

CENTRAL ALABAMA AGING CONSORTIUM



AREA PLAN ON AGING

FY 2022 – 2025

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Section I: Executive Summary

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

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

TABLE I

CENTRAL ALABAMA AGING CONSORTIUM MEMBER GOVERNMENTS & BOARD OF DIRECTORS

AUTAUGA COUNTY

Autauga County Commission	Commission Chairman Jay Thompson
Town of Autaugaville	Mayor Curtis Stoudemire
Town of Billingsley	Mayor Greg Davis
City of Prattville	Mayor Bill Gillespie, Jr.

ELMORE COUNTY

Elmore County Commission	Commissioner Desirae Lewis
Town of Eclectic	Mayor Gary Davenport
City of Millbrook	Mayor Al Kelly
City of Tallassee	Mayor Johnny Hammock
City of Wetumpka	Mayor Jerry Willis

MONTGOMERY COUNTY

Montgomery County Commission
City of Montgomery

Commissioner Doug Singleton
Phillip Ensler
(Appointed by Mayor Steven Reed)

Town of Pike Road

Mayor Gordon Stone

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

- The Administrative Division includes the Executive Director, Fiscal Director (IT), Administrative Assistant, Accounting Clerk, and 2 part-time receptionists. CAAC will also be hiring a Human Resources Manager in the near future who will also be a part of this division. The Executive Director oversees the day-to-day operation of the agency. The Fiscal Director is responsible for the fiscal operations of the agency and also oversees the agency's IT. The Administrative Assistant oversees the receptionists and provides clerical support to the Administrative Division. She also currently handles personnel for the agency but will relinquish those responsibilities to the HR Manager once that person is hired. The Accounting Clerk assists the Fiscal Director, verifies EVV and submits to ADSS, orders supplies, and other assistive duties.
- The In-Home Services Division is led by the Clinical Program Director and includes an E & D Supervisor, Team Leads, and TA Waiver Case Manager/RN Reviewer, Social Work Clinical Coordinator, ACT Waiver Case Manager, 2 Personal Choices Case Managers, 2 Initial Application Specialists, and all of the E & D Case Managers. Staff is responsible for the ACT and TA Waiver Programs, and the Elderly and Disabled Home and Community-Based Services Program (Medicaid Waiver). CAAC also plans to hire a full-time Hospital to Home Coordinator. The Director reports to the Executive Director. There is also a Quality Assurance and Compliance Manager who reports to the Executive Director. There is a QA and Compliance Specialist who works under the QA Manager. CAAC also works with a managed care plan to provide case management to its members. CAAC has a Community Outreach Program Supervisor and three COP Health Coaches. The Health Coaches serve a 7-county area for the managed care plan.
- The Community-Based Services Director position is currently vacant, but it will be filled by the beginning of the fiscal year. The Director oversees the programs included in the CBS Division. The staff is responsible for the Senior Nutrition Program (including senior centers and supportive services), the State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol Project (SMP), MIPPA Programs, the Alabama Cares Family Caregiver Program, the Ombudsman Program, Elder Abuse Prevention and Education, SenioRx (prescription drug assistance program), Evidence Based Programs, Title III Homemaker, Home Modifications, and the Aging and Disability Resource Center. All of those program coordinators report to the Division Director. CAAC also receives a grant from the Alabama Department of Senior Services to administer the statewide Dementia Friendly Alabama (DFA) program who reports directly to the Executive Director. CAAC also recently received an ACL

Alzheimer's Disease Initiative Program Grant. The Project Director and a Care Manager will work under this grant. The Project Director will answer directly to the Executive Director.

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

In order to help individuals and persons with disabilities live with dignity and independence, CAAC is expanding training to staff, outreach, education, and training to individuals, families, and their caregivers. CAAC has purchased 100 "seats" with Trualta, Inc. which is an on-line training platform for caregivers. CAAC will also continue to expand its partnerships and provide services and referrals for actual services, as well as resources and benefits to promote financial security. CAAC will host annual inter-agency round table discussions with other professionals to develop and strengthen partnerships and coordination among agencies, hospitals, long-term care institutions, and other non-profit organizations. CAAC will also partner with the Alzheimer's Foundation of America to provide a minimum of two in-person trainings and 10 virtual trainings per year. We will provide supportive services, meals, evidence-based wellness programs, Ombudsman services, and caregiver support to promote the independence and well-being of our targeted populations in the service area.

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

During the next four years, CAAC will work to ensure that older individuals and persons with disability have access to services to assist with daily living. The ADRC will complete screening forms on 65% of callers and conduct targeted follow-up. CAAC will work on professional development/training for staff, partnership development, an expanded data base of resources, outreach and education of available services, benefits, long-term care options, supports, and payment options. The Community Outreach Committee plans outreach events, including Third Thursday Talks (Zoom), You Tube videos, constant contact e-mail blasts, etc. The group will continue to work to brand CAAC as the "one stop shop" for aging and disability services. CAAC will use You Tube, Face Book, Zoom, constant contact, TV, radio, and print media to reach the community and elderly and disabled populations.

CAAC will provide Disease Prevention and Health Promotion Services through its SHIP program and through Title III B activities. CAAC will promote the use of the Medicare preventative benefits to Medicare beneficiaries through one-on-one counseling, public education and outreach events, and the distribution of information through varied avenues. We will screen and assist in applying for public benefits through the MIPPA program and educate,

work to prevent and report fraud. We will distribute disaster preparedness information, as well. Currently, our ADRC is keeping updated information on the pandemic, vaccination sites, and is providing information and assistance to callers needing assistance.

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

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

Section II: Context

Demographics and Overview

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

The largest county in the service area is Montgomery. Montgomery County is 784.2 square miles and is the 22nd largest county in Alabama by area. According to the U. S. Census Bureau, the 2018 population was 226,486. According to the same source, the 2018 estimated population of Autauga County was 55,869, and Elmore County was 81,209. The largest city in the MSA is Montgomery, with a population of 201,717.

A map of the CAAC planning and service area is included in the Exhibits.

The population of the service area continues to change. According to AL. Com, Alabama in 2040, it is estimated that from 2010 to 2040, the population of the tri-county area will increase significantly. The largest population increase is expected to be in Elmore County with a 130.6% increase. Autauga

County is not far behind with an expected 112.1% increase. Current trends show that Montgomery County's population will increase only by 58.4%. The total population of the service area is expected to increase to 79,062 by the year 2040.

The U. S. Census Bureau shows that the total population of Autauga County is 55,869 which is comprised of 76.3% Caucasians, 20.1% African Americans and 3.6% other. The 65+ make up 16% of the population, and the average life expectancy is 77.7 years. There are 7,782 people age 65-84 and 6,871 who are 85 and older. Of those, 3,787 are male and 4,866 are female. The death rate for all populations is 9.6% for all races, with the number one cause of death being heart disease. The second and third causes of death are cancer and stroke. According to the United States Census Bureau, the median household income is \$58,731 with 12.1% of the population living at or below poverty. There are an estimated 5,272 veterans living in the county.

