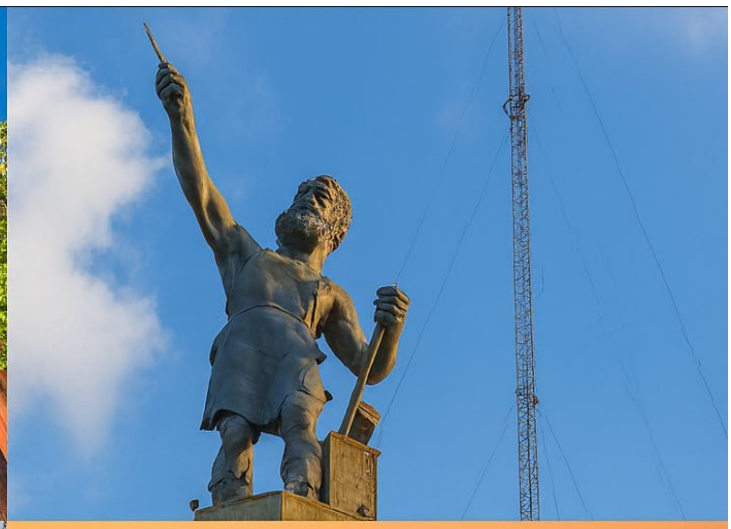

Area Plan

Fiscal Years 2026-2029

United Way Area Agency on Aging of Jefferson County

A program of United Way of Central Alabama

KAY IVEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF SENIOR SERVICES

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201 Monroe Street
P.O. Box 301851
MONTGOMERY, AL 36130-1851

JEAN W. BROWN
COMMISSIONER

(334) 242-5743
FAX: (334) 242-5594
www.alabamaageline.gov

October 15, 2025

Ms. Ashley Lemsky, AAA Director
United Way Area Agency on Aging (UWAAA)
P. O. Box 320189
Birmingham, AL 35232

Dear Ms. Lemsky,

I am pleased to inform you that UWAAA's Area Plan on Aging under the Older Americans Act for October 1, 2025 – September 30, 2029, has been approved.

The Area Plan outlines significant activities that will serve as a guide for the Alabama aging services network during the next four years. Of particular note is UWAAA's commitment to older adults with greatest economic and social need, people with disabilities, and caregivers.

I appreciate your commitment and dedication to ensuring the continuity of quality services for those we serve, and am delighted to see that UWAAA will continue to be an effective and visible advocate for the populations being served.

The Alabama Department of Senior Services looks forward to working with you in the implementation of the 2026-2029 Area Plan. If you have any questions or concerns, please contact Nick Nyberg at (334) 242-5767 or nick.nyberg@adss.alabama.gov.

Thank you for all you and your team do to improve the lives of Alabamians in UWAAA's region.

With warmest regards,

Jean W. Brown
Commissioner

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Verification of Intent

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

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

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

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

Signature of Executive Director
John A. Langloh

8-26-2025
Date

Signature of Aging Director
Ashley Lemsky

8/26/25
Date

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

Signature of Chair
Lauren Schwartz

8/28/25
Date

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

Signature of Board Chair
John A. Langloh

8-26-2025
Date

EXECUTIVE SUMMARY

The United Way Area Agency on Aging (UWAAA) of Jefferson County is committed to promoting the independence and dignity of older adults, individuals with disabilities, and their caregivers. This Executive Summary outlines UWAAA's strategic direction for Fiscal Years 2026–2029, highlighting our mission, current status, and future goals. The Area Plan serves as a foundational document to guide our efforts in addressing the evolving needs of Jefferson County's aging population through effective, coordinated services.

Background

Founded in 1923, the United Way of Central Alabama, Inc. (UWCA) is a 501(c)(3) nonprofit organization serving a six-county region in central Alabama—Blount, Jefferson, Shelby, St. Clair, Chilton, and Walker. UWCA's mission is to enhance the organized capacity of people to care for one another and improve their community. With a dedicated team of over 200 employees, UWCA offers a comprehensive range of social service programs, led by experienced professionals.

UWCA has achieved significant milestones, including managing over $75 million in grant and contract funds and raising nearly $39 million in its 2024 Annual Campaign to support health and human services through a network of almost 80 partner agencies. In October 2016, the Alabama Department of Senior Services (ADSS) designated UWCA as the Area Agency on Aging (AAA) for Jefferson County, Alabama, a role previously held by the Jefferson County Office of Senior Citizen Services.

UWAAA serves Jefferson County, the most populous county in Alabama, spanning 1,111 square miles. Our mission is to promote independence and dignity by developing and maintaining a comprehensive, coordinated system of services for older adults (age 60+), individuals with disabilities, and caregivers. We prioritize those with the greatest economic and social need, including low-income and minority older adults, individuals with limited English proficiency, rural residents, and those at risk of institutional placement.

Current Status

Since joining UWCA's Community Initiatives Department, UWAAA has worked diligently to support and protect older and disabled residents of Jefferson County. Since 2016, UWAAA has expanded its services significantly, reaching nearly 100,000 Jefferson County seniors.

Jefferson County's demographic landscape is diverse and evolving, encompassing a wide range of racial, ethnic, cultural, and socioeconomic backgrounds across both urban and rural areas. According to the latest estimates, 16.5%[1] of the county's population is aged 65 and older. This proportion is projected to rise to 20% by 2028[2] and is expected to continue increasing beyond that year. This demographic shift underscores the need for culturally competent, community-based services. For example, an estimated 13.6% of the county's 65+ population is living with Alzheimer's disease[3], highlighting the growing demand for specialized care and support. Additionally, there are areas in Jefferson County that are designated as Health Professional

[1] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[2] http://www.shpda.alabama.gov/documents/CBER%20Population/2028%20Population%20Projections.pdf
[3] https://stacker.com/stories/alabama/jefferson-county-al/share-seniors-jefferson-county-alabama-alzheimers

Shortage Areas (HPSAs). According to the Alabama Department of Public Health (ADPH), HPSAs are identified based on shortages in primary care, mental health, and dental health. [4]

To meet these needs, UWAAA currently offers a comprehensive array of home and community-based services, including but not limited to:

- *Information, assistance, and referrals*
- *Benefits counseling and enrollment*
- *Nutrition services*
- *Medicare counseling*
- *Elder abuse prevention*
- *Caregiver support*
- *Medication assistance*
- *Dementia programming*
- *Legal assistance*
- *Volunteer services*

UWAAA is committed to addressing current needs and responding promptly as new needs emerge. The agency also prioritizes continuous improvement by holding regular Continuous Quality Improvement (CQI) meetings and following CQI standards to ensure high-quality, effective service delivery.

FY26-29 Area Plan on Aging

This document presents the four-year Area Plan for Jefferson County, covering the period from October 1, 2025, to September 30, 2029. It outlines UWAAA's comprehensive and coordinated system of supportive services, as well as the process used to identify the most pressing needs related to supportive services, nutrition programs, and Senior Centers within the county.

The Plan also details how UWAAA will implement programs and services—both directly and through contractual partnerships—to meet the needs of older adults, individuals with disabilities, and their caregivers in Jefferson County.

Implementation of these services is supported by federal and state funds administered by the Alabama Department of Senior Services (ADSS), under the authority of the Older Americans Act of 1965 (OAA), as well as local funds. Programs and services proposed under the FY26–29 Area Plan include, but are not limited to:

Aging & Disability Resource Center
Older Relative Caregiver Program
SenioRx
Nutrition Services
Elder Abuse Prevention
Senior Medicare Patrol
Gateway-Survey
Preventive Health Service
Alabama Cares
Homemaker/Personal Care Service
Senior Nutrition Program
Long-Term Care Ombudsman
State Health Insurance Program
Gateway-Outreach
Legal Assistance
Transportation

One of the most significant challenges facing UWAAA is the rapid growth of the aging population, coupled with insufficient funding to meet the increasing demand for services. In Jefferson County, the population aged 65 and older is projected to continue to grow. However, federal funding has not kept pace with this demographic shift, largely driven by the aging of the baby boomers.

[4] https://data.hrsa.gov/tools/shortage-area

While temporary federal and state funding during the COVID-19 pandemic enabled expanded services, those resources have now been fully expended. Sustained investment is essential to ensure that older adults can continue aging in place with dignity and independence. To address these ongoing challenges, UWAAA will engage in targeted advocacy efforts, including:

- Collaborating with local and state lawmakers
- Participating in public awareness campaigns, outreach, and events
- Partnering with other agencies to elevate the needs of the aging population
- Exploring ways to secure additional resources to maintain and expand high-quality aging services

Conclusion

As UWAAA looks to the future, it is essential to approach the next four years with a focused commitment to meeting the evolving needs of our staff, volunteers, and the individuals and communities we serve. The home and community-based service programs administered by UWAAA will remain essential as Jefferson County, and the state of Alabama experience a significant demographic shift. These programs are critical to ensuring that older adults and individuals with disabilities have the support they need to live independently, in the setting of their choice, with the people they choose, and to remain actively engaged in their communities. By aligning our efforts with the priorities outlined in this Area Plan, UWAAA will continue to strengthen its leadership in the eldercare space across Jefferson County. This Plan will serve as a strategic guide to ensure our initiatives and outcomes remain aligned with the goals established by the Alabama Department of Senior Services (ADSS).

The development of this Area Plan was informed by guidance from ADSS, input from public and private partners, feedback from the UWAAA Advisory Council, and engagement with the broader community. This collaborative approach ensures that our programs and services are responsive, inclusive, and continuously improving to meet the needs of those we serve, especially the most vulnerable.

Over the next four years, UWAAA will focus on the following strategic goals:

UWAAA Goal 1	Provide strong and effective core Older Americans Act and other home-and community-based services programs while strengthening oversight and quality management
UWAAA Goal 2	Plan for future emergencies, encouraging healthy and independent lives
UWAAA Goal 3	Reach and serve individuals with the greatest economic and social need
UWAAA Goal 4	Coordinate and maintain strong and effective home and community based services (HCBS) for older adults and people with disabilities
UWAAA Goal 5	Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama

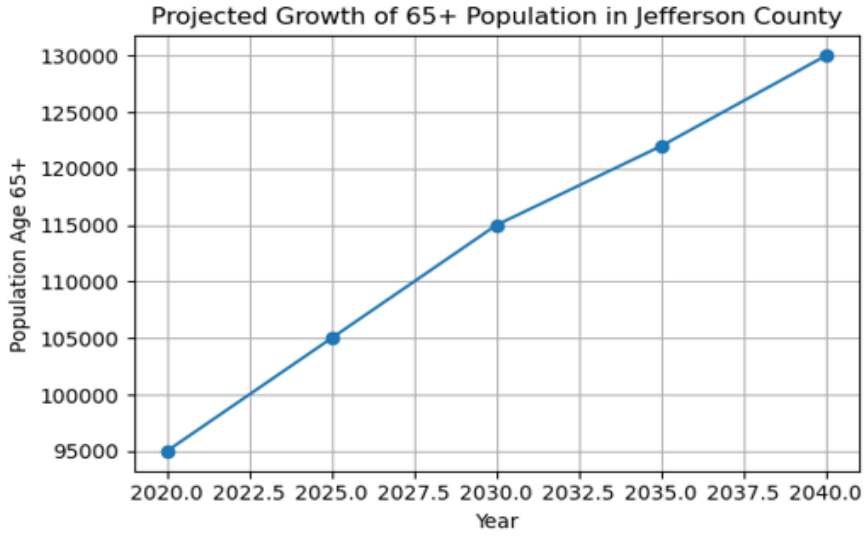
By advancing these goals, UWAAA reaffirms its commitment to enhancing the quality of life for older adults, individuals with disabilities, and caregivers throughout Jefferson County. We look forward to continued collaboration with our partners and stakeholders to achieve these objectives and ensure a thriving, inclusive community for all.

CONTEXT

UWAAA's Planning and Service Area (PSA) is a diverse population spread across urban, suburban, and rural communities, each with distinct needs and challenges. Covering 1,111 square miles, Jefferson is the fifth-largest county in Alabama by land area and the largest by population. Today, its estimated 669,744 residents[5] are distributed across nineteen subdivisions (see Attachment H), with the highest concentration residing in the Birmingham metropolitan area. The county's varied geography, economic activity, and land use reflect its dynamic and multifaceted character.

Since the publication of the 2022–2025 Area Plan, Jefferson County has experienced a population increase, with a notable rise in the number of older adults. This trend reflects a broader national pattern driven by increased life expectancy and the aging of the Baby Boomer generation. These demographic shifts, combined with ongoing health-related challenges for this population, are expected to place growing pressure on the systems and services that support the aging population.

Jefferson County Demographics of the Aging and Disability Population

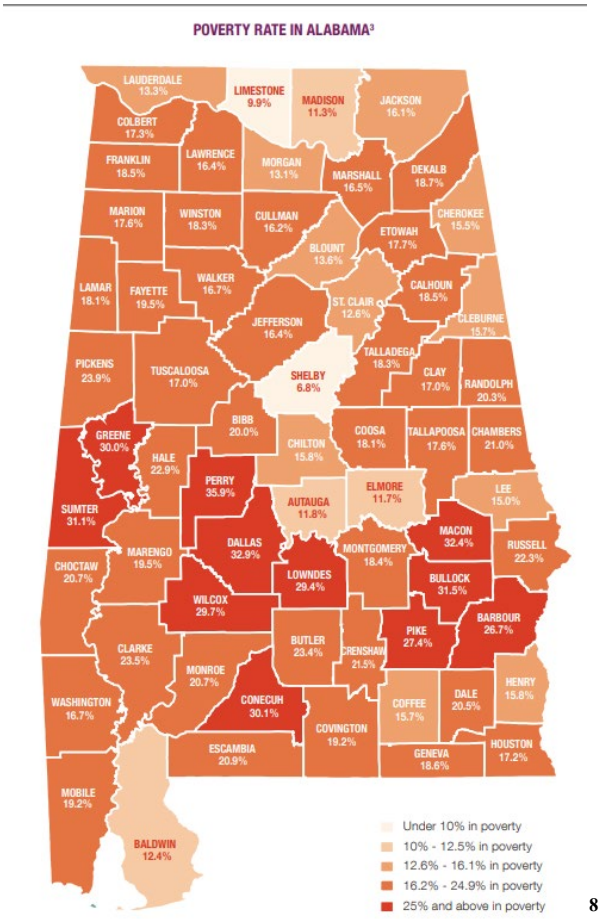


Source: U.S. Census Bureau, Population Projections for Jefferson County, Alabama (accessed 2025)

These projections present significant policy and funding challenges, both now and in the years ahead, as the anticipated growth in the aging population will inevitably increase demand for a wide range of support services. These include in-home care, home-delivered meals, respite services for caregivers, legal assistance, ombudsman support for nursing facility residents, transportation to medical and other essential appointments, Medicare counseling, help with prescription access, and many other forms of assistance.
The most recent data shows that 11.1% [6] of Americans live below the Federal Poverty Level, while

[5] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[6] https://www.census.gov/library/publications/2024/demo/p60-283.html

Jefferson County's poverty rate stood at 16.4%[7], highlighting a significantly higher concentration of low-income older individuals in the region compared to the national average. More than 14% of Jefferson County's SNAP recipients are aged 60 or older.



