CENTRAL ALABAMA AGING CONSORTIUM

AREA PLAN ON AGING

FY 2026 – 2029

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Section I

Executive Summary

The Central Alabama Aging Consortium Area Agency on Aging is one of thirteen Area Agencies on Aging in Alabama designated by the Alabama Department of Senior Services. Local governments, state agencies and service providers recognize Central Alabama Aging Consortium as the lead organization of the Central Alabama tri-county area in developing and administering comprehensive, coordinated services, education, and information and assistance to its target populations.

The Central Alabama Aging Consortium was formed on November 13, 1975, by the signing of a multi-jurisdictional agreement among the twelve county and municipal governments in Autauga, Elmore and Montgomery Counties. CAAC is a governmental non-profit organization governed by a Board of Directors, which has the final authority over fiscal and program decisions of the Area Agency on Aging. The CAAC Board is comprised of the chief elected official of each member government, or a representative appointed by that person. The member governments and board of directors are listed in Table I.

TABLE I

CENTRAL ALABAMA AGING CONSORTIUM MEMBER GOVERNMENTS & BOARD OF DIRECTORS

AUTAUGA COUNTY

Autauga County Commission	Vacant
Town of Autaugaville	Mayor Curtis Stoudemire
Town of Billingsley	Mayor Howard Harrison
City of Prattville	Vacant

ELMORE COUNTY

Elmore County Commission	Commissioner Henry Hines
Town of Eclectic	Mayor Gary Davenport
City of Millbrook	Mayor Al Kelly
City of Tallassee	Mayor Sarah Hill
City of Wetumpka	Andrew Stieb for Mayor Jerry Willis
Town of Coosada	Honorable Jim Houston

MONTGOMERY COUNTY

Montgomery County Commission	Commissioner Isaiah Sankey
City of Montgomery	Jerime Reid (Appointed by Mayor Steven Reed)
Town of Pike Road	Jennifer Kendrick for Mayor Gordon Stone

Agency Overview:

The Executive Director is appointed by the Board of Directors to manage the daily operation of the agency, including the financial and program components and personnel decisions. CAAC has a Fiscal Director who is responsible for the day to day fiscal functions. CAAC also contracts with Aldridge, Borden and Company, PC, who provides CPA assistance as needed. The Agency is divided into 3 divisions: Administrative Division, Community Services Division, and the In-Home Services Division. The separation of duties is as follows:

- The Administrative Division includes the Executive Director, Fiscal Director (IT), Human Resources Director, Officer Manager, Community Outreach Coordinator, Media Specialists, Accounting Clerk, and 2 part-time receptionists. The Executive Director oversees the day-to-day operation of the agency. The Fiscal Director is responsible for the fiscal operations of the agency and oversees the agency's IT. The Office Manager oversees the receptionists and provides clerical support to the Administrative Division. Human Resources Director handles personnel and employee relations. Community Outreach Coordinator and Media Specialist work together to promote agency awareness via social media outlets, community events, news, etc. within the service area. The Accounting Clerk assists the Fiscal Director, verifies EVV and submits to ADSS, and other assistive duties.
- The In-Home Services Division is led by the In-home Services Division Director, Team Leads, and TA Waiver Case Manager/RN, Social Work Clinical Coordinator, Hospital to Home Coordinator, ACT Waiver Case Manager, 3 Personal Choices Case Managers, 3 Initial Application Specialists, and all of the E & D Case Managers. Staff is responsible for the ACT and TA Waiver Programs, and the Elderly and Disabled Home and Community-Based Services Program (Medicaid Waiver). The Director reports to the Executive Director. There is also a Quality Coordinator and Compliance Manager who reports to the Executive Director. There is a QA Specialist who works under the Quality Coordinator. CAAC also works with a managed care plan to provide case management to its members. CAAC has a Community Outreach Program Supervisor and three COP Health Coaches. The Health Coaches serve a 7-county area for the managed care plan.
- The Community-Based Services Director position is currently vacant with plans to fill this year, duties are currently held by the ED. The Division Director oversees the programs included in the CBS Division. The staff is responsible for the Senior Nutrition Program (including senior centers and supportive services), the State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol Project (SMP), MIPPA Programs, the Alabama Cares Family Caregiver Program, the Ombudsman Program, Elder Abuse Prevention and Education, SenioRx (prescription drug assistance program), Evidence Based Programs, Title III Homemaker, Home Modifications, and the Aging and Disability Resource Center. All of the program coordinators report to the Division Director. CAAC also receives a grant from the Alabama Department of Senior Services to administer the statewide Dementia Friendly Alabama (DFA) program, the DFA coordinator reports directly to the Executive Director.

CAAC has an Advisory Council composed of community representatives, older persons and representatives of agencies and organizations who work with older persons. The function of the Advisory Council is to serve in an advisory capacity relative to developing and administering the Area Plan, conducting public hearings, reviewing and commenting on community policies and programs which affect older persons. The Executive Director and designated staff meet quarterly with the Council. A list of Board members, Advisory Council members, bylaws and CAAC's organizational chart are in the Exhibits.

In order to help individuals and persons with disabilities live with dignity and independence, CAAC is expanding training to staff, outreach, education, and training to individuals, families, and their caregivers.

CAAC will continue to expand its partnerships and provide services and referrals for actual services, as well as resources and benefits to promote financial security. CAAC will host annual inter-agency round table discussions with other professionals to develop and strengthen partnerships and coordination among agencies, hospitals, long-term care institutions, and other non-profit organizations. We will provide supportive services, meals, evidence-based wellness programs, Ombudsman services, and caregiver support to promote the independence and well-being of our targeted populations in the service area.

CAAC will also work to enable more Alabamians to live with dignity by educating and promoting the rights of seniors, an effort which will hopefully reduce the incidence of abuse, neglect, and exploitation. CAAC will continue to distribute the Elder Abuse Protection Toolkit and other educational resources on Elder Abuse, including prevention and reporting, throughout the tri-county area. The agency will also work with other community partners to identify additional resources to expand the services available to elder abuse victims. CAAC will sponsor an event each year in June in recognition of World Elder Abuse Prevention Day. The agency will also sponsor an annual Elder Abuse Prevention conference.

During the next four years, CAAC will work to ensure that older individuals and persons with disability have access to services to assist with daily living. The ADRC will complete screening forms on callers and conduct targeted follow-ups. CAAC will work on professional development/training for staff, partnership development, an expanded data base of resources, outreach and education of available services, benefits, long-term care options, supports, and payment options. The Community Outreach Coordinator (COC) plans and oversees outreach events in the service area. The COC works to bring awareness and brand CAAC as the "one stop shop" for aging and disability services. CAAC will continue to use You Tube, Facebook, Zoom, constant contact, TV, radio, and print media to reach the community and elderly and disabled populations.

CAAC will promote the use of the Medicare preventative benefits to Medicare beneficiaries through one-on-one counseling, public education and outreach events, and the distribution of information through varied avenues. We will screen and assist in applying for public benefits through the MIPPA program and educate, work to prevent and report fraud.

Through the Elderly and Disabled Waiver program, CAAC will provide services to elderly and disabled individuals who qualify for services. We will complete a comprehensive Person-Centered Plan of Care for each client and provide case management services for each client, working with them to meet their individual needs. CAAC's Transition Coordinator will continue to work with residents of Skilled Nursing Facilities who want to return to the community. The ACT Waiver Case Manager will work with those clients to ensure a smooth transition and needed services through the direct service providers. CAAC's TA Waiver Case Manager will continue to work with the TA waiver clients to arrange and manage the needs of those clients. CAAC's Home Modification Program is steady. The Home Modification program provides assistance to help ensure safety, assist with making daily living activities easier and more assessable in their homes.

CAAC will work to promote proactive, progressive management and accountability of the State Unit of Aging and its contracting agencies. CAAC will provide ethics training to its staff. CAAC has a system of checks and balances in place for financial transactions. The agency will monitor grant agreements and contracts for compliance. Periodic internal reviews of funding, expenditures, and program requirements and compliance will also be a priority.