According to the United States Census Bureau, the population of Elmore County is 81,887. The median household income is \$60,891 with 11.4% of the population living at poverty or below. The number of veterans residing in the County is 6,594. The life expectancy is 76.1 years of age, and the median age is 38.9. Caucasians make up 75.7% of the total population, with the remaining 24.3% being African American. There are 4,913 white males age 65 and older and 5,832 white females. Of all races, 15.1% of the population is 65 and older. The leading causes of death in the County for both males and females is heart disease and cancer.

Montgomery County is the largest county in the service area. The United States Census Bureau shows the population for Montgomery county as 226,486. Montgomery County is experiencing minimum growth. African Americans make up 59.3% of the county's population. There are 34,173 individuals 65 and older who reside in the county. The 65 + population is comprised of 18,776 Caucasians and 15,397 African Americans. The median household income is \$50,124, and 15.8% persons live at the poverty level or below. There are 16,668 veterans residing in the county. Montgomery County's Health Profile shows a life expectancy of 76.5 years. The leading cause of death is the same as the other two counties – heart disease.

See Table V below regarding general information about the service area.

TABLE V
MISCELLANEOUS CHARACTERISTICS BY COUNTY

POPULATION 65 YEARS AND OLDER

	AUTAUGA	ELMORE	MONTGOMERY
Grandparents 65+ Caring for Grandchildren	845	1,270	4,911
Education Levels 65+			
Less Than High School	18.6%	18.1%	17.3%
High School	35.4%	33.1%	26.9%
Some College/Associate's Degree	12.5%	15.1%	16.4%
Bachelor's Degree	9.5%	7%	11.7%
Non-Institutionalized Persons with Disability, Age 65+	49.1%	46.7%	44.9%
Percent of persons age 65+ who live alone	27.5%	24.6%	30.6%
Total Married 65+	54.7%	55.4%	45.5%

Source: Alabama Aging Statistics By County – The University of Alabama Center for Mental Health and Aging

Due to the increasing 60+ population and the increasing number of individuals 60+ who are being diagnosed with dementia, it is a major health concern in the tri-county area. Dementia is a condition that is caused by the progressive loss of intellectual functions. Although many things can cause dementia, Alzheimer's disease is the most common. Alzheimer's disease is caused by nerve cell death. Once a nerve cell (brain cell) dies, the function is lost. The person with Alzheimer's disease becomes increasingly impaired as cells continue to die. Although much research is being done,

scientists are not sure what triggers the onset of this disease. According to the 2021 *Alzheimer's Disease Facts and Figures* report, over 96,000 Alabamians are living with Alzheimer's Disease, and it is estimated that 110,000 will have the disease by 2025. One in 10 people age 65 and older has Alzheimer's Disease, and almost two-thirds of those are women. African Americans are almost twice as likely to have dementia as older Caucasians. In 2017, 304,000 family members and friends provided 346,000,000 hours of unpaid care in Alabama. The majority of caregivers are women, and approximately one-fourth are in the "sandwich generation", caring for a parent and their children.

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

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

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

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

The Census Bureau of the United States Department of Commerce estimates that the population of Alabama and of the three counties in Central Alabama Aging Consortium's service area will continue to increase. Refer to Table VI on the following page for more detailed information.

Around 2006 or so, the proportion of the population that is aged 60+ began to increase rapidly. This marked the point at which those who were in the large birth cohorts that followed World War II began to join the ranks of the elderly. A rapid increase in the growth of the elderly population is occurring each year as those born between 1946 and 1964 (the "baby-boom" generation) move into the older age groups. While a significant increase in the elderly population has already occurred within the tri-county area over the last three decades, the growth rate will continue to accelerate even more as the "baby boom" generation continues to age and to live longer than other generation in history. Refer to Table X on the following page to view the anticipated growth numbers in Central Alabama Aging Consortium's service area. Note that the projections show that the 60+ population will increase at a higher percentage than the general population.

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

<u>Age 65+ Population</u>								
AREA	2010		2020		2030		2040	2010- 2040
	No.		No.	%	No.	%	No.	%
Autauga	6,546		8,476		11,466		13,882	112.1
Elmore	9,436		13,651		18,850		12,321	130.6
Montgomery	27,421		33,914		41,547		43,423	58.4
Alabama	657,792		851,293		1,067,787		1,144,172	73.9

Source: U.S. Department of Commerce, Census Bureau

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

Transportation is vital to the service delivery system. Autauga County has a rural transportation program for its senior citizens and those with disabilities which is operated through the Autauga County Commission. Services include transportation to medical appointments, and transportation to Montgomery for eligible services is available. Central Alabama Aging Consortium contracts with this program to provide transportation to and from its senior centers and to special events sponsored by the Consortium. The City of Prattville provides transportation to its senior center. Elmore

County does not have a rural transportation program. However, the City of Eclectic, the City of Wetumpka, and the City of Tallassee provide transportation to and from the senior centers and to special events. The City of Tallassee will provide transportation to medical appointments in the city. The YMCA provides transportation to the senior center in Millbrook. However, no transportation assistance is available to medical appointments or other services. The City of Montgomery has a public transportation service, and para-transit transportation service, as well as transportation by the Parks and Recreation Department to their senior centers. There are also several private pay transportation companies. There is no public transportation available outside of the City of Montgomery. CAAC will continue to work with the counties and cities to identify potential funding sources for transportation and will continue to assist with funding to the extent allowed under the programs administered by the AAA.

As stated, a member of each of the county commissions serves on the Consortium Board. Each of the commissions pays dues to the AAA to be used as a match for the federal and state funds. Each of the cities and towns also pay dues to assist with the support of services provided in their communities. The Executive Director and CAAC's Board Chair (District V Montgomery County Commissioner) will meet again with the Mayor of Pike Road to discuss the services provided to senior citizens and those with disabilities in his town, the value of those services, and the importance of the town's support of the AAA.

Evaluation of Needs Assessments

During a 3-month period in 2021, CAAC conducted Needs Assessments of the targeted populations in our service area. An analysis of those assessments indicates that the top 10 needs in the tri-county area are:

1. In-Home Services
2. Transportation Assistance
3. Meal Assistance
4. Medical Supplies/Equipment (incontinent supplies, shower chairs, adaptive equipment)
5. Caregiving Services
6. Medication Assistance
7. Legal Assistance
8. Medicare/Medigap/Extra Insurance Assistance/Counseling
9. SNAP Assistance
10. Help Paying Utility Bills

CAAC will address these needs as follows:

- CAAC currently has 488 approved clients on the Elderly and Disabled Waiver program. The agency began FY21 with 435 clients has added 57 additional clients this year. CAAC receives

referrals for the Elderly and Disabled Waiver Program daily and works diligently to complete initial assessments in a timely manner and follow the process through to approval and the staffing of services to prevent institutionalization. We will publicize the program so that people are aware of the program and how to apply for assistance.