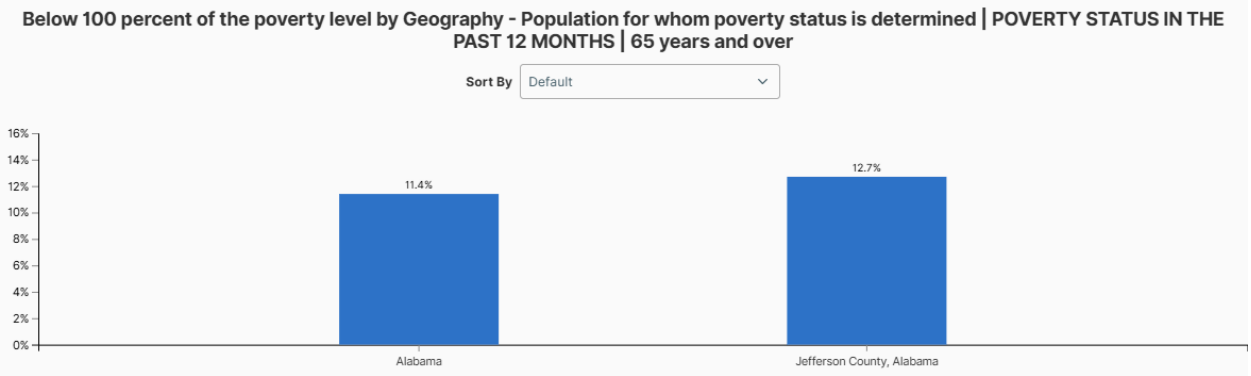
8

Many of Jefferson County's older adults face significant economic and social challenges that impact their well-being and access to essential services. Among residents aged 65 and older, 41.1% have attained a high school diploma or less, highlighting the need for accessible and appropriately tailored educational, health, and social service resources[9]. Income sources for older adults in the county are varied, with 35.4% of residents aged 60 and older reporting earnings from employment, and 15.3% of seniors remaining in the workforce[10]. Despite this, many older adults rely on fixed incomes: 89.2% receive Social Security benefits, with an average annual income of $24,939, and 46.9% collect retirement income averaging $28,793 per year[11]. However, these sources are often insufficient to meet basic living expenses, particularly for the 13.7% of seniors living below the federal poverty level and the estimated 25% living at or near poverty.[12]

[7] https://alabamapossible.org/wp-content/uploads/2024/09/AP_PovertyFactSheet_2024_Web.pdf
[8] https://alabamapossible.org/wp-content/uploads/2024/09/AP_PovertyFactSheet_2024_Web.pdf
[9] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[10] https://data.census.gov/table/ACSST1Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[11] https://data.census.gov/table/ACSST1Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[12] https://data.census.gov/table/ACSS

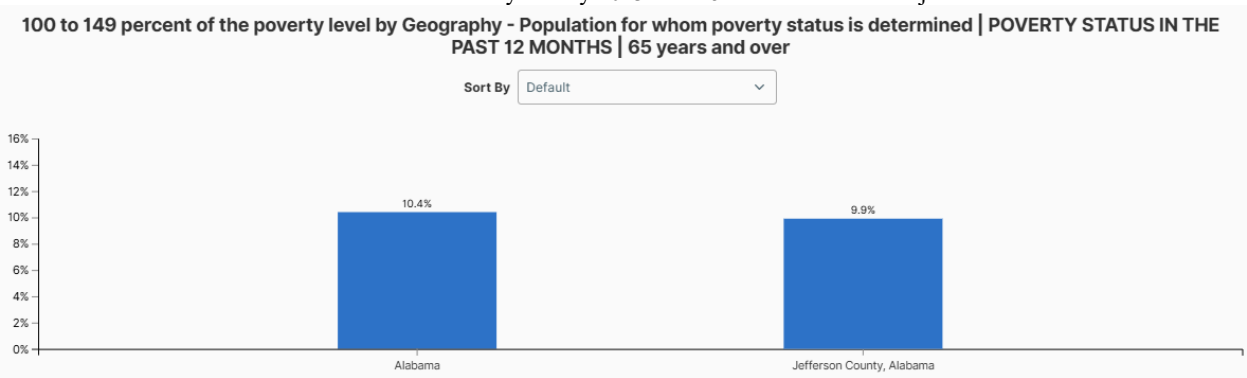
Percent of Population 65+ Living < 100% Federal Poverty Level

Source: American Community Survey 2023: ACS 5-Year Estimates Subject Tables



Percent of Population 65+ Living at 100%-149% of Federal Poverty Level

Source: American Community Survey 2023: ACS 5-Year Estimates Subject Tables



Additional financial support is limited. Only 0.6% of older adults receive public cash assistance, with an average annual benefit of just $1,991[13]. Supplemental Security Income (SSI) is received by 9.2% of older adults, averaging $11,388 annually, and 13% of senior households rely on Supplemental Nutrition Assistance Program (SNAP) benefits to help meet nutritional needs[14].

Housing affordability is a pressing concern for many older adults in Jefferson County. Approximately 21.2% of seniors live in renter-occupied housing units, and over half (54.4%) of older renters spend 30% or more of their household income on rent, indicating a high level of housing cost burden[15]. The median gross rent in the county is $871 per month, while homeowners with a mortgage face median monthly costs of $1,241, compared to $518 for those without a mortgage.[16]

T1Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

[13] https://data.census.gov/table/ACSST1Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

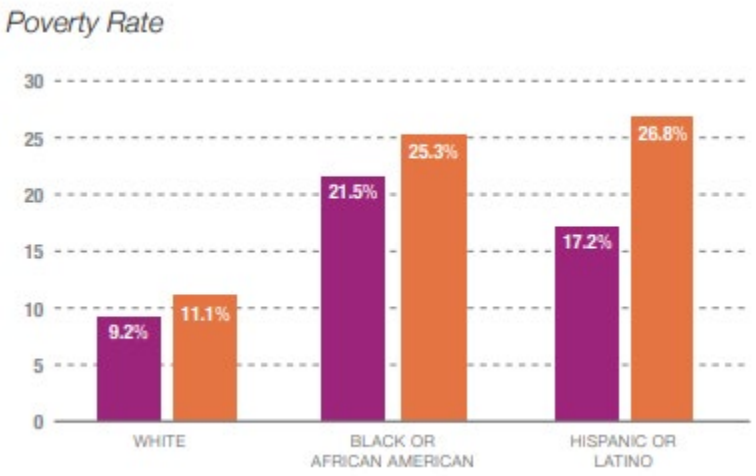
[14] https://data.census.gov/table/ACSST1Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

[15] https://data.census.gov/table/ACSST1Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

[16] https://data.census.gov/table/ACSST1Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

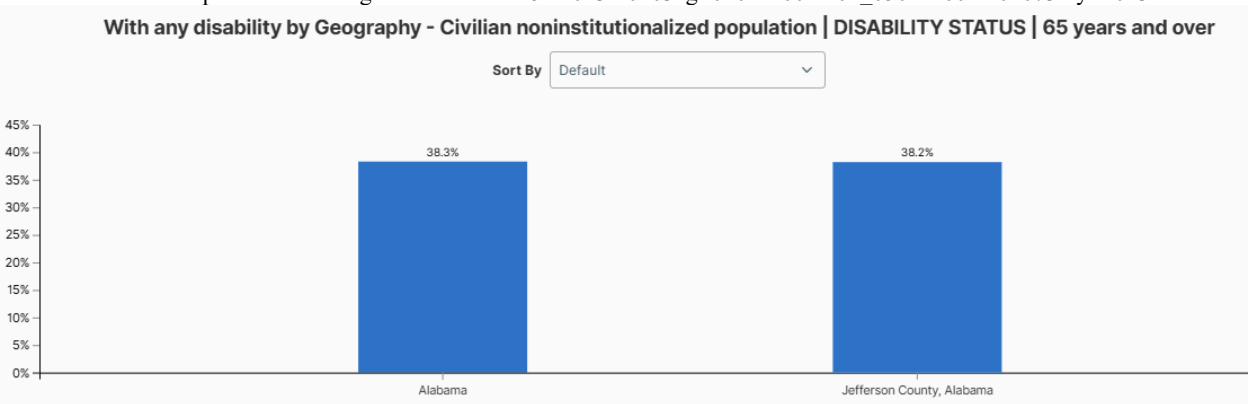
Alabama Poverty Rate by Race or Ethnicity

Source: https://alabamapossible.org/wp-content/uploads/2024/09/AP_PovertyFactSheet_2024_Web.pdf



Compounding these economic challenges is the high prevalence of disability among the aging population. An estimated 38% of Jefferson County residents aged 65 and older live with at least one disability, which may limit their mobility, independence, and ability to access services[17]. These intersecting factors, limited income, high housing costs, and disability, underscore the critical need for coordinated, accessible, and comprehensive aging and disability services throughout the county. The data reflects a population that is resilient but increasingly vulnerable, and they highlight the importance of continued investment in programs that support aging in place, economic stability, and health equity for Jefferson County's older adults.

Source: https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023



Among residents aged 65 and older, 59% identify as White, 37% as Black or African American, and 1% as Asian, with 1.3% identifying as Hispanic or Latino[18]. The older adult population is predominantly female, comprising 57.7%, while males represent 42.3%[19]. Linguistic diversity is also present, with 2.9% of older adults speaking a language other than English at home, and 1.2%

[17] https://data.census.gov/table/ACSST1Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

[18] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

[19] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

reporting that they speak English less than "very well."[20] Additionally, 9.2% of older adults in the county are foreign-born, highlighting the importance of culturally and linguistically appropriate services.[21] These demographic characteristics underscore the need for inclusive, equitable, and accessible aging services that reflect the county's rich diversity.

Demographic Classification	***Population*** *(2023 ACS 5-year estimates)*
Total persons, aged 65 years or older	
White persons	59.8%
Black or African American persons	36.8%
Asian persons	0.9%
American Indian and Alaskan Native persons	0.1%
Persons of another race	0.6%
Persons of two or more races	1.8%
Persons of Hispanic or Latino ethnicity	1.3%

Source: https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023

Moreover, older adults in Jefferson County, Alabama, face a range of social, caregiving, and technological challenges that shape their access to services and overall well-being. Approximately 14.5% of this population are veterans, and 5% live with their grandchildren, with 2.2% serving as their primary caregiver, highlighting the importance of intergenerational and veteran-focused support services.[22] Social isolation is a significant concern, as 45.8% of older adults live alone, among them, 24.8% are widowed, 18.2% are divorced, and 6.8% have never married.[23] While Jefferson County is largely urban, rural-like barriers still exist for some older residents. For instance, 1.9% of households report having no telephone service, an issue that disproportionately affects older adults, especially those living alone or with limited income.[24] Additionally, digital access remains a challenge: only 84.3% of older households have a computer, and just 77% of those have an internet subscription.[25] These gaps in communication and technology access can hinder older adults' ability to connect with essential services, including telehealth, emergency response, and social engagement.

These findings highlight the importance of a comprehensive approach to aging services that addresses not only basic needs but also promotes social connection, digital access, and cultural inclusivity. As Jefferson County's older adult population continues to grow and diversify, it will be essential to invest in infrastructure, outreach, and community partnerships. By prioritizing equity and accessibility, the county can ensure that all older adults, regardless of background, ability, or life circumstance, have the opportunity to age with dignity, independence, and a strong sense of community.

[20] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[21] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[22] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[23] https://data.census.gov/table/ACSST5Y2023.S0103?g=040XX00US01_050XX00US01073&y=2023
[24] the U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates
[25] .U.S. Census Bureau's American Community Survey (ACS) 2023

Table I: Jefferson County Public Health Profile (Updated 2025)
Sources:

- Alabama Center for Health Statistics. *County Health Profiles* (2023)
- Jefferson County Department of Health. *State of the County's Health* (2025)

Mortality and Other Information	Number	Rate (per 100,000)
Death Rate from Heart Disease	1,482	221.3
Death Rate from Cancer	1,298	193.7
Death Rate from Stroke	472	70.5
Death from Accidents (Motor Vehicle, Poisoning, Falls)	451	67.3
Death Rate from CLRD (Chronic Lower Respiratory Disease)	342	51.1
Death Rate from Alzheimer's Disease	361	54.0
Death Rate from Influenza and Pneumonia	198	29.6
Death Rate from Homicide	184	27.5
Death Rate from Diabetes	153	22.9
Life Expectancy	—	**73.9 years**
Median Age	—	**38.6 years**
# Hospital Beds, % Occupancy (2023)	672 beds per 100,000 residents	81%

UWAAA will prioritize services for older individuals and caregivers who demonstrate the greatest economic and social need. This includes older adults living at or below the federal poverty level, as well as those facing non-economic challenges such as physical or mental disabilities, language barriers, racial or ethnic minority status, Native American identity, chronic health conditions (with emphasis on Alzheimer's disease and related dementias), and geographic isolation in rural areas. Special consideration will also be given to older relative caregivers of children or individuals with severe disabilities, ensuring that those most vulnerable receive the support and resources they need.

> *The area agency shall identify populations within the planning and service area at greatest economic need and greatest social need, which shall include the populations as set forth in the § 1321.3 definitions of greatest economic need and greatest social need.*
>
> *Preference of services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities.*
>
> *Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic*

factors, to include populations ADSS and its Area Agency on Aging (AAA) partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias) and living in rural locations throughout the state. [26]

Public Input

To ensure that our Area Plan is responsive and data-driven, ADSS conducted a comprehensive needs assessment using a multi-method approach (see attachment K). This included community surveys, focus groups, stakeholder interviews, and analysis of demographic and service utilization data. The assessment was designed to identify the most pressing needs of older adults, caregivers, and individuals with disabilities, with particular attention to those with the greatest economic and social need, including low-income minority individuals, individuals with limited English proficiency, rural residents, Native American elders, and those at risk of institutional placement. To ensure equitable access to services and a comprehensive understanding of community needs, our team provided the needs assessment in Spanish. This effort was part of our commitment to inclusivity and cultural responsiveness, particularly for populations with limited English proficiency in the Birmingham area.

By offering the assessment in multiple languages, we were able to gather more accurate and representative data from diverse community members. This approach supports our goal of tailoring senior services to meet the unique needs of all older adults, regardless of language barriers. The feedback collected has informed us in our strategic planning and will guide future outreach, programming, and resource allocation.

Assessment and Evaluation

Assessment and evaluation of unmet need, such that each area agency shall submit objectively collected, and where possible, statistically valid, data with evaluative conclusions concerning the unmet need for supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers. The evaluations for each area agency shall consider all services in these categories regardless of the source of funding for the services;

Public participation specifying mechanisms to obtain the periodic views of older individuals, family caregivers, service providers, and the public with a focus on those in greatest economic need and greatest social need. [27]

[26] Code of Federal Regulations governing the Older Americans Act (OAA) programs 1321 Title 45

[27] Code of Federal Regulations governing the Older Americans Act (OAA) programs 45 CFR § 1321.65

Alabama Department of Senior Services Public Meeting Feedback

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)	

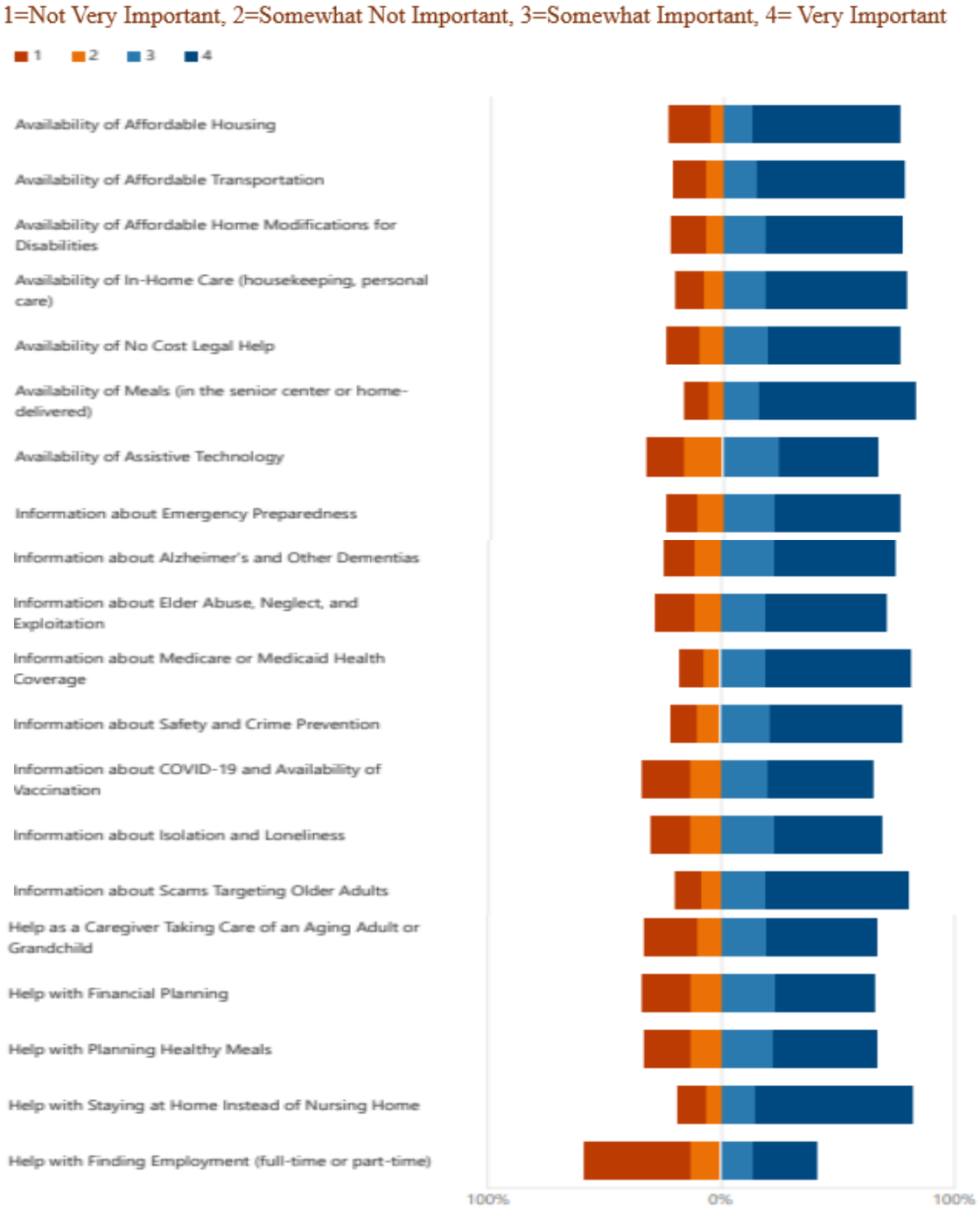
Alabama Department of Senior Services Public Meeting dates

