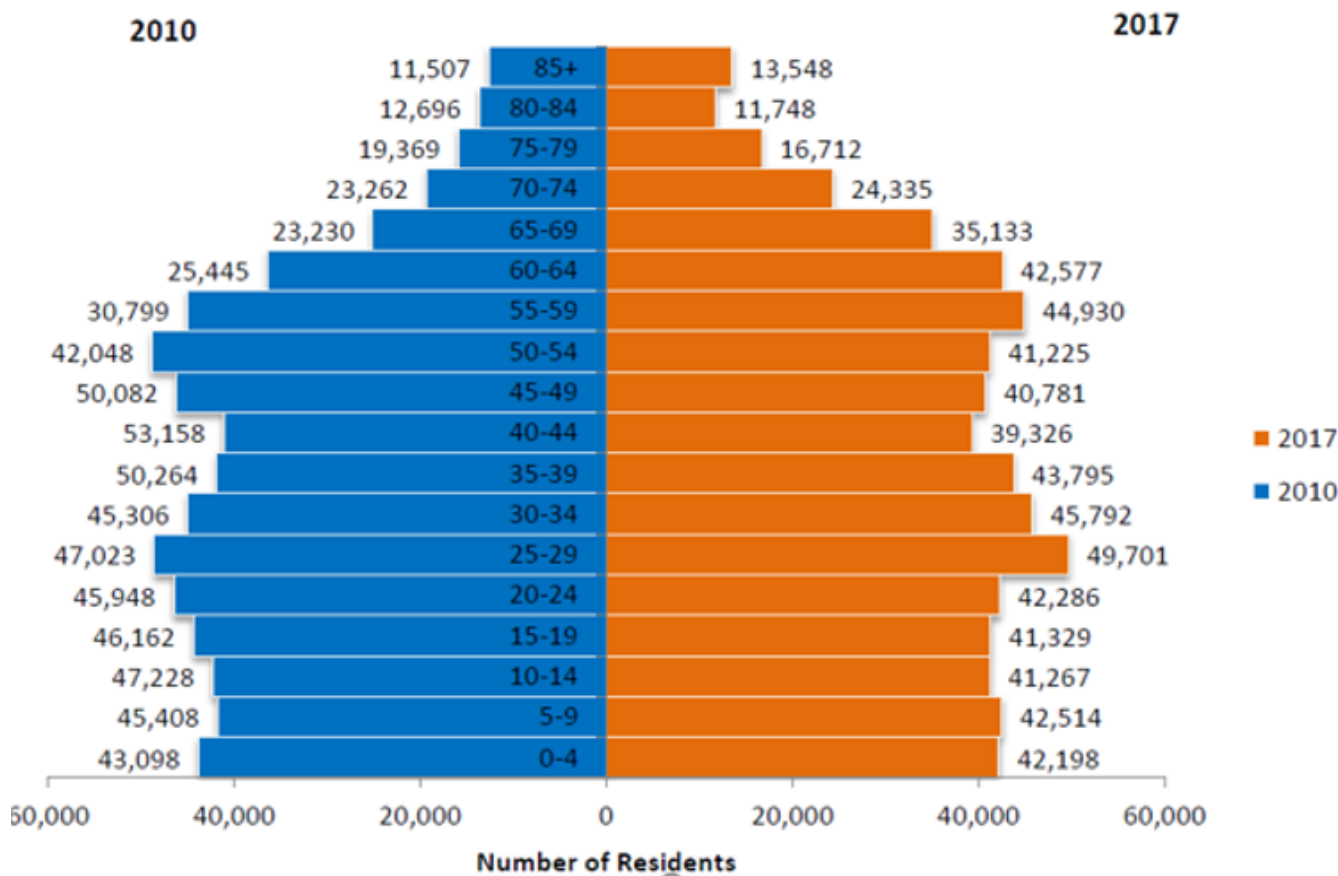
**Table 3: Disability Status Among Older Adults in Jefferson County**

Source: U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.

<i>Disability Status</i>	<i>Population (2019 ACS 5-year estimates)</i>
<b>Total civilian noninstitutionalized population</b>	<b>142,058</b>
Persons with a Disability	35.6%
Persons without a Disability	64.4%