- Although there is limited private-pay transportation in Elmore County and South Montgomery County, transportation to medical appointments in Montgomery is a gap in services that is not easily addressed. CAAC will work with the County Commissions and the Central Alabama Planning and Development Commission for potential solutions, including the possibility of transportation funding grants. CAAC will also continue to refer to resources that are available, including private pay options. CAAC funds transportation to our senior seniors. CAAC is also working with the Montgomery Transit System in the City of Montgomery.
- Currently, there is not a waiting list for homebound meals in Autauga and Elmore Counties. However, there is a waiting list for the City of Montgomery. According to last report from the Montgomery Area Council on Aging (MACOA), one of CAAC's contractors in the City of Montgomery, they have a waiting list for homebound meals. However, CAAC has offered frozen door to door meals to those on the waiting list we were able to reach so those left are waiting to receive homebound hot meals. MACOA also serves meals not funded by CAAC. CAAC has significantly increased its frozen door-to-door meal program during the pandemic to those contacting our office for homebound meals. There is no waiting list for meals served from the congregate nutrition sites.
- CAAC provides assistance with incontinent supplies, shower Chairs, blood pressure monitors, Emergency Response Systems, and other supplies through its Alabama Cares Supplemental Services program, Medicaid Waiver Program, its Community Outreach Program, and to individuals who call into the ADRC requesting assistance. Supplies are purchased with program funds for the programs mentioned. For those callers referred through the ADRC who not eligible for one of those programs, we provide the assistance from donated supplies, or CAAC purchases the supplies with funding donated from our 501© 3, AMES, Inc.
- The Alabama Cares Program provides services to caregivers in accordance with program guidelines. In FY 20 (during the COVID-19 pandemic), CAAC's Alabama Cares Program provided caregiver access assistance to 245 caregivers, caregiver education to 237 caregivers, caregiver respite services to 77 clients, and caregiver supplemental services (such as Emergency Response Systems and incontinent supplies) to 48 clients. A statewide rating system is used to determine greatest need for services. Referrals are assessed as they are received. The Coordinator manages this list and evaluates referrals for greatest need, including those with a diagnosis of dementia. CAAC recently added a Caregiver Counselor to assist the Coordinator. CAAC also provides assistance to caregivers through our Dementia Friendly Alabama program, including education and training, activities, and the building of dementia friendly communities. CAAC was recently approved for an ACL Alzheimer's and Dementia Program Initiative Program grant. We are in the planning phase of this grant, but we will be adding additional assessments and several additional services for those caring for someone with dementia.
- Through SenioRx, CAAC provides medication assistance within the guidelines of the program and pharmaceutical companies. We work with The Wellness Coalition and Medical Outreach Ministries to reach those in need. This past year, the coordinator identified a need for co-pay assistance. The AMES Board approved funding for a pilot project that we started this year.
- CAAC contracts with Legal Services of Alabama for our Title III Legal assistance program. We have an attorney in our office 20 hours a week who provides legal services as outlined in Title III of the Older Americans Act.

- The SHIP Coordinator will continue to recruit and train peer volunteers to assist Medicare Beneficiaries with their Medicare needs. The Coordinator will use media, including TV, radio, print, and social, to educate beneficiaries so that they have accurate information to make informed decisions. The Coordinator will also participate in area health fairs and conduct public education events throughout the service area depending on pandemic guidance. The ADRC staff will make referrals to the SHIP as assistance is identified during the initial screening process. The SHIP Coordinator will plan and schedule Part D enrollment events during the annual election period and will assist beneficiaries in comparing and applying for prescription drug plans or Medicare Managed Care plans. The SHIP program will also run commercials during the annual election period.
- CAAC's ADRC program also screens callers for food assistance (AESAP and SNAP) and provides application assistance and follow-up.
- Currently, CAAC does not have a utility assistance program. However, if utility assistance is identified as a need during the ADRC assessment, they do link the clients to our community partners who do provide this type of assistance. The ADRC specialists follow-up with the clients to verify that they received the needed assistance.

A total of 384 assessments were completed. Of those, 67.6% were completed by females and 32.4 % were completed by males. 238 individuals had a household income of \$1308 per month or less. 20% of individuals completing the assessment indicated that they were caring for one or more persons, not including children. The majority of those answering the assessment had a high school education or GED, but no college. Also, the majority also were either single or widowed.

CAAC did not hold town hall meeting due to the COVID-19 pandemic. However, we did review information from the statewide virtual town hall and have given consideration of those results in this plan.

Challenges and Advantages

The primary challenge to meeting the many of the needs of those in our service area is serving our targeted populations during the Covid-19 pandemic. The pandemic has created new challenges, with the main one being serving our clients while keeping them and our staff safe, with minimum exposure to the virus. Home visits are a challenge. Education is a challenge. Social isolation of our elderly population is a challenge. Provision of services is a challenge.

However, during the pandemic, we have received a significant amount of increased funding which has allowed us to increase the number of meals served and to provide additional needed services. CAAC also develops and works with other agencies and community resource providers to maximize the resources available. This includes coordinating services and working together to meet the needs of our clients. Transportation is an issue, particularly in Elmore County. The Central Alabama Planning and Development Commission is exploring the possibility of a transportation program for Elmore County. CAAC will be a part of the planning process. However, in the past, transportation for the elderly and disabled has not been a priority for the Elmore County Commissioners. Transportation in all three counties continues to be an area of concern for CAAC and the individuals we serve.

CAAC has funding and has been able to add door-to-door homebound frozen meals for clients where there is no hot meal delivery route. We hope to be able to continue serving these meals in the future. CAAC will be hiring a part-time ENP program assistant to help with updating the Client Intake Forms for these clients. CAAC also works with SARPC and its grant to provide SNAP assistance to eligible individuals.

During the pandemic we have created and distributed Activity Booklets, purchase and distributed 750 Activity Boxes with crafts, activities, and information, and distributed robotic pets. We are also in the process of starting a telephone reassurance program.

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

CAAC has a knowledgeable and veteran SHIP Coordinator to help with Medicare and Medicaid questions. All 3 of CAAC's ADRC Coordinators are also trained SHIP counselors. They can assist with applications for public benefits and can help with Medicare and Medicaid issues, benefit questions, and other related matters.

CAAC, with funding from the Alabama Department of Senior Services is working in our area and with partners throughout the state to create dementia friendly communities. We are building partnerships, and working on resources to assist caregivers, especially those caring for loved ones with dementia. The partnerships have been beneficial to the agency in a number of ways, including funding opportunities, educational partnerships in the community, dementia friendly businesses and schools, and access to additional resources and tools. The proposed grant for the next year will include education on dementia to elementary age children statewide through mini grants from CAAC to the other AAAs. CAAC +-9*

The geographical location of the counties in the service area is an advantage. From our office, staff can reach all areas in one hour or less driving time under normal traffic and weather conditions. The accessibility of the service area makes scheduling home visits, educational events, and health/senior fair participation more feasible than in areas that cover large geographical areas.