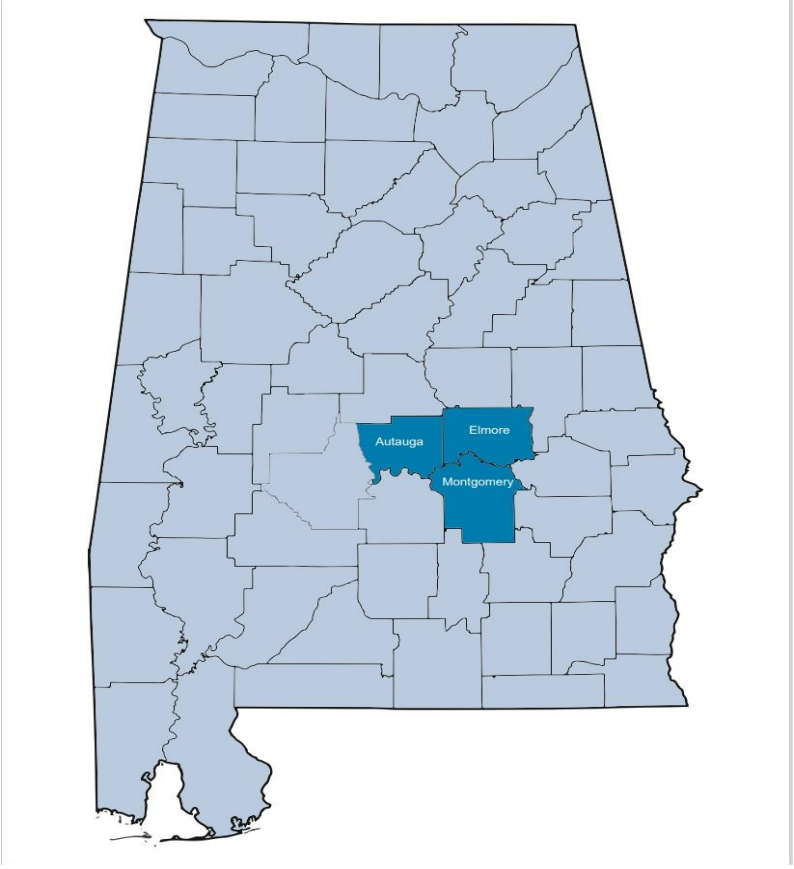
Section II: Context

Demographics and Overview

The Central Alabama planning and service area includes three counties - Autauga, Elmore and Montgomery- which, along with Lowndes County, comprises the Montgomery Metropolitan Statistical Area (MSA). The MSA was designated by the Bureau of the Census and is considered an aerial unit in which the greatest share of the population is engaged in activities that form an integrated social and economic system. It is a county, or group of contiguous counties, containing at least one city of 50,000 inhabitants. In the Montgomery MSA, the City of Montgomery is the central city; however, Autauga, Elmore, and Lowndes Counties are included because of their close social and economic ties with Montgomery.

The largest county in the service area is Montgomery. Montgomery County is 785.3 square miles and is the 22nd largest county in Alabama by area. According to the U. S. Census Bureau, the 2020 population was 228, 954 for Montgomery. According to the same source, the 2020 estimated population of Autauga County was 58,805, and Elmore County was 87,977.

A map of the CAAC service area



The population of the service area continues to change. According to U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018, Alabama in 2040, it is estimated that from 2010 to 2040, the population of the tri-county area will increase significantly. The largest population increase is expected to be in Elmore County with a 130.6% increase. Autauga County is not far

behind with an expected 112.1% increase. Current trends show that Montgomery County's population will increase only by 58.4%. The total population of the service area is expected to increase to 79,062 by the year 2040.

The U. S. Census Bureau shows that the total population of Autauga County is 58,805 which is comprised of 76.3% Caucasians, 20.1% African Americans and 3.6% other. The 65+ make up 16% of the population, and the average life expectancy is 77.7 years. There are 7,782 people age 65-84 and 6,871 who are 85 and older. Of those, 3,787 are male and 4,866 are female. The death rate for all populations is 9.6% for all races, with the number one cause of death being heart disease. The second and third causes of death are cancer and stroke. According to the United States Census Bureau, the median household income is $58,731 with 12.1% of the population living at or below poverty. There are an estimated 5,272 veterans living in the county.

According to the United States Census Bureau, the population of Elmore County is 87,977. The median household income is $60,891 with 11.4% of the population living at poverty or below. The number of veterans residing in the County is 6,594. The life expectancy is 76.1 years of age, and the median age is 38.9. Caucasians make up 75.7% of the total population, with the remaining 24.3% being African American. There are 4,913 white males age 65 and older and5,832white females. Of all races, 15.1% of the population is 65 and older. The leading causes of death in the County for both males and females is heart disease and cancer.

Montgomery County is the largest county in the service area. The United States Census Bureau shows the population for Montgomery county as 228, 954. Montgomery County is experiencing minimum growth. African Americans make up 59.3% of the county's population. There are 34,173 individuals 65 and older who reside in the county. The 65 + population is comprised of 18,776 Caucasians and 15,397 African Americans. The median household income is $50,124, and 15.8% persons live at the poverty level or below. There are 16,668 veterans residing in the county. Montgomery County's Heath Profile shows a life expectancy of 76.5 years. The leading cause of death is the same as the other two counties – heart disease.

MISCELLANEOUS CHARACTERISTICS BY COUNTY POPULATION 65 YEARS AND OLDER

See attachment 1for more information

	AUTAUGA	ELMORE	MONTGOMERY
Grandparents 65+ Caring for Grandchildren	1,366 (1.8%)	1,981 (2.3%)	5,107 (1.7%)
Living with Grandchildren	4.3%	5.4%	4.6%
Education Levels 65+			
Less Than High School	13.8%	11.9%	12.3%
High School	36.8%	35.3%	27.6%
Some College/Associate's Degree	24.9%	25.3%	27.1%
Bachelor's Degree	24.5%	27.6%	33.0%
Non-Institutionalized Persons with Disability,			

Age 65+	40.6%	36.8%	38.9%
Percent of persons age 65+ who live alone	47.9%	39.0.%	47.9%
Total Married 65+	52.1%	57.6%	45.5%
Persons 65 +	9,474	14,244	34,173

Source: https://data.census.gov/ United States Census Bureau 2020

Due to the increasing 60+ population and the increasing number of individuals 60+ who are being diagnosed with dementia, it is a major health concern in the tri-county area. Dementia is a condition that is caused by the progressive loss of intellectual functions. Alzheimer's disease is caused by nerve cell death. Once a nerve cell (brain cell) dies, the function is lost. The person with Alzheimer's disease becomes increasingly impaired as cells continue to die. Although much research is being done, scientists are not sure what triggers the onset of this disease. One in 10 people age 65 and older has Alzheimer's Disease, and almost two-thirds of those are women. African Americans are almost twice as likely to have dementia as older Caucasians. The majority of caregivers are women, and approximately one-fourth are in the "sandwich generation", caring for a parent and their children.

In the U. S., it is estimated that 5 million Americans are currently living with Alzheimer's Disease, and it is estimated that 16 million will have the disease by 2050. Nearly one in every three seniors who dies each year has Alzheimer's or another dementia. Other pertinent data includes:

- People with Alzheimer's/other dementias have double the number of hospital stays per year as other older people;
- Many of those with the diagnosis who have Medicare have other chronic conditions; and
- People with some type of dementia make up a large proportion of all elderly who attend adult day programs and are in skilled nursing facilities.

Approximately one in every three seniors who dies each year has Alzheimer's Disease or another dementia. Alzheimer's Disease is the 6th leading cause of death in the United States.

Alabama has the 8th highest death rate from Alzheimer's in America. There has been a 155% increase in Alzheimer's deaths since 2000. Also, in Alabama, 20 % of individuals receiving hospice services have a primary diagnosis of dementia.

