LEE-RUSSELL
COUNCIL OF GOVERNMENTS

AGENCY ON AGING
AREA PLAN
FY 2026-2029

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Verification of Intent

The Area Plan on Aging (AAA) is hereby submitted by the Lee-Russell Council of Governments Area Agency on Aging for the period of October 1, 2025, through September 30, 2029. It includes all assurances and plans to be followed by the AAA.

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

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

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

_____ _____

Signature of Executive Director Date

_____ _____

Signature of Aging Director Date

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

_____ _____

Signature of Chair Date

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

_____ _____

Signature of Board Chair Date

NARRATIVE

Executive Summary

Mission

The Lee-Russell Council of Governments Area Agency on Aging (LRCOG AAA) provides information and assistance (I&A), education, and coordinated services to seniors and individuals living with disabilities in Lee and Russell counties. The primary purpose of the AAA is to plan, develop, and maintain a coordinated service delivery system that best meets the needs of our region – especially individuals of greatest socioeconomic need. Since its designation in 1977 as the AAA to serve Lee and Russell counties, the agency has worked with public and private agencies throughout the planning and service area (PSA) to enhance service coordination.

The *LRCOG Area Plan* outlines the actions to be taken to meet the needs of the diverse aging and disabled populations in our region. Under our *Area Plan*, LRCOG will carry out the functions of the AAA as outlined in the Older Americans Act (OAA). Congress passed the OAA in 1965, which set out to help maintain the dignity and welfare of older individuals. The Alabama Department of Senior Services (ADSS) was created to serve as the lead agency in Alabama to disburse OAA funding to AAAs in the State. These disbursements support programs that deliver services including in-home services, transportation, caregiver support, prescription drug assistance, socialization, and health promotion.

History and Geography

LRCOG AAA was designated by ADSS in 1977 to serve older persons in Lee and Russell counties through a comprehensive and coordinated service system. Since then, LRCOG has worked with other public and private agencies in the PSA to meet the needs of elderly and disabled persons.

The LRCOG service area is located in East Central Alabama, separated from Georgia by the Chattahoochee River. The most populated cities in Lee County are Opelika, the county seat, and Auburn. In Russell County, Phenix City is the county seat and the largest city. The total land area of the region is 1,249 square miles, which is 2.5 percent of the area of the State of Alabama.

LRCOG's service area boasts several institutions of higher learning. Auburn University and Southern Union State Community College are located in Lee County. Russell County offers educational opportunities at Troy University-Phenix City and Chattahoochee Valley Community College. One of the major strengths of the area is its close proximity to metropolitan areas in Alabama and Georgia; within a radius of 120 miles are Atlanta, Montgomery, and Birmingham. Because of its central location, both counties have recruited and continue to attract major employers in manufacturing and retail trade.

Organizational Structure

LRCOG is a governmental organization governed by a Board of Directors, composed of the chief elected official of each member government (City of Auburn, Lee County, City of Opelika, City of Phenix City, and Russell County). The Board has the final authority over fiscal and program management of the LRCOG AAA.

Context

Characteristics of the Planning and Service Area

LRCOG is the fastest growing AAA within the State. According to the 2019-2023 American Community Survey (ACS), the age 60+ population grew by 59.8% since the 2010 Census. This growth also increases the demand for services. Lee County is one of the fastest growing counties in the state. Between the 2010 Census and the 2019-2023 ACS, Lee County's total population increased by 26.7% and its age 60+ population grew by 73.3%. In comparison, Russell County's total population grew by 11.2% and its age 60+ population grew by 33.1%.

In Lee County, 8.6% of its citizens speak languages other than or in addition to English. According to the 2019-2023 ACS, the most common language spoken (other than English) was Spanish (3.7%), followed by Korean (1.7%), Chinese (0.9%), and Other Indo-European languages (0.7%). In 2023, there were 2,806 native-speaking Koreans living in Lee County, which can be attributed to a high number of car manufacturing plants and suppliers in the area and nearby. In Russell County, 4.8% of its citizens speak languages other than or in addition to English. The most common language spoken (other than English) was Spanish (3.6%), followed by German (0.3%), Tagalog (0.2%), and French, Haitian, or Cajun (0.2%).

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

- The region's total population is 70% urban and 30% rural. Lee and Russell counties are 26% and 40% rural, respectively, according to the U.S. Census Bureau.[(1)]
- The racial composition of the area is 63% White and 28% Black.[(2)]
- The percent of persons age 25 and older who have not obtained a high school diploma ranges from 9% in Lee County to 14% in Russell County.[(2)]
- The median income in the region for the total population ranges from an estimated low of $50,046 in Russell County to a high of $61,123 in Lee County.[(2)]
- Public hospitals and nursing homes are located in both counties.[(3)]
- Lee County area is served by the East Alabama Medical Center. Medical services for Russell County are primarily provided by the neighboring city, Columbus, Georgia.
- Assisted living facilities are located in Lee County, not in Russell County.[(3)]

[(1)] U.S. Census Bureau, 2020.
[(2)] U.S. Census Bureau, 2019-2023 American Community Survey.
[(3)] Alabama Department of Public Health, January 10, 2025.

Summary of Needs Assessment Results

Evaluation of the effectiveness of all services available to older persons in the area is achieved through a combination of the AAA's coordination with local agencies and senior citizens' organizations, the Advisory Council, surveys, and program assessment. While these tools assist in evaluating the effectiveness with which the AAA uses its funds, they do not fully capture how effectively these services actually meet the needs of the people we serve. The degree to which these services actually affect the quality of life is difficult to determine.

In some situations, such as the provision of home-delivered meals to a person in immediate need

of nutrition, the effect on the quality of life is easily evaluated. Many of our services touch the lives of older persons in ways not easily evaluated, such as the provision of a meal in a congregate setting that includes socialization. Such services may prevent or delay institutionalization for months or years. Our AAA's overall goal is to improve the quality of life for the older people in our region.

The AAA believes a comprehensive evaluation process must exist in order to perform its responsibilities in the most efficient and effective manner possible. To ensure the AAA provides services most needed by seniors living in the PSA, the AAA must track trends, issues, and concerns pertaining to older persons through its association with local organizations and service providers. The Advisory Council, Board of Directors, community volunteers, and various agency outreach efforts help identify these individuals.

LRCOG consistently targets its services to low-income older individuals, low-income minority older individuals, individuals with disabilities, and older individuals residing in rural areas within the planning and service region. Demographic reports are maintained through multiple digital systems of record. Services and outreach efforts are focused on reaching senior adults who are often physically and socially isolated. The needs of older individuals with limited English speaking proficiency are assisted through the use of brochures and available materials.

To build this plan, numerous aspects of service to the elderly were examined. Surveys were conducted and information was collected from various sources. These include:

- The 2010 and 2020 census documents, the 2019-2023 American Community Survey, and the Center for Business and Economic Research, April 2018
- Public hearings conducted by ADSS
- Direct feedback from Medicaid Waiver clients and Direct Service Providers
- LRCOG AAA 2025 Needs Assessment Survey

LRCOG AAA 2025 Needs Assessment Survey

The AAA utilized ADSS's 2025-2028 State Plan on Aging Needs Assessment and planned for its completion by meal clients, Alabama Cares clients, Medicaid Waiver clients, SenioRx clients, and the general public, including professionals in the fields of aging and disability. This project supported ADSS's strategic goals and objectives for Fiscal Years 2025-2028. The intent of the needs assessment was to identify services respondents believe to be important at this time and during the next four years.

The needs assessment (**See Exhibit A**) included a variety of questions addressing many of the significant issues and trends as well as items of concern. For effective use of people, time, funds, and other resources, the AAA disseminated the survey to all senior centers and emailed it to its Advisory Council. LRCOG staff asked Medicaid Waiver and home-delivered meal clients to digitally complete the survey while case managers were in the field. ADRC callers were asked to complete the survey over the telephone during a screening. The following respondent groups were also given the opportunity to complete the survey: (1) Active Alabama Cares clients who had recent contact with their Cares Coordinator; (2) active SenioRx clients who recently had contact

with their SenioRx Coordinator; (3) all facilities served by the AAA's Ombudsman; (4) and Medicaid Waiver contracting direct service providers.

Survey Results

In this descriptive, cross-sectional study, the LRCOG AAA used the 2025 Needs Assessment to obtain input from existing clients, low-income elders, disabled adults, minority elders, and those living in rural areas. Their replies gave the AAA a better understanding of Alabamians' social and health needs in its two counties, particularly of the senior population. Survey results identified many issues for consideration in the development of the new area plan on aging (**See Exhibit B**).

The 109 survey respondents noted the following top services:

Survey Results (Ranked by Order of Greatest Need):
1. Affordable Housing
2. Affordable Transportation
3. Affordable Home Modifications for Disabilities
4. In-Home Care
5. No Cost Legal Help
6. Meals / Nutrition
7. Assistive Technology
8. Information about Emergency Preparedness
9. Information about Alzheimer's and Other Dementias
10. Information about Elder Abuse, Neglect, and Exploitation
11. Information about Medicare or Medicaid Health Coverage
12. Information about Safety and Crime Prevention

To ensure efficient use of program funds and efficient program management, the AAA regularly monitors the program implementation and management of agencies receiving funds under Title III of the OAA. Routine monitoring by the AAA staff members, the Advisory Council members, and others interested in these services allows the AAA to identify problems areas and take corrective actions in a timely manner. The AAA staff also conducts assessments of service providers to ensure efficient and effective service delivery and compliance. The AAA will also monitor routine program reports to assess the providers' activities and service provisions.

The AAA will increase the number of older people who have access to an integrated array of health and social supports by continuing to refer them to local clinics and hospitals when appropriate. The AAA will also continue to strengthen the staff's rapport with local physicians and pharmacies. The AAA will seek other sources to provide more preventive health measures and educational seminars at the senior centers and within the community. The AAA will also continue to offer a caregiver's support group in Lee County and has explored implementing an evening support group.

As part of our focus on healthy aging, LRCOG will seek opportunities to encourage participants engaged in activities to keep moving. There is a walking trail at the Russell County Senior Center, and participants are encouraged to take advantage of this trail. Center managers and designees lead participants in daily recreation and exercise routines. Each senior center has exercise equipment, which participants are encouraged to utilize. The AAA has invested in Master Training

for several Evidence-Based Health Promotion Programs. These trained staff members are in the senior centers on a routine basis to lead participants in programs proven to improve their health and general well-being. The AAA also invites the local extension office to provide information to the seniors regarding healthy eating habits and activities.

All LRCOG programs support the effort to increase the number of families who have the option of caring for their loved ones at home and in the community. Taking care of a loved one at home with 24-hour care is costly and may quickly deplete resources.

The AAA will prioritize the prevention of elder abuse, neglect, and exploitation. The AAA will hold workshops on abuse, neglect, and exploitation. Many people do not recognize the signs of abuse. The Ombudsman will take the lead in this endeavor, to include training volunteers to recognize elder abuse in long-term care facilities. Staff training will be available on the topic, and we will continue to report all incidents to the Adult Protective Services unit for investigation.

While the needs assessment provided very useful information and insight, results cannot be examined in a vacuum. Other factors must be considered, such as recent health and economic conditions and the changing political climate. Demand for funding by the AAA and local service providers continues to be greater than available federal, state, and local funds. While some programs are unfunded, other programs and services may not receive all of their requested funding. To provide as many services as possible to older persons and individuals with disabilities in the region, LRCOG will continue to collaborate with other partners to coordinate the provision of services and maximize available resources.

Service Delivery Plan

Comprehensive and Coordinated Service Delivery System

The AAA will provide services to older persons of greatest socioeconomic need within the PSA by targeting previously unserved, low-income, minority older persons, individuals at risk for institutional placement, and older individuals who are Native Americans. Emphasis will be placed on low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The case manager will also place emphasis on older persons with severe disabilities and older persons with Alzheimer's disease or related disorders in need of programs or community services.

To respond to the wide range of needs and problems experienced by older people, the AAA continues to fund and support a network of aging services in Lee and Russell counties. The AAA maintains a close relationship with the local Department of Human Resources (DHR). The Executive Director and the Adult Protective Services Supervisor of the Lee County DHR are both members of the AAA's Advisory Council. The Lee County and Russell County Adult Protective Services Supervisors serve on the Long-Term Care Ombudsman Advisory Council. The AAA is very proud of two new initiatives started during Fiscal Year 2014; we look forward to continuing these services, which are the Care Transition Initiative and the Opelika Emergency Utilities Assistance Program. The AAA also continues to partner with the local library and the Chamber of Commerce as outreach resource stations. The AAA maintains a wide array of relationships with other local groups, such as hospice, hospital social workers, discharge planners, housing

authorities, social services activities directors, law enforcement, and faith-based organizations.

To collaborate and coordinate with local long-term care systems in an effort to make recommendations and to modify services when appropriate, the AAA implemented the following:

- Conducted ongoing outreach with hospital social workers, discharge planners, and physicians to enhance their awareness of available services and programs, particularly the AL Cares program and the LTC Ombudsman service;
- Upon request, conducted in-service trainings for staff of assisted living facilities and nursing facilities on issues related to caregiving;
- Maintained a relationship with the Alzheimer's Association chapter serving the region;
- Distributed information to caregivers and professionals on available resources and services;
- Served on the local networking committee;
- Routinely made presentations on programs and services available to community groups; and
- Continued to develop partnerships with businesses and non-traditional social service agencies.

In an effort to serve older individuals with disabilities and coordinate with other disability agencies, the AAA will invite agencies who provide services to this population to serve on the AAA Advisory Council. The local Department of Rehabilitation will be contacted to provide training to the AAA staff. The AAA Director will also seek other avenues for training and educating the staff regarding the needs of individuals with disabilities.

The AAA will identify, assess the needs, and establish and sustain services for older individuals with disabilities by strengthening partnerships with agencies, such as Easter Seals, the Achievement Center, and the Department of Rehabilitation. The AAA works closely with AAA providers, local health departments, Departments of Human Resources, service organizations, hospitals/medical facilities, and others to identify and refer individuals with disabilities to appropriate agencies for assistance.

The AAA will also continue to seek more partnerships with senior housing communities. When housing staff visits an individual's home, they need to be able to monitor the apartment for safety hazards, such as area rugs that may pose a fall risk, electrical cords hanging too loosely, or other potential hazards and make suggestions to improve safety. In addition, the AAA will advocate throughout the community for additional affordable housing units for low-income seniors.

The AAA will continue to educate partners about Medicaid spend-down and seek ways to implement early interventions. The AAA will provide information to seniors and their families regarding Medicaid spend-down and the effect it may have on nursing home placement. The key to the success of this approach is education and early intervention.

Each local government within the region has at least one representative serving on LRCOG's Board of Directors. The AAA Director gives a report to the Board during quarterly Board meetings. Board members are encouraged to share information with their local leaders and community members.

The AAA receives funds allocated under the OAA, state funds from ADSS, funds from the Federal

Medicaid Agency, funds from the State of Alabama Medicaid Agency, and funds from participating local governments. The AAA subcontracts with local agencies for services and programs. Allocations to subcontracting agencies are based upon funding requests submitted to the AAA through its RFP process and service priorities determined by the respective funding sources and the Area Plan.