Goals, Objectives, Strategies and Projected Outcomes

Central Alabama Aging Consortium has developed the service delivery plan with goals, objectives, strategies and outcomes based on the U.S. Administration on Aging and the Alabama Department of Senior Services State Plan priority areas.

GOAL 1

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

OBJECTIVE 1

Promote and support service provision and sustainability of OAA programs

FOCUS AREA A: OAA PROGRAMS

Title III-B (Supportive Services)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">• Provide transportation to and from the senior centers for 200 unduplicated individuals• Provide recreation activities to 950 unduplicated clients• Provide Homemaker services to a minimum of 40 unduplicated clients• Conduct outreach for meals/senior center participation to 1,000 unduplicated individuals• Title III Outreach and Marking of CAAC services to minimum of 1200 individuals through newsletter, constant contact, Third Thursday Talks, etc• A minimum of 300 unduplicated clients will receive I & A through CAAC's ADRC• A minimum of 1,000 individuals will receive I & A through CAAC's ENP program• Ombudsmen will provide 500 units of I & A – 250 consultations to facilities and 250 to individuals	<ul style="list-style-type: none">• 200 individuals receive a congregate meal, participate in Center activities, Socialization• 950 unduplicated clients will benefit from recreation, enhancing their over-all well-being• 40 unduplicated clients will receive services to help them remain in their homes• 1000 unduplicated individuals will receive info about the senior centers and receiving meals.• At least 1200 individuals will receive information on CAAC programs and services and be given the information to contact our ADRC for screening and referral for benefits and services• 300 individuals will receive information and referral to link them to services and benefits• 1000 individuals will be given the opportunity to be a part of the senior center and receive meals• Individuals will be educated on SNF/SCALF/ALF guidelines and have specific questions answered on topics

<ul style="list-style-type: none"> • CAAC will contract with Legal Services Alabama to provide cost free legal services to a minimum of 650 unduplicated clients 	<ul style="list-style-type: none"> • At least 650 clients will receive no cost legal assistance to include Advance Directives, Wills, Tenant Disputes, etc.
Title III-C (Nutrition)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide congregate meals (or curbside due to pandemic) to a minimum of 1,000 unduplicated clients • Provide homebound meals (hot and frozen) to a minimum of 850 unduplicated individuals • Nutrition counseling will be provided as requested through a Certified Dietician 	<ul style="list-style-type: none"> • A minimum of 1,000 clients will receive a hot meal once per day either in the center or via curbside service • A minimum of 850 unduplicated individuals will receive hot or frozen homebound meals • Individuals requesting nutrition counseling will have the opportunity to receive the services
Title III-D (Evidence-Based Disease Prevention and Health Promotion)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide a minimum of 1 CDSMP class per quarter with a minimum of 32 completers each year • Provide a minimum of 1 Matter of Balance Class per quarter with a minimum of 32 completers each year • Provide a minimum of 12 Geri-Fit classes with 145 minimum participants. (Classes may be limited due to pandemic) 	<ul style="list-style-type: none"> • Completers will learn how to better manage their chronic illnesses, resulting in an improved quality of life • Completers will learn fall safety – including how to prevent falls, how to prevent injury, and how to fall “safely” • Participants will build strength and balance; Promotes healthy aging
Title III-E (Alabama CARES)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Use statewide assessment tool to determine greatest need of referred clients 	<ul style="list-style-type: none"> • Caregivers with greatest need will be given priority in receiving Program services

<ul style="list-style-type: none"> • A minimum of 500 caregivers will receive caregiver education • A minimum of 500 caregivers will receive caregiver assistance • A minimum of 500 caregivers will receive caregiver information • A minimum of 80 caregivers will receive respite services • A minimum of 80 caregivers will receive supplemental services 	<ul style="list-style-type: none"> • Participating caregivers will be better informed about caregiving topics and resources • Caregivers will receive assistance that will help them be successful as caregivers • Caregivers will receive information on specific topics to assist with caregiver topics/issues • Caregivers will receive self-directed respite services to give them a break from caregiving in order to reduce caregiver stress and burden • Caregivers will receive supplies to help ease financial burden and other services such as Emergency Response Systems to ease burden
Title V (SCSEP)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Non-Applicable 	<ul style="list-style-type: none"> • Non-Applicable
Title VII (Ombudsman)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide Complaint Resolution to a minimum of 200 individuals • Provide a total of 500 consultations each year – 250 to facility staff and 250 to individuals • Conduct 14 SNF routine visits each quarter (As allowed during the pandemic) and 25 ALF/SCALF visits twice per year • Conduct 24 Public Education Events each year 	<ul style="list-style-type: none"> • Ombudsmen will work to resolve complaints in the best interest of the residents • Informed facility staff and community residents • Identification and resolution of resident/family issues; Over-all assessment of facility • Better educated community on LTC options, guidelines

<ul style="list-style-type: none"> • Participate in 13 family councils and resident councils each year (As allowed during the pandemic) • Conduct one Inter-Agency Council Meeting per year • Host an Ombudsman Advisory Council Meeting per quarter • Provide 3 in-services to SNF staff and 2 ALFS/SCALFs per quarter 	<ul style="list-style-type: none"> • Informed residents and family members • Exchange of ideas/identification of gaps and needs of LTC resident/ Partnership Building • Advisory Council Input and Assistance/ Work on identified systems change issue • Trained staff
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GOAL 2
 Ensure that older individuals and persons with disabilities have access to services to assist with daily living

OBJECTIVE 2
 Promote, advocate, and support service provision, sustainability, and expansion of ACL discretionary grant programs and other funding source programs

ADRC	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Using Peer Place to screen callers, ADRC will provide a minimum of 5,000 units of I & A to a minimum of 3500 unduplicated clients • ADRC will conduct follow-up calls to a minimum of 1,500 clients • ADRC will participate in a minimum of 1 outreach event per quarter • ADRC will continue to screen for social isolation and distribute robotic pets to help combat loneliness. The goal is to distribute 20 pets. • ADRC will continue COVID-19 Access activities and will provide access assistance as identified 	<ul style="list-style-type: none"> • Clients will be screened for and linked to services to assist with daily living. Clients will receive referrals, application assistance, if needed • ADRC staff will assure that the callers received the assistance they needed. • Event participants will receive information about agency services • Senior Citizens experiencing social isolation will feel less lonely, improving over-all health of the individuals receiving the pets • Homebound clients who need vaccines will receive them; individuals who need vaccine information will receive it
MIPPA	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide explanations of MSP and LIS, screen for eligibility, and assist with completion of applications to 1,200 clients (AAA) • Conduct a minimum of 12 outreach events, distributing benefit information to at least 1,000 individuals (AAA) • Participate in a minimum of 12 Health Fairs (In-person/virtual). Distribute information via social media platforms and web-site to a minimum of 1,000 individuals (ADRC) 	<ul style="list-style-type: none"> • 1,200 individuals receive information on MSP & LIS and will receive application assistance if eligible and benefit information • A minimum of 1,000 individuals will receive benefit information and where to get assistance if needed • A minimum of 1,000 individuals will receive benefit and agency information and know where to get assistance, if needed