Alzheimer's Dementia (AD) Prevalence Estimate 2020 for CAAC service Area

State	County	Total Pop. Age 65+ (nearest 100)	AD Cases 65+ (nearest 100)	AD Prevalence (Age 65+)
Alabama		874,200	103,600	11.8%
	Autauga	9,100	1,000	11.4%
	Elmore	13,400	1,400	10.5%
	Montgomery	35,900	5,100	14.2%

Source:Dhana et al., Alzheimer's & Dementia, 2023

A rapid increase in the growth of the elderly population is occurring each year as those born between 1946 and 1964 (the "baby-boom" generation) move into the older age groups. While a significant increase in the elderly population has already occurred within the tri-county area over the last three decades, the growth rate will continue to accelerate even more as the “baby boom” generation continues to age and to live longer than other generation in history.

PROJECTED TOTAL POPULATION AND AGE 65+, NUMBERS AND PERCENT CHANGE FOR ALABAMA AND THE TRI-COUNTY 2010 – 2040

AREA	2010	2020	2030	2040	
	No.	No.	No.	No.	%
Autauga	6,546	8,476	11,466	13,882	112.1
Elmore	9,436	13,651	18,850	12,321	130.6
Montgomery	27,421	33,914	41,547	43,423	58.4
Alabama	657,792	851,293	1,067,787	1,144,172	73.9

SourceU.S. Department of Commerce, Census Bureau

All three counties in the service area have at least one hospital and citizens of the three counties have the option of receiving general medical services through their community providers or using services in the larger capitol city of Montgomery, which has three hospitals and numerous specialty clinics, including two cancer centers. The City of Montgomery also has more services available to its senior citizens and those with disabilities than Autauga and Elmore Counties.

Transportation is vital to the service delivery system. Autauga County has a rural transportation program for its senior citizens and those with disabilities which is operated through the Autauga County Commission. Services include transportation to medical appointments, and transportation to Montgomery for eligible services is available. Central Alabama Aging Consortium contracts with this program to provide transportation to and from its senior centers and to special events sponsored by the Consortium. The City of Prattville provides transportation to its senior center. Elmore County does not have a rural transportation program. However, the City of Eclectic, the City of Wetumpka, and the City of Tallassee provide transportation to and from the senior centers and to special events. The City of Tallassee will provide transportation to medical appointments in the city. The YMCA provides transportation to the senior center in Millbrook. However, no transportation assistance is available to medical appointments or other services. The City of Montgomery has a public transportation service, and para-transit transportation service, as well as transportation by the Parks and Recreation Department to their senior centers. There are also several private pay transportation companies. There is no public transportation available outside of the City of Montgomery. CAAC will continue to work with the counties and cities to identify additional resources within the service area to assist with rural transportation.

As stated, a member of each of the county commissions serves on the Consortium Board. Each of the commissions pays dues to the AAA to be used as a match for the federal and state funds. Each of the cities and towns also pay dues to assist with the support of services provided in their communities.

CAAC Evaluation of Needs and Assessments

During a 3-month period in 2025, CAAC conducted Needs Assessments of the targeted populations in our service area. An analysis of those assessments indicates that the top 5needs in the tri-county area are:

1. In-Home Services
2. Meal Assistance
3. Transportation Services
4. SNAP assistance
5. Home Repairs

CAAC will address these needs as follows:

- CAAC currently has 716 approved clients on the Elderly and Disabled Waiver program. The agency began FY 25 with 617 clients has added 57 additional clients this year. CAAC receives referrals for the Elderly and Disabled Waiver Program daily and works diligently to complete initial assessments in a timely manner and follow the process through to approval and the staffing of services to prevent institutionalization. We continue to conduct outreach events in the service area to bring awareness about the services.

- Currently, there is a waiting list for homebound meals in all three counties. There is no waiting list for meals served from the congregate nutrition sites. CAAC along with the senior center managers are working to encourage those that are able to attend the centers so that they cab receive a congregate meal.

- Although there is limited private-pay transportation in Elmore County and South Montgomery County, transportation to medical appointments in Montgomery is a gap in services that is not easily addressed. CAAC will work with the County Commissions for potential solutions, including the possibility of transportation funding grants. CAAC will also continue to refer to resources that are available, including private pay options. CAAC funds transportation to our senior seniors.

- CAAC's ADRC program also screens callers for food assistance (AESAP and SNAP) and provides application assistance and follow-up.

- Currently, CAAC does not have a home repair program. However, if a a home repair service is identified as a need during the ADRC assessment, they do link the clients to our community partners who do provide this type of assistance.

Other issues CAAC will address

- CAAC's home modification program offered by our agency is experiencing growth in awareness and demand for its services. Currently, the agency has established contracts with two licensed

contractors who specialize in completing modifications within the allocated budget. This strategic partnership allows us to effectively meet the increasing demand for home modifications while ensuring high-quality workmanship and adherence to budget constraints.

- Through SenioRx, CAAC provides medication assistance within the guidelines of the program and pharmaceutical companies. We work with The Wellness Coalition and local pharmacies to reach those in need. CAAC's 501c3, AMES, continues to provide support to individuals that are in need of co-pay assistance up to a certain amount.

- The SHIP Coordinator will continue to recruit and train peer volunteers to assist Medicare Beneficiaries with their Medicare needs. The Coordinator will use media, including TV, radio, print, and social, to educate beneficiaries so that they have accurate information to make informed decisions. The Coordinator will also participate in area health fairs and conduct public educations events throughout the service area depending on pandemic guidance. The ADRC staff will make referrals to the SHIP as assistance is identified during the initial screening process. The SHIP Coordinator will plan and schedule Part D enrollment events during the annual election period and will assist beneficiaries in comparing and applying for prescription drug plans or Medicare Managed Care plans. The SHIP program will also run commercials during the annual election period.

- The Alabama Cares Program provides services to caregivers in accordance with program guidelines. In FY 24 CAAC's Alabama Cares Program provided caregiver access assistance to 149 caregivers, 41 older relatives, caregiver education to 64 caregivers, 41 older relatives and caregiver respite services to 86 clients. A statewide rating system is used to determine greatest need for services. Referrals are assessed as they are received. The Coordinator manages this list and evaluates referrals for greatest need, including those with a diagnosis of dementia. CAAC also provides assistance to caregivers through our Dementia Friendly Alabama program, including education and training, activities, and the building of dementia friendly communities

- CAAC contracts with Legal Services of Alabama for our Title III Legal assistance program. We have an attorney in our office 20 hours a week who provides legal services as outlined in Title III of the Older Americans Act.

Challenges

Funding: The primary challenge to meet many of the needs of those in our service area is funding. With an increasing senior adult population and their growing needs for care, funding has not kept up with such growth, this is evident by growing wait lists for certain services.

Capacity to Provide care: The service provider workforce in Alabama, and in the nation, is suffering due to several reasons that include hourly wages and burnout. Staff recruitment and retention within the aging network are becoming more challenging.

Resources: With the tremendous growth in the aging population, Alabama faces a challenge due to a lack of and strain on current resources that are needed to care for the population, including providing help for caregivers and finding volunteers. Transportation, housing, access to technology and other resources or services are always mentioned when surveying about needs. And with the onset of COVID-19 in 2020 and now facing the residuals of the pandemic, more services are being provided through technology. However, for those with limited or no broadband access, barriers to different services exist.

Increase in Population: The University of Alabama Center for Business and Economic Research projects that the senior adult population in Alabama will increase by 83% by the year 2040. Many of Alabama's senior population are low-income individuals residing in rural areas and they are living longer with more complex and chronic health conditions.