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

Alabama Department of Senior Services Needs Assessment Results

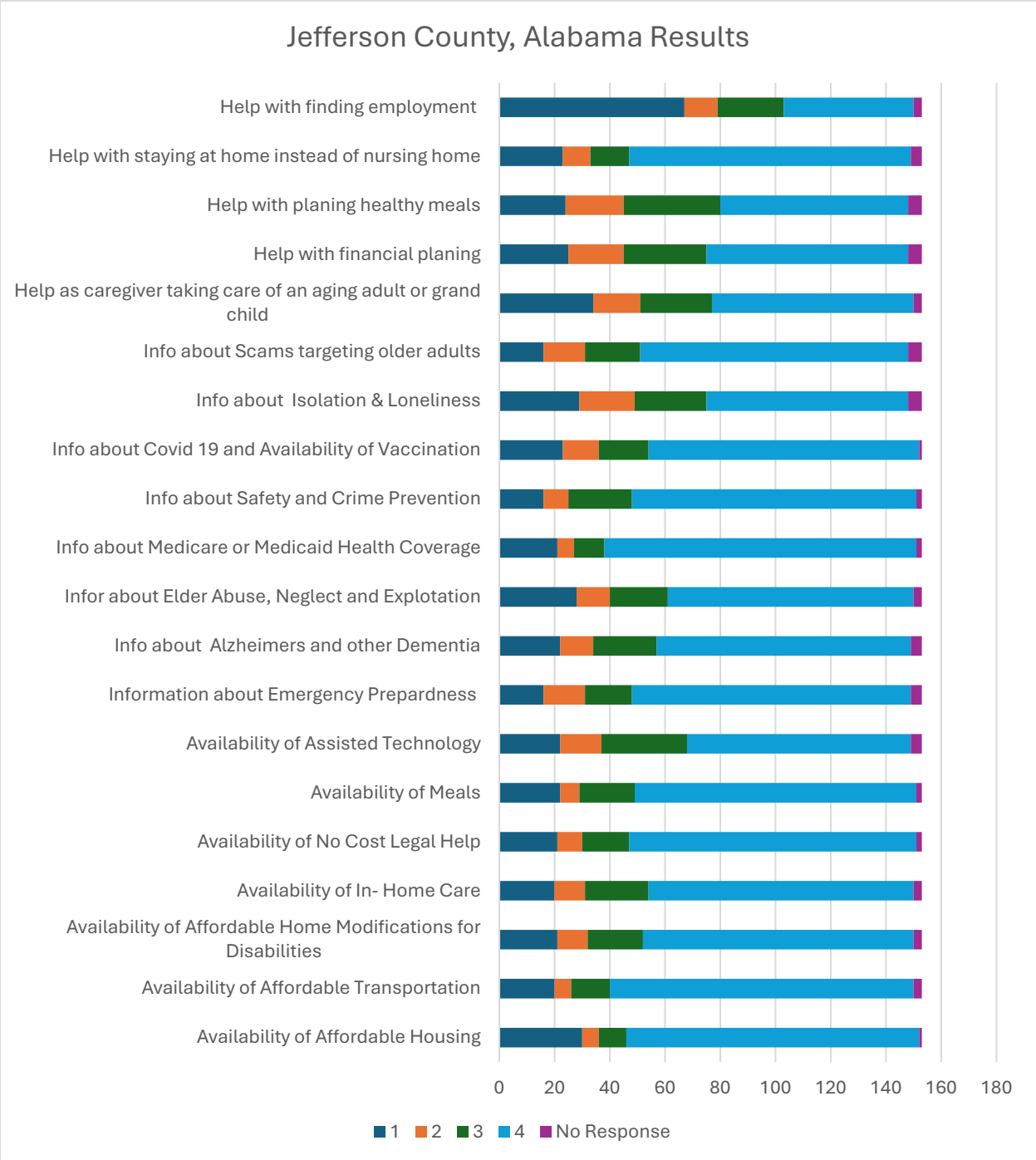
			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	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		

State of Alabama Needs Assessment Results



In addition to the statewide assessment, UWAAA administered the survey locally within Jefferson County to ensure that regional voices and priorities were captured. Participants included older adults, caregivers, service providers, and community stakeholders, providing a well-rounded and inclusive understanding of the region's aging-related needs.

These efforts provided essential feedback that helped develop a roadmap tailored to the PSA's aging-related needs.


Jefferson County, Alabama Results
Help with finding employment
Help with staying at home instead of nursing home
Help with planing healthy meals
Help with financial planing
Help as caregiver taking care of an aging adult or grand child
Info about Scams targeting older adults
Info about Isolation & Loneliness
Info about Covid 19 and Availability of Vaccination
Info about Safety and Crime Prevention
Info about Medicare or Medicaid Health Coverage
Infor about Elder Abuse, Neglect and Explotation
Info about Alzheimers and other Dementia
Information about Emergency Prepardness
Availability of Assisted Technology
Availability of Meals
Availability of No Cost Legal Help
Availability of In- Home Care
Availability of Affordable Home Modifications for Disabilities
Availability of Affordable Transportation
Availability of Affordable Housing
0
20
40
60
80
100
120
140
160
180
1
2
3
4
No Response

Jefferson County Needs Assessment Results			
			TOTAL 153
Race:			
Native American, Alaska Native	7	Other	12
Asian or Asian American	2	White	12
Black or African American	109		
Monthly Income Range:			
Greater	95	Less	58
Age Range:			
Under 60	17	Over 60	136
Location:			
Non-rural	84	Rural	69
Do You Live Alone:			
Yes	68	No	85
Do You Feel Socially Isloated and/or Lonely?			
Yes	31	No	120
Are You a Person Living With a Disability?			
Yes	61	No	93
Are You a Caregiver Taking Care of Someone Else?			
Yes	21	No	132
Family Member of Friend Who Would Take Care of You?			
Yes	112	Don't Know	21
No	20		

Key findings from the assessment highlighted:

- A growing demand for in-home and community-based services to support aging in place.
- Persistent barriers to accessing care, particularly among individuals with limited income, transportation challenges, or social isolation.
- A need for enhanced caregiver support, including education, respite services, and awareness of available resources.
- Concerns about emergency preparedness and the ability of older adults to remain safe and connected during a crisis.
- Nutrition and food security: A significant number of respondents reported challenges in accessing nutritious meals, highlighting the continued importance of home-delivered and congregate meal programs.
- Opportunities to improve service coordination and quality oversight across the aging network.

These findings underscore the importance of strengthening core Older Americans Act programs, expanding outreach to underserved populations, and preparing for future challenges such as public health emergencies and workforce shortages. Jefferson County's unique blend of urban and rural areas presents both opportunities and challenges in service delivery, requiring flexible, responsive, and community-driven strategies.

This Area Plan is grounded in the realities of our region and shaped by the voices of those we serve. It outlines five strategic goals that reflect our commitment to equity, quality, and innovation in aging services. Through collaboration, data-informed planning, and a focus on continuous improvement, UWAAA is poised to meet the evolving needs of our aging population.

Challenges & Opportunities

In developing the Area Plan, UWAAA reviewed the past four years of operations, collaborated with partner agencies and groups, and received guidance from the Alabama Department of Senior Services (ADSS) via Public Input. The information gathered helped UWAAA better understand the multitude of issues that face older adults, persons with disabilities, and their caregivers and formulate a plan that best meets those needs. The challenges identified in Jefferson County mirror many of Alabama's challenges. This Area Plan seeks to address the challenges and unmet needs and move forward, helping those in need.

The following are the identified challenges:

Capacity to Provide Care
Jefferson County, like much of the state of Alabama and the nation, is experiencing significant strain in its aging services workforce, driven by factors such as low wages and high levels of burnout. Recruiting and retaining qualified staff has become increasingly challenging across the aging network.
Population Increase
As the most populous county in the state, Jefferson County is expected to experience significant growth. Many older adults in the region are low-income and live in areas that face rural-like barriers, even within an urban setting. They are also living longer, often with more complex and chronic health conditions, which places increasing demands on local aging services and healthcare systems.
Support for those with Alzheimer's Disease and Related Dementias (ADRD)
Alzheimer's disease remains one of the most urgent and rapidly growing health challenges in the United States. According to the Alzheimer's Association, approximately 96,000 Alabamians aged 65 and older were living with Alzheimer's as of 2020, with projections estimating that number will rise to 110,000 by 2025. Jefferson County, as the most populous county in Alabama, is expected to bear a substantial portion of this increase. Additionally, 14.3% of Alabamians aged 45 and older report experiencing subjective cognitive decline, a potential early indicator of Alzheimer's or other dementias. These trends underscore the urgent need for expanded dementia-capable services, caregiver support, and public awareness efforts throughout Jefferson County.
Social Determinants of Health (SDOH)
According to the Alabama Department of Public Health, SDOH significantly influence the health, well-being, and quality of life of residents across the state. In Jefferson County, these

factors contribute to persistent health disparities among older adults. Economic insecurity, limited access to transportation, housing instability, and social isolation are just a few of the barriers that impact aging populations. Addressing these challenges as part of a coordinated system is essential to creating environments that support wellness, promote equity, and expand opportunities for healthy aging.
Available Resources
As Jefferson County's older adult population continues to grow, the demand for services is outpacing the resources currently available. Many older residents face ongoing challenges such as limited transportation options, a lack of affordable housing, and difficulty accessing technology. The shift toward digital service delivery, accelerated by the COVID-19 pandemic, has created additional barriers for those without reliable internet or digital literacy. These gaps highlight the need for expanded support systems, including caregiver assistance and volunteer engagement, to ensure older adults can access the care and resources they need.
Public Emergencies
Older adults in Jefferson County are particularly vulnerable during public emergencies, including natural disasters, extreme weather events, and public health crisis. Many face mobility limitations, chronic health conditions, or social isolation, which can hinder their ability to respond quickly or access emergency services. The COVID-19 pandemic highlighted the need for clear communication, accessible technology, and coordinated response systems that prioritize the needs of older residents. Strengthening emergency preparedness efforts—such as outreach, transportation planning, and caregiver coordination—is essential to ensure that older adults remain safe, informed, and supported during times of crisis.
Funding
As the senior population continues to grow and their care needs expand, available funding has not kept up, leading to longer waitlists for certain essential services.
Scams
Older adults in Jefferson County are increasingly targeted by scams and fraudulent schemes, including Medicare fraud, imposter calls, and tech support scams. Continued investment in public education, digital literacy, and scam awareness is essential to safeguarding the financial and emotional well-being of Jefferson County's aging population.

GOALS, OBJECTIVES, STRATEGIES, AND PROJECTED OUTCOMES

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

UWAAA of Jefferson County employs a structured, strategic approach to assess and respond to the evolving needs of older adults, individuals with disabilities, and their caregivers. Through the allocation of federal and state funding, UWAAA supports a broad spectrum of essential services that promote independence, dignity, and quality of life.

The Area Plan outlines a diverse array of services. These services include the provision of hot, nutritious meals, the oversight of long-term care facilities, caregiver training, and counseling to help individuals navigate and optimize their Medicare benefits. UWAAA is also committed to providing a model of service delivery that empowers older adults to have self-direction or greater control over the services they receive. Specifically, allowing individuals to make choices about the

types of services they use, who provides them, and how they are delivered, often including the ability to hire, train, and supervise their own caregivers.

> *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.*[28]

UWAAA's efforts are organized around five key focus areas:

1. Older Americans Act (OAA) core formula-based and non-formula-based grant programs
2. Preparedness and disaster response
3. Addressing the greatest economic and social needs
4. Expanding access to home and community-based services (HCBS)
5. Supporting caregivers

> *Area plans on aging shall develop objectives that coordinate with and reflect the State plan goals for services under the Act.*[29]
>
> *In the development of UWAAA's goals and objectives the agency coordinates with and reflects the State plan goals for services. ADSS engages in regular communications with the AAA Directors 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.*[30]

By fostering a comprehensive and coordinated system of care, UWAAA delivers services that make a meaningful and measurable impact. The following section details the Plan's goals, objectives, strategies, and projected outcomes, reflecting UWAAA's commitment to responsive, equitable, and impactful service delivery.

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**

[28] Section 306(a)(16) of the Older Americans Act, codified at 42 U.S.C. § 3026(a)(16).

[29] 45 CFR § 1321.65

[30] Alabama's State Plan on Aging (2025–2028)

III-B	Pilot a partnership with Ride United to expand access to transportation services to support older adults in maintaining independence and remaining in their homes and communities.	Increased access to essential services for older adults resulting in a reduction in missed medical appointments, social isolation, and unmet needs due to lack of transportation, particularly in rural and underserved areas. Strengthening the legal services program to support aging in place by increasing access to assistance with estate planning, end-of-life care, housing issues, and other critical legal needs. Raise awareness of these services to ensure more older adults can benefit. Improved access to resources that support independent living, including Medicaid Waiver and Gateway programs. Provide clients with freedom of choice to utilize in-home services Increased funding to support direct services.
	Promote the Legal Assistance Program and encourage clients to utilize legal services for estate planning and end-of-life care, housing stability, and other legal needs for older adults and individuals with disabilities.	
	Ensure older adults are provided with choices about supportive services, including case management, homemakers, and personal care	
	Pursue additional funding opportunities to support direct services.	
III-C	Expand Access to Home-Delivered and Congregate Meals by increasing total clients/meals served	Increase in the number of older adults receiving meals to ensure more older adults are able to age in place. Increase service awareness for older adults and individuals with disabilities. Senior adults with special dietary needs will be better informed to make sound choices on food items. Enhance capacity for nutrition services available to those unable to attend a congregate meal site. Review and use of the prioritization tool and waitlist will ensure meals are
	Promote Nutrition Counseling services to at-risk or vulnerable individuals.	
	Implement “grab and go” meals as an option for congregate meal sites	
	Review waitlist policy and collaborate with the State to ensure it meets statewide standards.	
	Review and update the existing nutrition prioritization tool to ensure it reflects current state guidelines and best practices for identifying high-risk clients based on social and economic need.	
	Enhance Quality and Oversight of Nutrition Programs through providing nutrition education for senior centers, as well as regular training for nutrition providers on food safety, cultural competency, and aging issues.	

	Educate AAA staff and senior centers about holidays, events or practices of other cultures and encourage diversity of other cultures to be celebrated through training, hand-outs, activities, food, music, film, and special guests.	being provided to the most critical and highest need clients. Improved nutritional status and reduced food insecurity among the older adults in PSA. Older adults reporting improved understanding of managing health through nutrition. Diversity in other cultures will be learned and celebrated. All home-delivered clients receive wellness checks at a minimum of once a week. 100% of Volunteer concerns are followed up with a secondary wellness check via the staff case management team. Expansion of supplemental food delivery services, resulting in improved food security for vulnerable populations, reduced unmet nutritional needs.
	Coordinate meal delivery with transportation, case management, and wellness checks. Identify and apply for funding sources to enhance our capacity for delivering supplemental food to vulnerable populations	
III-D	Collaborate with local organizations and community centers to promote Title III-D programs.	Increased awareness and steady participation in the program to promote an active senior lifestyle. Increased number of classes offered in PSA. Greater awareness and understanding of evidence-based health promotion programs among older adults.
	Maximize the impact of existing Title III-D programs by improving and enhancing program visibility, and integrating health promotion messaging into other aging services.	
	Develop resources to connect older adults and individuals with disabilities with existing educational resources and programs that support improved chronic disease self-management.	
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	Enhance training and support for agency ombudsmen to ensure consistent, high-quality advocacy across all facility types. Through regular training on residents' rights, complaint resolution, and trauma-informed care.	Better-trained and educated Ombudsman to ensure enhanced service. Will lead to improved safety and quality of care in boarding homes by increasing staff knowledge of resident rights, safety protocols, and policy compliance. A larger, well-trained volunteer network will enhance visibility, responsiveness, and support for older adults in care settings across the county. Increased visibility and understanding of Ombudsman services.
	Provide increased support to boarding home residents and boarding homeowners through yearly in-service trainings designed for boarding homeowners/staff in conjunction with the JCDH on safety, resident rights, and boarding home policy and procedure.	
	Expand the Ombudsman volunteer program.	
	Provide training for the community, local agencies, residents, family members and facility staff.	
	Increase program awareness through media promotion and collaboration with faith-based organizations and community partners at outreach and education events.	