**Figure 1: Age Distribution in Jefferson County, 2010 v. 2017**

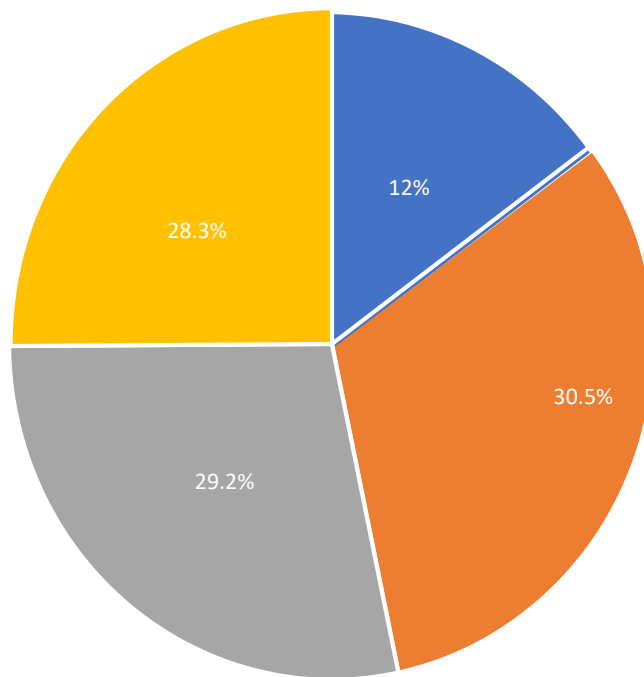
Source: Jefferson County Dept. of Health. *Community Health Assessment*. (2019): 9.





**Figure 2: Educational Attainment Among Older Adults in Jefferson County**

Source: U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2019.



- Less than high school graduate
- High school graduate, GED, or alternative
- Some college or associate's degree
- Bachelor's degree or higher



## **Attachment J**

### **EMERGENCY PREPARDNESS PLAN (abbreviated)**

<b>Revision History, Distribution, Acknowledgements</b>
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Original version, September 2017

*Keep a history of any revisions*

#### **DISTRIBUTION**

One copy of this version of the Disaster Planning Manual is to be distributed to each staff person to be kept at their desk and additional copies are kept off site by appointed UWCA staff. Additional copies for those people are available on request.

- Copies are to be distributed to the Alabama Department of Senior Services.



## Chapter 1: Agency Roles Related to Disasters

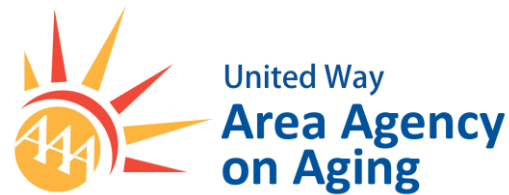
### Introduction

#### United Way Area Agency on Aging

The United Way Area Agency on Aging assists older adults age 60+ in accessing available disaster related services; and to take applications for assistance that may become available through funds awarded to the Area Agency on Aging. The availability of funds and services is dependent on discretionary funding from the U. S. Administration on Aging and the Alabama Department of Senior Services. The Area Agency on Aging may also accept disaster funds from other local, state, federal or private sources.

#### Area Agency on Aging Disaster Recovery Services

The Area Agency on Aging staff operates from the Disaster Recovery Centers authorized after hurricanes or other disasters by the Emergency Management Agency. Services typically provided may include tree and debris removal; emergency home repairs; replacement of medications, glasses, dentures or other medical supplies lost or damaged in the disaster; and in-home services to allow caregivers to address hurricane recovery needs.



## AAA Disaster Mission Statement

The Area Agency on Aging (AAA) is recognized in Jefferson County as a source of information for older adult resources. The AAA's primary mission during a disaster is to maximize community access for older adults to critical resources. We will do so by adapting our normal information gathering and services delivery procedures to meet the circumstances of specific disasters. Emerging needs will be evaluated and prioritized to reflect time sensitive and disaster specific issues while maintaining normal services as much as possible. The AAA will aggressively seek new and updated information and actively disseminate such information to individuals, agencies, organizations, the media, and the general public affected by the disaster.

In order to fulfill this mission, the AAA will work with staff to secure their physical safety and well-being and will include staffs' concerns for their families and homes in its emergency response plans. All staff will be trained and prepared to operate under emergency/disaster response conditions.

## ADSS Role on Disasters

### Alabama Department of Senior Services

#### Alabama Department of Senior Services Protocol

Alabama Department of Senior Services (ADSS) will utilize all forms of communication available during the pre-, intra-, and post-activities of a disaster/crisis.

During the pre-declaration of a disaster/crisis, ADSS will contact the Area Agency on Aging (AAAs) in the projected impact areas and AAAs adjacent to the impact area within 72-hours of the threat, if time permits, but no less than 24-hours, to review their Disaster Plans. Those AAAs in the projected impact area will begin notification of at-risk clients and their caregivers. AAAs are to contact the aging network, local Emergency Management Agency (EMA); and if, FEMA has already established Disaster Recovery Centers (DRCs), AAAs should be prepared to provide staff to support. AAAs located adjacent to the projected impact areas should be prepared to provide support and/or assistance to the impacted AAAs. During all phases of the disaster, recordkeeping duties are required. This is an essential task, not only for seeking future reimbursement but invaluable for mitigating future damages or loss.