Support for those with ADRD: Alzheimer's is the fastest-growing, most critical health crisis facing America. In a 2020 report, the Alzheimer's Association reported state statistics showing that 96,000 people aged 65 and older were living with Alzheimer's in Alabama with a future projection of 110,000 by 2025. Additionally, in Alabama 14.3% of people aged 45 and older had subjective cognitive decline

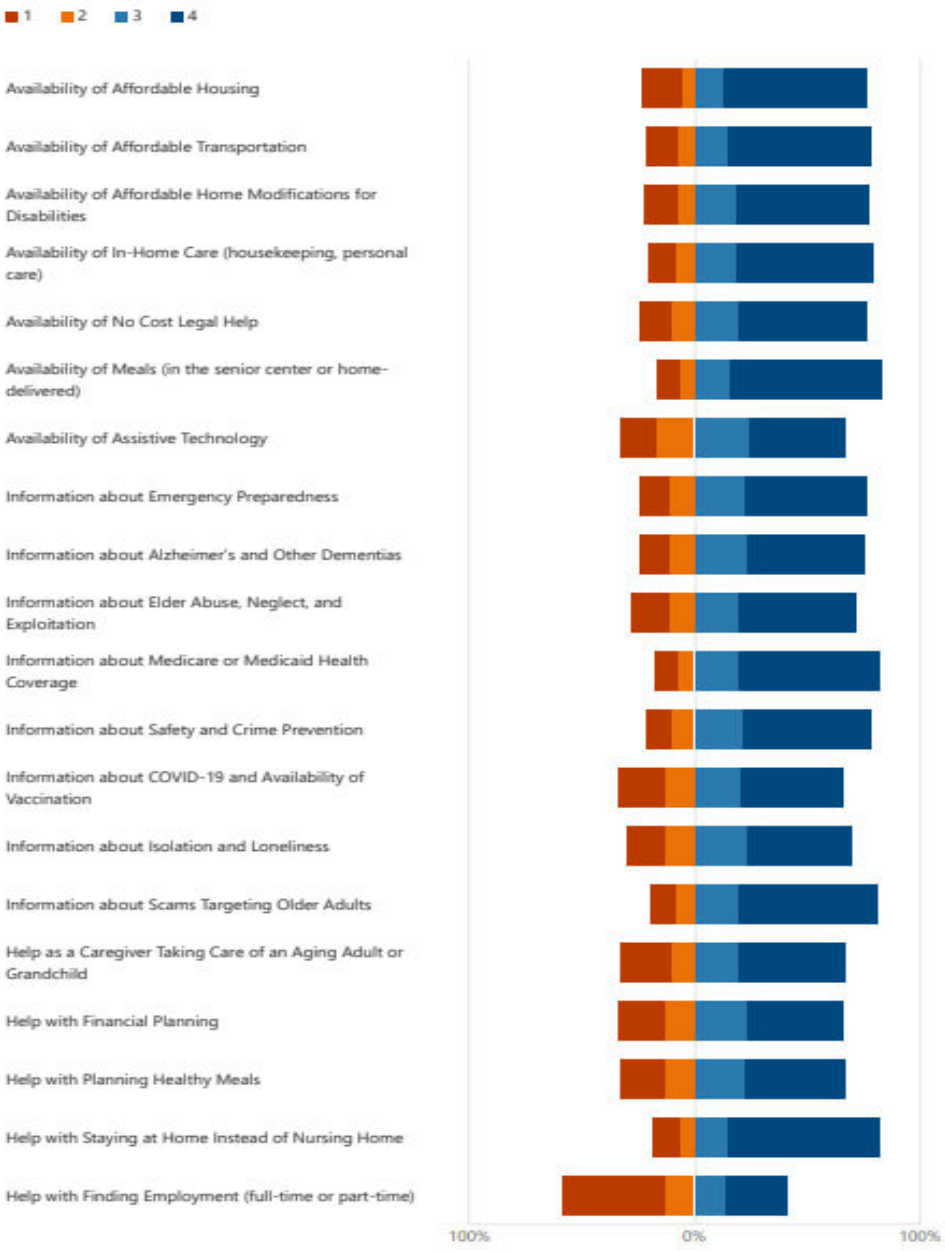
Client approvals: CAAC has three experienced initial assessment case managers who receive and work referrals for the E & D Waiver Program. The main challenge to getting qualified individuals approved for the program is getting the required medicals and progress notes from the client's physician. CAAC continues to work to try to resolve this issue and conducts frequent follow-up with the physicians' offices once the medicals are sent to their offices.

Alabama Department of Senior Services Needs Assessment results

See Attachment 1 for Assessment tool

Needs Assessments Results			
			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	Greater than $1,255	2138
Age Range			
Under 60	414	60 or Older	2860
Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553
Are You a Person Living with a Disability?			

Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don't Know	686		



Public Meetings		
Venue	**Date**	**Attendance**
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50

Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42

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

Section III

CAAC Programs and Services:

See attachment 3

Programs The OAA serves as the primary framework for organizing and delivering social and nutritional services to older adults, individuals with disabilities, and their caregivers. Funding from the ACL forms the cornerstone of services aimed at assisting this population in attaining and preserving independence and dignity within their homes and communities while being empowered to choose how they desire to live.

OAA Core Programs

Title III-B Supportive Services:
Provides Access Services (transportation, outreach, information and referral, and case management) ▪ In-Home Services (homemaker, personal care, chore, and home repair/modification) ▪ Legal Assistance (related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination) ▪ Health Promotion: Non-Evidence Based

Title III-C Nutrition Services
▪ Congregate Meals ▪ Home-Delivered Meals ▪ Liquid Nutrition Supplements ▪ Nutrition Education ▪ Nutrition Counseling

Title III-D Evidence-Based Health Promotion
▪ Demonstrated through evaluation to be effective improving health and well-being ▪ Proven effective with older adult population ▪ Research results published in a peer-review journal ▪ Fully translated in one or more community sites ▪ Includes developed dissemination products available to the public

Title III-E National Family Caregiver Support Program (NFCSP)
▪ Caregiver Information & Assistance ▪ Public Information Services ▪ Caregiver Support Groups ▪ Caregiver Case Management Assistance ▪ Caregiver Counseling ▪ Caregiver Training ▪ Caregiver Respite ▪ Supplemental Services

Title VII Office of State Long-Term Care Ombudsman Program
▪ Resolve residents' problems ▪ Protect residents' rights ▪ Ensure residents receive fair treatment and quality care ▪ Investigate and resolve complaints ▪ Educate residents, family and facility staff ▪ Provide information to the public ▪ Advocate to bring about chang

ACL Discretionary Grant Programs

State Health Insurance Assistance Program (SHIP) Alabama SHIP counselors and volunteers are committed to helping participants make informed choices with the following goals: ▪ Client Contacts ▪ Outreach Contacts ▪ Contacts with Medicare beneficiaries under 65 ▪ Hard-to-Reach Contacts ▪ Enrollment Contacts

Medicare Improvements for Patients & Providers Act (MIPPA) Available to help eligible Medicare beneficiaries apply for cost-savings benefits: ▪ Low-Income Subsidy (LIS) ▪ Medicare Savings Program (MSP)

Senior Medicare Patrol (SMP) Alabama SMP's key objectives are to continuously work in three main areas: ▪ Conducting outreach and education ▪ Engaging volunteers ▪ Receiving beneficiary complaints

State & Medicaid Funded Programs State Funded

Aging & Disability Resource Center (ADRC)
The ADRCs serve as centralized hubs for individuals seeking long-term support services (LTSS) and assistance with accessing resources. Each ADRC operates during normal business hours and offers: ▪ Screening for programs and services ▪ Assisting with application processes ▪ Responding to inquiries and answering questions ▪ Referring applicants to relevant agencies ▪ Following up to provide support as needed

Dementia Friendly Alabama (DFA)
One of the key components of ADSS's efforts is the DFA program, which has been instrumental in fostering dementia-friendly communities throughout the state since 2016. ADSS provides state grant funding to the Central Alabama Aging Consortium to sustain local initiatives. DFA supports a mission to catalyze the nationwide movement of Dementia Friendly America to foster dementia-friendly communities by providing tools and resources to help local communities throughout the state where those diagnosed with dementia and their caregivers feel respected, supported, and can live, age, and thrive. DFA provides mini-grants to each AAA to promote such projects as law enforcement and first responder training, dementia-friendly elementary school curriculum, creating dementia-friendly memory cafes, and robotic pet programs.