AAA Programs and Services

- **Homemaker Services**

The AAA will contract with an approved service provider through Title III funding to provide homemaker services in the PSA. Homemaker services consist of providing assistance to older persons unable to perform two or more activities of daily living (ADL). These services include light housekeeping, laundry assistance, meal preparation, and limited errand service. Homemaker services help maintain a clean, healthy living environment and assist in maintaining independence in the home. An approved client and case manager will develop a care plan on the frequency a client will have services. Most care plans are either weekly or bi-weekly. By receiving homemaker services, seniors are able to remain in the home longer to avoid institutional placement. This service also benefits the older adult's caregiver, family, neighbor, or spouse by easing the physical, financial, and emotional burden of caring for a loved one.

- **Telephone Reassurance**

Many older persons in Lee and Russell counties live alone. The AAA will continue to target older individuals who are socially isolated and attempt to reach as many older individuals as possible by improving coordination and seeking volunteers to provide telephone reassurance.

- **Chore and Minor Home Modification**

Chore Maintenance refers to those tasks around the home that may be beyond the physical capacity of older people, such as heavy housework and yard work. Many older people who continue to live in their home are no longer able to maintain it and unable to afford help. Small repairs that go unattended can become major problems. The AAA will work with local agencies providing weatherization assistance in the region.

- **Alabama Cares: The National Family Caregivers Support Program**

The Alabama Cares Program provides a limited amount of service hours to unpaid caregivers of any age who provide a substantial amount of care (usually 20 or more hours per week) to older persons (age 60 +), persons under 60 with a dementia diagnosis, or older caregivers (55 +) who care for children (age 18 or younger or over 18 with a severe disability). AL Cares services assist the primary caregiver in keeping their loved one in the home as long as possible before institutional placement is required.

- **Alabama Cares: Older Relative Caregiver**

This is an especially hard task for some Older Relative Caregivers (ORC), including grandparents, particularly if a child has special needs. Many ORCs never imagined they would be raising children in their senior years. ORCs need affordable transportation, day care services, school supplies, and respite services. Many children being raised by their grandparents were previous victims of drugs and abuse, which can increase isolation and loneliness within ORC families.

- **Senior Centers, including Congregate Meals**

Currently, the AAA administers programming at seven senior centers in the PSA. In August 2001 the AAA requested and received a waiver from ADSS to administer the operations of the senior centers directly and has continued direct provision of services since that time.

LRCOG center locations include Hurtsboro, Beulah, Smiths, Phenix City, Russell County, Opelika, Crawford, and Auburn. The Loachapoka/Family Enrichment Center site receives congregate (Title III-C1) meals through LRCOG. Centers are open Monday-Friday from 9 a.m. – 1 p.m. local time, except for Loachapoka which is unable to open on Fridays. While attending a senior center, participants are offered exercise, recreation, arts & crafts, health promotion/prevention, and a hot nutritious meal. The meals meet one-third of the Dietary Reference Intake (DRI). Each senior center is required to serve a minimum of 25 congregate meals each day. Congregate meals are provided in a group setting in an effort to promote sound nutrition and social interaction. Senior centers also provide a focal point for the provision of other community-based services. LRCOG had identified the need for expanded transportation services to centers due to a lack of public transportation in many areas of our region. As a result, LRCOG has sought funding to provide increased transportation to senior centers.

- **Home-Delivered Meals**

This service is provided to eligible clients at their place of residence. All meals must comply with all local, state, and federal health, safety, and sanitation requirements. All meals must comply with dietary guidelines and must provide a minimum of one-third of the DRI for older persons as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science.

- **Other Nutritional Options**

The AAA will continue to participate in the State Farmer's Market Vouchers Program for seniors. The program serves eligible seniors by providing them with vouchers that can be redeemed for fresh fruits and vegetables at participating farmer's markets. The AAA also provides food to eligible seniors in need via the East Alabama Food Bank in Auburn and Feeding the Valley Food Bank in Columbus, Georgia. We will assist with application completion and pick up the monthly Brown Bag for clients who have no other method of receiving the food. Also, the AAA will assist clients with the application to receive Supplemental Nutrition Assistance (SNAP) and the Alabama Simplified Application for the Elderly (AESAP).

- **Nutrition Education**

The AAA provides nutrition education to both congregate and homebound participants. Title III-C1 nutrition education materials are compiled by ADSS and provided to the AAA on a quarterly basis. Approximately 15 units of nutrition education accompany menu materials and address various topics ranging from portion sizing and healthy eating habits to holiday menu ideas, etc.. The nutrition education materials are presented on a monthly basis to congregate participants; handouts are made available upon request. Homebound clients receive printed nutrition education materials quarterly.

- **Workforce Development**

Many older workers are experiencing difficulty in finding and retaining employment in today's job

market. The AAA participates in the Senior Community Service Employment Program (SCSEP). This program promotes part-time employment opportunities in community service activities for low-income persons who are 55 years of age or older. Participants receive a wage while engaged in the acquisition of skills, employment counseling, and assistance in obtaining unsubsidized employment. Eight individuals are currently enrolled in this program. The workers are employed by non-profit or governmental agencies in positions such as office workers, data entry clerks, nutrition aides, and janitors.

- **Transportation**

The focus of transportation services is to enable older persons to access and utilize congregate nutrition services, volunteer or employment work sites, medical appointments, and pharmacies. The AAA will enter into a contractual agreement with a service provider to provide transportation to senior centers and explore program expansion to include trips such as shopping and medical.

One of the AAA's goals is to improve access to transportation services for the older population by advocating and participating in efforts to develop transportation strategies designed to provide coordinated and accessible transportation to the older population via Coordinated Transportation. The AAA Director serves on the Coordinated Transportation Advisory Council (CTAC). Other participating agencies include Integrea (previously known as East Alabama Mental Health), the Lee and Russell County Departments of Human Resources, the Alabama Department of Rehabilitation Services, the Achievement Center-Easter Seals, and East Alabama Medical Center. The CTAC mission is to effectively provide more transportation options to more transportation-disadvantaged citizens in Lee and Russell counties. According to a needs assessment conducted by the CTAC, some transportation concerns/ barriers include:

- Elderly individuals with disabilities and low-income individuals are unable to access and utilize various job training and educational facilities, social service delivery agencies, rehabilitation centers, etc.
- Limited number of buses
- Lack of funds to expand the current amount of buses
- No willing providers to provide transportation
- Limited service area, days, and times

The AAA will also work with other existing providers and volunteer groups to ensure accessibility of services to individuals with disabilities and older persons.

- **Aging and Disability Resource Center (ADRC)**

The ADRC serves as a place where individuals of all incomes and ages can receive information and guidance to help support their ability to make informed decisions. A primary goal is to share information about long-term care, Medicare, and Medicaid services garnered through years of providing similar support to older adults through our Information and Assistance Program. The AAA, serving as the ADRC, will maximize resources to provide a "No Wrong Door" entryway for information assistance, referrals, benefits/options counseling, short-term case management, crisis support, and follow-up to assist in making informed decisions regarding long-term care planning, home and community-based services, and healthcare. The Universal Intake form will be utilized for all intake screenings, and follow-up telephone calls will be conducted at multiple intervals following the initial screening.

The AAA will ensure current and accurate information is available and disseminated to older persons and other interested groups by hosting and expanding educational opportunities focusing on caregiver issues, elder abuse/prevention, and other pertinent topics. An important aspect of the ADRC is to establish partnerships with advocacy organizations from the disability community. The AAA will also distribute updated information through our Senior Resource Directory, maintain its membership with the Alliance of Information & Referral System (AIRS), and continue to maintain a minimum of three AIRS-Certified staff members.

- **Outreach**

The AAA will increase the ability of the older population to remain healthy and live independently in their communities. The AAA will continue to serve as an effective, visible advocate for the elderly population by increasing the community's knowledge about programs and services provided by the AAA. The AAA will make presentations to civic groups, faith-based organizations, and others.

All planned activities and services will be publicized through local media. Staff will appear monthly on a local (WANI) radio show to further inform the general public about programs and services provided by the AAA. In an effort to reduce duplication of effort, the AAA will partner with other social services agencies. The AAA will provide information regarding programs and services via the agency's website and publicize the toll-free information and referral telephone line (1-800-AGE-LINE). The agency's website is also a valuable resource to identify available programs and services. The AAA's goal is to attend at least two to four outreach events per month.

- **Alzheimer's Education & Supportive Services**

With the growing number of seniors becoming diagnosed with dementia, it is becoming increasingly important for caregivers to have supportive services and educational opportunities. The AL Cares Coordinator will provide an opportunity for monthly support group meetings for caregivers of persons with dementia, professional staff, or anyone needing the supportive service.

The AAA will provide training on dementia and related disorders to caregivers and support service personnel and develop a training program model regarding the care of those living with dementia. The AAA will provide at least one major training session/workshop (to include a Virtual Dementia Tour) and network with other community organizations to provide education and information to the public. The AAA will maintain a partnership and cooperate with the local hospice agencies, rehab centers, hospitals, and long-term care facilities.

- **Elderly and Disabled Medicaid Waiver Program**

The Elderly and Disabled Medicaid Waiver program is an HCBS program designed to provide services to seniors and those with disabilities whose needs would otherwise qualify for placement in a long-term care facility. The goal is for clients to retain their independence by providing services, allowing them to live in the communities they love for as long as possible. Although nursing homes may be the best option for some, many clients prefer to live in a familiar surrounding with the support of their families, friends, and the community. The AAA currently has approximately 350 clients enrolled in the Medicaid Waiver Program.

- **SenioRx**

The SenioRx Program is a prescription medication assistance program that helps Alabamians receive free or low-cost prescription medications from pharmaceutical companies. SenioRx is for Alabamians with disabilities regardless of age or persons aged 55 and older who have been diagnosed with at least one medical condition requiring a prescription medication. Medication refills are permitted as long as the participant remains eligible for the program.

LRCOG will prioritize outreach efforts for this program as prescription costs continue to increase for seniors. The AAA has developed partnerships with local community service providers, such as the Department of Human Resources, the Department of Public Health, the Department of Mental Health, the Social Security Administration, the Alabama Primary Health Care Association, the Salvation Army, churches, local physicians' offices, and clinics. The AAA will also work with local media to promote the program.

- **State Health Insurance Program (SHIP)**

The State Health Insurance Assistance Program (SHIP) is intended to strengthen the capability to provide all Medicare-eligible individuals with information, counseling, and assistance on health insurance matters. The AAA will provide personalized counseling to beneficiaries unable to access other channels of information or those who prefer individual counseling services. The AAA will also conduct targeted community outreach to beneficiaries.

The AAA will increase and enhance beneficiary access to a counselor. The AAA will continue its partnership with the Auburn University School of Pharmacy. Students will assist during open enrollment events by conducting plan comparisons. LRCOG's SHIP coordinator and SHIP counselors will explain Medicare preventative services to Medicare beneficiaries and encourage them to take advantage of these services. The SHIP counselor will provide each screened Medicare beneficiary with a preventive services checklist.

- **Community Focal Points**

In partnership with local Governments, the AAA will provide funding to support community focal points. The AAA initially had seven sites, but in the last seven years added two new sites to meet the needs of seniors in rural Lee and Russell counties: Loachapoka and Crawford.

- **Emergency Preparedness**

The AAA has developed a long-range, comprehensive emergency plan and procedures for responding to emergencies. This plan includes a database of all clients and their contact information. Special attention is given to the most vulnerable at-risk clients. The AAA has addressed the needs of high-risk clients (i.e., clients with oxygen who need their power restored first). The high-risk client information list is updated every six months. Also included in this plan is a communication system for staff (and their assigned responsibilities). The AAA maintains up-to-date emergency contact information for staff, providers, and county emergency management personnel.

The AAA will update the agency's emergency preparedness plan annually. The Disaster Coordinator is a member of the local Volunteers Organizations Active in time of a Disaster (VOAD) team. The AAA's main purpose is to advocate for the senior population's unique needs.

- **Volunteers**

The AAA will continue to work closely with other groups to maximize the use of current volunteers and to enhance the volunteer force. As the clearinghouse for volunteer opportunities available within the PSA, the AAA will seek ways to strengthen the volunteer pool by developing and increasing its volunteer opportunities in diverse and rural areas. The AAA will publicize volunteer opportunities on the Agency's website, at speaking engagements, health fairs, senior centers, and other locations. The AAA will continue its partnership with the Retired Senior Volunteer Program (RSVP) to maximize the effectiveness of volunteers.

- **Advocacy**

The AAA will monitor, evaluate, and comment on legislation and policies affecting the older population whenever possible and will advocate for federal, state, and local efforts on issues affecting the older population. The AAA will address all proposed local, state, and federal legislation that affects older persons. The AAA will also make recommendations to government officials in the PSA. Whenever possible the AAA will collaborate with officials to meet current and future needs of older individuals, including health and human services, transportation, housing, long-term care, livable communities, workforce development, civic engagement, education, recreation, public safety, and emergency preparedness. The AAA will also expand advocacy efforts with local groups to build more grassroots coalitions and maintain regular contact with local and state officials, legislators, and the congressional delegation.

- **Elder Rights Services**

This is the provision of legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney to older persons. A major focus of legal assistance is to protect the autonomy and dignity of the older person. The legal program is a defense against guardianship, when necessary, and financial exploitation. Increased outreach efforts will focus on individuals with the greatest economic and social need, low-income, low-income minority, and older individuals who reside in rural areas. Services given priority under the legal assistance program are those related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

- **Elder Abuse**

This program is designed to prevent fraud and abuse and works in conjunction with the Ombudsman program.

- **Legal Assistance**

Legal assistance is most often requested by older persons and includes help with public benefits and entitlement programs. Through community legal education, older persons have become aware of the need for documents, such as power of attorney and durable power of attorney.

The current method of using an attorney under contract with the AAA to provide legal assistance has proven to be the most effective and cost-efficient way of assisting clients. The AAA anticipates continued increases in demand for legal services as the population grows older.

AAA legal assistance ensures individuals are able to access available benefits and provides legal backup to the Ombudsman Program. The AAA strives to increase the number of older people who

benefit from programs protecting their rights and prevent elder abuse, neglect, and exploitation. One way to achieve this is for the legal provider to participate in community legal education sessions and to provide community legal education at local senior centers, civic groups, churches, and others upon request.

The AAA provides legal assistance to residents of long-term care facilities through the legal assistance contract. Legal assistance given to residents of long-term care facilities involves unique problems due to vulnerable conditions. The elderly may face challenges due to decreased self-sufficiency, but they are still entitled to the same dignity and respect due to all human beings.

- **Ombudsman**

The Ombudsman program provides advocacy, education, and support services to individuals residing in nursing homes and assisted living facilities. The Ombudsman will promote community involvement with long-term care facilities and serve as a liaison between residents, residents' families, and facilities. The AAA will designate one certified ombudsman as the primary Ombudsman and maintain two certified Ombudsmen on staff, with one assigned as the primary back-up.

The Ombudsman will make one visit per month to each nursing home in the PSA, provide services to advocate for quality care in long-term care facilities, and will receive and attempt to resolve complaints made by or on behalf of residents in long-term care facilities. The Ombudsman will also encourage the development of resident and family councils and provide assistance as needed. The AAA will recruit and train volunteer staff for the Ombudsman program. The Ombudsman will also assist individuals in assessing their long-term care options, coordinate with other social services agencies, and participate in events addressing elder rights.

