

***North Central Alabama Regional
Council of Governments***

Area Plan on Aging | 2026-2029

Planning and Service Area 11

Cullman, Morgan, and Lawrence Counties



NARCOG
POSITIVELY IMPACTING
PEOPLE AND COMMUNITIES

Table of Contents

ADSS Submission Letter	3
Narrative	4
Executive Summary	4
Background	4
Current Status	4
FY 202-2029 Area Plan on Aging	5
Area Plan Context	6
ADSS Public Input Results.....	6
Goals, Objectives, Strategies, and Projected Outcomes	30
Focus Area A: OAA Core Formula and Other Non-Formula-Based Programs.....	31
Focus Area B: Preparedness.....	41
Focus Area C: Participant Directed/Person-Centered Planning	42
Focus Area D: Home and Community Based Services	43
Focus Area E: Caregiver Supportive Services	45
Attachment A – Verification of Intent	49
Attachment B – Area Plan Assurances	48
Attachment C - Aging Advisory Council	60
Attachment D – NARCOG Board of Directors.....	61
Attachment E – NARCOG Organizational Chart	62
Attachment F – NARCOG AAA Grievance Policy & Procedures	63
Attachment G – NARCOG AAA Conflict of Interest Policy	65
Attachment H – NARCOG Planning and Service Area Maps	66
Attachment I – Demographics	68

ADSS Submission Letter

This page will be included when the plan is submitted to ADSS.

Narrative

Executive Summary

Background

North Central Alabama Regional Council of Governments (NARCOG) was established as the Alabama Regional Planning and Development Commission in 1966 as a cooperative venture between units of general local governments in Cullman, Lawrence and Morgan counties. In August of 1971, the Planning and Development Commission was reorganized under Act 1126 of the Legislature of the State of Alabama, and the name of the organization was changed to the North Central Alabama Regional Council of Governments. NARCOG is governed by a fourteen (14) member Board of Directors.

During the past 60 years, NARCOG has provided ongoing efforts to positively impact people and communities. The agency strives to exceed expectations, to work with an eye on excellence, to maintain a heart of service, and to work with integrity in managing and administering its programs and services. The NARCOG mission statement is as follows:

NARCOG is committed to improving the quality of life by rendering the highest quality of professional services possible to our governments and the residents of Cullman, Lawrence, and Morgan Counties. This mission shall be accomplished through fiscal accountability and prudent judgment in the administration of all programs, grants and planning services offered by this agency, while maintaining sensitivity to individual needs and changing governmental requirements. (Adopted by the NARCOG Board of Directors on October 20, 1994).

Current Status

NARCOG works with the Alabama Department of Senior Services (ADSS) to implement services under the Older Americans Act (OAA). ADSS was created as the single state agency for receiving and distributing federal funds made available through the OAA. ADSS distributes these funds to NARCOG, along with the state's 13 other Area Agencies on Aging, and oversees the implementation of the programs through periodic reporting and bi-annual assessments on all aging programs.

Through the funding NARCOG receives from ADSS, and its state, regional and national partners, the NARCOG Area Agency on Aging provides services to the aging and disabled population of Cullman, Lawrence, and Morgan counties. Any resident of these three counties can call the NARCOG Aging and Disability Resource Center (ADRC) to be assessed and counseled for all the services NARCOG provides, in addition to community resources in the three-county region. The OAA gives eligibility guidance for NARCOG to follow, ensuring "preference of services will be given to senior citizens, persons with disabilities, and caregivers with greatest economic and social need, with specific attention to low-income minority individuals and senior citizens residing in rural areas". (OAA Section 305 (a) (2) (e))

As the sixty-and-older population continues to grow, the need for NARCOG to provide services continues to grow, and NARCOG must be prepared to meet the growing demand of the needs in the Region's communities. NARCOG currently provides the following services:

Information, assistance, and referrals through the ADRC; home and community-based services; medication assistance; caregiver and grandparent assistance and support; nutrition services; transportation assistance; Medicare Counseling; Medicare Fraud support; elder abuse, neglect, and financial exploitation prevention; employment training; dementia education, and other programs and services to meet the needs of the NARCOG target population. NARCOG wants to ensure that its target population's needs are being met, to help provide a better quality of life for the Region's older adults and disabled individuals. NARCOG continues to seek opportunities to expand its services and reach as many people as possible through outreach, education, and assistance in Cullman, Lawrence, and Morgan counties.

FY 2026-2029 Area Plan on Aging

This Area Plan on Aging was compiled with input and guidance from ADSS, NARCOG staff, public and private partners, and the public at large to ensure that the NARCOG Area Agency on Aging continues to care for those in need, especially the most vulnerable in its three-county region. The Area Plan on Aging will highlight key population trends regarding older adults, veterans, and those with disabilities in the Region. Current demographic information contained in this plan will provide an overall picture of the targeted populations.