<ul style="list-style-type: none"> • Provide SNAP/AESAP information/application assistance to a minimum of 1,000 individuals (ADRC) • SHIP/ADRC will collaborate to serve Medicare beneficiaries eligible for MSP (SHIP) • Distribute information to a minimum of 1,000 individuals on Medicare Preventive Benefits 	<ul style="list-style-type: none"> • A minimum of \$100 individuals will be screened for SNAP/AESAP eligibility. Those eligible will receive application assistance • Medicare beneficiaries who meet the criteria for MSP will receive application assistance • Medicare Beneficiaries will be educated on Medicare’s preventive benefits and use those benefits to improve over-all health
SMP	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • CAAC will conduct a minimum of 1 fraud conference each year (In partnership with SHIP) • Distribution of fraud materials to a minimum of 1,000 individuals (In partnership with SHIP) • Handle reports (complex issues) as outlined in grant agreement 	<ul style="list-style-type: none"> • Attendees will be educated a more aware of Medicare/Medicaid Fraud – Prevent, Detect, Report • Attendees will be educated a more aware of Medicare/Medicaid Fraud – Prevent, Detect, Report • Reports will be made so that CMS is aware of the alleged fraud
SHIP	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide one-on-one assistance to 5,000 unduplicated beneficiaries each year • Host a minimum of 16 Medicare Open Enrollment Events each year • Conduct a minimum of 60 presentation each year • Provide a least one training toe Medicaid Waiver Staff each year 	<ul style="list-style-type: none"> • Medicare beneficiaries will receive one-on-one help with Medicare Part D, Enrollment, Information • Medicare Beneficiaries will receive one-on-one assistance with comparing plans and getting enrolled • Medicare Beneficiaries will receive an explanation of Medicare Parts A, B, C, & D and related programs • Staff will be trained and able to assist their clients as needed

<ul style="list-style-type: none"> • Strive to meet the PM Goals included in the grant agreement through outreach, education, screening, enrollment events and one-on-one counseling 	<ul style="list-style-type: none"> • CAAC will assist more Medicare beneficiaries with their individual needs, providing them with needed assistance and information to make informed decisions
Disaster Preparedness	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Annual Disaster Training for staff (Additional training as deemed necessary by Executive Director) • Maintain the capability of all staff to be able to work from remotely • Use of technology such Zoom, Microsoft Teams, Conference Calls, You Tube to reach staff and provide outreach and education to targeted populations • Targeted IT Training to prevent hacking and protect Public Health Information (PHI) • Staff required to use Virtru when sending e-mails containing PHI • All agency cars are equipped with Emergency Bags • Agency Emergency Plan is reviewed and updated annually 	<ul style="list-style-type: none"> • CAAC staff will be prepared if/when our area experiences a disaster • Staff will be able to work from home during a disaster without a disruption in services • CAAC management will be able to remain in contact with staff during a disaster, and CAAC will be able to remain in contact with our clients and targeted populations • The goal is to prevent a breach of PHI • The goal is to prevent a breach of PHI • To help ensure safety of staff who use the cars in the course of doing their job(s) • Updated emergency plan with information E.D. and other management staff needs during an emergency
SenioRx	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide Medication Assistance to a minimum of 300 clients • Strive to meet the per county goals set by ADSS (Contract with Wellness Coalition and Coordinator) 	<ul style="list-style-type: none"> • A minimum of 300 individuals regionwide will receive medication assistance • If the goals are met, CAAC will serve more clients. However, we have not attained the 2.8% goal since it was set.

<ul style="list-style-type: none"> • Participate in a minimum of 12 outreach events to promote the services provided by the program • Marketing of SRx through Zoom, You Tube, Face Book and other forms of advertising 	<ul style="list-style-type: none"> • More individuals included in the targeted populations will know about the program and apply or make referrals • More individuals included in the targeted populations will know about the program and apply or make referrals
Medicaid Waiver (E&D, ACT, TA)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Add a minimum of 50 new clients to the E & D waiver program each year (as slots allow) • Provide case management services to a minimum of 550 E & D program clients per year • CAAC’s Transition Coordinator will transition a minimum of 12 clients per year from SNF to home • Provide ACT case management services to a minimum of 35 ACT clients each year • Provide RN Case Management Services to a minimum of 3 TA waiver clients each Year • Contract with direct service providers to provide allowable services under each of waiver programs, staff clients and monitor work performed 	<ul style="list-style-type: none"> • 50 additional persons will be added to the program and receive HCBS in to help them remain at home in the community • All clients will receive monthly case management face-to-face visits & services outlined in a person-centered care plan • Clients transitioned from SNF facilities to the community will receive ACT Waiver services to help them remain at home • ACT Waiver Clients will receive monthly case management visits & services outlined in the Person-Centered Care Plan • TA Waiver clients will receive monthly case management visits from an RN Case Manager who arranges needed services • Clients of the waiver programs will received services from the direct service providers as outlined in their Care Plans to assist them with covered services so they can remain in the community

GOAL 3

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

OBJECTIVE 3

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

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

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • All clients on the Medicaid Waiver Programs will participate in the preparation of a person-centered care plan, life planning, and prioritization of consumer goals and self-management of those goals • All clients approved for the Medicaid Waiver Programs have the option of choosing the Personal Choice Program • All clients approved for the Medicaid Waiver Programs, Homemaker Program, and Alabama Cares Program have the “freedom of choice” to choose any provider from the approved list of direct service providers to provide services • All Medicare Beneficiaries who seek Comparison and Enrollment Assistance through CAAC’s SHIP program are given a minimum of the top 3 (less expensive) options identified by the Medicare Plan Finder • Individuals 60 and older and their spouses have the option to choose which of the area’s senior centers they would like to attend 	<ul style="list-style-type: none"> • All Medicaid Waiver clients will have the opportunity to direct and maintain control and choice in the provision of their services provided under the program • All Medicaid Waiver clients will have the opportunity to self-direct the services they receive under the program(s), using a person of their choice to provide the services • All Medicaid Waiver Program, Homemaker Program, and Alabama Cares Program clients can direct and maintain control of the provision of services • Medicare Beneficiaries receive options and information so that they can make an informed choice about their healthcare and prescription drug plan • Eligible individuals make the decision about which of area’s senior centers meet their needs and can attend as many days as they choose to attend each week