SenioRx
SenioRX provides medication assistance to help individuals manage chronic illnesses effectively. This program assists individuals who meet specific income criteria including: ▪ Individuals aged 55+ with chronic medical condition and no prescription coverage ▪ Individuals of any age deemed disabled by the Social Security Administration ▪ Individuals who have Medicare but have reached the Medicare D coverage gap.

Medicaid Funded Programs

Alabama Community Transition Medicaid Waiver (ACT)
The ACT Waiver, also known as Gateway to Community Living, provides services to individuals with disabilities or long-term illnesses who currently reside in an institution and who desire to transition to a home or community-based setting.

Elderly and Disabled Medicaid Waiver (E&D)
The E&D Waiver is structured to offer services that enable older adults and/or individuals with disabilities who would otherwise require care in a nursing facility to reside in the community.

Hospital to Home (H2H)
ADSS administers the Alabama Medicaid Agency's Hospital to Home (H2H) program. This program facilitates transitions from hospital settings back to the community. This program operates in collaboration with the Alabama Gateway to Community Living (GCL) and Alabama Community Transitions (ACT) programs, both of which are designed to assist individuals in transitioning from hospitals back to community living.

Personal Choices
The "Personal Choices" Medicaid Waiver program administered by ADSS presents and alternative for individuals enrolled in a Home-and Community-Based Waiver Service program. Through this

initiative, participants receive a monthly allowance which they can use to determine their required services. They have the flexibility to hire caregivers or use allocated funds towards essential equipment purchases. Financial counselors are available to assist them through the process, aiding in budget development to effectively manage their allocated care funds.

Technology Assisted Medicaid Waiver (TA)

The TA Medicaid Waiver program is tailored for individuals 21 or older who have had a tracheostomy or who are reliant on ventilators and require skilled nursing services. The Waiver enables Medicaid-approved participants to continue receiving private duty nursing services, facilitating their ability to stay in their homes. The services covered under the TA Waiver include private duty nursing; personal care/attendant service; medical supplies and equipment; assistive technology; and respite care services (skilled and unskilled)

Goals, Objectives, Strategies and Projected Outcomes

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

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

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

	STRATEGY	PROJECTED OUTCOME
III-B	1. Provide Homemaker services to a minimum of 40 unduplicated clients.	1. 40 unduplicated clients will receive services to help them remain in their homes.
	2. Provide Home modification services to a minimum of 1 client a month.	2. 12 clients a year will receive Home modification service or as long as funding allows.
III-C	1. Provide congregate meals to a minimum of 1,000 unduplicated clients	1. A minimum of 1,000 clients will receive a hot meal once per day either in the center
	2. Provide homebound meals (hot and frozen) to a minimum of 850 unduplicated individuals	2. A minimum of 850 unduplicated individuals will receive hot or frozen homebound meals
	3. Nutrition counseling will be provided as requested through a Registered, Licensed Dietitian to a minimum of 10 individuals	3. A minimum of 10 individuals requesting nutrition counseling will receive nutrition counseling services from a Registered, Licensed Dietitian.
III-D	1. Provide a minimum of 1 MOB class per quarter with a minimum of 32 participants.	1. Completers will learn fall safety including how to prevent injury and how to "fall" safely. 2. Participants will build strength and balance; promote healthy aging.
	2. Provide a minimum of 8 Geri-Fit classes with a minimum of 60 participants.	
Title V	N/A	
	N/A	

Objective 1.2: Strengthen Alabama's State Long-Term Care Ombudsman program that strives to serve residents in all facility settings

	STRATEGY	PROJECTED OUTCOME

VII	1. Provide Complaint Resolution to a minimum of 150 individuals 2. Provide a total of 500 consultations each year to facility staff and to individuals 3.Conduct 12 SNF routine visits each quarter (As allowed during the pandemic) and 15 ALF/SCALF visits twice per year 4. Conduct 24 Public Education Events each year 5. Participate in 13 family councils and resident councils each year (As allowed during the pandemic) 6. Conduct one Inter-Agency Council Meeting per year 7. Host an Ombudsman Advisory Council Meeting per quarter 8. Provide a minimum of 12 trainings to SNF staff and 8 trainings to ALF/SNLF staff per year	1. Ombudsmen will work to resolve complaints in the best interest of the residents 2. Informed facility staff and community residents 3. Identification and resolution of resident/family issues; Over-all assessment of facility 4. Better educated community on LTC options, guidelines 5. Informed residents and family members 6. Exchange of ideas/identification of gaps and needs of LTC resident/ Partnership Building 7. Advisory Council Input and Assistance/ Work on identified systems change issue 8. Trained staff resident rights, abuse, Gateway, and other topics as needed

Objective 1.3: Work to continue assisting Alabama's population with high quality non-formula-based services while integrating these services with OAA core programs		
	STRATEGY	**PROJECTED OUTCOME**

ADRC	1. Using Peer Place to screen callers, ADRC will provide a minimum of 4,500 units of I & A to a minimum of 2,500 unduplicated clients 2. ADRC will conduct follow-up calls to a minimum of 1,500 clients 3. ADRC will participate in a minimum of 1 outreach event per quarter 4. ADRC will continue to screen for social isolation and distribute robotic pets to help combat loneliness. The goal is to distribute 20 pets.	1. Clients will be screened for and linked to services to assist with daily living. Clients will receive referrals, application assistance, if needed. 2. ADRC staff will assure that the callers received the assistance they needed. 3. Event participants will receive information about agency services 4. Senior Citizens experiencing social isolation will feel less lonely, improving over-all health of the individuals receiving the pets
SHIP/MIPPA	1. Provide explanations of MSP and LIS, screen for eligibility, and assist with completion of applications to 1,500 clients (AAA) 2. Conduct a minimum of 12 outreach events, distributing benefit information to at least 1,200 individuals (AAA) 3. Participate in a minimum of 12 Health Fairs (In-person/virtual). Distribute information via social media platforms and web-site to a minimum of 1,000 individuals (ADRC) 4. Provide SNAP/AESAP information/application assistance to a minimum of 250 individuals (ADRC) 5. SHIP/ADRC will collaborate to serve Medicare beneficiaries eligible for MSP (SHIP) 6. Distribute information to a minimum of 1,000 individuals on Medicare Preventive Benefits	1. 1,500 individuals receive information on MSP & LIS and will receive application assistance if eligible and benefit information 2. A minimum of 1,200 individuals will receive benefit information and where to get assistance if needed 3. A minimum of 250individuals will be screened for SNAP/AESAP eligibility. Those eligible will receive application assistance 4. Medicare beneficiaries who meet the criteria for MSP will receive application assistance 5. Medicare Beneficiaries will be educated on Medicare's preventive benefits and use those benefits to improve over-all health 6. Medicare beneficiaries will receive one-on-one help with Medicare Part D, Enrollment, Information

	7. Provide one-on-one assistance to 6,000 unduplicated beneficiaries each year 8. Host a minimum of 16 Medicare Open Enrollment Events each year 9. Conduct a minimum of 60 presentation each year 10. Provide at least one training to Medicaid Waiver Staff each year 11. Strive to meet the PM Goals included in the grant agreement through outreach, education, screening, enrollment events and one-on-one counseling	7. Medicare Beneficiaries will receive one-on-one assistance with comparing plans and getting enrolled 8 Medicare Beneficiaries will receive an explanation of Medicare Parts A, B, C, & D and related programs 9 Staff will be trained and able to assist their clients as needed 10. CAAC will assist more Medicare beneficiaries with their individual needs, providing them with needed assistance and information to make informed decisions
SMP	1. CAAC will conduct a minimum of 1 fraud conference each year (In partnership with SHIP) 2.Distribution of fraud materials to a minimum of 1,200 individuals (In partnership with SHIP) 3. Handle reports (complex issues) as outlined in grant agreement	1. Attendees will be educated a more aware of Medicare/ Medicaid Fraud Prevent, Detect, Report 2. Individuals will be educated a more aware of Medicare/ Medicaid Fraud Prevent, Detect, Report 3. Reports will be made so that CMS is aware of the alleged fraud
SenioRx	1. Provide Medication Assistance to a minimum of 300 clients 2. Strive to meet the per county goals set by ADSS (Contract with Wellness Coalition and Coordinator) 3. Participate in a minimum of 12 outreach events to promote the services provided by the program 4. Marketing of SenioRx through Zoom, You Tube, Face Book and other forms of advertising	1. A minimum of 300 individuals regionwide will receive medication assistance 2. If the goals are met, CAAC will serve more clients. However, we have not attained the 2.8% goal since it was set. 3. More individuals included in the targeted populations will know about the program and apply or make referrals 4. More individuals included in the targeted populations will know about the program and apply or make referrals