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	Utilize established client follow-up procedures to contact and assess at least 10% of individuals who received referrals through the ADRC	Ensures continuous quality monitoring, service effectiveness, and client satisfaction, as well as identifying additional unmet needs. ADRC staff will have a better comprehensive knowledge of community resources and AAA programs, resulting in improved service delivery, more accurate referrals, and enhanced client support. Social Workers will have a better understanding of services and programs provided by the AAA, more accurate referrals, and more resources for their clients. Improves equity and accessibility across all AAA services and programs. This approach promotes better understanding, informed decision-making, and inclusive service delivery for diverse
	Facilitate monthly training sessions to ensure ADRC staff remain well-informed about current community resources, are cross-trained on AAA programs, and gain relevant knowledge through both internal and external training opportunities.	
	Provide annual One Door training to social workers to ensure they are knowledgeable about AAA services and programs, enabling them to make effective referrals and support clients more efficiently.	
	Evaluate the ADRC Resource Directory annually and update resources appropriately	

	Ensuring all non-English speaking ADRC clients have access to translators and receive information in their preferred language	populations. Ensures information remains accurate, relevant, and reflective of current community services, enabling ADRC make more effective referrals.
SHIP/MIPPA	Provide annual One Door training to SHIP counselors and volunteers to ensure they are knowledgeable about AAA services and programs, enabling them to make effective referrals and support clients more efficiently.	Ensures unmet needs that may be expressed during interactions with SHIP Counselors and volunteers are addressed.
	Ensure timely follow-up on all Medicare Savings Program (MSP) and Low-Income Subsidy (LIS) applications to support clients in completing the process and accessing available benefits.	Improved client understanding, support, and access to services to support those with the highest need.
	Implement a standardized tool for Open Enrollment to ensure all SHIP clients are screened for MSP, Extra Help/LIS and are assisted in applying	Ensure all clients receive low-income help as needed/and as they qualify.
SMP	The ADRC will continue to integrate SMP screening questions into 100% of intake calls, proactively identifying potential fraud and educating clients about SMP services and fraud prevention resources.	Enable clients to recognize and report potential Medicare fraud and know where to turn for assistance if victimized.
	Increase community engagement by expanding outreach efforts, strengthening partnerships, and leveraging social media to raise awareness of the Senior Medicare Patrol (SMP) program and educate the public on fraud prevention.	Growth in the number of outreach events, community presentations, or partner collaborations focused on fraud prevention.
	Provide an annual Fraud Summit in partnership with the Alabama Securities Commission and strengthen collaboration with fraud prevention experts by building and maintaining strategic partnerships	An increased number of Jefferson County residents will be educated about Medicare fraud and other types of fraud.
SenioRx	Strengthen partnerships with community organizations to expand outreach and increase awareness of the SenioRx program among older adults, particularly those who may benefit from access to affordable prescription medications.	More outreach events or informational sessions conducted in partnership with local organizations.
	To ensure timely and equitable access to prescription assistance, staff will conduct proactive outreach to individuals who have not returned their SenioRx applications. This outreach will include offering clarification, answering questions, and providing direct assistance with the application process.	Improved internal tracking of pending applications and follow-up efforts, leading to more responsive service delivery and increased money saved for clients. Increased cost savings for clients.
	Reduce out-of-pocket prescription medication costs for eligible individuals by facilitating access to the SenioRx program	By contracting with a local entity, SenioRx can reach a diverse

	Continue to identify and pursue contracting opportunities with local organizations and service providers to expand outreach and service delivery in underserved areas, ensuring broader access to aging services and supports.	population and create a stronger presence in healthcare facilities to increase 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**
	Expand public education and professional training efforts to increase awareness, detection, and reporting of elder abuse, neglect, and exploitation. Through targeted outreach to older adults, caregivers, and the public.	Education allows for earlier recognition, detection, and intervention in abuse cases. Enhance resident advocacy and rights awareness in long-term care facilities by promoting access to the Long-Term Care Ombudsman program through targeted outreach and education initiatives. Enhance caregiver awareness of adult abuse, neglect and exploitation. The Interagency Council will continue to be the driving force to eradicate elder abuse in the PSA. Increased number of older adults receiving legal assistance.
	Maintain active Interagency Council members and continue to invite other agencies or groups to the table to gain more support and perspective on elder abuse prevention.	
	Strengthening collaboration between the UWAAA and community partners to support the prevention, detection, and resolution of elder abuse, neglect, and exploitation. Provide cross-training for UWAAA staff and community partners to enhance coordination. Ensure that older adults accessing ADRC services are screened for potential abuse and connected to legal assistance when appropriate.	
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	Strengthen caregiver education and support by consistently providing dementia-specific resources, referrals, and ongoing communication to families and care partners. This includes distributing tailored education packets and promoting access to training, webinars, conferences, and newly available tools and materials.	Increased caregiver knowledge and confidence in managing dementia-related behaviors and care needs. These partnerships will inform local planning, promote evidence-based practices, and strengthen collaboration across healthcare, academic, and aging service networks. Increased availability of targeted
	Actively participate with the UAB Traumatic Brain Injury Advisory Board and the GWEP Advisory Board at Alabama A&M University to support statewide efforts in advancing brain health, dementia education, and geriatric care.	

	UWAAA will pursue opportunities for innovative dementia and Alzheimer's programming, such as specialty support groups, staff training, or other Dementia Friendly programming.	supports for caregivers of adults with dementia/Alzheimer's.

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)	Utilize WellSky Human Services and myADSS software for data collection, reporting, and program evaluation.	Adherence to all data collection and reported standards required by ADSS.
	Provide continuing education to ensure all staff aware of best practices, trends, and tools related to data reporting.	Greater efficiencies related to data collection, entry, and reporting.
Training	Enhance data quality and reporting by continuing to standardize data entry practices and providing staff training on accurate and consistent data entry in client tracking systems.	Improved accuracy and completeness of program data, enabling more effective performance monitoring and reporting.
	Convene regularly scheduled training/meetings with contractors for enhanced communication and transmission of program requirements	Greater efficiency and service quality across all UWAA programs.
	Conduct staff training on program guidelines, performance standards, and best practices from the field related to UWAAA services and subject matter.	
Monitoring	Conduct regular data audits of providers to identify and correct inconsistencies.	Improved contractor performance and compliance.
	Continue monthly and quarterly reviews of CQI tool to identify and address performance issues as well as program outcomes.	Improved overall program performance resulting from enhanced quality assurance efforts as well as program staff accountability for program performance.
	Monitor budget performance through a quarterly review of program spending (current year vs. previous year).	Improved process for internal program and fiscal monitoring.

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
	Work with ADRC specialists to screen for social isolation and refer clients to social engagement programs.	Older adults, caregivers and community will become aware of the risks and signs

	Expand staff training to recognize signs of social isolation to connect them to appropriate support services.	of isolation. Increase knowledge of earlier interventions, reduced negative health outcomes, and improved emotional well-being for isolated individuals. More seniors receiving wellness check for social interaction
	Expand services to combat social isolation.	
	Expand outreach and education on Social Isolation through social media and community events throughout Jefferson County.	

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

	STRATEGY	PROJECTED OUTCOME
	Conduct weekly wellness checks with homebound clients to monitor their emotional and physical well-being, while assessing fall risks.	Improved client safety and reduced emergency incidents and enhanced quality of life for homebound clients. Increased use of assistive devices, improved safety for clients, and more timely referrals to support services. Increase the availability and awareness of assistive technology among older adults by facilitating partnerships with community resource organizations to deliver informative presentations at senior centers.
	Collaborate with state assistive technology programs to provide training to staff, volunteers and caregivers on identifying needs and using assistive technology devices.	

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

	STRATEGY	PROJECTED OUTCOME
	Provide annual disaster and emergency preparedness training to nutrition providers and staff.	Up-to-date disaster protocol to better serve the PSA. Better equipped and ready to assist senior adults and people with disabilities in emergencies.
	Update the UWAAA Emergency Preparedness Plan based on state aging unit recommendations.	
	Continue partnership with Alabama's Voluntary Organization in Active Disaster (VOAD) committee.	

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

	Strengthen partnerships with community organizations that serve high-need populations to improve referrals and access to services through training and materials to partners on how to identify and refer eligible older adults.	Higher referral rates from community partners serving economically and socially vulnerable populations.
	Equip program staff with the knowledge and tools to effectively support vulnerable populations by providing targeted training and resources. This includes professional development in areas such as cultural sensitivity, trauma-informed care, and best practices for identifying and addressing the unique needs of at-risk individuals.	Increased access to services for older adults with low income, limited English proficiency, disabilities, and other barriers to service utilization.
	Utilize and/or review updated assessment, prioritization, and ranking tools to ensure equitable and needs-based access to OAA and other grant-funded services.	Increased proportion of services delivered to individuals with the highest assessed need, as documented through prioritization scores.

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
	Provide staff training in Person-Centered Practices.	Staff members are fully aware and up to date on person centered processes to be able to better serve and help clients.
	Empower participants through education and advocacy by providing participants with information about their rights, available services, and how to advocate for their preferences.	Greater participant confidence and autonomy in decision-making. More individualized and meaningful service plans.

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

	STRATEGY	PROJECTED OUTCOME
	Leverage NWD partnerships to connect individuals with services through strengthening referral pathways between the ADRC and community partners.	Engaging with community-based organizations and advocacy groups will ensure that all older adults needs are met.
	Training aimed at improving staff understanding and ability to engage with diverse cultural backgrounds	Increased 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

	Increase awareness among facility residents of the transition services available through the Gateway to Community Living program, empowering them to make informed decisions about community-based living options.	Increased awareness of public and residents of home and community-based services as a cost-effective alternative to facility-based care, supporting individuals in remaining in their homes while helping to reduce overall care expenditures.
	Strengthen partnerships with discharge planners and facility staff to enhance awareness and appropriate utilization of Gateway to Community Living services, ensuring eligible residents are informed and supported in exploring community-based transition options.	

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

	STRATEGY	PROJECTED OUTCOME
	Continue to refer to the Alabama Regional Planning Commission for Medicaid Waiver Services.	Ensure Jefferson County seniors are fully screened for all available services and qualifications.
	Provide training for AAA staff with Medicaid Waiver on each other's programs, eligibility, and services.	Increased staff competency and collaboration in coordinating services between the aging network and Medicaid Waiver programs.

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
	Partner/collaborate with community partners to expand access to transportation services to support older adults in maintaining independence and remaining in their homes and communities.	Increased access to essential services for older adults resulting in reduction in missed medical appointments, social isolation, and unmet needs due to lack of transportation, particularly in rural and underserved areas.
	Partner/collaborate with community partners to provide various senior supplemental support items.	Provide seniors with needed household personal care items.

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

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

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

	STRATEGY	PROJECTED OUTCOME

	Increase awareness and outreach to family caregivers through social media and community outreach campaigns highlighting caregiver resources.	More caregivers will become aware of the resources and support available to them, leading to greater use of services like respite care, counseling, and training. Increased options for available services. Help individuals understand the full range of community resources and services available to them after they have exhausted their benefits with our program. Clients will be provided with continued education and guidance on key topics. Simplify access to services giving clients more personal choices.
	Continue to coordinate contractual arrangements with Alabama Lifespan Respite.	
	Continue partnership with ALR to provide educational modules and raise awareness about the importance of respite care and help more people understand the services available.	
	Through the No Wrong Door ADRC partnership provide Information and Assistance Services to connect caregivers to available services in area.	
	Make Available a Caregiver-Directed Personal Choice Option for caregivers with flexible support options.	

Objective 5.2: Work to strengthen and support the direct care workforce		
	STRATEGY	**PROJECTED OUTCOME**
	Enhance caregiver education and training to support the direct care workforce.	Raised awareness of available supports, legal rights and caregiving skills. Well-trained leaders in the community will partner with, provide services, and support family caregivers. Services and assistance are obtained to assist clients in ageing in place longer.
	Promote ALR's basic respite provider trainings for unskilled, in-home respite providers, an online, nationally recognized training platform.	
	Expand outreach and awareness campaigns.	
	Enhance working collaborations with community-based and/or faith-based organizations to help sustain individuals in their homes for as long as possible.	

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**

	Enhance legal and financial literacy for kinship families using materials from the Grandfamilies & Kinship Support Network on topics like legal custody, guardianship, public benefits eligibility and accessing services. Continue contracting with ALR to share caregiver education and respite resources with grand families and kinship families. Continue awareness campaigns to increase awareness of available services.	Increased awareness and access to services and resources. Increased educational opportunities for kinship families.

Objective 5.4: Continue work in coordinating Alabama CARES with ALR objectives		
	STRATEGY	**PROJECTED OUTCOME**
	Continue contracting with ALR.	Provide clients with more care choices
	Ensure caregivers referred to Alabama CARES are also screened for eligibility and referred to ALR respite services when appropriate.	Help individuals understand the full range of community resources and services available to them.

QUALITY MANAGEMENT

As a program of UWCA, UWAAA is fully integrated into the organization's quality assurance and accountability framework. This includes participation in an annual voluntary audit conducted by an independent external firm, Warren Averett. Although not required, this audit reinforces transparency, strengthens internal controls, and supports continuous improvement.

UWCA is also evaluated by Charity Navigator, a nationally recognized nonprofit evaluator. UWCA currently holds a four-star rating with a perfect score, reflecting excellence in financial stewardship, governance, and impact. UWAAA upholds these standards to ensure its programs are responsive, equitable, and managed with integrity.

Data Collection and Systems Integration
UWAAA uses a suite of information systems to support program monitoring, client management, financial oversight, and outcome evaluation. These systems include ServicePoint, myADSS, SIRS, RXAssist, ServTracker and Microix. They provide real-time access to data and reporting tools that ensure compliance with federal, state, and local requirements.

myADSS serves as the primary reporting system to the Alabama Department of Senior Services, supporting consistent data quality and timely reporting. Microix is central to financial operations, where all transactions, contracts, and billings undergo multiple levels of review to ensure accuracy and accountability. These integrated systems form the foundation of UWAAA's data-driven approach to quality management, enabling efficient and responsive service delivery.

Remediation of Problem Areas and Continuous Improvement
UWAAA uses a structured Continuous Quality Improvement (CQI) framework to identify and address problem areas. Outcomes are tracked monthly, and staff participate in regular one-on-one

meetings to review concerns, monitor progress, and implement corrective actions.

When benchmarks are not met or program adjustments are needed, Quality Improvement Projects (QIPs) are developed. These projects are measurable, responsive, and updated quarterly. Staff are actively involved in identifying challenges and proposing solutions.

The CQI process is guided by an Annual Plan developed before each fiscal year. This plan is informed by grant requirements, audits, assessments, accreditation standards, strategic plans, the 4-year area plan, and national best practices. It establishes benchmarks across key performance areas such as service outcomes, client satisfaction, outreach, financial health, and operational efficiency. Additional quality assurance activities include monthly case reviews to ensure caregiver documentation is complete and care plans are current. RingCentral is used to monitor assessment and intake calls silently, allowing for real-time evaluation of service delivery and targeted staff feedback.

The UWCA Information Systems and Security Committee conducts quarterly reviews of system and facility-related issues to ensure compliance with data protection laws. All third-party vendors must meet UWCA's data security standards, and critical vendors undergo annual risk assessments. Staff, volunteers, and network users complete quarterly cybersecurity training to maintain awareness and compliance.

This comprehensive approach ensures UWAAA remains agile, accountable, and aligned with its mission to deliver high-quality, person-centered services.

Quality Management Activities During the Area Plan Period

Throughout the Area Plan period, UWAAA will continue a wide range of quality management activities to maintain program integrity, safeguard data, and promote continuous improvement. These activities include:

- Conducting annual risk assessments to identify and mitigate system vulnerabilities
- Performing contractor evaluations and providing ongoing training to ensure high standards
- Requiring third-party risk assessments for all nonaffiliated vendors prior to engagement
- Reviewing the CQI tool regularly to monitor performance and guide improvement efforts
- Comparing current-year spending to prior years through monthly fiscal reviews to ensure financial accountability
- Offering continuing education for staff on best practices, emerging trends, and data systems
- Collecting client feedback to assess satisfaction and inform service enhancements
- Conducting monthly case reviews to verify documentation accuracy and care plan updates
- Maintaining quarterly cybersecurity training for all staff, volunteers, and network users

These activities form a strong quality management framework that supports UWAAA's mission to deliver secure, high-quality, and person-centered services throughout the Area Plan period.

Attachment B

AREA PLANS ASSURANCES

Older Americans Act of 1965 (2020 Reauthorization)

AREA PLANS

Older Americans Act of 1965 (2020 Reauthorization)

AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services)), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services;

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point); and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

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

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in subclauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

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

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

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

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

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

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

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

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

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

expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ''older Native Americans''), including—

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

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

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

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

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

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

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

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the

limitations specified in section 212;

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

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

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.

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

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

Ashley Lemsky
Signature of Aging Director
Ashley Lemsky

8/26/25
Date

Ashley Lemsky
PRINT NAME

Attachment C

ADVISORY BOARD

OAA 306(a)(6)(D)

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

AAA: UWAAA Area Plan FY: 2025

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Cindy Cain				X			X
Dee Caudel				X			X
Shameika Coleman	X			X			X
Mayor Ashley Curry				X	X		X
Matthew Haynes				X			X
Dana Henson				X			X
Rachel McMullen				X			X
Penny Moss			X	X			X
Cherly Ogletree	X		X	X			X
Miller Piggott				X			X
John Roper				X			X
Lauren Schwartz	X			X			X
Gloria Vial	X		X	X			X
Chris Mackey	X			X			X

Attachment D

UWCA Subsidiary Board Officers

Community Partnership of Alabama
President & CEO – Drew Langloh
VP & Secretary – Karla Lawrence
VP & Treasurer – Kelly Carlton
Board Member- Chris Smith

Meals on Wheels
Chairman of the Board & President – Drew Langloh
Secretary – Karla Lawrence
VP & Treasurer – Kelly Carlton
Board Member – Chris Smith

2025 Board of Directors

UNITED WAY OF CENTRAL ALABAMA, INC.

Serving Jefferson, Shelby, Walker, Blount, St. Clair, and Chilton Counties

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EVP&CFO
Encompass Health

Robert Aland, Vice Chair
EVP
SouthState Bank

Marvell "Chip" Bivins, Jr., Immediate Past Board Chair
Chief Audit Officer
The University of Alabama System

John A. "Drew" Langloh, President & CEO
United Way of Central Alabama, Inc.

Trey Clegg, Campaign Chair
EVP
Brasfield & Gorrie, LLC

Alan Rogers, Secretary
Partner
Balch & Bingham LLP

Edward "Ned" L. Rand, Jr., Treasurer
Chief Executive Officer
Pro Assurance

C. Matthew Lusco, Audit Chair
Regions Financial Corporation - Retired

Kenneth J. Carlson, Investments Chair
Portfolio Manager
Greybox Investments

Charles Miller, Legacy Gifts Chair
Senior Managing Director
Harbert Management Corp.