- **Evidence-Based & Health Promotion**

Evidence-based programs are designed to help older adults prevent and/or manage chronic diseases and promote healthier lifestyles. Healthy aging reduces healthcare costs and increases quality of life for older adults. Evidence-based programs are shown to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. Evidence-based programs can mitigate the negative impact of chronic diseases and related injuries, such as falls. The AAA will continue to provide the following evidence-based disease prevention programs: Tai Chi for Arthritis, Stress-Busting Program for Family Caregivers, A Matter of Balance, and Bingocize.

- **Opelika Utilities Assistance**

The AAA contracts with the City of Opelika to manage its emergency utility assistance program, which is designed to help income-eligible households with utility payment assistance. The recipient must live within the Opelika city limits. The program is administered through the Office of Housing and Community Development. Fiscal Year 2014 was the first year the AAA has managed this program, which has enhanced the AAA's ADRC by providing community awareness of the AAA to individuals who may not have contacted the AAA for assistance.

- **Non-Profit 501c3**

The Lee-Russell Aging Foundation provides services to elderly individuals who have needs that cannot be met through other LRCOG AAA programs. LRCOG utilizes private donations to fund the Aging Foundation. Examples of needs met through this program include construction of wheelchair ramps, purchases of air conditioner units and other heating/cooling equipment, payments for utility bills, and supplementation of payments for medical bills.

Goals, Objectives, Strategies, and Outcomes

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

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

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

	STRATEGY	PROJECTED OUTCOME
III-B	AAA will hold quarterly events providing education and support to family caregivers, with a dedicated emphasis on connecting caregivers to one another and to beneficial resources in the community.	-There will be a measurable increase in caregiver-to-caregiver support across caregiver families in Lee and Russell Counties.
	AAA will hold in-house trainings 2-3 times per year to ensure AAA staff is knowledgeable about resources in the community that help support older adults in the community.	-AAA staff will regularly share knowledge of community resources with the hundreds of older adults we serve to assist in coordination of services.
III-C	Staff will work closely with elected officials to create and maintain strategically located senior centers throughout the service delivery area of Lee and Russell Counties, continuing to expand accessibility to seniors in underserved areas.	-Access to Title III programs in rural areas will increase by 5% in communities in Lee and Russell Counties over the Area Plan period.
	Nutrition coordinator will streamline protocols and reporting practices, training staff on OAA authorized services and their definitions, as they evolve, to ensure knowledge and mastery of management duties and obligations to meet the expectation of high-quality ENP services in the community.	-Nutrition center managers will be able to maximize time to focus on planning activities and engage with participants.
	Maintain the capability to live-stream education and awareness presentations through social media platforms, such as Zoom and TEAMS into senior centers.	-Nutrition center participants will have access to additional education and enrichment materials through virtual channels.
	Optimize access to transportation services to be more flexible to the needs of seniors, especially those who live in underserved rural areas with no access to public transportation, by coordinating with LRCOG Transit to utilize “LR Rides” application.	-Center participation will be more consistent as transportation scheduling and access become more efficient.
	Encourage the assistance of the senior center site council to help develop recreational activities and orient new participants.	-While participants age in place, the fellowship and guidance provided by OAA core services will improve independence, health, and vitality and reduce social isolation.

	STRATEGY	PROJECTED OUTCOME
III-D	III-D coordinator will proactively plan one quarter in advance for all Title III-D programs to ensure they are active at least 2-3 quarters per fiscal year.	-AAA will see at least a 15% increase in the number of active Title III-D programs and in the number of participants/completers. -Participants will be enabled to take ownership overall of the ENP program by volunteering to bring their own unique skills and talents to the table in fellowship that forges friendships among congregants.
	III-D Coordinator will begin posting to website and social media a synopsis of each III-D program's benefits as well as where/when programming will be offered and how to register.	
Title V	Coordinator will ensure SCSEP supportive services involving the participants' individual employment plans, the participants' initial assessments, and job development activities are properly aligned with the participants' goals and aspirations.	-AAA will see a 10% increase in the rate of participants who transition into gainful employment to allow the program to serve more seniors beyond 130% of the training slots allotted. -SCSEP participants will report improved confidence in themselves as candidates to compete with other jobseekers in the workforce. -Participants will have more diverse options for placement in the SCSEP program.
	Coordinator will seek new partners to expand opportunities to refer SCSEP participants to job-seeking and job-keeping workshops and seminars.	

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	Ombudsman will increase community education events from one per month to two per month and resident council meetings to at least one facility per month.	-Residents will see an increased ombudsman presence in area facilities, developing relationships that encourage dialogue – better informing the ombudsman about the actual quality of care in facilities. -AAA ombudsman will identify issues and concerns and address them before they escalate into significant problems.
	Ombudsman will conduct at least once monthly visits to area nursing homes and bi-monthly visits to area assisted living facilities.	

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	ADRC and AAA director will oversee creation of updated caregiver resource guide at least every three years to be distributed for free to community.	-ADRC will see an increase in unduplicated calls of at least 10% during the Area Plan period. -Enrollment counselors will be equipped to handle complex crisis calls and properly assess callers in order to deliver needed assistance.
	Enrollment specialists will plan 20% more speaking engagements and events to target rural residents, to in SNAP events.	
	ADRC Coordinator will seek partnerships with a crisis training center and become familiar with proper techniques for crisis calls.	
SHIP/MIPPA	SHIP Coordinator will work with Alabama Cares, ENP, and Home-Delivered Meals Programs to provide educational materials and community outreach to empower Medicare beneficiaries and provide them with an understanding of Medicare and other Medicare-related options.	-Medicare beneficiaries will be better informed and have a clear understanding of their Medicare rights and benefits. -SHIP will see a 10% increase in the number of people who benefit from Extra Help as a result of thorough screening. -All individuals in Lee and Russell Counties who contact the AAA regarding insurance counseling will have an opportunity to speak with SHIP Coordinator during scheduled, one-on-one session.
	SHIP Coordinator will work with SenioRx and ADRC through the universal intake process to assist beneficiaries in lowering prescription drug costs.	
	SHIP Coordinator will continue to assist beneficiaries in navigating Medicare and their individual insurance options through one-on-one counseling offered to anyone in our service area who requests assistance.	
SMP	SMP Coordinator will establish partnerships with local financial institutions to assist with fraud education for area seniors.	-At least three new partners will be identified to provide no-cost educational materials/sessions for SMP Program participants. -AAA will observe a 10% increase in the number of eligible seniors served by making them aware of their rights and benefits.
	SMP Coordinator will collaborate at least monthly with other AAA program coordinators to seamlessly integrate services offered by all programs.	

	STRATEGY	PROJECTED OUTCOME
SenioRx	RX Coordinator will explore new ways to have face-to-face time with physicians' offices and pharmacies.	-Physicians' offices and pharmacies will be better informed about SenioRx benefits, which will result in increased referrals to the program. -RX Program will see an increase in overall clients on the program. -AAA will experience faster application process with physicians' offices by utilizing more electronic measures.
	RX Coordinator will implement a refill reminder system via email, text, or postcard for active SenioRx participants.	
	RX Coordinator will improve communication process with physicians' offices by utilizing more electronic measures (E.g., Secure email system with delivery receipt for all documents sent to physicians and a streamlined process to return the documents with a suggested return-by-date based on the client's need.)	
	RX Coordinator will begin utilizing electronic versions of participants' files versus only paper, when possible.	

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
	AAA director will seek new partnerships with law enforcement and healthcare that have not been previously identified within the community.	-All regional law enforcement agencies will have received at least one training related to elder abuse. -AAA staff will have increased familiarity with two regional healthcare institutions other than EAMC, who is already a regular partner. -AAA director will have an improved ability to reach DHR staff members and see enhanced relationships with those agencies.
	AAA director will seek to increase interactions with both DHR agencies in our region, including a formal partnership for World Elder Abuse Awareness Day.	

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	AAA will provide an opportunity for an additional staff member to train to be a Dementia Capable Care instructor.	-At least 30 individuals will complete the Dementia Capable Care program through our AAA over the Area Plan period. -AAA regional facilities will be more equipped to manage care for residents in LTC facilities living with dementia.
	AAA will provide dementia education to at least 3 community healthcare providers per year.	

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)	AAA director will increase frequency of direct communication regarding program updates and status with state coordinator for each AAA program.	-AAA director will communicate directly with state coordinator to request program status check at least quarterly.
	AAA director will facilitate communication between program staff at AAA level and IT staff at ADSS to improve user capabilities within systems of record.	
Training	AAA director will increase cross-training activities so that at least two non-program AAA staff are trained in each AAA program's core functions.	-There will be two cross-training sessions per year for all AAA programs.
	Executive Director will request IT provider trainings with agency's IT contractor (currently VC3) 1-2 times per year.	
Monitoring	AAA director will schedule check-ins with program staff 1-2 times per year to receive feedback regarding systems of record and ability of staff to perform core duties within the confines of the data reporting system.	-At least 3 AAA staff will receive core training on IT processes for every AAA program.
	AAA director will require program staff to maintain communication with staff who have cross-trained for their program and update them on changes to program requirements and changes to data entry processes.	

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
	AAA will provide embedded hyperlinks in the electronic activity calendars of the senior centers' web-based public education section to include education provided by reputable sources, such as the National Council on Aging (NCOA), the American Red Cross, and FBI.gov	-Seniors served in regional centers will have access to regularly updated, informative content.
	AAA will provide convenient access to various topics, such as fall prevention, disaster preparedness, financial well-being, and scam prevention, so all agency program coordinators can share with those served by the agency.	

Objective 2.2: Assist target population with accessing assistive technology through services and partnerships to combat falls and increase independence		
	STRATEGY	**PROJECTED OUTCOME**
	AAA will identify new partnerships with agencies who can provide assistive technology.	-AAA clients will have expanded opportunities to select assistive technologies that work best for them.
	AAA will add links on agency website for improved access to resources to support assistive technology.	

Objective 2.3: Revisit the ADSS emergency preparedness planning processes to properly plan for future disasters		
	STRATEGY	**PROJECTED OUTCOME**
	AAA will plan an annual meeting with VOAD (Voluntary Organizations Active in Disaster) partners in the region.	-AAA will ensure the unique needs of the senior population are considered as resources are allocated in our region.
	AAA will revise in-office disaster procedures to include annual staff training workshops.	-AAA will reach 100% participation among staff in emergency disaster planning.

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**
	AAA will refresh training for all appropriate staff on the priority rating scale to identify those with the highest need.	-Clients on the waiting list with the highest needs will see a reduced waiting period.
	AAA will identify high-risk congregate participants at the senior centers and refer to ADRC to find additional supportive services.	-Clients with transportation barriers will have increased access to nutritious foods in the congregate setting.
	AAA will seek new funding sources to provide assisted transportation services to the senior centers.	

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**
	AAA staff will assess all LTSS participants in a person-centered manner, with selected services driven by the participant.	-AAA clients will report to the AAA that they feel they meaningfully participated in selection of their own services.
	AAA will maintain three AIRS-trained staff, who will share effective I&A practices at staff meetings.	

Objective 3.3: Use No Wrong Door collaborations to address social determinants of health		
	STRATEGY	**PROJECTED OUTCOME**
	- AAA director will seek specific training opportunities for enrollment specialists that improve their ability to educate individuals on social determinants of health.	-AAA staff will observe reduced rate of hospitalizations in clients receiving case management.
	-AAA will expand partnerships with outside agencies, such as the Veterans Administration, area hospitals, and home health agencies, that can assist with improving clients' health.	-AAA will solidify at least two new partnerships with community health organizations over the Area Plan period.

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**
	AAA will increase Gateway to Community Living outreach efforts by inviting area medical centers to attend agency events.	-AAA will increase number of community transitions by 10% over the area plan period.
	Medicaid Waiver Program Director will visit facilities along with transition coordinator to explain the program in depth as well as the benefits of the program.	

Objective 4.2: Better coordinate aging network services with Alabama's Medicaid Waiver services		
	STRATEGY	**PROJECTED OUTCOME**
	Non-Waiver AAA staff members will regularly screen clients in need of HCBS for Medicaid Elderly & Disabled Waiver services.	-All individuals known to the AAA who are eligible for the Medicaid Elderly and Disabled Waiver will be aware of what the program offers. -LRCOG staff will be knowledgeable about all programs in the agency and not just their position program(s).
	AAA will hold a cross-training staff meeting at least once per year where LRCOG staff will provide in-depth descriptions and benefits of the program.	

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**
	AAA will seek partnerships with Way-2-Serve ministries, Carpenters for Christ, and Alabama Rural Ministries to increase options and services for those seeking home repairs.	-AAA will be able to make 10% more successful referrals for home repairs. -AAA clients will see a more streamlined process of contacting outside agencies due to new partnerships, which will lead to an increase in referrals outside of the agency.
	AAA will collaborate with non-profit organizations working to combat homelessness.	

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**
	AAA will work to increase awareness and understanding about the unique needs of caregivers in our region by collaborating with other professionals in our region who support caregivers.	-AAA will be better equipped to connect caregivers with other resources in the community to support family caregivers.

Objective 5.2: Work to strengthen and support the direct care workforce		
	STRATEGY	**PROJECTED OUTCOME**
	AAA will continue to promote the need for the Alabama Medicaid Agency to increase reimbursement rates for DSPs.	-A properly-compensated caregiving workforce will increase retention within DSP agencies and improve overall care. -Highly-trained staff will increase client satisfaction.
	Offer new training programs to DSP agencies to better prepare them for the stresses of caregiving for high-risk clients.	

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**
	AAA will utilize technical guidance to improve supports and services for grandfamilies and kinship families.	-AAA will reach 15% more grandfamilies and kinship families in our region over the Area Plan period. -AAA staff and community will better understand the benefits of grandfamilies and kinship families.
	AAA will educate staff and community partners on the benefits of placing children in grandfamilies/kinship families.	

Objective 5.4: Continue work in coordinating Alabama CARES with ALR objectives		
	STRATEGY	**PROJECTED OUTCOME**
	AAA will provide education to those who reach out to our AAA regarding their options through Alabama Lifespan Respite (ALR).	-All clients served by the LRCOG AAA Alabama Cares program will be aware of options to utilize ALR.
	Alabama Cares Coordinator will work with ALR representative at United Cerebral Palsy to identify and address barriers to using the ALR Program (E.g., Delay in reimbursements and difficulty completing documentation for ALR).	

Closing Statement

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

The region's 65+ population is projected to increase by 39% between 2020 and 2030. Lee and Russell counties' 65+ populations are projected to increase by 46% and 23%, respectively. The projected growth of LRCOG's 65+ population between 2020 and 2030 is shown in Table I; LRCOG county-level demographics are contained in Table II. Additional demographics are displayed in Exhibits C and D; health profiles are shown in Exhibit E.