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

	1. Host annual Elder Justice Conference 2. Distribute Elder Abuse Prevention Toolkits each year 3. CAAC Ombudsman will provide an Elder Abuse Ins-Service to facility staff in at least 4 facilities each year 4. Each year, CAAC will hosts a World Elder Abuse Awareness Day event 5. OMB will increase advocacy and awareness by working with other state agencies 6. CAAC staff will report suspected abuse to the appropriate state agency	1. Attendees will be made aware of current Elder Justice statistics and information that can be used to ensure and promote prevention of Elder Abuse 2. Individuals receiving the toolkits will be able to identify the types of abuse, red flags of abuse, common scams, and how to report suspected neglect or abuse 3. Promotion of the prevention of Elder Abuse locally and statewide. 4. Partner with Alabama Securities Commission, Attorney Generals office and Alabama Department Human Resource and other professional entities as it relates. 5. The appropriate agency will receive the referral and can investigate and take appropriate action for each incident 6. Facility Staff will be trained on the prevention of elder abuse

Objective 1.5: Expand Alabama's dementia and Alzheimer's education and direct service efforts promoting prevention, detection, and treatment

	STRATEGY	PROJECTED OUTCOME
Dementia Services	• Distribution of Dementia Resource Guides, bookmarks, and wallet cards in CAAC's service area and across the state via the Dementia Friendly Alabama grant. • Provide training to elementary, middle, and high school students using a variety of teaching methods to include children's books, bingo, crafts, and virtual reality. • Distribution of robotic pets to assist with communication, loneliness, and unmet needs. (Through the DFA grant, robotic pets will be distributed throughout the state.) • Promote the Dementia Friendly Alabama website, Facebook, and Instagram, and keep each avenue updated with current information and events. • Conduct a minimum of 4 Virtual Dementia Tours and /or AFA's Dementia Experience trainings per year, providing training to a minimum of 100 individuals. • Host at least one professional dementia training and include CEUs for participants.	• Increased knowledge of dementia resources. • More awareness of dementia by helping elementary, middle, and high school students understand dementia and how to interact with people living with dementia. • Decreased Caregiver burden and stress. • One-stop access to dementia/Alzheimer's disease information and resources. • Better understanding of dementia and how it affects the person who has the disease. Help participants to see the reality of the disease. • Better trained professional and family caregivers; Greater understanding of the disease and interventions.

	• Host a minimum of 6 Memory Cafes for those living with dementia and their caregivers. • Provide education on dementia to a minimum of 100 individuals each year. • Conduct an annual caregiver conference. Provide tools and resources for those living with dementia, caregivers, and care partners	• Reduced caregiver stress and burden; Socialization with other caregivers and their loved ones with dementia. • Promotes dementia friendliness; Better understanding of the disease and those who have it. • Education on specific topics being experienced by caregivers; Relieve caregiver stress and burden. • Education and resources for caregivers of those living with dementia. • Reduced caregiver stress and burden; Reduction of unmet needs; Improved Quality of Life for the person with dementia.

Objective 1.6: Improve quality management and accountability of all programs by improving data collection through the information technology (IT) infrastructure, increasing training and technical assistance opportunities with partners, and strengthening desk review and monitoring processes.

	STRATEGY	PROJECTED OUTCOME
Data Reporting (IT)	1. Staff will use the system of record for each of the programs administered by CAAC and will receive training on such system prior to use 2. Staff access to program information and reporting systems is limited to those who need program access in the performance of their job responsibilities	1. System of Record Trained 2. Limited access – Can only access program relevant information and IT systems
Training	1 All staff receive on-going training throughout the year through Threat Advice and Know Be 4.	1. Trained staff on the importance of IT security

Monitoring	1. Quarterly Program Meetings/ updates with Division Director and/or Executive Director to include Financial/Budget Checks and Balances and review 2. Annual Independent Audits 3. Annual Contract Assessments 4. Quality Assurance Review of all E & D and ACT Waiver files 5. Client Satisfaction Surveys 6. Program Provider Meetings	1. In-person meetings to discuss goals, goal attainment, budget, challenges, and next steps 2. Thorough independent review of programs components and fiscal processes and transactions 3. Accountability of contractors for funds received 4. Review of 100% of MW client files to ensure program compliance and effective person-centered plans of care and quality services 5. Management tool to identify areas needing improvement and areas that do not 6. Clear understanding of policies, procedures, and expectations of contractors for each program

Preparedness, Response, & Recovery

GOAL 2: Plan for future emergencies, encouraging healthy and independent lives		
Objective 2.1: Increase education and access to services to combat the negative health effects associated with social isolation		
	STRATEGY	**PROJECTED OUTCOME**
	1. ADRC will continue to screen for social isolation and distribute robotic pets to help combat loneliness. 2. Continue with the CAAC Connects telephone reassurance program.	1. Senior Citizens experiencing social isolation will feel less lonely, improving over-all health of the individuals receiving the pets 2. Seniors will receive additional follow-up phone calls as a wellness checks to combat social isolation.
Objective 2.2: Assist target population with accessing assistive technology through services and partnerships to combat falls and increase independence		
	STRATEGY	**PROJECTED OUTCOME**
	Collaborate with the AL Dept of Rehab for guidance and assistance on AT	Assist senior adults and people with disabilities in gaining information about AT.
Objective 2.3: Revisit the ADSS emergency preparedness planning processes to properly plan for future disasters		
	STRATEGY	**PROJECTED OUTCOME**

	1. Annual Disaster Training for staff (Additional training as deemed necessary by Executive Director) 2. Maintain the capability of all staff to be able to work from remotely	1. CAAC staff will be prepared if/when our area experiences a disaster 2. Staff will be able to work from home during a disaster without a disruption in services

Equity

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

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

	STRATEGY	PROJECTED OUTCOME
	1. All clients on the Medicaid Waiver Programs will participate in the preparation of a person-centered care plan, life planning, and prioritization of consumer goals and self-management of those goals 2. All clients approved for the Medicaid Waiver Programs have the option of choosing the Personal Choice Program 3. All clients approved for the Medicaid Waiver Programs, Homemaker Program, and Alabama Cares Program have the "freedom of choice" to choose any provider from the approved list of direct service providers to provide services 4. All Medicare Beneficiaries who seek Comparison and Enrollment Assistance through CAAC's SHIP program are given a minimum of the top 3 (less expensive) options identified by the Medicare Plan Finder 5. Individuals 60 and older and their spouses have the option to choose which of the area's senior centers they would like to attend	1. All Medicaid Waiver clients will have the opportunity to direct and maintain control and choice in the provision of their services provided under the program 2. All Medicaid Waiver clients will have the opportunity to self-direct the services they receive under the program(s), using a person of their choice to provide the services 3. All Medicaid Waiver Program, Homemaker Program, and Alabama Cares Program clients can direct and maintain control of the provision of services 4. Medicare Beneficiaries receive options and information so that they can make an informed choice about their healthcare and prescription drug plan 5. Eligible individuals make the decision about which of area's senior centers meet their needs and can attend as many days as they choose to attend each week

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

	STRATEGY	PROJECTED OUTCOME

	Continue with person-centered thinking (PCT) training for all Title III, Title V, Medicaid Waiver, and ADRC staff.	CAAC Staff will be fully aware and up to date on PCT.