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

Alesia Jones, Community Initiatives Chair
Principal Consultant & Owner
AMJ HR Solutions, LLC

Jay Brandrup, Marketing and Communications Chair
Founder and Principal
Kinetic Communications

John Turner
Chief Executive Officer
Regions Financial Corporation

J. Michael Kemp, Sr.
President & CEO
Kemp Management Solutions

Joe Hampton
President, Alabama, and Mississippi
Spire Inc.

Leroy Abrahams
EVP of Community Affairs
Regions Financial Corporation

2025 Board of Directors

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IBEW Local Union 136

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Alabama Market Managing Partner
RSM US LLP

Rebekah Elgin-Council (26)
SVP and Chief Marketing Officer
Blue Cross and Blue Shield of Alabama

Kirk Forrester (27)
Community Volunteer

Denson Franklin (27)
Senior VP & General Counsel
Vulcan Materials Company

Zachary Gentile (27)
Senior Vice President
The Ford Meter Box Company

Miller Girvin (27)
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Economic Development Partnership of AL (EDPA)

Nancy Goedecke (25)
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Bay Pine Holdings

Daryl Grant (25)
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Maynard Nexsen

Hunter Hill (26)
Regional President of the South-Central Region
First Horizon Bank

Elizabeth "Liz" Huntley (27)
Attorney
Lightfoot, Franklin & White, LLC

Mallie Ireland (26)
Community Volunteer

Lucy Thompson Marsh (25)
Chief Executive Officer
Thompson Tractor Company

Emmett E. McLean (25)
Medical Properties Trust Inc. – Retired

Anoop Mishra (25)
VP and Regional Executive
Federal Reserve Bank of Atlanta – Birmingham Branch

Kevin Morris (27)
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James Mowery (27)
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Publix Super Markets

Mary Otulana (25)
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Blight Free Birmingham

Wendy Padilla-Madden (26)
Managing Counsel
Global Business Advisors, LLC

Andy Robison (27)
Managing Partner
Bradley

Hans Sitarz (25)
SVP/Market Executive-AL/MS
Wells Fargo

Jim Smith (25)
SVP of Sustainability
Royal Cup Coffee and Tea

Virginia Staton (26)
Director, Audit & Enterprise Risk
Deloitte LLP

Mark Sullivan, Ed.D. (26)
Superintendent
Birmingham City Schools

Bo Taylor (26)
Vice President of the Central Region
Coca-Cola Bottling Company United, Inc.

David Walker (26)
Chief Executive Officer
EBSCO Industries, Inc.

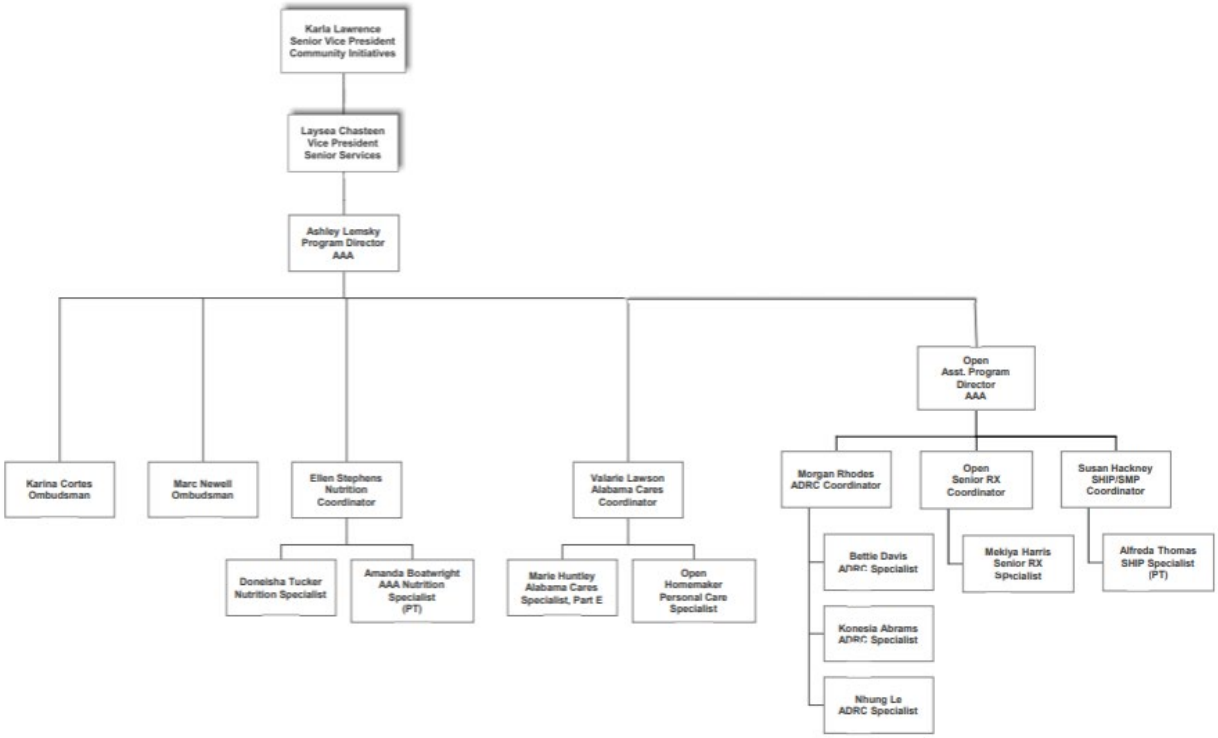
Paul Wells (25)
EVP, Chief Financial Officer
Protective Life Corporation

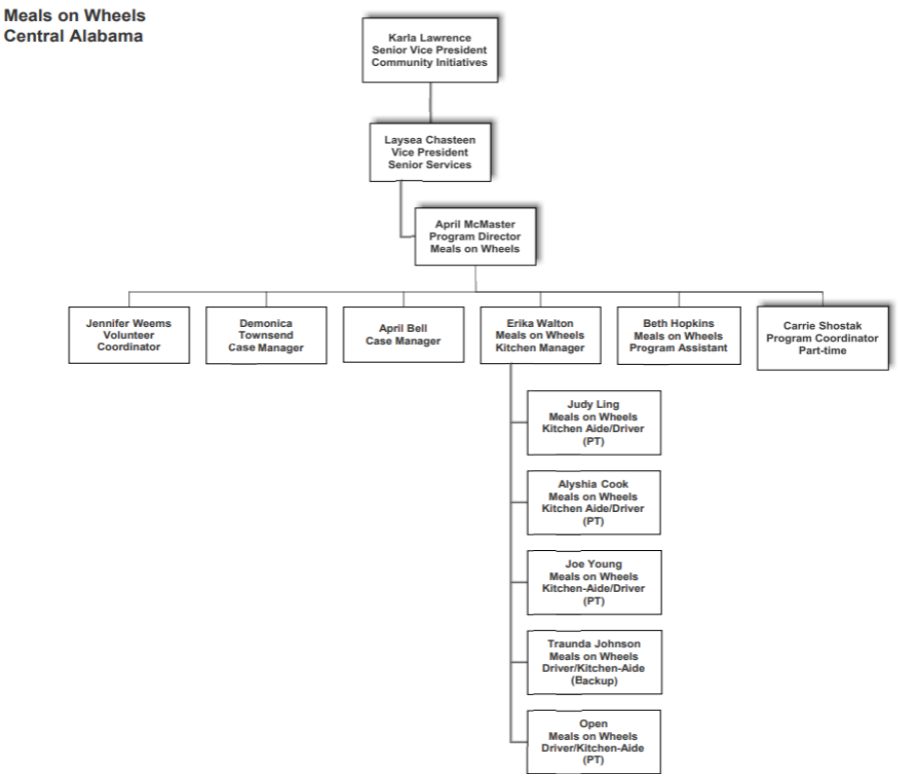
Nick Willis (25)
North & Central AL Regional President
PNC Bank

Attachment E

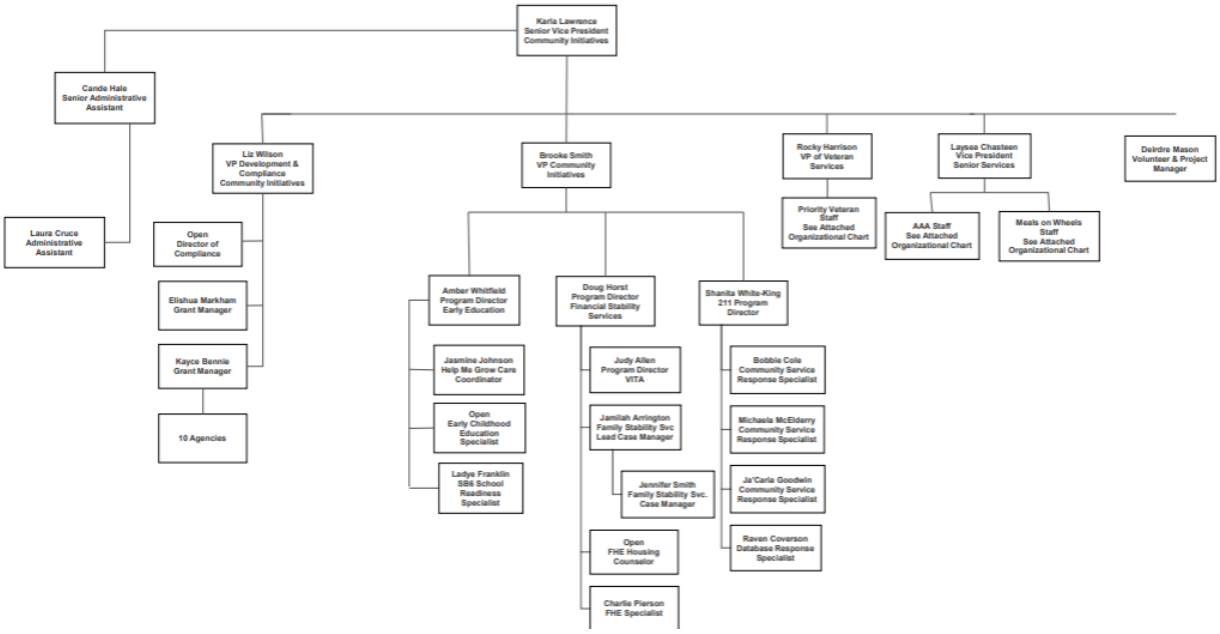
AGENCY ORGANIZATIONAL CHART

United Way Area Agency on Aging

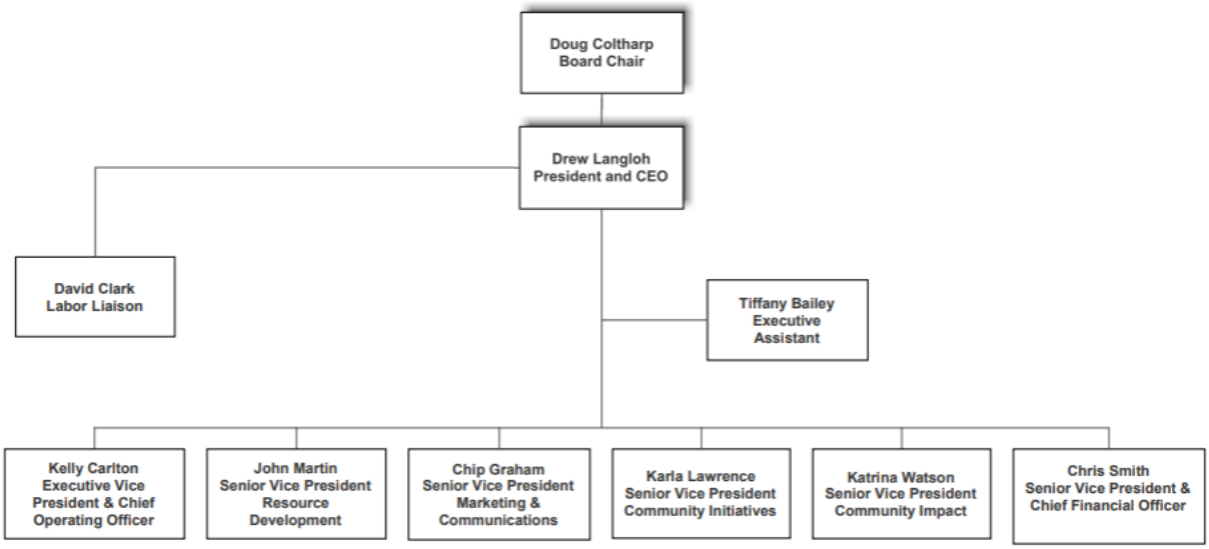




Community Initiatives



UWCA Administration



Attachment F

UWAAA Grievance Policy

Grievance Policy

Community Initiatives

Background:

United Way recognizes the rights of clients to register complaints and grievances with the organization. All complaints and grievances presented will be acted upon in an objective and expedient manner. No form of reprisal or intimidation will be used against any individual reporting a complaint or grievance.

Definitions:

For the purposes of this policy, a formal grievance is initiated when a client has a complaint which cannot be resolved with program staff and the client files a complaint in accordance with this policy. It is generally a claim that a client has been adversely affected by the organization's misinterpretation or misapplication of its own policies, program guidelines, or the law.

A "client" is a person who has received or requested services from a program operated by UWCA or one of its affiliates (e.g., United Way Area Agency on Aging, Priority Veteran).

This policy does not apply to complaints by:

(a) UWCA staff,
(b) UWCA subgrantees or subcontractors, or
(c) Clients of UWCA subgrantees or subcontractors.

Grievances from these persons are subject to other policies or grant agreements or contracts.

UWCA shall earnestly try to settle such grievances in accordance with the following procedures:

Procedures:

1. **Client Rights.** All clients shall be given a copy of the Client Grievance Rights & Procedures, which briefly explains their rights and procedures related to grievances.
2. **Informal Settlement by Staff.** Program staff shall document client complaints according to program requirements. All staff are encouraged to resolve complaints with their clients and their supervisor in accordance with program requirements. Staff members shall offer clients the opportunity to speak to the staff member's supervisor about complaints. Supervisors may take such action as is permitted by program requirements to resolve the complaint, which may involve reassigning the client to a different staff member or suggesting filing a formal grievance in accordance with this policy.
3. **Review by Vice President of Community Initiatives**.

Filing a Grievance. The client may submit the complaint in writing and request a conference with the Vice President (VP) of Community Initiatives. This written grievance should state the complaint, along with related facts and circumstances and a proposed resolution of the grievance. The client may request assistance in filing the grievance; in such case the request shall be directed to the applicable staff member's

a. supervisor, who in turn shall appoint a staff member who has not previously had any interaction with the client or the client's file to assist the client in filing the grievance.
b. **Review by VP.** The VP will make first contact with the client within three working days of the request and

will schedule a conference with the client if requested. The VP shall attempt to resolve the complaint after an investigation. The VP shall review written materials submitted by the client and the client's file, may interview relevant staff, and may research grant or program guidelines and regulations. The VP shall also notify the relevant Program Director of the grievance.

c. **Written Decision**. The VP will provide a written decision to the client on the outcome of the complaint investigation within five working days of the conference with the client or the first contact if no conference is requested. The written decision shall include information about how to appeal or request further review of the decision. If it has not been possible to gather the necessary information that would lead to a resolution in five working days, the client will be notified and given a new date, up to ten working days, by which a resolution will be made.

4. **Appeal.** If Step 3 does not result in a resolution satisfactory to the client, the client may request an additional review by the Senior Vice President (Sr. VP) of Community Initiatives. The Sr. VP shall review all written materials related to the complaint, take any steps necessary in the Sr. VP's judgment to further investigate the applicable facts and circumstances, program guidelines, and laws and regulations, and if requested, shall schedule a conference with the client within three working days after the appeal is received. The Sr. VP will provide a written decision within five working days of the conference with the client or of receipt of the appeal if no conference is requested. The written decision shall contain instructions for further appeal if applicable.
5. **External Appeal, If Applicable**. If the applicable service or program is funded entirely by UWCA, then the previous step is the final decision. If the applicable service or program is funded at least in part by a third party, the client may appeal the decision or otherwise present the grievance to the third party funding source. UWCA shall inform the client of any applicable requirements for this appeal and shall request applicable UWCA personnel be copied on all related correspondence. The funder will serve as the final appeal step for the client.
6. **Records**. All grievances and information related to grievances will be documented and saved in a secure folder in the Community Initiatives shared drive. Grievances and related information shall be treated as Private Information under UWCA's Information Security Policy.
7. **Compliance with Law.** In all cases, UWCA shall comply with all applicable laws, regulations, and program requirements. If a particular grant program or funder requires any additional steps or notifications for grievances, these shall be followed. The VP of Community Initiatives is responsible for implementing any additional required steps.
8. **No Retaliation.** UWCA shall not retaliate in any way against a client for filing a grievance according to this policy. A pending grievance may not interrupt services provided to the client or influence decisions about future services for the client.