During the next four years, NARCOG will concentrate on the focus areas outlined by ADSS and ACL with emphasis on the goals, objectives, strategies, and projected outcomes of the focus areas.

The plan was carefully assembled and is based on these important factors:

- Mandates of ACL;
- Guidance from ADSS;
- AAA staff's expertise on aging and disability issues;
- Consultation with area partners;
- Input from needs surveys and caregiver surveys; and
- Input from the town hall and public hearings held by ADSS and NARCOG.

The Area Plan is important to NARCOG, and the Region, to address the needs of the growing population of older adults and disabled individuals. The plan includes five goals and objectives that are directly adopted and aligned with the goals in Alabama's State Plan on Aging to advance the state's vision for Alabama seniors. These goals are:

Goal 1: OAA Core Formula and Other Non-Formula Based Programs.

Goal 2: Preparedness, Response and Recovery.

Goal 3: Equity.

Goal 4: Expanding Access to Home and Community Based Services (HCBS).

Goal 5: Caregiving (Title III-E/Alabama CARES and Alabama Lifespan Respite).

Context

While developing the Area Plan on Aging, NARCOG conducted a series of public hearings to gather input and information from older adults and stakeholders throughout the Region. NARCOG held a public hearing in each of the Region's three counties — in Cullman, Moulton (Lawrence) and Hartselle (Morgan). The data gathered during these public hearings, along with data gathered by the Alabama Department of Senior Services, along with direction from ADSS and ACL, was utilized during the development of this Area Plan.

- ADSS public hearing held in Cullman on March 20, 2024 ;
- NARCOG public hearing held in Moulton on June 11, 2024;
- NARCOG public hearing held in Hartselle on June 6, 2024;
- Needs assessments completed by older adults throughout the Region;
- Caregiver surveys completed by older adults, caregivers and stakeholders throughout the Region;
- The ADSS State Plan on Aging;
- AAA Directors Advisory Council for the purpose of examining challenges across the state and potential solutions;
- Needs surveys completed by senior citizens across the state;
- Caregiver surveys completed by senior citizens across the state;

NARCOG used the data compiled through the listed events to help prepare strategies and projected outcomes that NARCOG will focus on during the next four years. NARCOG will continue to seek guidance from ADSS and the Region's older adults, individuals with disabilities, and caregivers to add and adjust its strategies during the next four years to ensure the AAA is providing the best services possible for the NARCOG Region.

ADSS shared the following Public Input Results below:

ADSS Public Input Results

In order for ADSS, AAA's, policy makers, service providers, and the general public to gain understanding of the challenges and unmet needs faced by older adults, persons with disabilities, and caregivers, a statewide needs assessment, virtual town hall, and caregiver surveys were conducted and used to inform Alabama's State Plan on Aging, which in turn informs the Area Plan on Aging. The State Plan on Aging draft (and subsequently the Area

Plan on Aging draft) was then provided to the public, service providers, and partners throughout the state for feedback to ensure ADSS and the AAA is not only providing a Plan that is focused on continuing serving older adults, persons with disabilities, and caregivers over the next four years but also, through coordination and collaboration with partners, planning on ways to confront challenges in the state and work to create potential solutions to help those we serve live at home with dignity and independence.

Needs surveys were distributed to senior citizens in different communities throughout the state. The following are the top ten categories in order of importance:

Area Plan Required Information

Alabama's Area Agencies on Aging (AAAs) must include the following information in the organizations Area Plan:

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.

**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	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
Asian or Asian American	<input type="checkbox"/>	Native American	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	White	<input type="checkbox"/>
Other	<input type="checkbox"/>		

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

Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino	<input type="checkbox"/>
--------------------	--------------------------	------------------------	--------------------------

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

\$1,255 or less	<input type="checkbox"/>	Greater than \$1,255	<input type="checkbox"/>
-----------------	--------------------------	----------------------	--------------------------

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

Under 60	<input type="checkbox"/>	60 or older	<input type="checkbox"/>
----------	--------------------------	-------------	--------------------------

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

Rural	<input type="checkbox"/>	Non-rural	<input type="checkbox"/>
-------	--------------------------	-----------	--------------------------

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	------------	--------------------------

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
<i>Availability of Affordable Housing</i>				
<i>Availability of Affordable Transportation</i>				
<i>Availability of Affordable Home Modifications for Disabilities</i>				
<i>Availability of In-Home Care (housekeeping, personal care)</i>				
<i>Availability of No Cost Legal Help</i>				
<i>Availability of Meals (in the senior center or home-delivered)</i>				
<i>Availability of Assistive Technology</i>				
<i>Information about Emergency Preparedness</i>				