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

	STRATEGY	PROJECTED OUTCOME
	Increase partnerships with community-based organizations and advocacy groups to amplify equity-focused initiatives	Engaging and partnering with other community organizations and advocacy groups will ensure needs of the older population is met.
	Improve staff understanding and ability to engage with diverse cultural backgrounds	Increase responsive and effective services for a wide range of populations.

Expanding Access to HCBS

GOAL 4: Coordinate and maintain strong and effective HCBS for older adults and people with disabilities

Objective 4.1: Work to increase access to transition services from facility and hospital settings to allow the best scenario for aging in place

	STRATEGY	PROJECTED OUTCOME
	The Transition Coordinator will work on visiting facilities more often to inform residents of the services available. Educate the nursing home staff on services during monthly visits. Providing education to the residents on a quarterly basis.	Transition appropriate individuals who are housed in facilities and hospitals back in the community, to receive in home services in the comfort of their home.
	The H2H coordinator will continue complete education and training to hospital staff on a monthly basis.	

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

	STRATEGY	PROJECTED OUTCOME
	Appropriate staff will attend all meetings/trainings held by the state office or ASN to improve effective coordination of services.	Better trained and educated staff on new policies and procedures. Increase the agency's visibility, credibility and trust with the community. Build networking and collaboration relationships, while enhancing program effectiveness.
	Schedule community outreach events within the Tri-County area to increase awareness of the agency's services	

Objective 4.3: Attempt to create new support services, increase funding/access to existing services, or partner/collaborate with existing resources for better resource coverage

	STRATEGY	PROJECTED OUTCOME
	Develop new partnerships with community agencies to provide collaborative services.	Strengthen relationships and build volunteer recruitment. Raise awareness of social issues, receive feedback for continuous improvement.

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

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

	STRATEGY	PROJECTED OUTCOME
	Use statewide assessment tool to determine greatest need of referred clients	Caregivers with greatest need will be given priority in receiving Program services

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

	STRATEGY	PROJECTED OUTCOME
	Advocate for increased rates for direct service workers	Reduction in worker turnover
	DSP Recognition Event each year	Improved AAA/DSP relationships

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

	STRATEGY	PROJECTED OUTCOME
	Continue to use resources and information provided	Kinship families remain educated about different subject matters to best serve them.

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

	STRATEGY	PROJECTED OUTCOME
	Provide respite to caregivers	**Caregiver will utilize self-directed services**

Greatest Economic and Social Need

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

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

- Half of the region's senior centers are located in rural areas;
- All the senior centers serve a majority of low-income clients, and several centers serve predominantly minority participants;
- Contracts include a provision that providers are to target this population;
- Several minority persons serve on the Advisory Council;
- At least 50% of public education programs are conducted in locations that serve the targeted population;
- A determination-of-need assessment tool is utilized in several programs to give priority for services to those in greatest need.
- The ADRC utilizes the Universal Intake Form to screen callers to the agency for benefits and services and completes applications when appropriate or refers to the programs for services.

In FY 2024, CAAC achieved the following percentages compared to FY 2023

Consumer Summary

Total Clients	2023	2024	% Variance
Total Registered Clients	2568	2492	-2.95%
% Minority Clients	1606	1597	-0.56%
% Rural Clients	708	673	-4.94%
% Clients Below Poverty	595	481	-19.5%
# Clients with 3+ ADL's	650	635	-2.30%
# of Persons Served at High Nutrition Risks	151	384	+154%
Caregivers	505	618	+22.37%

Quality management and Compliance

CAAC utilizes multiple data systems with the proprietary system, Aging Information Management System (AIMS) under the management of ADSS. AIMS serves as the primary system where all other data feed into, ensuring quality data that is monitored either monthly or quarterly based on the program. ADSS offers continuous technical assistance to its partner AAAs to ensure accurate data entry is completed by the required due dates.

CAAC works with multiple organizations to provide direct services to individuals receiving services through agency contracted programs. In order to provide assurance that these services, and our own case management, information and assistance services meet quality and compliance requirements, CAAC has the following systems in place to monitor and achieve quality and compliance.

- **Monthly reporting**
- **Client satisfaction surveys**
- **Program assessments**
- **Compliance Program**
- **Training Programs**
- **Data collection and monitoring management**
- **Internal Audits**

OAA Final Rules

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

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

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

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

Service	FFY2026 Estimated Persons Served	FFY2026 Units
Personal Care	5,197	904,397
Homemaker	7,365	1,204,600
Chore	80	773
Adult Day Care/Health	14	2,997
Case Management	35,031	111,824
Legal Assistance	4,863	11,738
Information and Assistance (I&A)		430,684
Outreach / Public Education / Marketing (Other Services)	2,558,427	
Congregate Meals (may include grab and go meals)	16,924	1,572,240
Home-Delivered Meals	22,393	4,899,322
Transportation		213,908
Nutrition Education		66,646
Nutrition Counseling	114	169
Health Promotion: Evidence-Based	9,006	
Health Promotion: Non-Evidence Based	1,071,585	
Caregivers of Older Adults		
Caregiver Information & Assistance	37,584	922
Public Information Services	119,159	2,220

Caregiver Support Groups		461
Caregiver Case Management Assistance	4,856	52,238
Caregiver Counseling	2,243	21,221
Caregiver Training	1,410	13,053
In-Home Respite	684	102,739
Out-of-Home Respite (Day)	113	20,177
Out-of-Home Respite (Overnight)	1	216
Other Respite		
Supplemental Services	483	
Older Relative Caregivers		
Caregiver Information & Assistance	10,845	2,189
Public Information Services	22,264	1,042
Caregiver Support Groups		400
Caregiver Case Management Assistance	383	3,770
Caregiver Counseling	267	1,727
Caregiver Training	248	1,341
In-Home Respite	21	2,412
Out-of-Home Respite (Day)	56	11,217
Out-of-Home Respite (Overnight)		
Other Respite		
Supplemental Services	134	

FY 26 Title III Estimated Expenditures

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

Funds Distribution

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

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

- Focus on serving those who are considered low-income, minority, especially low-income minority older individuals, and those residing in rural areas, especially those who may be most isolated.
- Focus outreach efforts and services on counties that are the most rural in each partner service area where older individuals may be the most isolated.

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

Chronic conditions:

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

Minimum Proportion

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

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

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

Expansion of Congregate Meals Program

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

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

(v) Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties.

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

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

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

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

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

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

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

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

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

Ineligible people should not be served grab and go meals.

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

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

D. Other unusual circumstances, approved by the SUA and AAA that would prevent a participant from eating in a congregate setting.

Procedure:

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

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

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

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

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

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

Services Specific to Conditions

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

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

Self-Direction

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

Coordination of Goals/Objectives

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

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

Title VI Coordination

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

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

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

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

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

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

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

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

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

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

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

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

Attachment 1

Population by Age Group

Elmore County Total population	**90441**	**Montgomery Co. Total population**	**224980**	**Autauga County Total population**	**59285**
AGE		AGE		AGE	
Under 5 years	4418	Under 5 years	14573	Under 5 years	3430
5 to 9 years	6028	5 to 9 years	17200	5 to 9 years	3411
10 to 14 years	6292	10 to 14 years	12701	10 to 14 years	4338
15 to 19 years	5049	15 to 19 years	15457	15 to 19 years	3922
20 to 24 years	4780	20 to 24 years	15727	20 to 24 years	3417
25 to 29 years	5790	25 to 29 years	14435	25 to 29 years	3771
30 to 34 years	6421	30 to 34 years	15426	30 to 34 years	3834
35 to 39 years	6106	35 to 39 years	14693	35 to 39 years	4008
40 to 44 years	5780	40 to 44 years	13559	40 to 44 years	3894
45 to 49 years	5458	45 to 49 years	12522	45 to 49 years	4017
50 to 54 years	6398	50 to 54 years	14206	50 to 54 years	3887
55 to 59 years	5949	55 to 59 years	12910	55 to 59 years	4364
60 to 64 years	6335	60 to 64 years	14768	60 to 64 years	3518
65 to 69 years	4952	65 to 69 years	12884	65 to 69 years	2842
70 to 74 years	4296	70 to 74 years	9367	70 to 74 years	2617
75 to 79 years	3512	75 to 79 years	7817	75 to 79 years	2200
80 to 84 years	1624	80 to 84 years	2933	80 to 84 years	1018
85 years and over	1253	85 years and over	3802	85 years and over	797