Relationship with Existing Policies:

None

Revision Table:

Rev	Date	Revised By	Description of Change	Mgmt Approval
1	12/12/18	Karla Lawrence	Created	
2	3/3/2025	Karla Lawrence	Client Grievance Procedure Form Updated	

Attachment G

CONFLICT OF INTEREST POLICY

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

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

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

_____ _____

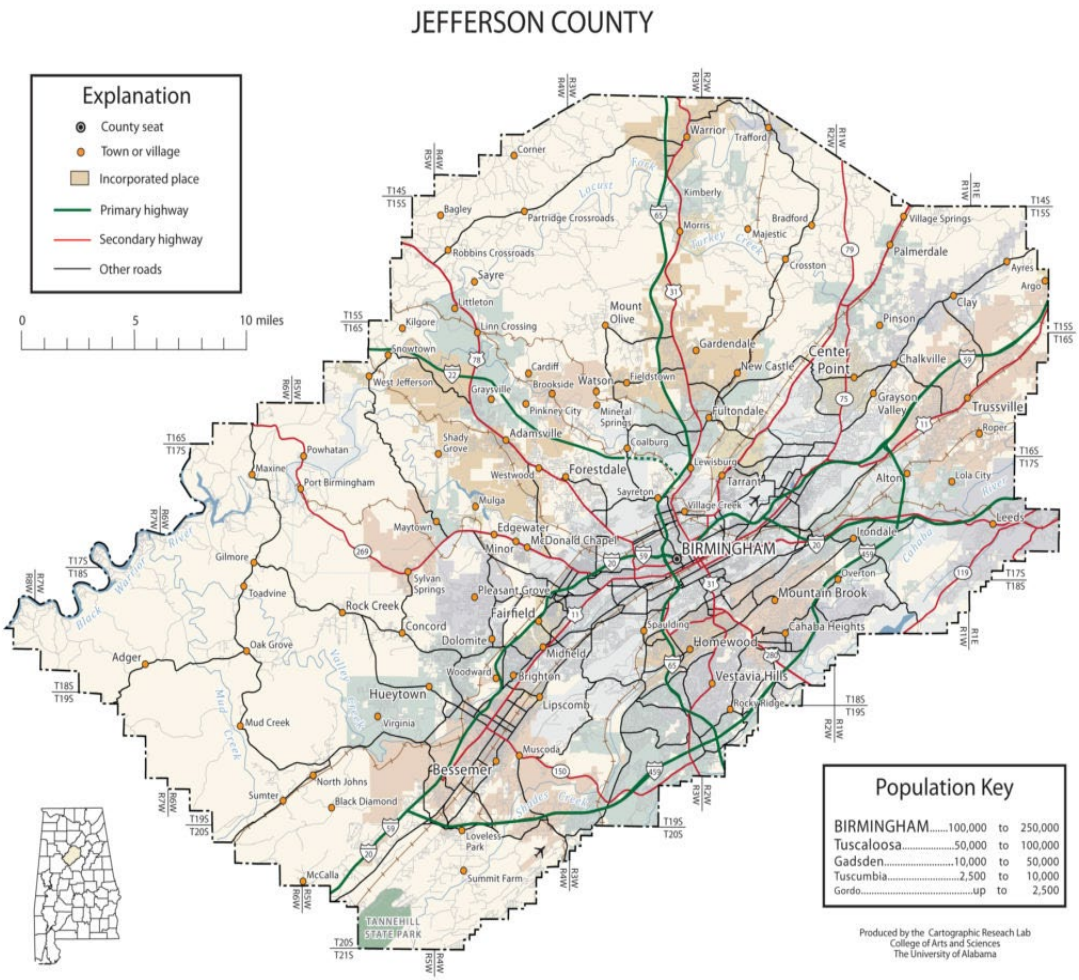
(Signature) *(Date)*

_____

(Print Name)

Attachment H

PLANNING & SERVICE AREA MAP

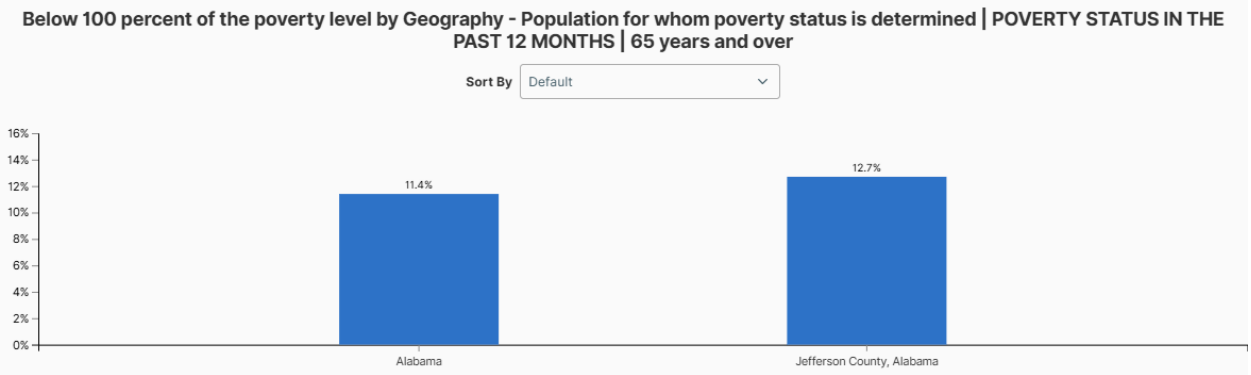


Attachment I

Current / Future Aging and Disability Demographics of PSA

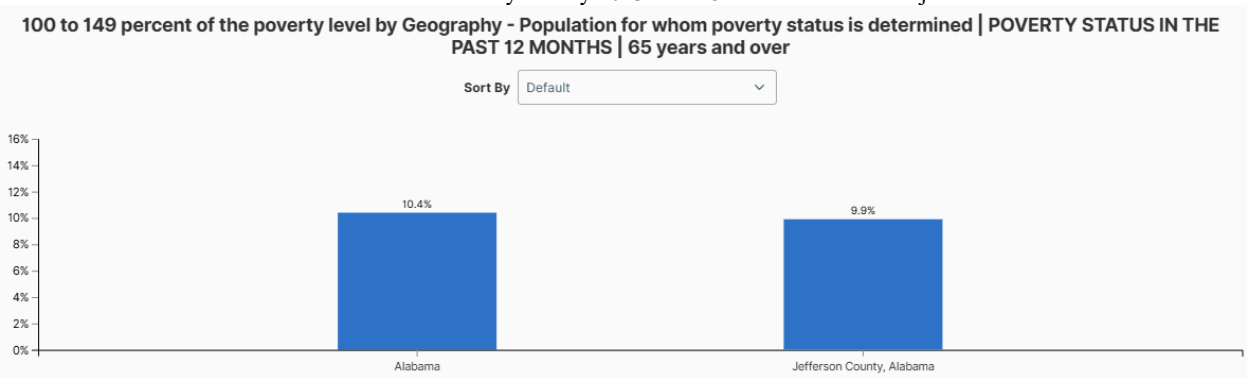
Percent of Jefferson County Population 65+ Living < 100% Federal Poverty Level

Source: American Community Survey 2023: ACS 5-Year Estimates Subject Tables



Percent of Jefferson County Population 65+ Living at 100%-149% of Federal Poverty Level

Source: American Community Survey 2023: ACS 5-Year Estimates Subject Tables



Percent of Jefferson County Minority Populations Federal Poverty Levels

Source: https://data.census.gov/table/ACSST5Y2023.S1703?q=S1703&g=040XX00US01_050XX00US01073&y=2023

Jefferson County , Alabama				
		Less than 50% of the poverty level	Less than 100% of the poverty level	Less than 125% of the poverty level
Population for whom poverty status is determined	652,226	8.0%	16.3%	20.7%
65 years and over	106,790	4.8%	12.7%	17.7%
RACE AND HISPANIC OR LATINO ORIGIN				
White	319,757	4.5%	9.0%	11.7%
Black or African American	278,272	11.4%	23.8%	30.0%
American Indian and Alaska Native	1,472	22.4%	30.0%	36.5%
Asian	11,936	7.1%	12.4%	14.5%
Native Hawaiian and Other Pacific Islander	188	0.0%	8.5%	37.2%
Some other race	15,930	15.2%	31.6%	36.3%
Two or more races	24,671	10.4%	19.1%	23.6%
Hispanic or Latino origin (of any race)	34,793	13.5%	25.9%	34.0%

Percent of Jefferson County Population 65+ Disability Status

Source: U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2023.

Disability Status	***Population*** *(2023 ACS 5-year estimates)*
Total civilian noninstitutionalized population	
Persons with a Disability	38.2%
Persons without a Disability	61.8%

Percent of Jefferson County Population 65+ by Race and Ethnicity

Source: U.S. Census Bureau. American Community Survey 5-year Estimates Jefferson County. 2023.

Demographic Classification	*Population* *(2023 ACS 5-year estimates)*
Total persons, aged 65 years or older	
White persons	59.8%
Black or African American persons	36.8%
Asian persons	0.9%
American Indian and Alaskan Native persons	0.1%
Persons of another race	0.6%
Persons of two or more races	1.8%
Persons of Hispanic or Latino ethnicity	1.3%

Jefferson County Estimated Populations by Age Group

Source: https://www.alabamapublichealth.gov/ruralhealth/assets/chp2021.pdf

2021 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	667,820	317,019	350,801	351,604	171,668	179,936	316,216	145,351	170,865
0-4	41,129	21,125	20,004	20,070	10,303	9,767	21,059	10,822	10,237
5-9	42,409	21,527	20,882	20,384	10,406	9,978	22,025	11,121	10,904
10-14	43,968	22,497	21,471	20,478	10,543	9,935	23,490	11,954	11,536
15-44	265,973	127,787	138,186	135,334	67,119	68,215	130,639	60,668	69,971
45-64	162,955	76,930	86,025	87,502	43,608	43,894	75,453	33,322	42,131
65-84	99,480	43,384	56,096	59,626	26,979	32,647	39,854	16,405	23,449
85+	11,906	3,769	8,137	8,210	2,710	5,500	3,696	1,059	2,637

Attachment J

EMERGENCY PREPARDNESS PLAN

Revision History, Distribution, Acknowledgements

Revisions:

March 2025
July 2023
August 2021
October 2019

Original version, September 2017
Keep a history of any revisions

DISTRIBUTION

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

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

Chapter 1: Agency Roles Related to Disasters

Introduction

United Way Area Agency on Aging

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

Area Agency on Aging Disaster Recovery Services

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

AAA Disaster Mission Statement

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

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

ADSS Role on Disasters

Alabama Department of Senior Services

Alabama Department of Senior Services Protocol

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

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

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

Disaster Assumptions

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

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

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

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

Stage One Event - Minimal Impact

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

Stage Two Event -Moderate Impact

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

Stage Three Event- Major Impact

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

A Stage Four--Catastrophic Impact

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

Chapter 2: Pre-Disaster Preparation

Pre-Disaster Preparedness Checklist

Before a disaster

- Educational flyers distributed to the elderly
- Identify alternative locations for the AAA office and Senior Centers
- Locate supplemental meals from other regions of the state
- Organize and train volunteers to work in the Disaster Recovery Centers and Information and Assistance (I&A). (See 2-1-1 Disaster Plan)
- Train Senior Center Managers on disaster procedures
- Keep updated Directory of Senior Resource Guide in disaster folder
- Coordinate with Jefferson County Emergency Management Planning Committees and the County Voluntary Organizations Active in Disasters Committees
- Update information in AIMS system on client's risk status and need for assistance
- Identify high risk homebound elderly that may need assessment and possible assistance prior to and after the disaster
- Ombudsman contacts critical long term care facilities regarding facility disaster plan
- All AAA Program Coordinators complete Disaster Preparedness Checklists to promote disaster readiness

Training and Orientation

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

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

Disaster Recovery Database Maintenance

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

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

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

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

AAA Program Checklists for Disaster Preparedness

All Staff Checklist

□ Update client/ program information in AIMS
□ Current home phone, cell phone and emergency contact information given to UWAAA for phone trees
□ Update UWAAA/AAA Identification badge
□ Secure all office equipment and furniture
□ Prepare hard copies of your program information to take with you.

UWAAA Director Checklist

AAA Director _____
First Designee _____
Second Designee_____

The Area Agency Director is responsible for the following in an emergency. (Check off each item when completed or determined inapplicable in this event.)

□ Assess the level of disaster based on the best information available

□ Initiate an event log of actions, beginning with notification of the emergency. (Document the *who, what, where, when, & how much* of all actions requested and/or taken.)

□ Gather & brief Disaster Response Committee as needed

□ Schedule Staff meetings to obtain briefings from Program Coordinators.

□ Develop the framework for the Emergency Plan: assess the situation, define the problems, and establish the priorities for action (refer to Agency Priorities in the Mission Statement, page 4.) Include:

_____Estimates of the Effect of the Emergency on Clients & Services
Needs Assessment
_____Estimate of Incident Duration
_____Activation of the Emergency Team Center
Overall Strategy

□ Direct staff to perform checklist functions.

□ Brief the Board of Directors when necessary.

□ Determine availability of:

- Personnel – Team Staffing
- Relief Personnel
- Special Equipment
- Care & Shelter of Staff, Volunteers, & Mutual aid staff

□ Establish liaisons as needed-

- ADSS
- AOA
- FEMA
- Cities
- Counties
- VOADs

Other agencies or service providers

□ Evaluate progress of emergency efforts. Review and revise the Operational Plan as needed, every: ____ 4 hrs. ____ 8 hrs. ____ 24 hrs.

□ Ensure that the Agency Status Report is sent to ADSS at least once a day until the emergency has subsided.

□ Approve requests for purchasing and release of resources through SVP of Community Initiatives

□ Authorize or personally release information to the public through UWCA Communications Department

□ Check MOU agreements with other agencies and services

□ Check AIRS, United Way and seek updated information on potential cost reimbursements

□ Direct deactivation plans & release personnel from the DRCs

□ Recheck this list periodically and review the Emergency Plan

□ Disseminates emergency/disaster preparedness information to AAA Staff

□ Request disaster emergency information from ADSS, AoA, FEMA, or EMA

United Way Area Agency on Aging

UWAAA Disaster Resource Coordinator

The Primary responsibility of the Disaster Resource Coordinator is to train staff and disseminate information throughout the year on disaster preparations. The coordinator is also responsible for initiating and maintaining the disaster activity log and gathering information from all sources available including Emergency Management Agency offices and media. The coordinator works to obtain personnel and materials needed for disaster recovery work through established contacts with government agencies, the Leadership Institute Volunteers, private sources, and VOAD agencies.

□ Contact volunteers 72 hour prior to the event for stand by status.
□ As soon as possible after an emergency has been declared, the Disaster Resource Coordinator will contact other agencies, such as VOAD, to open lines of communication.
□ Contact volunteers when the DRCs open to the public.
□ Prepare Disaster Activity Log

The disaster activity log is a detailed record of the agency's disaster activities. It includes a record of:

1. Meetings held at the agency
2. Phone conversations with outside agencies in which requests are made or agreements about disaster work are reached
3. Actions initiated by the AAA Director and staff

The log is the basis for the After-Action Report, and potential press release materials, and is the basis for a defense in a liability action against the agency.

Alabama Caregivers Programs Checklist

The primary responsibility of the Alabama Cares Coordinator is to complete an Emergency Preparedness checklist for each client. The coordinator also completes contact information on service providers.

Client information should contain:
□ Priority Status
Correct and updated in AIMS.
□ Client and emergency contact information
Address current in AIMS and in office files.
Home, cell and other phone number(s) are current in AIMS and Office files.
Home, cell and other emergency contact numbers updated in AIMS and office files.

Caregiver and/or other emergency contact name(s) updated in AIMS and office files.

□ Client's Emergency Plan
Current directions to client 's home on Caregiver Intake form and AIMS.
Evacuation plans listed on Caregiver Intake form.

□ Hurricane Preparedness Information
Client received disaster/preparedness information.
Client received emergency checklist information.

□ Influenza Preparedness and Germ Prevention Information
Client received information about influenza, germ prevention, and pandemic influenza.

Flu information should be distributed throughout October and November and completed by December1st. Hurricane information should be distributed to all consumers by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly by December and June.

Grant Accountant Checklist

The Grant Specialist, in coordination with the Chief Fiscal Officer, is responsible for:
□ All disaster-related financial and cost analysis.
□ Tracking all expenditures with special attention to possible reimbursable items.
□ Determining the need for security of records.
□ Maintaining personnel time records.
□ Maintaining current posting on all charges or credits for fuel, supplies, and services.
□ Preparing contracts for goods and services.
□ Overall management and direction of compensation claims.
□ Maintaining a log of all injuries sustained.
□ Handling claims other than injury.

Office Checklist

The primary responsibilities of the Office Checklist will be coordinated or completed by the UWAAA Director or UWCA IT Staff and those responsibilities are to assist in securing all field files, computer files, computers, copy machines, faxes, and other critical office machines.
□ Move items into a secure area away from windows.
□ Oversee the security of employees' personal objects, particularly hanging ones, in their immediate work areas.
□ Ensure that staff has all information in hand relating to the emergency event.
□ Assist in determining staff's personal plans regarding evacuation, caring for someone else, etc.

□ Ensure that staff has a copy of an accurate phone tree.
If an employee becomes aware that an item of furniture or equipment is not adequately secured s/he should notify the Office Manager.