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

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	<input type="checkbox"/>	Nativo de Hawái o de las islas del Pacífico	<input type="checkbox"/>
Asiático o asiático americano	<input type="checkbox"/>	Nativo americano	<input type="checkbox"/>
Negro o afroamericano	<input type="checkbox"/>	Blanco/blanca americano	<input type="checkbox"/>
Otro	<input type="checkbox"/>		

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

hispano o latino	<input type="checkbox"/>	No Hispano o Latino	<input type="checkbox"/>
------------------	--------------------------	---------------------	--------------------------

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

\$1,255 o menos	<input type="checkbox"/>	Más de \$1,255	<input type="checkbox"/>
-----------------	--------------------------	----------------	--------------------------

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

Menos de 60	<input type="checkbox"/>	60 o más	<input type="checkbox"/>
-------------	--------------------------	----------	--------------------------

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

Rural	<input type="checkbox"/>	No rural	<input type="checkbox"/>
-------	--------------------------	----------	--------------------------

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

Sí	<input type="checkbox"/>	No	<input type="checkbox"/>
----	--------------------------	----	--------------------------

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

Sí	<input type="checkbox"/>	No	<input type="checkbox"/>
----	--------------------------	----	--------------------------

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

Sí	<input type="checkbox"/>	No	<input type="checkbox"/>
----	--------------------------	----	--------------------------

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

Sí	<input type="checkbox"/>	No	<input type="checkbox"/>
----	--------------------------	----	--------------------------

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	<input type="checkbox"/>	No	<input type="checkbox"/>	no lo sé	<input type="checkbox"/>
----	--------------------------	----	--------------------------	----------	--------------------------

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

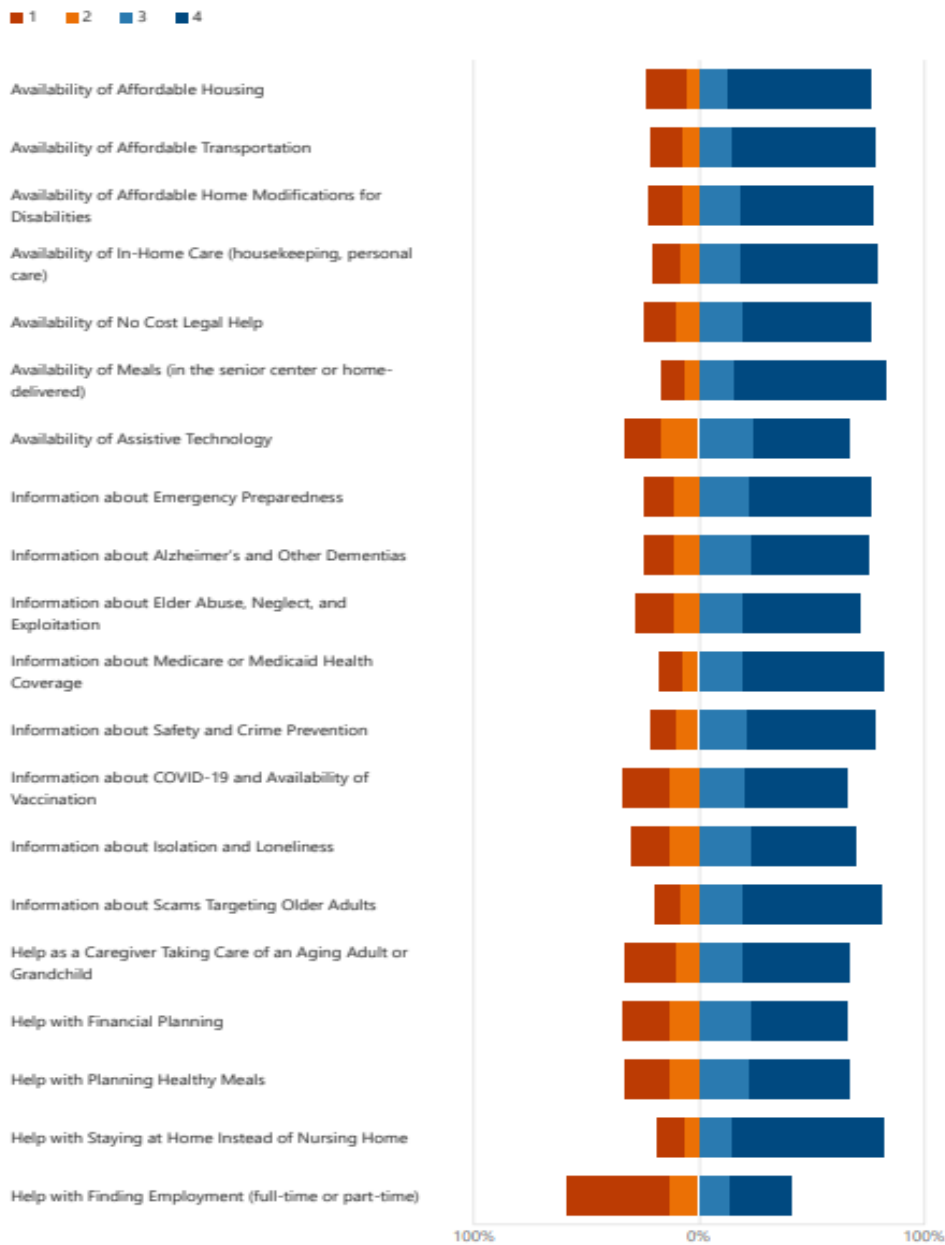
1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