Attachment 2

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

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

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

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

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

Hispanic or Latino	☐	Not Hispanic or Latino	☐

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

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

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

Under 60	☐	60 or older	☐

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

Rural	☐	Non-rural	☐

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

Yes	☐	No	☐

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

Yes	☐	No	☐

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

Yes	☐	No	☐

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

Yes	☐	No	☐

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

Yes	☐	No	☐	Don't Know	☐

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

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

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

SPANISH

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

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

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

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

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

hispano o latino	☐	No Hispano o Latino	☐

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

$1,255 o menos	☐	Más de $1,255	☐

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

Menos de 60	☐	60 o más	☐

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

Rural	☐	No rural	☐

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

Sí	☐	No	☐

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

Sí	☐	No	☐

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

Sí	☐	No	☐

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

Sí	☐	No	☐

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

Sí	☐	No	☐	no lo sé	☐

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

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

	1	*2*	*3*	*4*
Disponibilidad de viviendas asequibles				
Disponibilidad de transporte asequible				
Disponibilidad de modificaciones de viviendas asequibles para discapacitados				
Disponibilidad de atención domiciliaria (limpieza, cuidado personal)				
Disponibilidad de ayuda legal sin costo				
Disponibilidad de comidas (en el centro para personas mayores o entrega a domicilio)				
Disponibilidad de tecnología de asistencia				
Información sobre preparación para emergencias				
Información sobre el Alzheimer y otras demencias				
Información sobre el abuso, la negligencia y la explotación de personas mayores				
Información sobre la cobertura de salud de Medicare o Medicaid				
Información sobre Seguridad y Prevención de Delitos				
Información sobre COVID-19 y disponibilidad de vacunación				
Información sobre el aislamiento y la soledad				
Información sobre estafas dirigidas a adultos mayores				
Ayuda como cuidador para cuidar a un adulto mayor o a un nieto				
Ayuda con la planificación financiera				
Ayuda para planificar comidas saludables				
Ayuda para quedarse en casa en lugar de en un asilo de ancianos				
Ayuda para encontrar empleo (tiempo completo o tiempo parcial)				

Attachment 3

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

	of older individuals, particularly with greatest social and economic need and at risk of institutional placement.
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential participants or their caregivers and encouraging their use of existing services and benefits.
Public Education	Providing opportunities for individuals to acquire non-nutrition related knowledge, experience, or skills. This service may include workshops designed to increase awareness on various topics, such as crime or accident prevention, continuing education, or legal issues. Workshops may be designed to teach participants a specific skill in a craft, job, or occupation if the participant does not expect to receive wages or other stipends.
Marketing	An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach. Examples: Newspaper Ad/story – 1 unit / Estimated audience (Clients) = 1,500 Newsletter – 1 unit / Estimated audience (Clients) = 200 Billboard ad – 1 unit / Estimated audience (Clients) = Number of passerby's the billboard company estimates (number must not exceed 10,000 in MyADSS, i.e., if billboard company states passerby's = 50,000 please still enter only 10,000) Social Media Post – 1 unit / Estimated audience (Clients) = Number of followers of social media page
Congregate Meals (may include grab and go meals)	Congregate meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes … provided under Title III, part C–1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person, except where: (i) If included as part of an approved State plan … or State plan amendment … and area plan or plan amendment …and to complement the congregate meals program, shelf-stable, pick-up, carry- out, drive-through, or similar meals may be provided under Title III, part C–1; (ii) Meals provided .. shall: (A) Not exceed 25 percent of the funds expended by the State agency under Title III, part C–1, to be calculated based on the amount of Title III, part C– 1 funds available after all …are completed; (B) Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C–1, to be calculated based on the amount of Title III, part C–1 funds available after all transfers …are completed. (iii) Meals ...may be provided to complement the congregate meal program: (A) During disaster or emergency situations affecting the provision of nutrition services; (B) To older individuals who have an occasional need for such meal; and/or (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. §1321.87(a)(1)
Home-Delivered Meals	Home-delivered meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes ... provided under Title III, part C–2 by a qualified nutrition service provider to eligible individuals and consumed at their residence or otherwise outside of a congregate setting, as organized by a

	service provider under the Act. Meals may be provided via home delivery, pick-up, carry-out, drive-through, or similar meals. § 1321.87 (2)
Liquid Nutrition Supplement	A Liquid Nutrition Supplement provided alone and not a part of the meal is considered "other nutrition services" under Title III-C. It can be reported on the State Program Report (SPR) under "consumable supplies."
Transportation Subservice (Home-Delivered Meals)	This unit of transportation may apply to meals of any type delivered to the participant's residence from the senior center or other drop-off point. If the AAA pays to deliver a frozen meal pack, it is one unit of transportation per delivery and per person, but not per meal.
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (§1321.87(a)(3). (SPR/OAAPS 2021)
Nutrition Counseling	Nutrition Counseling is a service provided under Title III, parts C–1 or 2 which must align with the Academy of Nutrition and Dietetics. Congregate and home-delivered nutrition services shall provide nutrition counseling, as appropriate, based on the needs of meal participants, the availability of resources, and the expertise of a Registered Dietitian Nutritionist. §1321.87(4)
Health Promotion: Evidence-Based	Evidence-based disease prevention and health promotion services programs are community-based interventions as set forth in Title III, part D of the Act, which have been proven to improve health and well-being and/or reduce risk of injury, disease, or disability among older adults. All programs provided using these funds must be evidence based and must meet the Act's requirements and guidance as set forth by the Assistant Secretary for Aging. See link under Notes. October 1, 2016, Title III-D funds will only be able to be used on health promotion programs that meet the highest-level criteria.
Health Promotion: Non-Evidence Based	Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined. These activities may include health risk assessments, routine health screenings, physical fitness or group exercise programs, art therapy, music therapy, counseling regarding social services and follow -up health services, or other non-evidence-based programming (recreation / i.e., games and crafts).
Caregiver services for both Caregivers of Older Adults and Older Relative Caregivers	
Caregiver Information & Assistance Non-Registered Caregiver Aggregate	A service that provides the individual with current information on opportunities & services available to the individuals within their communities; assesses the problems & capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults. **Note:** *PeerPlace interface will automatically capture one unit of Caregiver I&A in AIMS when a caregiver participant is screened & referred to the CARES program*

Public Information Services Non-Registered Caregiver Aggregate	A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is ***not*** tailored to the needs of the individual caregiver.
Caregiver Support Groups Non-Registered Caregiver Aggregate	A service led by an individual who meets requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purpose of Title III-E funding, caregiver support groups would **not** include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required.
*Caregiver Case Management Assistance Registered Caregiver	A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.
*Caregiver Counseling Registered Caregiver	A service designed to support caregivers & assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed trained to work with older adults and families and specifically to understand & address the complex physical, behavioral, and emotional problems related to their caregiver roles. Includes counseling to individuals or group sessions.
*Caregiver Training Registered Caregiver	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to caregiving. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line; and be provided in individual or group settings
*In-Home Respite Registered Caregiver/Care Recipient	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
*Out-of-Home Respite (Day) Registered Caregiver/Care Recipient	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps) where an overnight stay does not occur.
Out-of-Home Respite (Overnight) Registered Caregiver/Care Recipient	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
Other Respite Registered Caregiver/Care Recipient	A respite service provided using OAA funds in whole or in part, which does not fall into the previous defined respite service categories.
Supplemental Services Registered Caregiver/Care Recipient	Goods and Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, DME, emergency response systems, legal and/or financial consultation, transportation, and

	nutrition services. For caregiver age 60+, care recipient must be **unable** to perform two (2) ADLs.