In the intra-phase of the declaration (actual disaster), AAAs will provide any relevant or useful information available to ADSS and supporting AAAs. This information will be developed from your recordkeeping (staff time/overtime, supplies, senior contacts, type/amount of service provided, resource inventory used, intake forms for all seniors, contracted services, personal expenses, phone logs, etc.). Within the first 24-hours of an emergency, AAAs should be able to assess the crisis; determine the type, scope and location of damage; and provide ADSS with information to begin the process of contacting AoA for disaster grant funds.

## Disaster Assumptions

It is assumed that the likelihood of a major disaster affecting Jefferson County is great. Help from emergency services may not be available for up to 72 hours or more. The Area Agency on Aging (AAA) may experience damage, resulting in injuries, property loss, or loss of critical services (telephones, utilities, and roadways). This could result in a disruption or complete interruption of the AAA services upon which our clients depend.

This Emergency Plan will help our staff to prepare for and quickly begin recovery from an emergency or disaster. Planning, practice and revisions of this Emergency Plan are essential to prevent injury, loss of life and to be able to continue providing important client services.

The AAA emergency plan priorities will be best realized if and only if the AAA staff member has prepared his/her home, family, and self for an emergency before a disaster strikes.

The AAA may be impacted by disasters of varying magnitudes. Emergency activation should be appropriate to the level of the disaster. Levels are defined as follows:

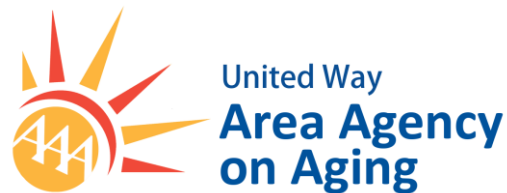
### **Stage One Event - Minimal Impact**

A Stage One event has little impact on the AAA operations beyond possibly activating the emergency phone tree and issuing a disaster message for the staff and public. Some Stage One events may be federally declared disasters.

### **Stage Two Event - Moderate Impact**

A Stage Two event is expected to have a moderate impact on the AAA operations. This type of event includes declared disasters such as earthquakes, wildfires, Category 1 hurricanes, tornadoes, or localized flooding. There could be limited deployment of staff to off-site locations if requested by the Director of the AAA.

### **Stage Three Event - Major Impact**



A Stage Three event has a potential major impact on the AAA operations. A Stage Three emergency will be a large, federally declared disaster such as the September 11<sup>th</sup> incident, Hurricane Katrina, or a major civil disturbance. Many of the AAA staff will be deployed to disaster operation sites for extended periods. We will work closely with the Disaster Relief Centers, county, city, EMA or FEMA. Bulletins to the AAA staff and public messages will be extensive, require frequent up-dates in the first period, and continue to be issued for many months. Normal operations will be degraded to a significant extent. Expected operational duration for the AAA is several months.

#### **Stage Four -- Catastrophic Impact**

A Stage Four event will have a catastrophic impact on Jefferson County and will severely affect AAA operations. The emergency needs of the community can be expected to exceed the capacity of local resources, including those of the AAA, and local emergency management organizations. Significant resources from other counties and agencies will be needed for the AAA to meet its disaster responsibilities.

## **Chapter 2: Pre-Disaster Preparation**

### **Pre-Disaster Preparedness Checklist**

#### **Before a disaster**

- Educational flyers distributed to the elderly
- Identify alternative locations for the AAA office and Senior Centers
- Locate supplemental meals from other regions of the state
- Organize and train volunteers to work in the Disaster Recovery Centers and Information and Assistance (I&A). (See 2-1-1 Disaster Plan.)
- Train Senior Center Managers on disaster procedures
- Keep updated Directory of Senior Resource Guide in disaster folder





- Coordinate with Jefferson County Emergency Management Planning Committees and the County Voluntary Organizations Active in Disasters Committees
- Update information in AIMS system on client's risk status and need for assistance
- Identify high-risk homebound elderly that may need assessment and possible assistance prior to and after the disaster
- Ombudsman contacts critical long-term care facilities regarding facility disaster plan
- All AAA Program Coordinators complete Disaster Preparedness Checklists to promote disaster readiness

### Training and Orientation

The Disaster Resource Coordinator (Community Services Response Center/ADRC Director) will design and conduct training exercises and staff orientations annually. These trainings will include:

- a) Special exercises to implement recommendations of an After-Action Report.
- b) Orientation for new staff on the AAA Disaster Planning Guidelines.
- c) Providing all new staff with copies of this Disaster Planning Guidelines Manual as part of their initial AAA materials.
- d) Annual HIPAA training for all AAA staff.
- e) Protocols during an emergency or disaster.
- f) Providing HIPAA training and confidentiality agreement to all volunteers.