TABLE I
AGE 65+ POPULATION PROJECTIONS BY COUNTY[1]

County	2020	2025	2030	Number and Percent Changes (2020-2030)	
Lee	21,095	26,082	30,877	9,782 persons	46%
Russell	8,959	10,124	11,062	2,103 persons	23%
LRCOG AAA Region	30,054	36,206	41,939	11,885 persons	39%

[1] U.S. Census Bureau, Center for Business and Economic Research, The University of Alabama, April 2018.

The overall 39% change for the region's age 65+ population will present many challenges for the AAA as it strives to maintain current service levels while reaching out to serve the anticipated growing number of persons who will also need services.

Both national and local research on "Baby Boomers" tells us to expect changes in the ways we are doing business. Boomers usually work longer, travel more, are healthier, and have more money for retirement than previous generations of retired persons. They are knowledgeable about technology, do not identify with traditional terms such as senior citizens, and do not want to be referred to as such. Americans are also living longer than ever before. According to the 2020 U.S. Census, there were 973 people age 100+ in the State of Alabama. In Lee County, there were: 13 women (ages 100-104), one man (ages 105-109), and one woman (ages 105-109). In Russell County, there was one man (ages 100-104), two men (ages 105-109), and two men (ages 110+). The AAA displays photos of local centenarians in the LRCOG office. Following the COVID-19 pandemic, LRCOG was only able to photograph a few of these centenarians in 2020-2024 but will continue to reach out to centenarians and recognize as many as possible.

TABLE II
LEE-RUSSELL DEMOGRAPHICS

	Lee	Russell
Population Change		
2010 Population[(1)]	140,247	52,947
2020 Population[(2)]	174,241	59,183
2023 Estimated Population[(3)]	177,663	58,858
% Change: 2010 to 2023	26.7	11.2
Race[(3)]		
% White	67.7	46.6
% Black	22.3	45.5
% Other	9.9	7.9
Age[(3)]		
Median Age	33.6	37.2
% 65 and Older	12.9	15.2
% Under 5 Years	5.5	6.7
Income[(3)]		
Per Capita Income	$34,504	$27,383
Median Household Income	$61,123	$50,046
% Persons Below Poverty	18.9	22.2
Education[(3)]		
Population, 25 and Older	109,875	40,019
% Without High School Diploma	8.6	14.2
% High School Diploma or equivalent	21.8	31.1
% Bachelor's Degree or higher	41.3	16.9
Housing[(3)]		
# of Housing Units	77,509	27,531
% Vacant	12.3	13.6
% Occupied	87.7	86.4
% Owner-Occupied	65.7	60.6
% Renter-Occupied	34.3	39.4
Median 2023 Value, Owner Units	$238,700	$152,300
Average Household Size (Owner)	2.63	2.59
Average Household Size (Renter)	2.27	2.23

[(1)] U.S. Census Bureau, 2010
[(2)] U.S. Census Bureau, 2020
[(3)] U.S. Census Bureau, 2019-2023 American Community Survey

As the lead agency in senior services the AAA must provide information to seniors and their families. The AAA must have accurate information to give to those who request it. Senior center managers need to be aware of available services to seniors and their families in the community. The AAA must be readily available to act as the catalyst empowering seniors with the information they need in order to make informed decisions. The AAA realizes the frustration many seniors experience when trying to access information. The AAA will do everything possible to increase community awareness of how and where to access information.

Contracted services are published in the local newspaper and a Request for Proposal (RFP) is available for service providers. Each submitted RFP is given a score. If there is a tie between two or more providers, items such as availability of workers and dependability are taken into consideration. The AAA also reserves the right to void all RFPs and begin the search again if no suitable RFP submissions are received.

Long-Term Care Systems

The Long-Term Care System (LTC) has been thought of by many as the place the older population goes when their family is no longer able to care for their loved ones at home. With 10,000 Boomers turning 65 every day until the year 2030, changes must be made to the traditional system of LTC or the system will go bankrupt; the traditional system of LTC is too expensive. With the increasing population of older adults and people with disabilities who are living longer, the shortage of affordable housing for this group, including the shortage of Section 8 rental assistance, the challenge is to locate other housing options for this population. The AAA has experienced very little growth in the number of additional LTC beds in the region. In an effort to solve this problem, alternatives to institutional care must be established. These alternative residences will allow the older person to remain in their community, but it is critical they are affordable. The AAA will collaborate and coordinate activities, when possible, to assist in planning for the needs of the LTC target population. The AAA will also, as opportunities arise, consult with other local public and private agencies and organizations responsible for administering programs and benefits related to providing LTC.

The AAA contracts with several home health agencies and other social services agencies providing long-term community-based services. As the Baby Boomer generation continues to grow older, they expect and will demand different types of services to meet their needs. The AAA will conduct analyses and make recommendations with respect to strategies for modifying the local system of long-term community-based care.

The AAA is also responsive to the needs of LTC in home and community-based settings and strives to facilitate the provision of LTC by collaborating with service providers. The main goal is to educate seniors, caregivers, families, and the general public. It is important the AAA becomes proactive and stress preventive measures and early interventions before individuals reach the point at which they can no longer remain independent in the community. The AAA strives to target services to older individuals at-risk of institutional placement, permitting them to remain in home and community-based settings.

The AAA will continue to respond to the expansion of local cultural diversity. With the influx of

overseas car manufacturers and suppliers such as Kia and Hyundai, cultural barriers may reduce our ability to provide services to some newcomers. The percentage of races other than Hispanic, White, or Black grew by over 100% from the 2000 Census to the 2010 Census in the region. The AAA will seek opportunities to train staff regarding common customs and practices so the staff will not be seen as being disrespectful when assessing individuals. Another area of diversity that must be addressed is sexual orientation. Gay, lesbian, bisexual, and transgender seniors may not seek services if they feel the AAA will have some biases against them.

The AAA will proactively seek solutions to problems and plan for the future needs of LTC clients. The AAA will focus on identifying barriers that need to be eliminated and improving communications among agencies providing services to seniors and their families.

Mental Health Collaborations

Mental health is defined as how we think, feel, and act as we cope with life. It also helps determine how we handle stress, relate to others, and make choices. Like physical health, mental health is important at every stage of life. The AAA collaborates with local mental health professionals and will invite them to serve on the AAA Advisory Council. The AAA will incorporate a session on mental health during one of its local conferences.

Targeted Population

The AAA will ensure services are provided to the target population. GIS mapping will be utilized to determine areas in which outreach should be increased and will help identify whether the targeted population is being reached. Currently, there is an unreportable number of Native Americans residing in the PSA. If the population of Native Americans in the PSA increases at any time in the future, the outreach and promotion of available services would be expanded to ensure the inclusion of this population.

The AAA is providing programs and services to many seniors and their families in the PSA. The AAA is faced with many challenges and barriers it must overcome, some of which are due to a lack of or insufficient funding. The AAA is only providing services to 4% of the eligible population. Many seniors are forced to be placed on waiting lists. Depending on the program, it may take months or even years before services are provided. In some instances a family is forced to make the difficult decision of placing their loved one in an institution despite their preference for in-home services.

The AAA will continue to advocate to improve the quality of life for seniors and individuals with disabilities and seek opportunities to partner with non-traditional agencies in an effort to provide more services to the rapidly growing senior population.

Exhibit A - LRCOG 2025 Four-Year Plan Survey Questions

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)				

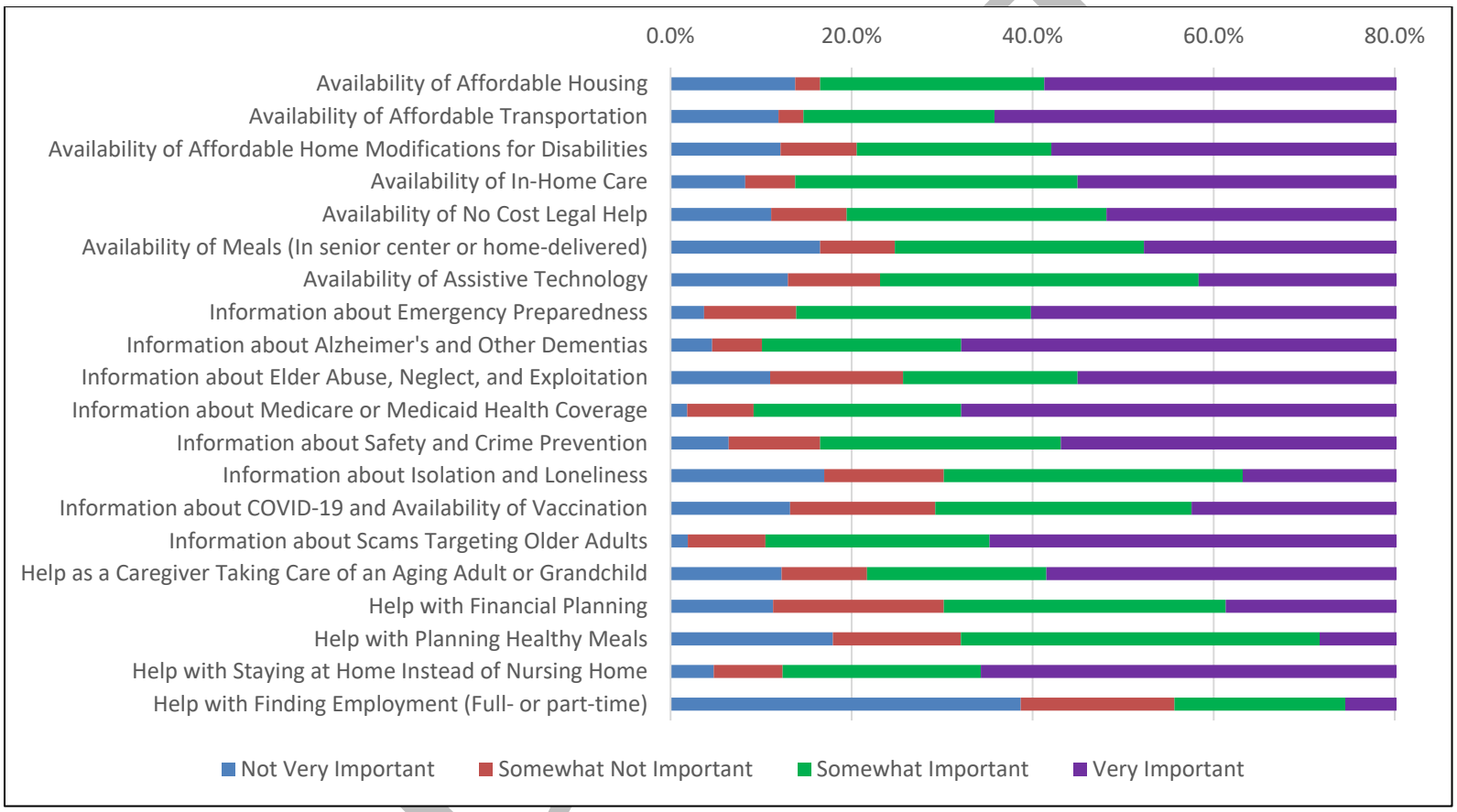
Exhibit B - 2025 Needs Assessment Results

Table III
Detailed Needs Assessment Results

		TOTAL	109
Race			
American Indian or Alaska Native	0	Native American	0
Asian or Asian American	0	White	64
Black or African American	43	Other	1
Native Hawaiian or Pacific Islander	1	Unknown	0
Ethnicity			
Hispanic or Latino	1	Not Hispanic or Latino	101
Monthly Income Range			
$1,255 or Less	22	Greater than $1,255	87
Age Range			
Under 60	29	60 or Older	79
Location			
Rural	38	Non-Rural	67
Do You Live Alone?			
Yes	43	No	66
Do You Feel Socially Isolated and/or Lonely?			
Yes	15	No	93
Are You a Person Living with a Disability?			
Yes	21	No	87
Are You a Caregiver Taking Care of Someone Else?			
Yes	35	No	74
Family Member or Friend Who Would Take Care of You?			
Yes	82	No	24

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

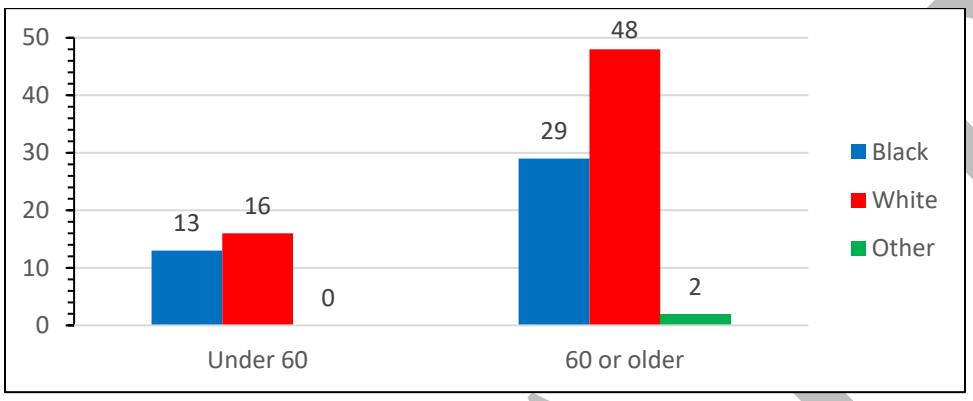
Figure 1. Importance of Community Services: LRCOG



Findings: Characteristics of Respondents

The majority of the respondents (79; 72%) were age 60 or older. Race showed the sample to be primarily Caucasian/White (64; 59%). Thirty-nine percent of respondents (43) indicated they were African American/Black. The remaining respondents were either Native Hawaiian/Pacific Islander or Other (2) [See Figure 2].

Figure 2. Distribution of Respondents by Race and Age Group



A summary of the respondents' characteristics are as follows:

- 93 percent (101) were not Hispanic or Latino.
- 80 percent (87) had a monthly income greater than $1,255.
- 35 percent (38) lived in rural areas and 61 percent (67) in non-rural areas [See Figure 3].
- 39 percent (43) live alone [See Figures 4 and 5].
- 14 percent (15) feel socially isolated and/or lonely.
- 19 percent (21) live with a disability.
- 32 percent (35) are caregivers taking care of someone else [See Figure 6].
- 22 percent (24) do not have a family member or friend to take care of them.