GOAL 4

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

OBJECTIVE 4

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

FOCUS AREA D: ELDER JUSTICE

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Host annual Elder Justice Conference with a minimum of 50 attendees • Distribute a minimum of 200 Elder Abuse Prevention Toolkits each year • CAAC’s Lead Ombudsman will continue to be a part of the Montgomery County Elder Abuse Task Force formed by One Place Family Justice Center and the Montgomery District Attorney’s Office • CAAC’s Executive Director will continue to serve on the Alabama Council for the Prevention of Elder Abuse. She currently chairs the Community and Professional Outreach Committee • CAAC staff will report suspected abuse to the appropriate state agency • Staff will provide a minimum of 4 community Elder Abuse educational programs each year • CAAC Ombudsman will provide an Elder Abuse Ins-Service to facility staff in at least 4 facilities each year • Each year, CAAC will host a World Elder Abuse Awareness Day event 	<ul style="list-style-type: none"> • Attendees will be made aware of current Elder Justice statistics and information that can be used to ensure and promote prevention of Elder Abuse • Individuals receiving the toolkits will be able to identify the types of abuse, red flags of abuse, common scams, and how to report suspected neglect or abuse • Ombudsman will be aware of issues occurring in Montgomery County and work with the Task Force to educate the community and elders • Promotion of the prevention of Elder Abuse locally and statewide; The creation of materials to be used to educate professionals and caregivers about elder abuse and the prevention of elder abuse • The appropriate agency will receive the referral and can investigate and take appropriate action for each incident • Attendees will be more aware of the types and signs of elder abuse, as well as how and where to report • Facility Staff will be trained on the prevention of elder abuse • Awareness of the problem of Elder Abuse and its impact on the elderly

GOAL 5

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

OBJECTIVE 5

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

FOCUS AREA E: ADDRESSING CHALLENGES (see State Plan on Aging page 6 challenges and page 27 Focus Area E (Funding challenge taken out))

Dementia (Alzheimer's)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">• Distribution of Dementia Resource Guides in CAAC's service area (Will provide to other AAAs as requested through State Dementia Friendly Alabama grant)• Provide training to 1st through 5th grade students in a minimum of 3 local schools using the books <u>Dancing with Grandpa</u> and <u>Why Did Grandma Put Her Underwear in the Freezer</u>. Each grad will receive a copy of each book for their library (Through the DFA grant, this project will be implemented statewide in 2022 for one year)• Distribution of robotic pets in order to manage difficult behaviors. (Through the DFA grant, 20 robotic pets will be distributed to 9 other AAAs in 2022)• Promote the Dementia Friendly Alabama website and will keep the website updated with current information	<ul style="list-style-type: none">• Increased knowledge of dementia resources• Awareness of dementia and help elementary age children to understand dementia and to not be afraid to interact with those with dementia. Early training for the caregivers of tomorrow• Decreased Caregiver burden and stress• One-stop access to dementia/Alzheimer's Disease information and resources

- Conduct a minimum of 4 Virtual Dementia Tour and /or AFA’s Dementia Experience trainings per year, providing virtual reality training to a minimum of 100 individuals
- Host at least 2 AFA Partners in Care Training each year
- Host a minimum of 6 Memory Cafes for those with dementia and their caregivers (If possible, due to the pandemic)
- Provide education on dementia to a minimum of 100 individuals each year
- Purchase “seats” for Trualta, Inc., a web-based training tool, for up to 100 caregivers of those with dementia
- Conduct an annual caregiver conference
- Conduct tailored assessments through the use of the Tailored Caregiver Assessment and Referral evidence-based intervention and services(T-CARE) funded by CAAC’s ACL ADPI grant
- Provide increased services, including home modifications, homemaker and personal care services, behavior management tools such as gizmo gadgets, Pop-Its, Fidget Blankets, emergency response systems, etc. to those with dementia through the ACL ADPI grant. We will also use other dementia tools, such as the Alabama Brief Cognitive Assessment and the Living Alone Assessment to assess need and will develop a person-centered care plan for each person.

- Better understanding of dementia and how it affects the person who has the disease. Helps participants to see the reality of the disease
- Better trained professional and family caregivers; Greater understanding of the disease and interventions
- Reduced caregiver stress and burden; Socialization with other caregivers and their loved ones with dementia
- Promotes dementia friendliness; Better understanding of the disease and those who have it
- Education on specific topics being experience by caregivers; Relieve caregiver stress and burden
- Education and resources for caregivers of those with dementia
- Reduced caregiver stress and burden; Reduction of unmet needs; Improved Quality of Life for the person with dementia
- Reduced caregiver stress and burden; Reduction of difficult behaviors and unmet needs; Improved quality of life for the person with dementia

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Direct Service Provider Workforce	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Advocate for increased rates for direct service workers • Conduct Semi-Annual Trainings for the Direct Service Provider Agencies • Advocate for a systems' change so that the DSPs do not have to be audited by all of the agencies with whom they contract • DSP Recognition Event each year • Quarterly newsletter to DSPs 	<ul style="list-style-type: none"> • Reduction of worker turn-over; Increased client satisfaction • Improved agency/DSP relationship; Improved service to CAAC clients • Reduction in duplication of work; Reduction of DSP and AAA burden • Improved AAA/DSP relationships; Improved services to CAAC clients • Informed network of DSPs; Improved services to CAAC clients
Caregiving	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Annual Caregiver Conference • Quarterly Caregiver Newsletter to a minimum of 50 caregivers each quarter • Education and Training through VDTs, Dementia Experience, Trualta, Zoom, You Tube, Face Book to a minimum of 250 individuals each year • Provide supplemental services such as incontinent supplies or emergency response systems to a minimum of 80 caregivers each year 	<ul style="list-style-type: none"> • Informed caregivers; Awareness of available resources • Latest news and information; Resources • Informed caregivers; Awareness of available resources; Reduction of caregiver stress • Reduction in caregiver stress and burden; Decrease in unmet needs

<ul style="list-style-type: none"> • Distribute robotic pets to individuals who will benefit from them – Minimum of 20 per year 	<ul style="list-style-type: none"> • Reduction of caregiver stress; Improvement of quality of life for the person with dementia
Opioid Abuse	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide education to a minimum of 50 individuals each year on the dangers of opioid abuse • Provide medication reviews for all Medicaid Waiver Clients • Medical Case Management Referral for Medicaid Waiver Clients, if needed 	<ul style="list-style-type: none"> • Awareness of the dangers of abuse of opioids • Reported potential drug interactions and if taking prescriptions of the same type prescribed by different doctors • Medical Intervention
Population Increase	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Expand services to additional clients as funding allows; Diligent management of current resources • Intentional increase in outreach via Zoom, You Tube, social media platforms, e-mail in an effort to reach more people • Encourage internships and volunteer assistance (as determined safe due to the current pandemic) 	<ul style="list-style-type: none"> • Increased services to additional clients • Increased number of individuals with awareness of benefits, programs, and resources to assist to assist the elderly and disable populations in the service area • Additional persons to assist with providing needed services