Ombudsman Checklist

The primary responsibility of the Ombudsman is to maintain current contact information on each facility.

□ Facility Address and contact information
Facility address is current in AIMS and in office files.
Facility phone numbers are current in AIMS and office files.
□ Current Emergency Contact Information
Facility's upper management emergency contact number(s) updated.
Information has been updated and corrected in office files.
□ Assess facilities and residents after emergency event. Check for evacuation locations.
□ Compile list of evacuees from other regions or states with name, previous address, family contacts, payee status and special needs.

Disaster Response Coordinator's Checklist

The Disaster Response Coordinator maintains current community resources in office files and a file prepared for an emergency/disaster situation. Program Coordinator has Long Term Recovery Committee member's current office phone and cell phone in both office files.

□ Coordinate staffing of Disaster Recovery Centers
□ Prepare multiple folders containing intake forms, office supplies, community resources and the Senior Resources Guide.
□ Communicate with AAA staff at DRCs daily.

Nutrition Program Checklist

The Nutrition Coordinator completes an emergency preparedness checklist on each Senior Center.
□Priority Status Information for "At Risk" Clients
The Program coordinator ensures that center managers update lists of "At Risk" clients. Program coordinator obtains updated list from each center manager.

□ Priority Status and Labels

The program coordinator ensures information is current on liquid supplement and FD2D (frozen meals door to door) clients in AIMS and office files.

□ Consumer Address and Contact Information

Program coordinator ensures that center managers update clients' addresses in AIMS and office files.

Program coordinator ensures that the center manager's current home, cell and other phone numbers are in AIMS and office files.

□ Current Emergency Contact Information: Centers, Commissary and Alabama Department of Senior Services.

Home, cell and other emergency contact number(s) updated.

Information updated in office *and* field files.

Program coordinator ensures current contact information for: Center managers, managers, Contractors, Valley Commissary and Valley Corporate office

Program coordinator ensures an alternate location to ship meals and provide aid during emergency/disaster situations.

□ Center's Emergency Plan

Current emergency/disaster plan is in office and field files.

The center manager has identified "At Risk" clients and has a list in files and in AIMS.

The program director has updated the list of liquid supplement and FD2D consumers.

□ Emergency/Disaster Preparedness Information

Center manager has received emergency/disaster preparedness information.

Center manager has received emergency kit information.

Program coordinator has requested that the center manager disseminate emergency/disaster preparedness and emergency kit information.

□ Influenza Preparedness and Germ Prevention Information

Center manager has received all ADSS provided health literature.

Program coordinator has requested that the center manager disseminate this information.

Flu information should be given out in October and Hurricane information should be distributed by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly.

Senior Rx Program Coordinator's Checklist

The primary responsibility of the Senior Rx Coordinator is to maintain current contact information on staff and ensure its accuracy with the AAA/UWAAA.

□ Senior Rx Staff's Emergency Plans

Program Director has Senior Rx staff's current plans in office files and a file prepared for an emergency/disaster situation.

Example: Mrs. Z will go to her sisters in Birmingham if there is a hurricane that is category 3 or above.

Program Director has Senior Rx staff member's current phone, cell and emergency contact information in both office files and a file prepared for emergency and disaster information.

□ Hurricane Preparedness Information

Program Director received and disseminated disaster/preparedness information to Senior Rx staff.

Program Director received and disseminated emergency kit information to Senior Rx staff.

□ Influenza Preparedness and Germ Prevention Information

Program Director received information about influenza and germ prevention and disseminated it to Senior Rx staff.

Program director received information about pandemic influenza and disseminated it to Senior Rx staff.

Flu information should be given out in October and Hurricane information should be distributed by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly.

State Health Insurance Program Checklist (SHIP)

The SHIP Coordinators primary responsibility is to maintain current contact information on volunteers.

□ Current Emergency Contact Information

Volunteer's address, home, cell and other emergency contact number(s) have been updated in files.

Program Director has a file containing volunteers' contact and emergency information that may be used in case of an emergency/disaster.

□ Emergency/Disaster Preparedness Information

Program Director distributes emergency/disaster preparedness information to volunteers

□ Influenza Preparedness and Germ Prevention Information

Program Director distributes information about influenza, pandemic flu and germ prevention to volunteers.

Chapter 3: AAA Emergency Plan

AAA Staff Disaster Guidelines

All AAA staff will conform to the UWAAA Disaster Plan Guidelines found in the Index of this manual. UWAAA will utilize its established telephone tree for instructions on securing the building, equipment, files and commission vehicles and reporting to work after an event.

This plan will not tell us what to do minute to minute in an emergency or disaster. However, it is a system to best organize our resources and guide each person to the duties for which he/she will be responsible in the event of an emergency.

It is expected that each person will thoroughly understand his or her role and responsibilities in an emergency/disaster before one occurs! To learn your emergency duties, please look at Chapter 5. This Emergency Plan will not answer every question or solve every problem that will be encountered in an emergency. It will need to be updated yearly and improved as needed. Everyone's input is vital toward the goal of making this Emergency Plan, in combination with the UWAAA Disaster Plan, a tool that every AAA staff member will feel confident to use. This plan provides guidance to the AAA staff for the prevention and/or mitigation of damage to agency facilities, equipment, and personnel before, during and after a serious disaster event.

Activation Plan

This Emergency Plan will be activated when a disaster significant enough to cause widespread damage occurs, or when an Emergency significantly impacts the AAA's services or client population.

As soon as it is clear that an emergency event has occurred this emergency plan will be activated by the first of the following that is available to do so:

- United Way Senior Vice President Community Initiatives- Karla Lawrence
- V.P. of Senior Services – Laysea Chasteen (SVP will cover responsibilities in the event the position is vacant)
- Disaster Resource Coordinator –Morgan Rhodes (Director or Assistant Director will cover responsibilities in the event the position is vacant)

United Way Area Agency on Aging

Activating the Emergency Plan: First Steps

Within the first 24-hours of an emergency, the Director will assess the crisis; determine the type, scope, and location of damage; and provide ADSS with information to begin the process of contacting AoA for disaster grant funds.

1. UWCA CEO or COO advises if building is safe to occupy
2. _____ If the building is safe to occupy, the AAA Director will call the Emergency Activation Roster to report to work.
3. _____ The AAA Disaster Response Committee will begin to assess community situation by monitoring radio and television
4. _____ If telephones are operational, handle calls.
   - Give out only confirmed information
5. _____ Begin Disaster Activity Log
   - Record calls made to Emergency Activation Roster or other staff
   - Record all contacts with other agencies
6. _____ Try to contact Alabama Department of Senior Services and report ***agency*** status
   Voice: 334.242.5743
   Fax: 334.242.5594

Name of person completing checklist: AAA Director or designee

Immediate Actions in an Emergency

- Activate Emergency Plan –Director, SVP or VP of Community Initiatives or Disaster Resource Coordinator.
- Emergency Group Notifications (text/emails) – Director
- Order & control evacuation if necessary – AAA Director
- Account for staff following evacuation – AAA Director
- Contact staff to assess their personal needs – AAA Director or Disaster Coordinator
- Evaluate building for usability – UWCA CEO or COO
- If necessary, initiate plan to work from alternate location(s)– AAA Director
- Monitor media and emergency management sources to evaluate situation – AAA Director
- Evaluate telephone system; restore or work around – VP, Information Systems
- Evaluate computer network; restore or work around – VP, Information Systems
- Retrieve and respond to messages on call-in line – ADRC Coordinator and Specialists
- Coordinate with County EMA - AAA Director and Disaster Coordinator
- Initiate contact with other key OEM and ADSS offices - AAA Director
- Develop staffing plan appropriate for needs in acute phase - AAA Director
- Gather needed additional supplies and operational materials – ADRC Specialist
- Gather disaster-related resource information –Disaster Resource Coordinator

- Prepare disaster resource bulletins –Disaster Resource Coordinator
- Disseminate bulletins to staff and other agencies –Disaster Response Coordinator
- Maintain record of disaster-related expenditures – Grants Manager
- Maintain disaster activity log – All AAA staff
- Develop plan for work in long-term recovery –Disaster Resource Coordinator
- Declare end of acute phase for the AAA – Disaster Resource Coordinator
- De-activate the emergency plan – AAA Director

Protocols during Disaster for Safety and Well-being of Staff and Families

The new UWAAA Emergency Group Notification system of text/emails from Helen Anderson is the first tool of communication of instructions for reporting to work after a disaster. The second notification protocol is to use the AAA phone tree. The AAA staff may be required to report in for disaster response activities before other UWAAA staff members due to our mission of service to older adults.

AAA Staff report during an emergency situation
The Emergency Response Committee members should report to the AAA as soon as possible after becoming aware that an emergency situation exists and meeting their family and home emergency needs. Any person on the Emergency Response Committee who cannot respond within 6 hours should report in as soon as possible, using AAA Phone Tree, the staff report-in line, or the home or cellular phone of another person on the roster, as proves most effective in the situation.

All AAA staff who are not at work are responsible for contacting AAA to receive instructions about where and when to report for emergency response duty.

If it is not possible to get through to UWAAA within one day because all local circuits are overloaded, staff should call the Alabama Department of Senior Service, Disaster Coordinator, Scott Stabler @ 1.800.243.5463 for instructions. Staff should leave a message detailing their situation and ability to respond and obtain available instructions.

If the telephone system is not functioning, personnel that are not on the emergency operations committee should not report to work until they are contacted.
The AAA Director or designee will attempt to contact each staff person at his or her home telephone number.

It is the responsibility of staff members to ensure that their correct telephone number is on file with UWAAA.

Any staff person not contacted within 24 hours after the onset of the event should continue to try to check in through the telephone system until successful.

AAA Disaster Response Committee

The Disaster Response Committee is composed of all staff on the Emergency Operations Roster. Additional staff can be assigned to the committee by the AAA Director to enhance the capability of the Disaster Response Committee. The Committee will set regular times to meet each day. In the acute phase of an event, as many as 3 meetings per day may be necessary.

- The AAA Director or designee will prepare the agenda and facilitate the meetings.
- All available members of the Committee should meet. Those present will make decisions about emergency matters.
- Meetings should be brief and task oriented.

  At least once each week the meeting should consider longer-range (one month to six month) problems, needs, and opportunities rather than focusing strictly on immediate questions.

AAA Disaster Response Committee Emergency Operations Roster

NAME	TITLE	PHONE EXT.	CELL
Karla Lawrence	SVP Community Initiatives	2065	205-616-8117
Laysea Chasteen	V.P. of Senior Services	3321	205-296-1842
Ashley Lemsky	AAA Director	3323	205-902-9044
Morgan Rhodes	Disaster Resource Coordinator & ADRC Services	3322	901-481-4069
Ellen Stephens	Field Services Coordinator-Nutrition	8960	205-821-0496
Doug Goodwin	Information Systems Director	2032	205-283-9410
Valarie Lawson	Disaster Response Lead Contact	3326	205-275-5285
Drew Langloh	UWCA CEO	2020	205-568-6499
Kelly Carlton	UWCA COO	2090	205-919-5372
Augusta Vos	Grants Manager	2162	205-902-6752

United Way Area Agency on Aging

UWAAA DISASTER PLAN: PHONE TREE

March 2025

Chapter 4: Disaster Response and Recovery

Disaster Response

Following a Natural Disaster, Governmental Units will be contacted.

1. Local Officials (Mayor) contact the Governor with an assessment of the situation
2. Governor determines whether to request a Federal Disaster Declaration from Regional FEMA
3. Regional FEMA office transfers request to National FEMA for Presidential Declaration

Area Agency on Aging

1. Local AAA notifies ADSS within 24 hours with an assessment of the situation.
   - Geographical scope of disaster
   - Number of elderly affected
   - Type of loss and amount of damage suffered by elderly
   - Kinds of special short term and long-term needs
   - Lack of basic services involved
2. ADSS reports findings to Regional AoA. ADSS works with Alabama Emergency Management Agency, other State disaster relief agencies and FEMA to assess impact on, and needs of the elderly
3. Regional AoA reports all findings to Regional FEMA. Regional AoA determines adequacy of resources and negotiates for additional resources.
4. AoA Field Liaison staff complements staff of Regional AoA, ADSS, and AAA. AoA conveys information to FEMA, HHS, national voluntary organizations, and Congress for special needs of the elderly.
5. Area Agency on Aging staff will become a part of the EMA and FEMA Teams
6 AAA staff continues to assess the impact of the disaster on elderly persons through a staff/Leadership Institute volunteer's network.

   Do not jump in. Other agencies will handle the initial steps.
   - Basic lifesaving efforts
   - Restoration of communication
   - Restoration of transportation
7. Contact the Senior Center Managers in Jefferson County to obtain status reports on each Center regarding time and efforts required to resume regular operations.
8. Contact FEMA Disaster Recovery Centers to arrange AAA participation at DRCs and obtain EMA and FEMA referrals for elderly persons.
9. New needs/services will arise. Be prepared to shift priority resources and/or redirect resources to areas of need.
10. Coordinate meals with other meal providers
    - Contact Red Cross
    - MOW/Churches

11. Identify key contact persons from all other disaster relief organizations through EMA and FEMA. Contact Power and Water Utilities, Post Offices, Sheriff's Department, Senior Centers, Churches, etc. to request referrals if necessary.
12. Disaster Recovery Centers will be staffed to help guide older adults through the process of obtaining assistance, i.e., Insurance, FEMA, SBA, Red Cross, Emergency Food Stamps, Legal Assistance, Tax information, etc.
13. Maintain contact with media to provide information on AAA services available, potential problems and frauds and to encourage people to initiate a recovery process.
14. The AAA will have access to all un-obligated Title III finds through UWAAA, which may be reimbursed by ADSS Disaster Funds. All AAA expenditures incurred during and after normal working hours must be documented. The UWAAA accounting department will provide the appropriate forms for such documentation.
15. Complaints regarding services will be addressed through the AAA grievance policy.

Emergency/Disaster Related Services and Assistance

- Legal Services
- Benefits/Insurance Counseling
- Meals- Congregate and Home Delivered
- Case Management- Coordination of multiple services for individual older person
- Information and Referral
- Outreach/Advocacy
  - Identifying and informing seniors about programs and services (with special attention to frail and isolated seniors)
  - Encouraging the delivery of services to elderly disaster victims
  - Interviewing clients and assessing needs
- Transportation
- In-Home Services/Chore Services
- Homemaker and home health aides
  - Visiting and telephone reassurance - Chore maintenance
  - Minor home modification - Personal care services
  - Handyman/Clean-up/Debris removal
- Specialized assistance in Disaster Recovery Centers

Chapter 5: Disaster Recovery Centers Overview

The Role of AAA in the Disaster Recovery Center

The role of the AAA staff in the Disaster Recovery Center is to assist elderly victims as they progress through the center. The staff should establish a contact with other agencies at the centers to learn of their resources. The staff should ensure that other agency representatives at the

center are aware of some of the special problems older persons often have during and after a disaster. The AAA staff will also interview elderly victims and ascertain their needs.

I. **Description**

The President and the Governor make disaster assistance programs available under disaster declarations. The primary functions of these programs are:

A. To register applicants for disaster assistance and to provide follow-up services for those already registered.
B. To provide public information and continuing assistance in disaster areas.
C. To support community recovery, restoration, and rebuilding efforts.
D. To promote community preparedness for potential disasters.

II. **Purpose**

Disaster Recovery Centers represent a transition from initial disaster response activities, such as disseminating information concerning available assistance programs and processing of registrations and applications, to activities focused on individual and community recovery, restoration, and rebuilding issues.

The Centers are designed not only to register individuals for appropriate assistance programs, but to accommodate the needs of individuals who need to complete processes begun either at the Centers or by tele-registration, who have specific questions about program eligibility, pending applications for assistance, or responses they have received to their applications.

III. **Types of Services at Centers**

A. Small Business Administration (SBA) - Providing low interest rate loans for home/personal property losses and damages.
B. FEMA Disaster Housing Assistance Program (408A) - This program helps people who cannot or should not live in their homes.
C. FEMA Disaster Mortgage and Rental Assistance Program (408B) - This emergency grant program helps people who, because of the disaster, have lost their job or business and face foreclosure or eviction from their homes.
D. Individual Family Grant Program (IFGP) - Grants may be available to those eligible who are unable to meet disaster-related necessary expenses and serious needs for which assistance is unavailable or inadequate.
E. Internal Revenue Service (IRS) - Guidance provided in obtaining tax relief for disaster casualty losses.
F. Social Security Assistance (SSA) - Help in expediting checks delayed by the disaster, and in applying for benefits.
G. Veterans Administration (VA) - Guidance in obtaining death benefits, pensions, and insurance settlements.

H. Crisis Counseling – Short-term intervention counseling is available for emotional and mental health problems caused or aggravated by the disaster
I. Disaster Unemployment Assistance\Employment Development Department (EDD) - Provides weekly benefit payments to those out of work due to the disaster.
J. Local Area Agency on Aging - Provides disaster relief assistance to the senior population, geared to avoid long line waits, and an understanding of the forms and process.
K. Housing and Urban Development (HUD) - Section 8 Rental Certificate Program - To assist very low-income families.
L. American Red Cross - Immediate assistance with food and clothing.
M. Salvation Army - Provides food vouchers and clothing immediately following the disaster.

Other agencies and volunteers, as are necessary and available will also be represented.