Figure 3. Distribution of Respondents by Age Group and Rural Status

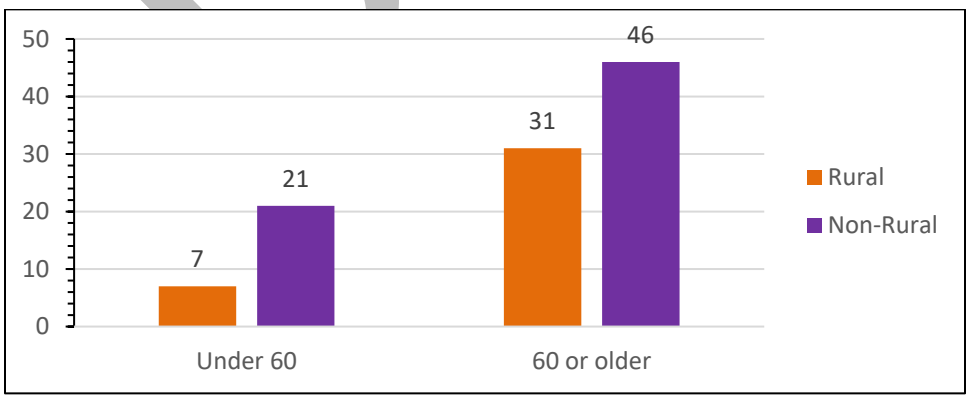


Figure 4. Distribution of Respondents by Age Group and Live Alone Status

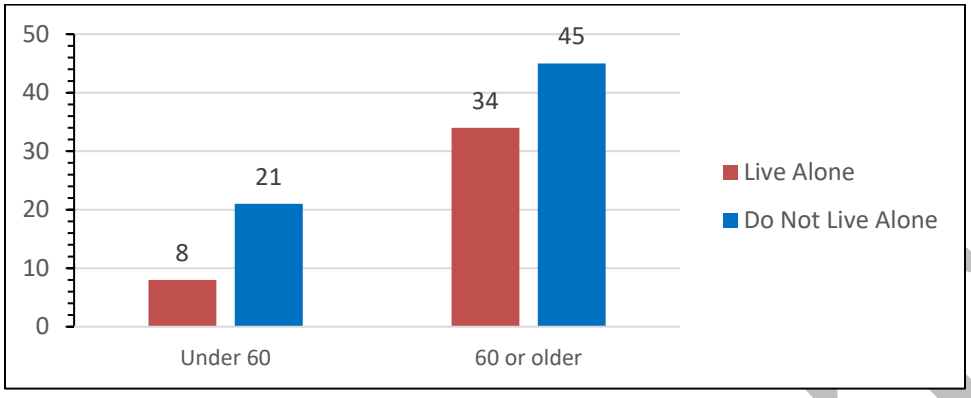


Figure 5. Distribution of Respondents by Rural Status and Live Alone Status

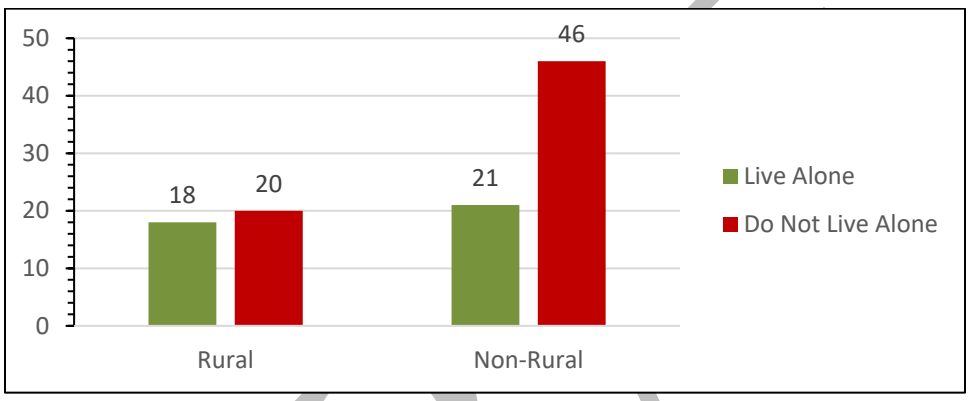


Figure 6. Distribution of Respondents by Age Group and Caregiver Status

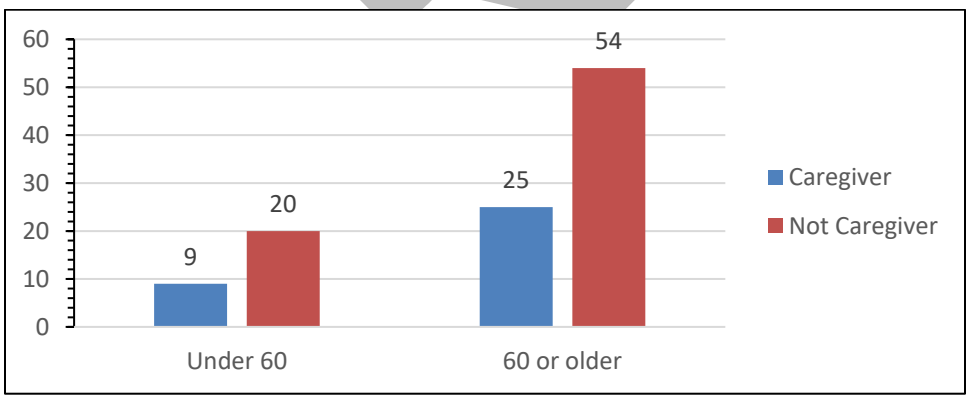


Exhibit C – Regional and County Populations

TABLE IV
LRCOG'S POPULATION BY AGE GROUP (2020, 2023)

AAA	0-39	40-49	50-59	60-69	79-79	80+	Total
2020[1]:							
LRCOG	137,231	26,280	26,537	23,192	13,890	6,294	233,424
Alabama	2,532,986	611,643	658,826	627,174	400,248	193,402	5,024,279
2023[2]:							
LRCOG	135,049	27,995	27,904	24,550	14,624	6,399	236,521
Alabama	2,567,212	618,398	644,311	635,576	398,084	190,672	5,054,253

(1) Source: U.S. Census Bureau, 2020, Summary File 1, File DP1

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

TABLE V
LRCOG'S AGE 60+ POPULATION BY AGE, RACE, AND GENDER (2020)

County	Total	Total Male	Total Female	Total White	Total White Male	Total White Female	Total Black & Other	Total Black & Other Male	Total Black & Other Female
Lee	30,240	13,747	16,493	22,193	10,259	11,934	8,047	3,488	4,559
Russell	13,136	5,845	7,291	7,530	3,439	4,091	5,606	2,406	3,200
Total	43,376	19,592	23,784	29,723	13,698	16,025	13,653	5,894	7,759

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

TABLE VI
LRCOG'S POPULATION AND AREA (2020)

COUNTY	POPULATION	LAND AREA (sq. mi.)
Lee	174,241	608
Russell	59,183	641
TOTAL	233,424	1,249

Sources: U.S. Census Bureau, 2020 Census of Population; P.L. 94-171 File.
Compiled by the Center for Business and Economic Research, The University of Alabama.

TABLE VII
LRCOG'S URBAN AND RURAL POPULATION BY COUNTY (2020)

COUNTY	TOTAL POPULATION	URBAN	PERCENT URBAN	RURAL	PERCENT RURAL
Lee	174,241	128,259	73.6%	45,982	26.4%
Russell	59,183	35,302	59.6%	23,881	40.4%
TOTAL	233,424	163,561	70.1%	69,863	29.9%

Source: U.S. Census Bureau, 2020 Census of Population

Exhibit D - Regional and County Demographics

TABLE VIII
DEMOGRAPHIC PROFILE: LRCOG (PSA #10)

Age Groups[1]		
All Ages	233,424	
Under 60	190,048	81.4%
60-64	12,612	5.4%
65-69	10,580	4.5%
70-74	8,516	3.6%
75-79	5,374	2.3%
80-84	3,360	1.4%
85+	2,934	1.3%
60+	43,376	18.6%
65+	30,764	13.2%

Projections (65+)[2]	
2000	15,878
2010	19,436
2020	30,054
2030	41,939
2040	48,955

Ethnicity/Race (60+)[1]		
Hispanic	794	1.8%
Non-Hispanic	42,582	98.2%
White	29,723	69.8%
Black	11,015	25.9%
Other Minorities	1,844	4.3%

Gender (60+)[1]		
Male	19,592	45.2%
Female	23,784	54.8%

Disability Status (65+)[3]		
Number of Persons	31,468	
With Any Disability	11,801	37.5%
Hearing Difficulty	4,471	37.9%
Vision Difficulty	2,905	24.6%
Cognitive Difficulty	2,895	24.5%
Ambulatory Difficulty	7,566	64.1%
Self-Care Difficulty	2,570	21.8%
Independent Living Difficulty	4,814	40.8%
With No Disabilities	19,667	62.5%

Living Situation (65+)[1]		
Living Alone	9,202	29.9%
Living in Rural Areas	11,196	36.4%

Financial Status (60+)[3]		
Number of Persons	45,002	
Below Poverty	6,205	13.8%
Number of Minority Persons	14,287	
Minority Below Poverty	2,659	18.6%

Educational Status (65+)[3]		
Number of Persons	31,918	
Less Than High School Diploma	4,921	15.4%
High School Diploma	9,121	28.6%
Some College, No Degree	6,580	20.6%
Associate's Degree	2,036	6.4%
Bachelor's Degree	4,468	14.0%
Graduate or professional degree	4,792	15.0%

Grandparents (Age 60+): Grandchildren Responsibility[3]		
Living with own grandchildren (<18 years)	4,090	
Responsible for grandchildren	2,022	49.4%
Age 30-59	997	49.3%
Age 60+	1,025	50.7%
Not responsible for grandchildren	2,068	50.6%
Age 30-59	1,279	61.8%
Age 60+	789	38.2%

Work Status (60+)[3]		
60-64	13,655	35.8%
In labor force:	6,496	47.6%
Employed	6,232	95.9%
Unemployed	264	4.1%
Not in labor force	7,159	52.4%
65-69	10,895	28.6%
In labor force:	2,551	23.4%
Employed	2,470	96.8%
Unemployed	81	3.2%
Not in labor force	8,344	76.6%
70+	21,023	55.1%
In labor force:	2,425	11.5%
Employed	2,394	98.7%
Unemployed	31	1.3%
Not in labor force	18,598	88.5%

[1]U.S. Census Bureau, Census 2020.
[2]U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.
[3]U.S. Census Bureau, American Community Survey 2019-2023.

TABLE IX
DEMOGRAPHIC PROFILE: LEE COUNTY

Age Groups[1]		
All Ages	174,241	
Under 60	144,001	82.6%
60-64	8,688	5.0%
65-69	7,391	4.2%
70-74	6,103	3.5%
75-79	3,776	2.2%
80-84	2,271	1.3%
85+	2,011	1.2%
60+	30,240	17.4%
65+	21,552	12.4%

Projections (65+)[2]	
2000	9,337
2010	12,716
2020	21,095
2030	30,877
2040	37,539

Ethnicity/Race (60+)[1]		
Hispanic	541	1.8%
Non-Hispanic	29,699	98.2%
White	22,193	74.7%
Black	6,133	20.7%
Other Minorities	1,373	4.6%

Gender (60+)[1]		
Male	13,747	45.5%
Female	16,493	54.5%

Disability Status (65+)[3]		
Number of Persons	22,711	
With Any Disability	7,673	33.8%
Hearing Difficulty	3,221	42.0%
Vision Difficulty	1,781	23.2%
Cognitive Difficulty	1,920	25.0%
Ambulatory Difficulty	4,522	58.9%
Self-Care Difficulty	1,499	19.5%
Independent Living Difficulty	2,874	37.5%
With No Disabilities	15,038	66.2%

Living Situation (65+)[1]		
Living Alone	6,477	30.1%
Living in Rural Areas	7,410	34.4%

Financial Status (60+)[3]		
Number of Persons	32,508	
Below Poverty	3,950	12.2%
Number of Minority Persons	8,522	
Minority Below Poverty	1,520	17.8%

Educational Status (65+)[3]		
Number of Persons	22,970	
Less Than High School Diploma	2,851	12.4%
High School Diploma	6,203	27.0%
Some College, No Degree	4,519	19.7%
Associate's Degree	1,399	6.1%
Bachelor's Degree	3,812	16.6%
Graduate or professional degree	4,186	18.2%

Grandparents (Age 60+): Grandchildren Responsibility[3]		
Living with own grandchildren (<18 years)	2,886	
Responsible for grandchildren	1,347	46.7%
Age 30-59	654	48.6%
Age 60+	693	51.4%
Not responsible for grandchildren	1,539	53.3%
Age 30-59	1,008	65.5%
Age 60+	531	34.5%

Work Status (60+)[3]		
60-64	9,878	25.9%
In labor force:	4,825	48.8%
Employed	4,641	96.2%
Unemployed	184	3.8%
Not in labor force	5,053	51.2%
65-69	7,630	20.0%
In labor force:	1,986	26.0%
Employed	1,905	95.9%
Unemployed	81	4.1%
Not in labor force	5,644	74.0%
70+	15,340	40.2%
In labor force:	2,066	13.5%
Employed	2,035	98.5%
Unemployed	31	1.5%
Not in labor force	13,274	86.5%

[1]U.S. Census Bureau, Census 2020.

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

[3]U.S. Census Bureau, American Community Survey 2019-2023.

TABLE X
DEMOGRAPHIC PROFILE: RUSSELL COUNTY

Age Groups[1]		
All Ages	59,183	
Under 60	46,047	77.8%
60-64	3,924	6.6%
65-69	3,189	5.4%
70-74	2,413	4.1%
75-79	1,598	2.7%
80-84	1,089	1.8%
85+	923	1.6%
60+	13,136	22.2%
65+	9,212	15.6%

Projections (65+)[2]	
2000	6,541
2010	6,720
2020	8,959
2030	11,062
2040	11,416

Ethnicity/Race (60+)[1]		
Hispanic	253	1.9%
Non-Hispanic	12,883	98.1%
White	7,530	58.4%
Black	4,882	37.9%
Other Minorities	471	3.7%

Gender (60+)[1]		
Male	5,845	44.5%
Female	7,291	55.5%

Disability Status (65+)[3]		
Number of Persons	8,757	
With Any Disability	4,128	47.1%
Hearing Difficulty	1,250	30.3%
Vision Difficulty	1,124	27.2%
Cognitive Difficulty	975	23.6%
Ambulatory Difficulty	3,044	73.7%
Self-Care Difficulty	1,071	25.9%
Independent Living Difficulty	1,940	47.0%
With No Disabilities	4,629	52.9%

Living Situation (65+)[1]		
Living Alone	2,725	29.6%
Living in Rural Areas	3,786	41.1%

Financial Status (60+)[3]		
Number of Persons	12,494	
Below Poverty	2,255	18.0%
Number of Minority Persons	5,765	
Minority Below Poverty	1,139	19.8%

Educational Status (65+)[3]		
Number of Persons	8,948	
Less Than High School Diploma	2,070	23.1%
High School Diploma	2,918	32.6%
Some College, No Degree	2,061	23.0%
Associate's Degree	637	7.1%
Bachelor's Degree	656	7.3%
Graduate or professional degree	606	6.8%

Grandparents (Age 60+): Grandchildren responsibility[3]		
Living with own grandchildren (<18 years)	1,204	
Responsible for grandchildren	675	56.1%
Age 30-59	343	50.8%
Age 60+	332	49.2%
Not responsible for grandchildren	529	43.9%
Age 30-59	271	51.2%
Age 60+	258	48.8%

Work Status (60+)[3]		
60-64	3,777	9.9%
In labor force:	1,671	44.2%
Employed	1,591	95.2%
Unemployed	80	4.8%
Not in labor force	2,106	55.8%
65-69	3,265	8.6%
In labor force:	565	17.3%
Employed	565	100.0%
Unemployed	0	0.0%
Not in labor force	2,700	82.7%
70+	5,683	14.9%
In labor force:	359	6.3%
Employed	359	100.0%
Unemployed	0	0.0%
Not in labor force	5,324	93.7%

[1]U.S. Census Bureau, Census 2020.

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

[3]U.S. Census Bureau, American Community Survey 2019-2023.