### Disaster Recovery Database Maintenance

The AAA will maintain a database of known disaster recovery resources:

- The database will include resources of governmental agencies and nonprofit organizations with a defined disaster mission.



- The database will be updated at least once each year
- The database is updated when there is a disaster warning or at the onset of an event
- All records are checked for accuracy
- Information specific to an event, such as the location of emergency shelters, are entered at the onset of the event
- Additional information is entered into the database as it becomes available

The Disaster Resource Coordinator and will maintain hard copies of this information. The Disaster Resource Coordinator will be responsible for maintaining this database.



## **Attachment K**

### ***Program Descriptions***

***The Aging & Disability Resource Center (ADRC)*** provides information, referrals, resources and counseling to caregivers and older and disabled individuals in need of assistance. The ADRC (1-800-AGE-LINE) serves as a single point of entry using a “no wrong door” approach to accessing services;

***Alabama Cares*** is a support program for unpaid caregivers caring for individuals who are frail and aged 60+ or for individuals with Alzheimer’s disease or a dementia-related diagnosis, regardless of age. One focus of ***Alabama Cares*** is ***Older Relative Caregivers (ORC)***, grandparents or other relatives 55+ who are primary caregivers for children 18 and younger or a disabled adult child. Alabama Cares and ORC programs provide support under five service categories – caregiver information, caregiver access, caregiver counseling/education, caregiver respite, and caregiver supplemental services;

***Homemaker/Personal Care Programs*** offer support for older adults and individuals with disabilities who need assistance with housekeeping tasks. The service allows individuals to remain independent and continue to reside in their own home;

***Senior Nutrition Program*** provides congregate meals served at 28 Senior Centers across Jefferson County. This program also serves approximately 2,000 Meals on Wheels homebound (MOW) recipients who need assistance with meal preparation. Nutrition Counseling is also provided under this program

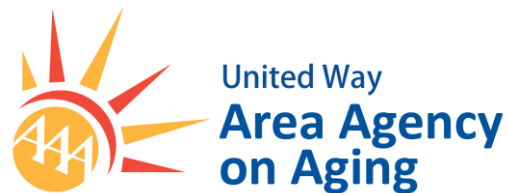
***Long-Term Care Ombudsman Services*** provide advocacy for people in long-term care facilities and their loved ones by investigating complaints and concerns and providing information about nursing, assisted living and specialty care facilities;

***Elder Abuse Prevention Services*** provide public education, training and information on the prevention of elder abuse, neglect and exploitation;

***SenioRx*** is a state-funded prescription assistance program to help qualified individuals access free and low-cost prescription drugs under the guidelines established by pharmaceutical manufacturers; case management and assistance with coupons, drug discount cards and rebates;

***State Health Insurance Assistance Program (SHIP)*** assists Medicare beneficiaries in making informed decisions regarding health benefits through the provision of unbiased counseling

***Senior Medicare Patrol (SMP)*** empowers seniors to prevent healthcare fraud through the dissemination of SMP educational materials. The intent is for anyone on Medicare and/or Medicaid to know how to contact the SMP program with inquiries and complaints regarding



Medicare, Medicaid, and other healthcare or related consumer issues

***Gateway-Outreach/Survey*** utilizes the local ombudsman to help rebalance the long-term care system by transitioning individuals with Medicaid from institutions to the community. Medicaid intends to transition eligible Alabamians from nursing home and other institutional settings to community-based settings. This requires Medicaid to have on-going activities to promote and monitor the program. Medicaid is utilizing the ombudsman program experience and geographical locations to promote and evaluate Alabama's Gateway to Community Living Program by survey administration and analysis related to participant and stakeholder experience and satisfaction and outreach and marketing for the Gateway to Community Living initiative.

***Vaccine Outreach*** improves vaccination access for older adults and people with disabilities in Alabama in response to COVID-19 as outlined in the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) in accordance with the guidance attached hereto.

***Alabama Legal Assistance Program*** provides free legal guidance, consultation, and support to vulnerable older adults to protect their autonomy, dignity, and independence;

***Preventive Health Services*** provide health-promoting services at local Senior Centers and other community-based locations. It is designed to help older adults prevent or manage their health conditions and promote a healthier lifestyle.



## **Attachment L**

### **DOCUMENTATION OF VIRTUAL PUBLIC HEARING**

Made Public on website & social media: 8/25/2021-9/10/2021

Advisory Board: 8/25/2021

Board of Directors: 8/25/2021