Area Agency on Aging Deployed To the Disaster Recovery Centers

The AAA staff and trained volunteers will conduct the intake and referral procedures at the DRC. Rapid changes and updates occur every day. It is our responsibility to provide the most current information for resources.

All workers at the DRC are required to thoroughly complete the ADSS Client Enrollment Form. All intake and referral should be conducted in a professional manner. The following guidelines should be used:

- Use Positive Techniques for the Intake Process.
- Be aware of communication differences.
- Be a good listener.
- Establish rapport. Greet the client and remain calm.
- Deal with the client's feelings. Allow client to gain composure, then listen and validate his/her emotions.
- Avoid personal disclosure. It is not about you.
- Give information and referral. Be aware you cannot solve the problem.
- Make sure that every client obtains a FEMA number. Assistance cannot be provided without a FEMA number.
- Give out Senior Resource Guides and circle important numbers for the client.
- If client only speaks a foreign language, call for interpreters through FEMA or available Language Lines.
- Determine if the request for help is a NEED or a PROBLEM!

- You are gathering information to give to a case manager. The case manager will determine what services are available and will contact the client at a later date. Do not make promises.
- Notify the AAA Director, Disaster Response Coordinator and DRC staff of an emergency situation, i.e., temporary housing, food, etc….

Conditions at the DRC may be hot and noisy. Bring your lunch, beverages, and a comfortable cushion for your chair. Most facilities have standard folding chairs. Occasionally, lunch will be provided by other volunteer agencies.

A field office folder will be provided for each AAA table at each DRC. This folder will contain intake forms, important referral information and office supplies. Cell Phones will be provided at each disaster relief center.

Unique Needs of the Elderly

Traumatic Events May Create Unique Needs in the Elderly

Special reasons and concerns may affect the elderly as follows:

1. **Delayed Response Syndrome** – Older persons may not react to a situation as fast as younger persons. In a disaster, this means that Disaster Recovery Centers may need to be kept operational longer if older persons have not appeared. It also means they may not apply for benefit within specified time limits.
2. **Sensory Deprivation** – Older persons' sense of smell, touch, vision, and hearing may be less acute than that of the general population. The older person may not hear what is said due to hearing loss. A diminished sense of smell may mean that he or she apt to eat spoiled food.
3. **Memory Disorder** – Environmental factors or chronic diseases may affect the ability of older persons to remember information or to act appropriately.
4. **Chronic Illness and Medication Use** – Most older people have arthritis; this may prevent them from standing in line. Medications may cause confusion. These and other similar problems may increase the difficulties in obtaining assistance.
5. **Generational Differences** – Depending on when the individuals were born, people may have differing values and expectations. This becomes important in-service delivery since what is acceptable to an 80-year-old person may not be acceptable to a person 60 years of age.
6. **Multiple Loss Effect** – Many older persons have lost their spouse, income, home and/or physical capabilities. For some persons, these losses compound each other. Disasters sometimes provide a final blow, making recovery difficult for older persons.
7. **Unfamiliarity with Bureaucracy** – Older persons often have not had any experience working through a bureaucratic system. This may be especially true for older women who had a spouse who dealt with these areas.

8. **Literacy** – Many older persons have lower education levels than the general population. This may present difficulties in completion of applications or understanding directions.
9. **Language and Cultural Barriers** – Older persons may be limited in their command of the English language, or their ability to understand an instruction is diminished by the stressful situation. Failure to communicate can result in increased apprehension and confusion in the mind of the older person. There is a critical need to be sensitive to language and cultural differences. This means the older person in this category will need special assistance in applying for disaster benefits.
10. **Loss of Independence** – Older persons may fear that they will lose their independence if they ask for assistance. The fear of being placed in a nursing home may be a barrier to accessing services.

Chapter 6: Long Term Recovery

The Psychology of Recovery

Recovery from a natural disaster includes more than finding a place to stay and acquiring new belongings. It means understanding the rules concerning when and how you can clean up your home, coping with television cameras and sightseers who drive by and stare and processing the anger and disappointment of finding looters stealing your remaining possessions. It can also mean learning to discriminate the hucksters from the helpers, the good guys from the bad, at a time when you are vulnerable.

Recovery also means negotiating with insurance companies and contractors, filling out seemingly endless forms and moving from one temporary home to another. It also means coping with life's everyday problems while in a very unsettled position. As one survivor who had spent four months in several different locations put it, "As a displaced person, I felt I didn't belong anywhere. I was constantly in limbo and couldn't seem to get even the basic things done."

Recovery also encompasses the re-establishment of an emotional equilibrium. All survivors, regardless of age, are affected. And, when a small community is struck by calamity, a significant number of persons become hidden victims. While many survive ostensibly appearing unscathed, friends, neighbors and family may not have been so lucky. However, as the reverberation continues, it leaves a rupture in community life, and many become secondarily affected by another's tragedy. Nearly everyone is emotionally affected to some degree.

Usually following disaster, a community is awash with professional caregivers eager to help people begin re-assembling their lives. While most are well intentioned, not all are trained in outreach, crisis counseling and debriefing techniques so essential to the recovery process. As survivors struggle to cope with terror and loss, they can benefit greatly by counseling from persons skilled in disaster response.

Types of tasks the AAA may do in recovery

- Long-term disaster recovery work will be based on the AAA financial grants and other external funds.
- A temporary staff may be assigned to off-site locations for an extended time. It will be necessary to provide them with logistical support and supervision. It will be essential to maintain the disaster activity log and cost accounting functions as long as the AAA is doing any significant amount of disaster-related work. Staffing will be 7 days/week from the time the DRC opens until it closes
- Staff assists seniors with FEMA application and accessing help from other organization such as Food Stamp Office, SBA Loans, etc.
- Staff assists seniors with their emergency medical, social, and/or personal needs.
- Staff will conduct the initial assessment for long term recovery or special needs
- Intake, Information and Assistance, Referral and Case Management Disaster Assistance
- Staff can assist seniors with immediate assistance such as transportation or offer proper resources
- AAA staff participates in Long Term Recovery Committees
- AAA may be awarded disaster assistance funding to provide rental and utility assistance, home repair, medical assistance, assistance with home furnishings, in-home services, debris removal and related services. The direction of this function will be dependent on the magnitude of the disaster and the amount of awarded funding.

Long-term off site staffing at the Disaster Relief Centers will generate after action reports. An After-Action Report (Index) will be prepared after every emergency mobilization. The After-Action Report will be reviewed after the relief operation is terminated.

INDEX

ATTACHMENTS

Daily Activity Log of Disaster Related Activities

DATE	NAME	COMMENTS

UWCA Client Grievance Form

This form may also be used by clients of Priority Veteran, Meals on Wheels of Central Alabama, United Way Area Agency on Aging, and Community Partnership of Alabama

Name: _____ Date: _____

Address: _____

E-mail: _____ Phone number: _____

How would you prefer to be contacted? E-mail Phone

Provide the name of the program or service involved: _____

Provide the name of any staff involved: _____

Provide the names of anyone else who may have witnessed the incident or may otherwise have relevant
information:
_____

Describe what happened in your own words (attach additional pages if necessary): _____

_____

_____

_____

_____

What resolution would you like to see happen?_____

_____

_____

Signature of person filing complaint: _____

Please mail this form along with copies of any supporting documentation to:
United Way of Central Alabama
Community Initiatives
PO Box 320189
Birmingham, AL 35232

It may also be e-mailed to: cigrants@uwca.org

After Action Report

UWAAA/AAA disaster preparedness involves a cycle of outreach, planning, capability development, training, exercising, evaluation, and improvement. Successful exercises lead to an ongoing program of process improvements. This report is intended to assist agencies striving for preparedness excellence by analyzing exercise results and:

- Identifying strengths to be maintained and built upon.
- Identifying potential areas for further improvement.
- Recommending exercise follow-up actions.

The suggested actions in this report should be viewed as recommendations only. In some cases, agencies may determine that the benefits of implementation are insufficient to outweigh the costs. In other cases, agencies may identify alternative solutions that are more effective or efficient. Each department should review the recommendations and determine the most appropriate action and the time needed for implementation.

Key strengths identified during this operation include:
a)
b)
c)
d)
e)

Through the exercise, several opportunities for improvement in the AAA's ability to respond to a disaster/emergency incident were identified. Major recommendations include:

Operation Overview

The Introduction describes the exercise, identifies the agencies/organizations that participated in it, and describes how it was structured and implemented.

OPERATION NAME:
LOCATION:
SCENARIO:
FOCUS: Response Recovery Prevention
EVENT DATE:
PARTICIPATING ORGANIZATIONS:

Co-Sponsors:

State Agencies

- State Department of Public Health
- State Emergency Agency

Federal Agencies

- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- U.S. Department of Homeland Security, Office for Domestic Preparedness

Contract Support (If Applicable):

- (Name of Consulting Firm)

Participants:

Federal Agencies

- AoA
- FEMA
- HHS
- Centers for Disease Control and Prevention
- U.S. Marshal Service

State Agencies:

- AL Department of Senior Services
- Attorney General Office
- Department of Public Health
- State Emergency Management Agency
- Department of Transportation
- National Guard

Local Agencies:

- Fire Department
- Police Department
- Public School District
- County Health Department
- County Sheriff's Office
- Jefferson County Emergency Management Agency
  - Jefferson/Shelby VOAD
  - American Red Cross
  - Ozanam Pharmacy
  - Salvation Army
  - University of South Alabama

International Agencies:

- None

NUMBER OF PARTICIPANTS: FUNDING SOURCE:
FUNDING SOURCE:

PROGRAM:
CLASSIFICATION:

Exercise Goals and Objectives

Part 2 lists the goals and objectives for the operation. These are developed during the exercise planning and design phase and are used to define the scope and content of the exercise, as well as the agencies and organizations that will participate.

The AAA established the following goals and corresponding objectives for this operation:

TEST AND IMPROVE THE DISASTER PLANNING GUIDELINES OPERATING PROCEDURES FOR A DISASTER/EMERGENCY.

Objectives 1: Demonstrate the ability of the AAA Disaster Response Committee.
Objectives 2: Demonstrate the ability to coordinate public information among multiple federal, state, and local agencies, including rumor control, to effectively notify, and warn.
Objectives 3: Demonstrate the ability to effectively communicate and coordinate among state and local agencies through established emergency response protocols including the utilization of local and state emergency operations centers.

Recommendations and Improvements
1.
2.
3.

Develop and Implement Protective Action Decisions

Conclusion

AREA AGENCY ON AGING
Emergency Assistance Needs Intake Form

Date: _____ FEMA#_____

Name:_____ Date of Birth: _____

Address_____

Phone:_____Alternate Phone:_____

City: _____ County: _____ Zip:_____

RACE: a. African- American b. Hispanic c. American Indian/Native Alaskan d. Asian/Pacific Islander e. Caucasian f. other

Spouse/Caregiver Name: _____# of people in household_____

How was your property affected by the storm? (Damage to house)
_____
_____
_____

Is your home safe to live in?	YES	NO (if no explain in the notes section)
Do you have insurance?	YES	NO
Have you contacted FEMA?	YES	NO
Are you living in your house now?	YES	NO
Do you have any urgent medical needs?	YES	NO (if yes explain in the notes section)
Do you have your medications?	YES	NO
Do you have clothes and shoes to wear?	YES	NO (if no explain in the notes section)
Do you have food to eat?	YES	NO (if no explain in the notes section)
Do you have a way to cook and cool food? (i.e.: power on)	YES	NO (if no explain in the notes section)
Do you have transportation?	YES	NO
Does your phone work?	YES	NO

What help do you need?_____
_____
_____

Notes:_____
_____

	Name (Last, First, MI)	DOB	Sex	County of Residence	FEMA #	Social Security# (last 4 only)	I&R	Screening & Assessment (in minutes)	Case Mgmt (in minutes)	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										

United Way Area Agency on Aging

FEMA DISASTER RECOVERY LOG – AREA AGENCY ON AGING (UWAAA)

Site Location:_____ AAAWorker:_____ Date: _____

United Way Area Agency on Aging

Glossary of Acronyms Used In This Manual

AAA	Area Agency on Aging
AAR	After Action Report
ADSS	Alabama Department of Senior Services
AIRS	Alliance of Information & Referral Systems
AoA	Administration on Aging
ARC	American Red Cross
CAO	Chief Administrative Officer (either county or city)
CBO	Community Based Organization
DRC	Disaster Response Committee or Disaster Recovery Center
EC	Emergency Coordinator
EMA	Emergency Management Agency
EM	Emergency Manager
EMS	Emergency Medical Service(s)
EOC	Emergency Operations Center
EOM	Emergency Operations Manual
ESF	Emergency Service Function
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
GIK	Gifts in Kind
I&R	Information and Referral
ICS	Incident Command System
JIC	Joint Information Center
CO	County
CY	City
LM	Logistics Manager
MOU	Memorandum of Understanding
NVOAD	National Voluntary Organizations Active in Disaster
OA	Operational Area (Standardized Emergency Management System, a county and all its governmental entities including cities and special districts-)
OEM	Office of Emergency Management
OES	Office of Emergency Services
PA	Public Announcement
PIO	Public Information Officer
PR	Public Relations
SPT	Special Projects Team
TDD	Telecommunications Device for the Deaf
VOAD	Voluntary Organizations Active in Disaster

United Way
Area Agency
on Aging

HIPAA DISCLOSURE RULE FOR DISASTERS

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:

TREATMENT: Health care providers can share patient information as necessary to provide treatment. Treatment includes:

- Sharing information with other providers (including hospitals and clinics),
- Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).

Providers can also share patient information to the extent necessary to seek payment for these health care services.

NOTIFICATION: Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

- Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
- In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY: Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

www.hhs.gov/ocr/hipaa/decisiontool/

Attachment K

Public Input

Assessment and Evaluation

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

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

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

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

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

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

Hispanic or Latino	☐	Not Hispanic or Latino	☐

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

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

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

Under 60	☐	60 or older	☐

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

Rural	☐	Non-rural	☐

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

Yes	☐	No	☐

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

Yes	☐	No	☐

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

Yes	☐	No	☐

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

Yes	☐	No	☐

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

Yes	☐	No	☐	Don't Know	☐

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

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

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				

Availability of Assistive Technology				
Information about Emergency Preparedness				
Information about Alzheimer's and Other Dementias				
Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

SPANISH

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

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

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

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

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

hispano o latino	☐	No Hispano o Latino	☐

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

$1,255 o menos	☐	Más de $1,255	☐

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

Menos de 60	☐	60 o más	☐

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

Rural	☐	No rural	☐

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

Sí	☐	No	☐

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

Sí	☐	No	☐

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

Sí	☐	No	☐

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

Sí	☐	No	☐

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

Sí	☐	No	☐	no lo sé	☐

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

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

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

Attachment L

Services

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

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

	information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and serves the entire community of older individuals, particularly with greatest social and economic need and at risk of institutional placement.
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential participants or their caregivers and encouraging their use of existing services and benefits.
Public Education	Providing opportunities for individuals to acquire non-nutrition related knowledge, experience, or skills. This service may include workshops designed to increase awareness on various topics, such as crime or accident prevention, continuing education, or legal issues. Workshops may be designed to teach participants a specific skill in a craft, job, or occupation if the participant does not expect to receive wages or other stipends.
Marketing	An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach. 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	A service that provides the individual with current information on opportunities & services available to the individuals within their communities; assesses the

Non-Registered Caregiver Aggregate	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)	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

Registered Caregiver/Care Recipient	temporary basis) for a full 24-hour period of time.
Other Respite Registered Caregiver/Care Recipient	A respite service provided using OAA funds in whole or in part, which does not fall into the previous defined respite service categories.
Supplemental Services Registered Caregiver/Care Recipient	Goods and Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, DME, emergency response systems, legal and/or financial consultation, transportation, and nutrition services. For caregiver age 60+, care recipient must be **unable** to perform two (2) ADLs.

Service	**FFY2026 Estimated Persons Served**	**FFY2026 Units**
Personal Care	5,197	904,397
Homemaker	7,365	1,204,600
Chore	80	773
Adult Day Care/Health	14	2,997
Case Management	35,031	111,824
Legal Assistance	4,863	11,738
Information and Assistance (I&A)		430,684
Outreach / Public Education / Marketing (Other Services)	2,558,427	
Congregate Meals (may include grab and go meals)	16,924	1,572,240
Home-Delivered Meals	22,393	4,899,322
Transportation		213,908
Nutrition Education		66,646
Nutrition Counseling	114	169
Health Promotion: Evidence-Based	9,006	
Health Promotion: Non-Evidence Based	1,071,585	
Caregivers of Older Adults		
Caregiver Information & Assistance	37,584	922
Public Information Services	119,159	2,220
Caregiver Support Groups		461
Caregiver Case Management Assistance	4,856	52,238
Caregiver Counseling	2,243	21,221
Caregiver Training	1,410	13,053

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

FY 26 Title III Estimated Expenditures

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

Attachment M

Funds Distribution & Minimum Proportion

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%

Attachment N

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.

Attachment O

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 P

Public Comment Period Notice

UWAAA provided a 26-day public comment period for the draft plan.
The notice was posted on the UWAAA website (www.uwaaa.org)
No public comments were received during this period.

Public comment period:
August 8, 2025- September 2, 2025