Exhibit E - Regional and County Health Profiles

TABLE XI
LRCOG REGION: HEALTH INFORMATION (2023)

Population	Lee	Russell
Estimated Total Population (2023)[1]	177,663	58,858
Total Population (2010)[2]	140,247	52,947
% Population Change (2010-2023)	26.7	11.2
% White, Non-Hispanic[1]	65.9	44.0
% Black, Non-Hispanic[1]	21.9	45.1
% Hispanic[1]	5.3	5.7
% Other, Non-Hispanic[1]	6.9	5.1
% 65+[1]	12.9	15.2
% Persons Below Poverty[1]	18.9	22.2

Mortality and Other Information	Lee	Russell
Death Rate from Cancer (2022)[3,4]	170.9	206.6
Death Rate from Heart Disease (2022)[3,4]	163.2	211.8
Death Rate from Stroke (2022)[3,4]	36.5	78.6
Death Rate from Alzheimer's Disease (2022)[3,4]	29.9	59.8
Death Rate from CLRD (2022)[3,4,5]	42.6	70.0
Death Rate from Accidents (2022)[3,4]	34.9	82.0
Death Rate from Diabetes (2022)[3,4]	24.9	66.6
Death Rate from Suicide (2022)[3,4]	18.8	17.1
Licensed Nursing Home Beds (2025)[6]	312	297
Assisted Living Facility Beds (2025)[6]	186.0	0.0
Hospitals, Bed Capacity (2025)[6]	314.0	128.0
Life Expectancy (2022)[4]	77.6	72.0

[1] U.S. Census Bureau, 2019-2023 American Community Survey
[2] U.S. Census Bureau, 2010
[3] Rate is per 100,000 population.
[4] Alabama Department of Public Health, 2022
[5] CLRD is known as Chronic Lower Respiratory Disease.
[6] Alabama Department of Public Health, January 10, 2025

TABLE XII
HEALTH PROFILE: LEE COUNTY (2022)

2022 ESTIMATED POPULATIONS	
Total	180,773
White	127,373
Black and Other	53,400
Median age	33.8
Life expectancy at birth	77.6
Total fertility rate per 1,000 women ages 10-49	1,469.5

DEATHS BY AGE GROUP		
Age group	Total	Rate[1]
0-14	19	0.6
15-44	109	1.3
45-64	310	7.6
65-84	669	29.9
85+	309	140.6
Total	1,416	7.8

[1]Rate is per 1,000 population in specified age group.

2022 ESTIMATED POPULATIONS BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	9,523	4,823	4,700	5,969	3,034	2,935	3,554	1,789	1,765
5-9	10,453	5,310	5,143	6,807	3,427	3,380	3,646	1,883	1,763
10-14	10,594	5,513	5,081	6,884	3,604	3,280	3,710	1,909	1,801
15-44	84,801	42,555	42,246	60,284	30,675	29,609	24,517	11,880	12,637
45-64	40,797	19,943	20,854	28,289	14,126	14,163	12,508	5,817	6,691
65-84	22,407	10,302	12,105	17,306	8,134	9,172	5,101	2,168	2,933
85+	2,198	756	1,442	1,834	669	1,165	364	87	277
Total	180,773	89,202	91,571	127,373	63,669	63,704	53,400	25,533	27,867

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,416	749	667	1,028	542	486	388	207	181
Death rate per 1,000 pop.	7.8	8.4	7.3	8.1	8.5	7.6	7.3	8.1	6.5

Selected Causes	Total		Male		Female		White		Black & Other	
	Number	Rate[2]	Number	Rate[2]	Number	Rate[2]	Number	Rate[2]	Number	Rate[2]
Heart disease	295	163.2	162	181.6	133	145.2	214	168.0	81	151.7
Cancer	309	170.9	157	176.0	152	166.0	225	176.6	84	157.3
COVID-19	79	43.7	44	49.3	35	38.2	56	44.0	23	43.1
Stroke	66	36.5	28	31.4	38	41.5	48	37.7	18	33.7
Accidents	63	34.9	42	47.1	21	22.9	46	36.1	17	31.8
CLRD[3]	77	42.6	40	44.8	37	40.4	63	49.5	14	26.2
Diabetes	45	24.9	22	24.7	23	25.1	26	20.4	19	35.6
Influenza & pneumonia	17	9.4	13	14.6	4	4.4	12	9.4	5	9.4
Alzheimer's disease	54	29.9	19	21.3	35	38.2	45	35.3	9	16.9
Suicide	34	18.8	26	29.1	8	8.7	27	21.2	7	13.1
Homicide	15	8.3	15	16.8	0	0.0	3	2.4	12	22.5
HIV Disease	3	1.7	3	3.4	0	0.0	1	0.8	2	3.7

[2]Rate is per 100,000 population. [3]CLRD is known as Chronic Lower Respiratory Disease.

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

TABLE XIII

HEALTH PROFILE: RUSSELL COUNTY (2022)

2022 ESTIMATED POPULATIONS	
Total	58,555
White	28,608
Black and Other	29,947
Median age	37.3
Life expectancy at birth	72.0
Total fertility rate per 1,000 women ages 10-49	1,952.0

DEATHS BY AGE GROUP		
Age group	Total	Rate[1]
0-14	8	0.7
15-44	73	3.2
45-64	166	11.4
65-84	334	40.7
85+	133	151.8
Total	714	12.2

[1]Rate is per 1,000 population in specified age group.

2022 ESTIMATED POPULATIONS BY AGE GROUP, RACE, AND GENDER									
Age Group	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	3,918	1,947	1,971	1,723	864	859	2,195	1,083	1,112
5-9	3,963	1,993	1,970	1,808	913	895	2,155	1,080	1,075
10-14	3,992	2,057	1,935	1,749	888	861	2,243	1,169	1,074
15-44	23,028	11,060	11,968	10,873	5,486	5,387	12,155	5,574	6,581
45-64	14,566	7,068	7,498	7,140	3,601	3,539	7,426	3,467	3,959
65-84	8,212	3,524	4,688	4,793	2,124	2,669	3,419	1,400	2,019
85+	876	239	637	522	157	365	354	82	272
Total	58,555	27,888	30,667	28,608	14,033	14,575	29,947	13,855	16,092

MORTALITY	Total			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	714	380	334	422	224	198	292	156	136
Death rate per 1,000 pop.	12.2	13.6	10.9	14.8	16.0	13.6	9.8	11.3	8.5

Selected Causes	Total		Male		Female		White		Black & Other	
	Number	Rate[2]	Number	Rate[2]	Number	Rate[2]	Number	Rate[2]	Number	Rate[2]
Heart disease	124	211.8	67	240.2	57	185.9	77	269.2	47	156.9
Cancer	121	206.6	59	211.6	62	202.2	73	255.2	48	160.3
COVID-19	61	104.2	37	132.7	24	78.3	40	139.8	21	70.1
Stroke	46	78.6	21	75.3	25	81.5	26	90.9	20	66.8
Accidents	48	82.0	32	114.7	16	52.2	29	101.4	19	63.4
CLRD[3]	41	70.0	15	53.8	26	84.8	33	115.4	8	26.7
Diabetes	39	66.6	23	82.5	16	52.2	11	38.5	28	93.5
Influenza & pneumonia	9	15.4	7	25.1	2	6.5	7	24.5	2	6.7
Alzheimer's disease	35	59.8	15	53.8	20	65.2	30	104.9	5	16.7
Suicide	10	17.1	6	21.5	4	13.0	8	28.0	2	6.7
Homicide	11	18.8	8	28.7	3	9.8	3	10.5	8	26.7
HIV Disease	1	1.7	1	3.6	0	0.0	0	0.0	1	3.3

[2]Rate is per 100,000 population. [3]CLRD is known as Chronic Lower Respiratory Disease.

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

Older Americans Act of 1965 (2020 Reauthorization)

AREA PLANS

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

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

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

services—

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

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

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

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

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

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

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

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

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

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

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

(5) provide assurances that the area agency on aging will coordinate

planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

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

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

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

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

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

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

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

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

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
(E) establish effective and efficient procedures for coordination of—
(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
(I) 7 to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and

preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) provide assurances that—

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

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

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

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

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

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

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

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

commercial relationships;

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

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

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

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

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

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

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

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

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

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

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

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

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

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

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

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

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

extend the period for not more than 90 days.
(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.

I have read the above **AREA PLANS** information ADSS extracted directly from the Older Americans Act (OAA) of 1965 (2020 Reauthorization) regarding content and submission of Area Plans on Aging.
This document to be signed below pertains to the FY2026-2029 Area Plan on Aging.

_____ _____

Signature of AAA Director Date

_____

PRINT NAME

Exhibit G – Advisory Council

ADVISORY COUNCIL

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: Lee-Russell Council of Governments Area Plan FY: 2026-2029

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Asher-Brown, Julie							x
Bryars, Allison							
Cartlidge, Toni			x	x			x
Conover, Patricia		x		x			x
Davidson, Jennifer							
Fulton, Shiquita	x						
Hunter, Debbie	x						x
Johnson, Sutricia	x						
Jones, Shannon							
Jones, Sarah							
Lockhart, Judy	x	x		x			x
McKinney, Cynthia	x	x					
Meadows, Regina	x						
Myers, Emily			x	x			
Payne, Jr., Wilbert	x			x			x
Pettit, Kay							
Pinyerd, Beth				x			x
Russell, Frantasia	x						
Smith, Tracey							
Thomas, Rosario	x					x	

ADSS 9/9/20

Exhibit H – Board of Directors

LEE-RUSSELL COUNCIL OF GOVERNMENTS
BOARD OF DIRECTORS
2025

Mayor Eddie Lowe, Chairman
City of Phenix City

Probate Judge Jere Colley, Vice-Chairman
Lee County

Commissioner Rod Costello, Secretary/Treasurer
Russell County

Mayor Ron Anders, Jr.
City of Auburn

Mayor Gary Fuller
City of Opelika

Councilman Max Coblentz
City of Auburn

Commissioner Chance Corbett
Russell County

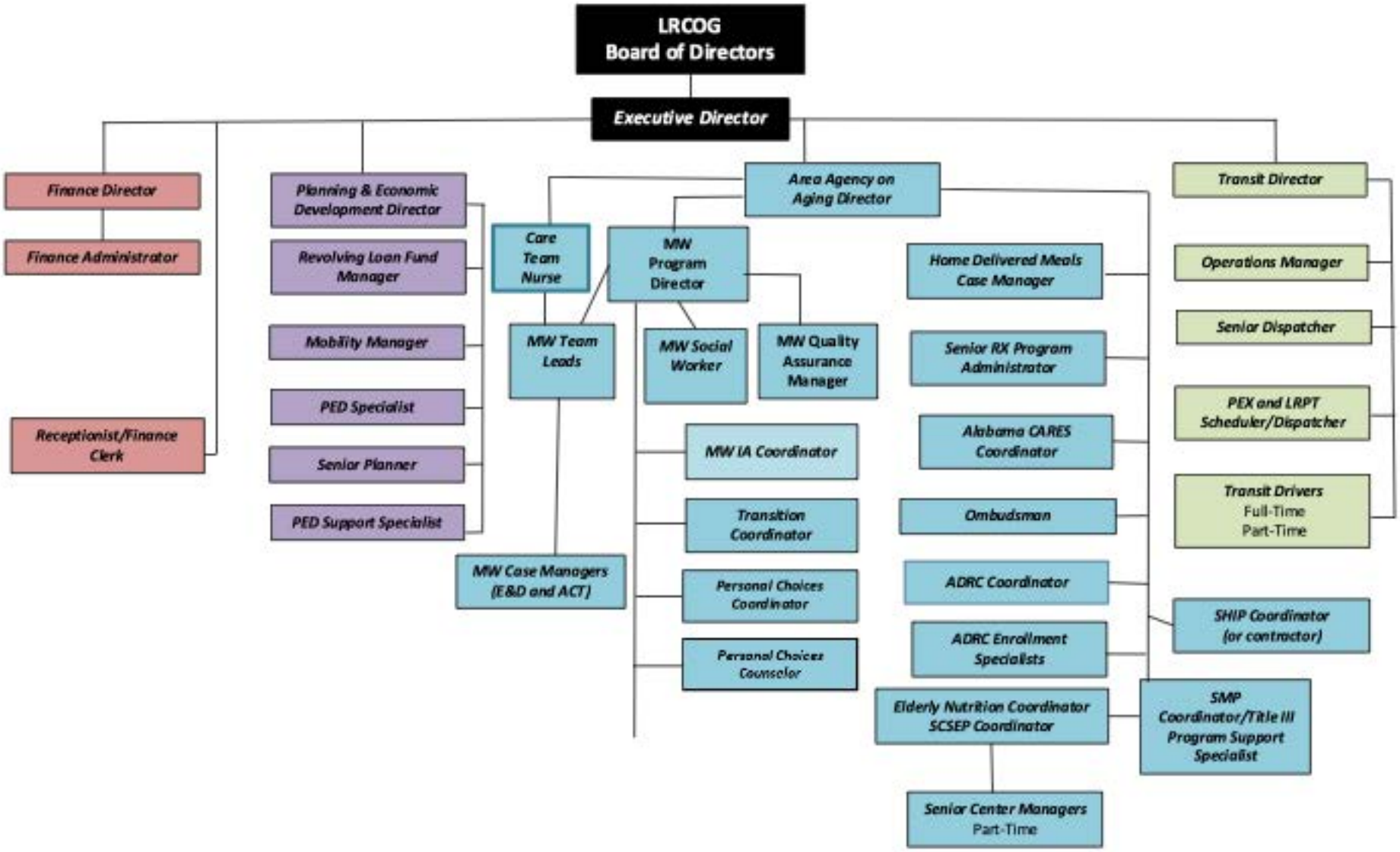
Councilman Arthur L. Day, Jr.
City of Phenix City

Commissioner Ross Morris
Lee County

Councilman Todd Rauch
City of Opelika

Exhibit I – Organizational Chart

Lee-Russell Council of Governments Organizational Chart



July 2025

Exhibit J – Grievance Policy

LEE-RUSSELL COUNCIL OF GOVERNMENTS

AREA AGENCY ON AGING

GRIEVANCE PROCEDURES FOR ELIGIBLE CLIENTS RESIDING IN LEE AND RUSSELL COUNTIES

A. GENERAL PROVISIONS

1. A grievance is defined as either:

   (a) The statement of an eligible participant or volunteer that an agency, employee, supervisor, or official has improperly or prejudicially applied, or failed to apply, the rules, regulations, and/or procedures of the Lee-Russell Council of Governments Area Agency on Aging grievance policies and procedures; or

   (b) The protest of an eligible senior citizen that disciplinary action was taken against him/her by his/her Agency contact person that is felt to be improper.

2. All eligible individuals have the right to file a grievance with Lee-Russell Council of Governments Area Agency on Aging as set forth in this policy and procedures guide.

3. The purpose of the Agency's grievance procedure is to permit eligible senior citizens equal access to those individuals who make management decisions and to provide a uniform process for speedy investigation and resolution of all senior citizen complaints.

   The Agency's grievance procedures will not be used to resolve differences between/among seniors of like condition and/or disputes that may arise at senior centers or focal points.