GOAL 6

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

OBJECTIVE 6

Provide high quality, efficient services

FOCUS AREA F: QUALITY MANAGEMENT

Data Reporting/Information Technology	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Staff will use the system of record for each of the programs administered by CAAC and will receive training on such system prior to use • Staff access to program information and reporting systems is limited to those who need program access in the performance of their job responsibilities • All staff receive on-going training throughout the year through Threat Advice and Know Be 4. • Staff receive HIPAA training each year which includes training on identifying potential IT threats and the protection of PHI 	<ul style="list-style-type: none"> • System of Record Trained • Limited access – Can only access program relevant information and IT systems • Trained staff on the importance of IT security • IT security aware staff
Program Monitoring	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Monthly Report Review • Quarterly Program Meetings with Division Director and/or Executive Director • Employee Evaluations 	<ul style="list-style-type: none"> • Management aware of monthly program performance • In-person meetings to discuss goals, goal attainment, budget, challenges, and next steps • Evaluation and discussion of employee performance and areas of compliance/excellence and areas needing improvement

<ul style="list-style-type: none"> • Financial/Budget Checks and Balances and review • Organizational Structure • Annual Independent Audits • Annual Contract Assessments • Quality Assurance Review of all E & D and ACT Waiver files • Client Satisfaction Surveys • Program Provider Meetings 	<ul style="list-style-type: none"> • Management and program coordinator is aware of budget and expenditures • Allows for effective monitoring of each program • Thorough independent review of programs components and fiscal processes and transactions • Accountability of contractors for funds received • Review of 100% of MW client files to ensure program compliance and effective person-centered plans of care and quality services • Management tool to identify areas needing improvement and areas that do not • Clear understanding of policies, procedures, and expectations of contractors for each program
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Training	
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<i>Strategies</i>	<i>Projected Outcomes</i>
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<ul style="list-style-type: none"> • Provision of on-going professional development opportunities for Program Staff • New Hire Trainings on all CAAC programs • Annual ASN trainings for Medicaid Waiver Staff • Annual training required by ADSS and Medicaid • Certification training of new Program Staff as required by program guidelines 	<ul style="list-style-type: none"> • Well-trained staff; Improved provision of services, education, and training • Staff knowledgeable about all CAAC Programs • Improved provision of services; Program Compliance • Program Compliance; Improved provision of services • Program Compliance; Certified Program Staff
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Targeted Populations

According to the Older Americans Act, services are to be targeted to those persons who are in the greatest social and/or economic need. This includes low-income minority elders, persons with limited English proficiency, older persons with disabilities, those residing in rural areas and those who are at risk of institutionalization. Refer to the list below for some of the ways the agency is reaching the targeted populations.

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

In addition, CAAC has established partnerships and working relationship with many organizations that also serve the targeted populations. These organizations include but are not limited to:

Local Homeless Ministries	Public Housing Authorities
Rural Electric Cooperatives	Food Bank and Other Food Pantries
County Extension Offices	Family Guidance Center
Rural and Indigent Health Clinics	Social Security Administration
Alabama Department of Corrections	Senior Advantage
Medical Outreach Ministry	Catholic Social Services
Community Action Agencies	County & State Dept. of Human Resources
Senior Housing Facilities	Public Health Department
Minority & Rural Churches	Senior Employment Program
Mental Health Authorities & 310 Boards	211(Hands on River Region)
Veterans Administration	Adult Day Care Centers
Montgomery Area Community Wellness Coalition	Mid-Alabama Coalition for the Homeless The City of St. Jude (St. Jude Apartments)
Congregational Christian Church	His Grace Ministries
ADAP	One Place Family Justice Center
Montgomery County DA's Office	State of Alabama Attorney General's Office
The Alabama Securities Commission	

Concerted efforts will be made to develop additional partnerships with even more organizations as CAAC continues its efforts to develop formal partnerships with local agencies, organizations, and providers.

Trends show that CAAC is having more requests for home-delivered meals than ever before. The need seems to be particularly great in the City of Montgomery. With that said, however, CAAC is currently adding door-to-door frozen meals to many of those individuals. Due to the increasing aging population, it is likely that this trend for home-delivered meals over senior center meals will continue as we seek to provide assistance to those with the greatest need in the service area. CAAC will continue to direct the majority of flexible funding for meals toward home-delivered meals. The changes to Policies and Procedures for the GCL Coordinator/ACT Case Manager and the E & D Waiver Program will also have an impact on the delivery of services to the elderly and disabled. CAAC and the other area agencies on aging are working toward reaccreditation of our National Committee for Quality Assurance (NCQA) Case Management..

The Center for Demographic Research, Auburn University Montgomery, released “Socio-Demographic Projections for Autauga, Elmore, and Montgomery Counties: 2005-2035” It stated that the MPO area will experience an increase in senior populations, or population aged 65+, in the next three decades. However, due to their differences in age structures, each of the counties will have a unique senior population growth pattern. The lowest growth rate is expected in Montgomery County, where the change will add 33,718 more people aged 65+ by year 2035, compared to the year 2005. Autauga County is second in growth rate with 13,062 more senior persons in 30 years. Elmore County ranks number one in aging population growth rate, adding some 23,670 more people aged 65+ in its population in year 2035. These statistics are given in Table 9. These differences in growth of senior populations are primarily due to differences in mortality and migration across the MPO counties. Put together, the entire MPO senior population is expected to increase by 181 percent in the next three decades. As a percentage of the total county population, the number of people age 65+ is expected to increase from 10.2 percent in 2005 to 24.7 percent in 2035 in Autauga. A similar increase is expected for Elmore from 10.7 percent to 24.7 percent during the same period. Montgomery County’s senior population is expected to rise as well, from 11.8 percent of the total population in 2005, to 23.3 percent in 2035. There are several implications associated with the projected increase in the older population. According to the report, those include Medicare, retirement benefits, and senior housing facilities.

CAAC will continue to work with the three county commissions in the service area and the local governments to meet the needs of the elderly and disabled in the tri-county area. CAAC will also continue to work with other local partners, agencies, and organizations to serve the growing number of individuals needing services. The Agency will need to research and seek diverse resources in order to secure additional funding to meet the needs of the aging population.

CAAC conducts routine evaluations of all contract providers as well as the services provided directly by CAAC staff. Every center is visited at least once per quarter by the Nutrition Coordinator who monitors the quality and effectiveness of services. Annual program evaluations are conducted on every contract provider.