4. Senior centers will not be penalized in any way for exercising their right under the Agency's grievance procedures.

5. Senior appeals will be entered into the grievance process at Step 2.

6. A grievance may be withdrawn by a senior at any step in the process without prejudice.

7. A senior citizen has the right to be represented by a person, or reasonable number of persons, of his/her own choosing at any step in the grievance process.

8. The provisions of the Agency's grievance procedures do not apply to any compensatory measures and/or financial status of any types.

B. GRIEVANCE PROCEDURES

1. Step 1.

   (a) Within five (5) working days after a senior citizen knows, or should have known, of an alleged violation or misapplication of an Agency rule, regulation, or procedure, the senior will discuss the grievance with the Area Agency on Aging Director.

   (b) The Area Agency on Aging Director will provide the senior an answer within five (5) working days of this initial meeting.

(c) A record is not required to be made of this discussion. However, if the Area Agency on Aging Director does make a written record, a copy of such record will be included in the senior's file. The senior will also be provided a copy of the record.

2. Step 2.

(a) Upon receipt of the Area Agency on Aging Director's decision, or non-response, or if the grievance is being made as an appeal, the senior has the right to file a written petition to the Lee-Russell Council of Governments Executive Director. The senior will file his/her appeal in writing with the Executive Director within ten (10) calendar days from the date of the Area Agency on Aging decision or non-response if the appeal was entered into the grievance process at Step 2.

Such appeal will be addressed to the Executive Director. The appeal will be in writing and sworn to by proper affidavit (E.g., Notary with valid seal).

(b) The written appeal will contain, at a minimum, the following information.

(1) A statement of the rules, regulations, or procedures that have been violated or misapplied, with the dates and descriptions of such violation(s) or misapplication; or the disciplinary action that is being appealed;

(2) The specific remedy and/or action which is being sought;

(3) Previous supervisory decisions, if any;

(4) A notice of appeal of those decisions;

(5) A petition for a hearing by the Lee-Russell Council of Governments Board of Directors.

(c) Upon the filing of such petition, the chairman of the Board of Directors will fix a date within fifteen (15) days thereafter for the hearing of the petition. The chairman will give reasonable written notice of the time and place of such meeting to the senior, the Executive Director, Area Agency on Aging Director, and any other affected agency employee.

(d) Upon the hearing of said appeal, the Board will receive all evidence in support of the disciplinary action or other alleged rule or procedure violation(s) and any evidence or other facts offered by such senior against such action and/or other action by the Executive Director.

(e) The hearing will be informally conducted and governed by rules of practice and procedure adopted by the Board (E.g., Robert's Rules of Order). The Board will not be bound by the technical rules of evidence. The Board will hear the senior's appeal,

gather pertinent documents, interview witnesses as necessary, and/or prepare a written statement of facts.

The senior, the Area Agency on Aging Director, the Executive Director, and/or his/her designated representative will each have the right to appear before the Board with reasonable representation of their choice, when they so desire. The Board may continue the hearing from time to time as may be deemed necessary and/or is pursuant to the grievance.

(f) At the conclusion of the hearing, the Board will render a decision that either:

(1) Affirms the Area Agency on Aging Director and/or the Executive Director's action, if it is reasonably satisfied that the action taken was lawful, proper, and/or not too severe; or

(2) Reverses the action of the Area Agency on Aging Director and Executive Director, if it is reasonably satisfied that the action taken was not lawful or proper; or

(3) Modifies the action taken and prescribes a lesser penalty or action, if the Board is reasonably satisfied that the senior should be subject to some penalty or action, but the penalty or action was too severe. If the Board's decision reduces the severity of the action taken against the senior, the Board may

provide in its decision that the senior be reinstated with or without appropriate compensation.

(g) The Board's decisions become effective immediately upon filing of said decisions. The Board's decisions become final seven (7) calendar days thereafter, unless reversed or modified by the Board before becoming final.

(h) The Board may be represented by the Agency's attorney or an attorney designated by the Board. The Board's attorney will perform such duties as the Board may direct and/or require. Any compensation paid said attorney will be paid by the agency from the general fund.

Exhibit K – Conflict of Interest Policy

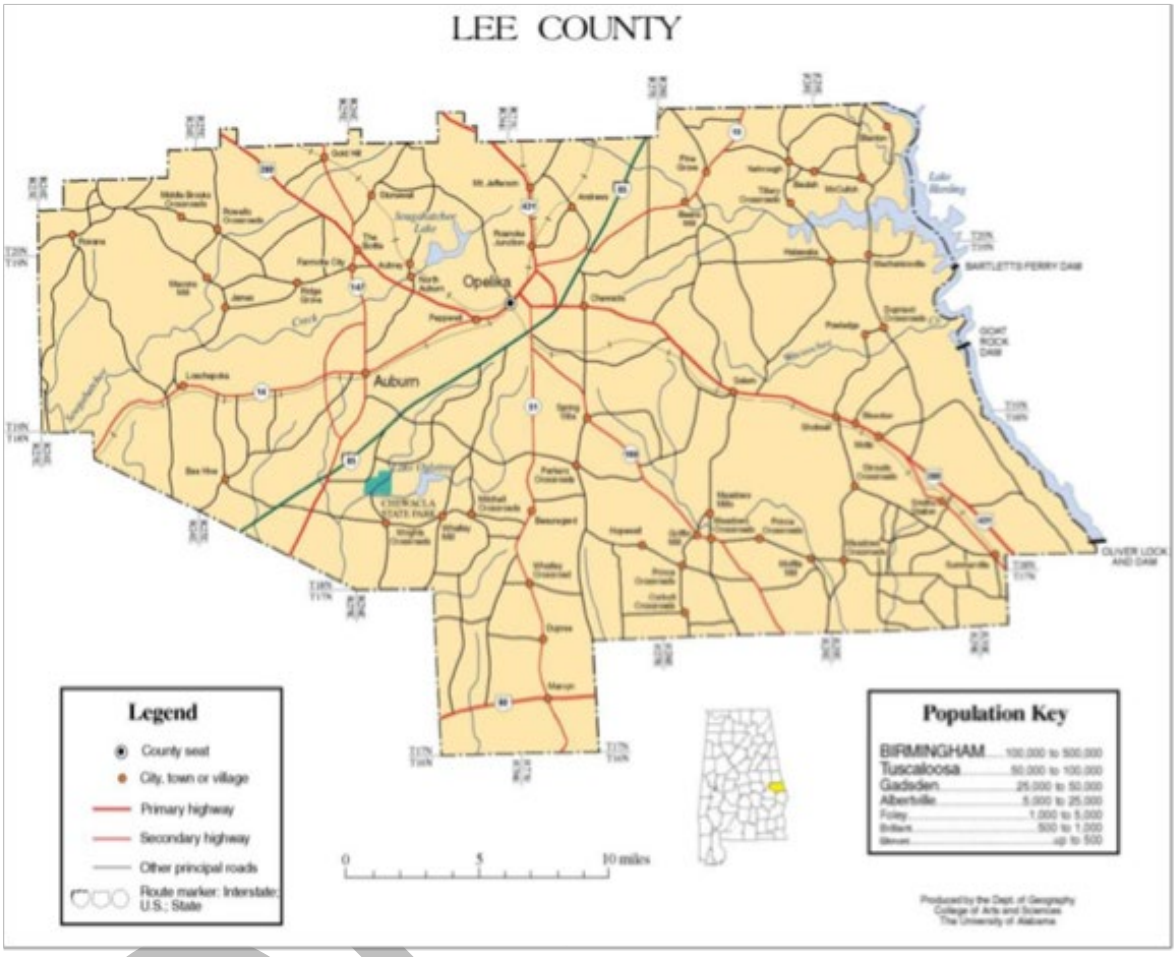
CONFLICTS OF INTEREST

A. PURPOSE: To identify those activities which are not consistent with high standards of public service and, thus contrary to the best interest of the Lee-Russell Council of Governments. All agency employees are subject to these provisions.

B. POLICY

1. The following actions shall be considered as not in the best interest of the agency:
    a. Investments in real property or business in the immediate vicinity of an agency project site which might appear to be speculative;
    b. Ownership exceeding one (1) percent in a public company holding a contract with the agency;
    c. The use of one's position and influence in the agency to promote business with any company in which he/she has financial interest;
    d. Involvement in an outside business activity ("moonlighting") which conflicts with or limits the agency's demands on the individual with respect to his/her availability for work and/or his/her job performance on the job, which would reflect adversely on the agency;
    e. The use of one's position to contract, or to influence contracting with any business for personal gain or to benefit friends, relatives, or associates;
    f. Political activities which might interfere or might be construed as interfering with an employee's ability to perform his/her duties, or are in violation of agency, state, and/or federal laws; and
2. Personal or written solicitation, or canvassing or circulation of literature for any purpose (except as provided below).
    a. The solicitation of funds for recognized charitable organizations receiving general support in the community may be permitted as an exception to this policy, but only if such solicitation has the prior specific written approval of the Executive Director. Such approval will specify the area and time of such solicitation.
    b. The solicitation of funds for flowers or aid for an employee in distress, or in the event of the death of an employee or a member of his/her family may be permitted as an exception.

Exhibit L – Planning and Service Area Map


LEE COUNTY
Opelika
Auburn
Legend
County seat
City, town or village
Primary highway
Secondary highway
Other principal roads
Route marker: Interstate; U.S.; State
0
5
10 miles
Population Key
BIRMINGHAM 100,000 to 500,000
Tuscaloosa 50,000 to 100,000
Gadsden 25,000 to 50,000
Albertville 5,000 to 25,000
Foley 1,000 to 5,000
Brilliant 500 to 1,000
Illmon up to 500
BARTLETTS FERRY DAM
GOAT ROCK DAM
OLIVER LOCK AND DAM
CHEWACLA STATE PARK
Produced by the Dept. of Geography
College of Arts and Sciences
The University of Alabama

RUSSELL COUNTY

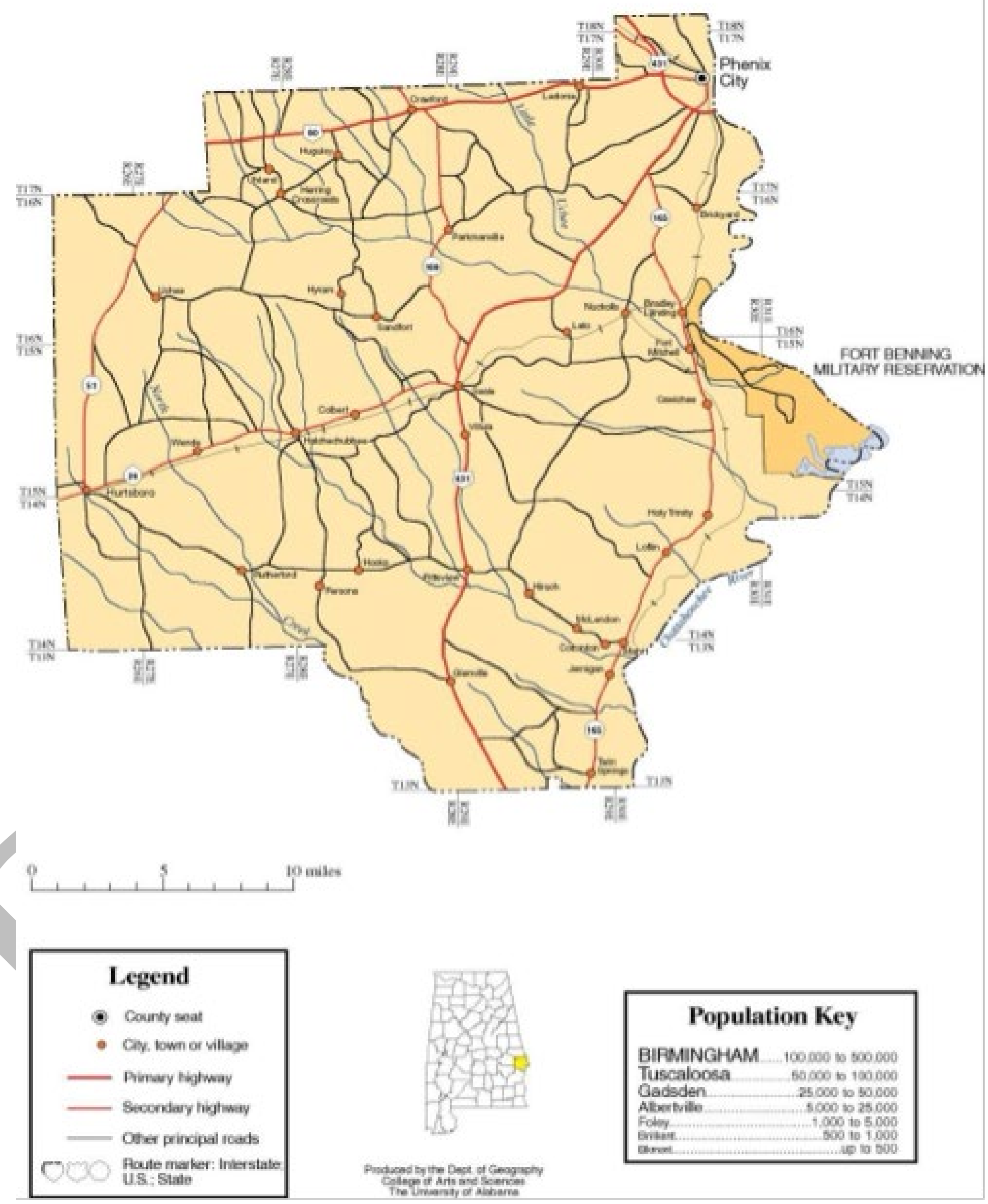


Exhibit M – Emergency/Disaster/Pandemic Plans

Area Agency on Aging Staff Phone Tree 2025

Lisa Sandt →Jeanna Thomas

Jeanna Thomas →Lisa Barnes
↓

Haley Wilson ↓
Ashley Baldwin
Ariana Curtis
Kimberly Dowdell
Becky Martin

Jennifer Stroud ↓ Waiver team

Kimberly Coleman ↓ Waiver team

Jeanna Thomas →Charolette Bledsoe ↓ ADRC

Jeanna Thomas →Lou Ella Foxx ↓ Shantia Holcey and center managers

Jeanna Thomas →Maria Davis ↓ Ayanna Thomas, Monica Jones, Dawn Glascock, Lauren Langley

In the event of an event that prevents staff from being able to come into the office - Aging has a phone list so that all Aging staff can receive necessary information in a timely manner.

Aging Director will call Lisa Barnes, Maria Davis, Charolette Bledsoe, and Lou Ella Foxx. Those staff members will call the individuals that they have been instructed to contact in the event of some type of disaster. Any additional information will be provided via the above phone list.

Aging Incident Command System

Incident Command Officer – Jeanna Thomas

- Leads the response team by implementing the disaster plans
- Encourages teamwork and communications
- Stays in contact with VOAD and EMA on pertinent information
- Communicates with the information/referral officer regarding their information

Safety and Security Officer – Maria Davis

- Focuses on the safety of all people responding to the incident.

Information and Referral Officer – Lisa Barnes

- Inform respondents on community information and distributes messages on public matter to the group
- Work with incident command office on public information that is important to the seniors and the staff

Liaison Officer – Becky Martin

- Links to and supports external partners and organizations

Senior Center Readiness

The Elderly Nutrition Program (ENP) coordinator provides training to all center managers, who integrate the following into daily activities:

- Awareness of evacuation procedures
- Emergency preparedness planning
- Identification of high risk participants

Incident Command Teams

Communications Team:
This team should consist of 3-4 people and will be responsible for call all clients to ensure that they are in a safe place or make arrangements for them to be in a safe place in the event that the disaster has been predicted and there is enough time to get individuals to adequate shelter. These individuals will also be responsible for calling clients after a disaster to ensure their safety. They will have to provide information to the proper authorities in the event that the client has a problem.

High Risk Response Team
This team will make contact with all the high-risk clients who have been previously identified by LRCOG staff. The team will designate a staff member to call each individual to determine safety status and help identify resources to address needs.

Resource Management Team:
This team should consist of 2 people who will be responsible for the allocation of supplies and persons in the response to a disaster. These individuals will keep an inventory of what resources are available at the agency (food or other supplies). Records should be kept as resources are distributed so that staff can have accurate information regarding what is available

Logistics team:
This team should consist of 3-4 people and will be responsible for working out transportation for clients that will need to be relocated in the event of the disaster. They will be responsible for contacting the transportation provider in a timely manner with the need. They should be able to provide the provider with directions to the home and communicate back with the client to ensure that they know what time they will be transported and communicate to them the importance of being ready. Individuals on this team will also be responsible for coordinating arrangements if the clients' needs assistance preparing. Team members may have to go to homes if safe.

Floaters:
This group should consist of two staff members who will work with all of the teams in any capacity needed.

Incident Command Teams

Instructions: Please review the teams listed and sign up for the team that you would like to work on. Please pick the team that you would be best suited for. Although you sign up for one team, everyone is expected to work on any team that needs help.

Communications Team

- Charolette Bledsoe
- Jennifer Stroud

High Risk Response Team

- Maria Davis
- Kimberly Coleman

Resource Management Team

- Lisa Barnes
- Monica Jones

Logistics Team

- Becky Martin
- Kim Dowdell
- Ayanna Thomas

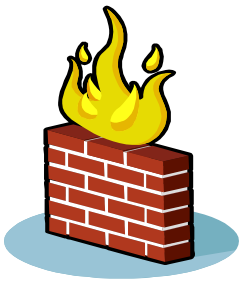
Floaters

- Lauren Langley
- Lou Ella Foxx

*These individuals will be a part of all teams and will work wherever needed.

*Staff will assist community shelters when needed as directed by the Executive Director/AAA Director

Fire



There are three fire extinguishers in the building. There is one located on the Aging hall, one in the Finance hall, and one in the kitchen on the PED side of the building. There are signs indicating their locations on the halls.

In the event that the building catches fire, everyone should **QUICKLY** proceed to the nearest exit. Everyone should meet across the street in the Justice Center parking lot.

Bad Weather

In the event of threatening severe weather during office hours, everyone should move into the center of the building away from windows. Staff should meet in the hall outside of the bathrooms on PED side or inside the work room. Staff in the field you should seek shelter immediately.

All LRCOG staff must update their Outlook calendars daily so that the AAA director knows each staff member's general location.

REMEMBER THAT YOUR SAFETY IS WHAT IS MOST IMPORTANT AND YOU SHOULD DO WHATEVER YOU NEED TO DO TO MAKE SURE THAT YOU ARE SAFE.

Important Phone Numbers

Lisa Sandt	cell (334) 740-2972	home (334) 749-8226
Jeanna Thomas	cell (205) 222-6651	home (334) 744-2072
Van Vanoy	cell (334) 750-2503	home (334) 745-2945

Lee County Sheriff	(334) 749-5651	
Opelika City Police Department	(334) 705-5200	Patrol Division
Auburn City Police Department	(334) 501-3150	Patrol Division
Poison Control	1-800-222-1222	
Emergency Management Agency	(334) 749-8161	

EMERGENCY CALLS 9-1-1

Exhibit N – ADSS's Area Plan Required Information

Greatest Economic and Social Need

(2) That the area agency shall identify populations within the planning and service area at greatest economic need and greatest social need, which shall include the populations as set forth in the § 1321.3 definitions of greatest economic need and greatest social need.

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

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

Assessment and Evaluation

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

Services

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

Service	Definition
Personal Care	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. <u>Examples</u>: Newspaper Ad/story – 1 unit / Estimated audience (Clients) = 1,500 Newsletter – 1 unit / Estimated audience (Clients) = 200 Billboard ad – 1 unit / Estimated audience (Clients) = Number of passerby's the billboard company estimates (number must not exceed 10,000 in MyADSS, i.e., if billboard company states passerby's = 50,000 please still enter only 10,000) Social Media Post – 1 unit / Estimated audience (Clients) = Number of followers of social media page
Congregate Meals (may include grab and go meals)	Congregate meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes … provided under Title III, part C–1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person, except where: (i) If included as part of an approved State plan … or State plan amendment … and area plan or plan amendment …and to complement the congregate meals program, shelf-stable, pick-up, carry- out, drive-through, or similar meals may be provided under Title III, part C–1; (ii) Meals provided .. shall: (A) Not exceed 25 percent of the funds expended by the State agency under Title III, part C–1, to be calculated based on the amount of Title III, part C– 1 funds available after all …are completed; (B) Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C–1, to be calculated based on the amount of Title III, part C–1 funds available after all transfers …are completed.

	(iii) Meals ...may be provided to complement the congregate meal program: (A) During disaster or emergency situations affecting the provision of nutrition services; (B) To older individuals who have an occasional need for such meal; and/or (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. §1321.87(a)(1)
Home-Delivered Meals	Home-delivered meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes ... provided under Title III, part C–2 by a qualified nutrition service provider to eligible individuals and consumed at their residence or otherwise outside of a congregate setting, as organized by a service provider under the Act. Meals may be provided via home delivery, pick-up, carry-out, drive-through, or similar meals. § 1321.87 (2)
Liquid Nutrition Supplement	A Liquid Nutrition Supplement provided alone and not a part of the meal is considered "other nutrition services" under Title III-C. It can be reported on the State Program Report (SPR) under "consumable supplies."
Transportation Subservice (Home-Delivered Meals)	This unit of transportation may apply to meals of any type delivered to the participant's residence from the senior center or other drop-off point. If the AAA pays to deliver a frozen meal pack, it is one unit of transportation per delivery and per person, but not per meal.
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (§1321.87(a)(3). (SPR/OAAPS 2021)
Nutrition Counseling	Nutrition Counseling is a service provided under Title III, parts C–1 or 2 which must align with the Academy of Nutrition and Dietetics. Congregate and home-delivered nutrition services shall provide nutrition counseling, as appropriate, based on the needs of meal participants, the availability of resources, and the expertise of a Registered Dietitian Nutritionist. §1321.87(4)
Health Promotion: Evidence-Based	Evidence-based disease prevention and health promotion services programs are community-based interventions as set forth in Title III, part D of the Act, which have been proven to improve health and well-being and/or reduce risk of injury, disease, or disability among older adults. All programs provided using these funds must be evidence based and must meet the Act's requirements and guidance as set forth by the Assistant Secretary for Aging. See link under Notes. October 1, 2016, Title III-D funds will only be able to be used on health promotion programs that meet the highest-level criteria.

Health Promotion: Non-Evidence Based	Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined. These activities may include health risk assessments, routine health screenings, physical fitness or group exercise programs, art therapy, music therapy, counseling regarding social services and follow -up health services, or other non-evidence-based programming (recreation / i.e., games and crafts).
Caregiver services for both Caregivers of Older Adults and Older Relative Caregivers	
Caregiver Information & Assistance Non-Registered Caregiver Aggregate	A service that provides the individual with current information on opportunities & services available to the individuals within their communities; assesses the problems & capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults. **Note:** *PeerPlace interface will automatically capture one unit of Caregiver I&A in AIMS when a caregiver participant is screened & referred to the CARES program*
Public Information Services Non-Registered Caregiver Aggregate	A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is ***not*** tailored to the needs of the individual caregiver.
Caregiver Support Groups Non-Registered Caregiver Aggregate	A service led by an individual who meets requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purpose of Title III-E funding, caregiver support groups would **not** include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required.
*Caregiver Case Management Assistance Registered Caregiver	A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.
*Caregiver Counseling Registered Caregiver	A service designed to support caregivers & assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed trained to work with older adults and families and specifically to understand & address the complex physical, behavioral, and emotional problems related to their caregiver roles. Includes counseling to individuals or group sessions.
*Caregiver Training Registered Caregiver	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to caregiving. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line; and be provided in individual or group settings

*In-Home Respite Registered Caregiver/Care Recipient	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
*Out-of-Home Respite (Day) Registered Caregiver/Care Recipient	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps) where an overnight stay does not occur.
Out-of-Home Respite (Overnight) Registered Caregiver/Care Recipient	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
Other Respite Registered Caregiver/Care Recipient	A respite service provided using OAA funds in whole or in part, which does not fall into the previous defined respite service categories.
Supplemental Services Registered Caregiver/Care Recipient	Goods and Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, DME, emergency response systems, legal and/or financial consultation, transportation, and nutrition services. For caregiver age 60+, care recipient must be **unable** to perform two (2) ADLs.

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

Caregivers of Older Adults		
Caregiver Information & Assistance	37,584	922
Public Information Services	119,159	2,220
Caregiver Support Groups		461
Caregiver Case Management Assistance	4,856	52,238
Caregiver Counseling	2,243	21,221
Caregiver Training	1,410	13,053
In-Home Respite	684	102,739
Out-of-Home Respite (Day)	113	20,177
Out-of-Home Respite (Overnight)	1	216
Other Respite		
Supplemental Services	483	
Older Relative Caregivers		
Caregiver Information & Assistance	10,845	2,189
Public Information Services	22,264	1,042
Caregiver Support Groups		400
Caregiver Case Management Assistance	383	3,770
Caregiver Counseling	267	1,727
Caregiver Training	248	1,341
In-Home Respite	21	2,412
Out-of-Home Respite (Day)	56	11,217
Out-of-Home Respite (Overnight)		
Other Respite		
Supplemental Services	134	

FY 26 Title III Estimated Expenditures

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

Funds Distribution

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

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

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

Chronic conditions:

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

Minimum Proportion

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

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

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

Expansion of Congregate Meals Program

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

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

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

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

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

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

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

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

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

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

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

Ineligible people should not be served grab and go meals.

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

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

Procedure:

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

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

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

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

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

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

Services Specific to Conditions

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

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

Self-Direction

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

Coordination of Goals/Objectives

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

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

Title VI Coordination

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

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

(1) How the area agency's aging network, including service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III;
(2) The communication opportunities the area agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on

how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
(3) The methods for collaboration on and sharing of program information and changes, including coordinating with service providers where applicable;
(4) How Title VI programs may refer individuals who are eligible for Title III services;
(5) How services will be provided in a culturally appropriate and trauma-informed manner; and
(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils as set forth in § 1321.63.

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

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

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

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

Exhibit O - ADSS's Needs Assessment and Results

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

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

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

American Indian or Alaska Native	☐	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:

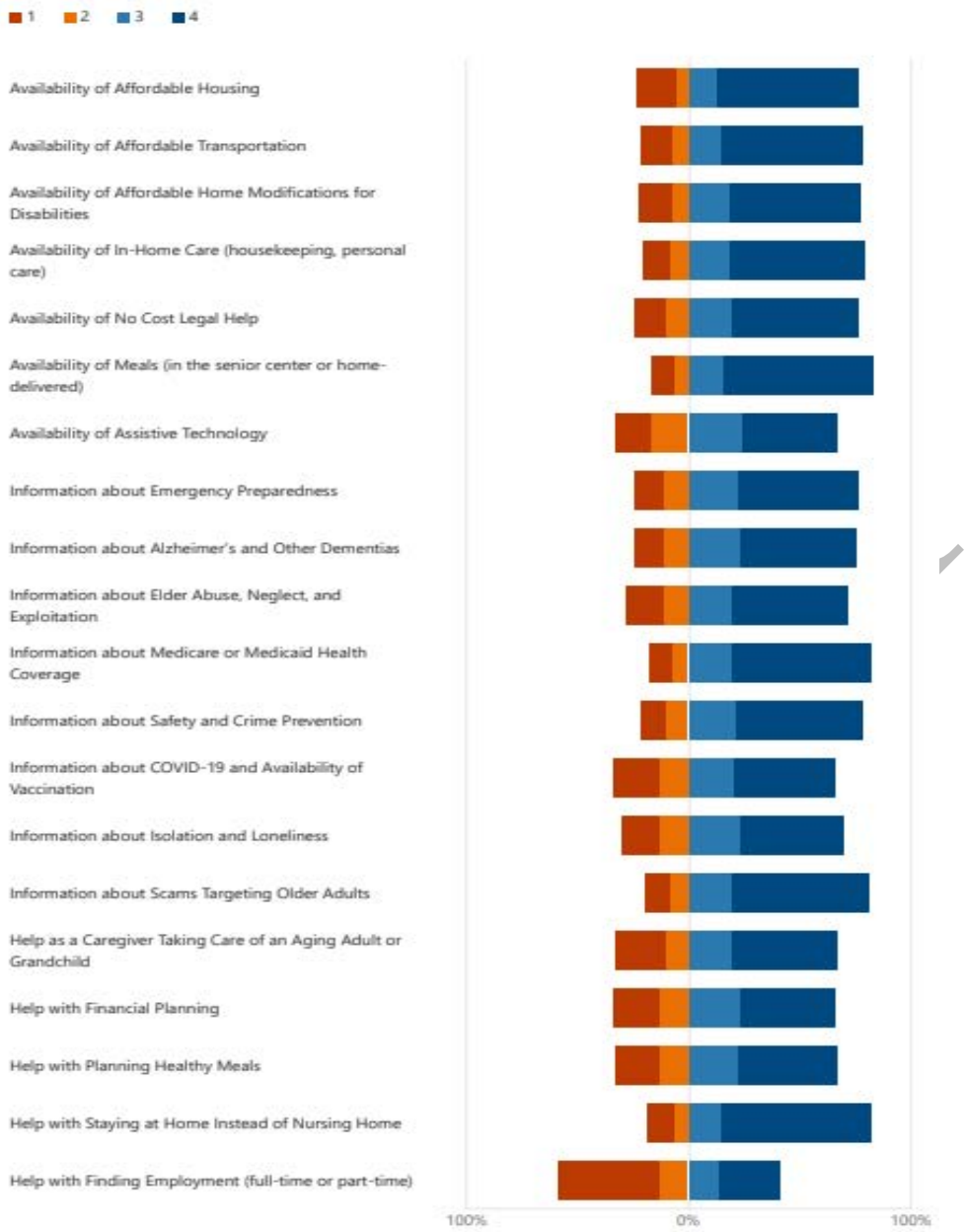
1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	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)				

Needs Assessments Results	
	TOTAL

			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	Greater than $1,255	2138
Age Range			
Under 60	414	60 or Older	2860
Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553
Are You a Person Living with a Disability?			
Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don’t Know	686		



Public Meetings		
Venue	**Date**	**Attendance**
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42

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