CAAC works extensively with volunteers to provide services to help identify the needs of the region’s seniors. Community volunteers are recruited to assist in several programs including SHIP, Ombudsman, Alabama Cares, senior centers, meal delivery, health screenings, virtual dementia tours,

etc. In addition, CAAC has working relationships with 211 Hands on River Region, Retired Senior Volunteer Program, AARP, faith based organizations such as Catholic Social Services and St. Jude Social Services, home health and hospice organizations, and local universities.

Central Alabama Aging Consortium supports a comprehensive service delivery system that provides long-term care in home and community-based settings. Services are provided directly by CAAC, through contracts with local service providers and through cooperative efforts with other community organizations. (A list of current contract providers is included in the Appendices.) In FY 2021 (as of 8/27), CAAC has provided full screening to 2,017 individuals, with 1,760 receiving follow-up. CAAC has provided adult day care to 4 clients, case management to 589 E & D waiver clients, homemaker services to 367, breakfast meals to 200, home-delivered meals to 272, personal care to 330, skilled respite to 10 unduplicated individuals. In that same time frame, 26 individuals received Title III Homemaker and Case Management Services. CAAC contracts with local agencies to provide the in-home services. Individual clients have the opportunity to choose which of the contracted providers they wish to receive their services from and have the opportunity to change the provider from whom they are receiving services should they wish to do so.

CAAC offers the Chronic Disease Self-Management program in all three of its counties. CAAC has a partnership with The Wellness Coalition to provide CDSMP classes. Also, CAAC has 2 Master Trainers for A Matter of Balance, a fall prevention program. CAAC will also be starting Ger-Fit classes. We were ready to start the classes when the coordinator resigned. We have hired a new coordinator and have paid for training. She will also be trained as a CDSMP Leader. CAAC also has 3 staff members trained as Care Transitions Coaches through the evidence-based CTI program.

Central Alabama Aging Consortium has strong partnership with the local Social Security Administration, working closely with them to assist Medicare beneficiaries as they become eligible for Medicare benefits or need to make changes in existing benefits. CAAC's SHIP program uses the agency's partnership with Medicaid to assist individuals with applications for the Medicare Savings Programs. The Ombudsmen also work with the Medicaid case workers to assist nursing home residents with their Medicaid applications. CAAC has Memorandums of Understanding with the local Mental Health Authorities and the local 310 Boards. CAAC's Board of Directors is comprised of the Mayors of the cities and towns in the service area, and each of them provides funding to CAAC to assist with the local match dollars needed for the federal and state funding.

The three county commissions in the service area also have representation on the Board of Directors. Each of the commissions provides local funding to CAAC as well.

CAAC has the ability for all of its staff to work remotely if needed during an emergency. CAAC has contact information for the Emergency Management Organizations for each of the three counties and has procedures in place for staff to follow in case of a pending or actual disaster. The plan also includes contact information for community partners and contractors. A copy of the Disaster Plan and the Continuity of Operation Plan is included in the appendices.

In 2015, CAAC began a Dementia Friendly Alabama program. Through state funding, CAAC continues to operate its program and expand the dementia friendly community project to other areas of the state. Through this program, we have developed partnerships with:

- Dementia Friendly America – A partner of the National Association of Area Agencies on Aging. CAAC is working with DFA to increase the number of dementia friendly communities in Alabama.
- Alzheimer’s Foundation of America – CAAC is working with AFA to bring their dementia training to Alabama. The plan is to offer in-person training at least twice a year, and CAAC will provide scholarships (paid by the state funding) to caregivers who want to attend the training. The training will be for family and professional caregivers.
- Alzheimer’s Association – The partnership includes a trainer from the AAA presenting lunch and learns at CAAC’s office. The programs are promoted by CAAC.

Each year CAAC hosts a golf tournament to raise funds for the dementia friendly community project. In 2021, CAAC profited over \$10,000 which was to the added to Dementia Friendly Alabama funds to provide dementia services.

CAAC formed a 501c.3 several years ago to work along sided CAAC to serve the elderly and disabled populations. AMES has a partnership with a local business to provide a percentage of profits to the non-profit agency. The non-profit, AMES, Inc., is currently providing funding for bags of foods we are distributing in the service area. We are distributing 100 bags of food at a time. AMES also funded the purchase of an additional 50 robotic pets and has approved funds for the purchase of incontinent supplies.

Closing Statement

Central Alabama Aging Consortium is the Area Agency on Aging for the tri-county. The purpose of the agency’s existence is to serve the elderly and disabled in our service area. CAAC coordinates services for these targeted populations in Autauga, Elmore, and Montgomery counties. The primary goal is to develop, coordinate, and support services in the community that promote an active and independent life-style where our targeted populations can live and thrive.

CAAC will continue to advocate for the vulnerable citizens that we serve. The Executive Director will continue to serve on the Alabama Council for the Prevention of Elder Abuse, and we will host a conference each year for caregivers and professionals. We will also continue to provide legal services at no cost to those 60 and older, working to prevent exploitation, unnecessary guardianships, evictions, and other issues that are so prevalent among those we serve. CAAC Ombudsmen will work diligently on behalf of residents of long-term care facilities to protect their rights and ensure that they receive quality care. We will also continue to educate Medicare beneficiaries on fraud, encouraging them to read their summary notices and to contact us with any questions about their benefits as a Medicare beneficiary.

The staff at CAAC understands the importance of community services and will strive to expand and improve upon the services currently available. The Aging and Disability Resource Center staff is the epicenter of the agency, screening callers and applying for services and programs for them that they, often times, did not know existed. CAAC will also continue to grow its Elderly Nutrition Program as funding allows. We tripled our frozen meal program during the pandemic and are looking at ways to be able sustain that growth. Nutrition counseling is available to individuals

with a high nutritional risk. Other community services such as medication assistance and assistance with questions and problems about Medicare and related programs are also available. The Alabama Cares program also provides assistance to caregivers. This assistance may include respite services and insurance non-covered items, such as incontinent supplies or emergency response systems. CAAC's Dementia Friendly Alabama project is an innovative plan to promote dementia friendliness in Alabama communities, and has such a positive impact on those involved. Our new ADPI grant will significantly increase the services to those with dementia and their caregivers. We are making our communities a better place to live for persons who are elderly and disabled

The provision of in-home services is vital to CAAC's mission. CAAC administers 3 Home and Community Based Waiver programs funded by the Alabama Medicaid Agency through the Alabama Department of Senior Services. These programs provide services such as homemaker, personal care, companion services, skilled and unskilled respite, and meals to those who qualify, allowing them to remain living in the community, often in their own homes. Individuals with incomes that exceed the Medicaid income limits may be eligible for homemaker services in the home.

CAAC also promotes healthy aging through our evidence-based programs. These include Chronic Disease Self-Management classes, A Matter of Balance falls prevention classes, and Geri-Fit strengthening classes.

CAAC staff is committed to providing courteous and quality service to the targeted populations in our service area and helping to make it a place where they can live as independently as possible, with the best quality of life possible.