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

<i>Ayuda para quedarse en casa en lugar de en un asilo de ancianos</i>				
<i>Ayuda para encontrar empleo (tiempo completo o tiempo parcial)</i>				

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	<ol style="list-style-type: none"> 1. Transportation 2. Increase in homemaker, chore, companion, and respite services 3. Increase in home-delivered meals 	<ol style="list-style-type: none"> 4. Mental health/isolation/grief support (reassurance/wellness check) 5. More in-home service providers
	<p>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+)</p>	
Lanett City Hall	<ol style="list-style-type: none"> 1. Mental health/isolation/grief support (reassurance/wellness check) 2. Increase in personal care and chore services 3. Technology training 	<ol style="list-style-type: none"> 4. Locating resources 5. Financial planning/budgeting/scam education
	<p>Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)</p>	
Andalusia Senior Center	<ol style="list-style-type: none"> 1. Transportation (including list of private transportation resource) 2. Mental health/isolation/grief support (reassurance/wellness check) 3. Increase in homemaker and chore services 	<ol style="list-style-type: none"> 4. Increase in home-delivered meals (including service rural areas) 5. Cost effective Durable Medical Equipment (including home mods)
	<p>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</p>	
McAbee Senior Center	<ol style="list-style-type: none"> 1. Transportation (including VA transportation challenges) 2. Qualified homecare personnel (including overnight respite care) 3. Access to and understanding of available resources 	<ol style="list-style-type: none"> 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)

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	<p>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).</p> <p>Example: dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, continence, feeding, or walking to assist with personal care needs.</p>
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	<p>An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach.</p> <p><u>Examples:</u></p> <p>Newspaper Ad/story – 1 unit / Estimated audience (Clients) = 1,500</p> <p>Newsletter – 1 unit / Estimated audience (Clients) = 200</p> <p>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)</p>

	Social Media Post – 1 unit / Estimated audience (Clients) = Number of followers of social media page
Congregate Meals (may include grab and go meals)	<p>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:</p> <p>(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;</p> <p>(ii) Meals provided .. shall:</p> <p>(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;</p> <p>(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.</p> <p>(iii) Meals ...may be provided to complement the congregate meal program:</p> <p>(A) During disaster or emergency situations affecting the provision of nutrition services;</p> <p>(B) To older individuals who have an occasional need for such meal; and/or</p> <p>(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)</p>
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	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.

Aggregate	Note: <i>PeerPlace</i> 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 <i>not</i> 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.

Goals, Objectives, Strategies, and Projected Outcomes

The 2025-2029 NARCOG Area Plan on Aging is comprised of Long-Term Services and Supports (LTSS) and other programs that are needed by older adults and individuals with disabilities and their caregivers. The Plan's goals, objectives, strategies, and projected outcomes are listed for the programs described in the six focus areas.

Focus Area A: OAA Core Formula-Based and Non-Formula Based Programs

Title III-B Supportive Services

Information and Assistance

As a Title III-B supportive service, Information and Assistance (I&A) services provide information to older adults, those with disabilities, their family members and other community members over the telephone, in-person, and through the internet. Assistance in accessing services is also provided for clients who are unable to do so themselves. Trained I&A advocates through the Aging and Disability Resource Center (ADRC) screen clients to determine whether they need referrals for services. All other agency staff and partners are encouraged to steer those who need information and assistance to the ADRC.

In-Home Assistance: Homemaking, Personal Care and Chore Services

There is funding through the Older Americans Act Title III-B for supportive services. Homemaking services are provided to eligible participants who receive assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework. Personal Care assists with bathing and personal hygiene assistance and chore services assists with minor household repair or home modifications such as grab bars for the bathroom. These services are temporary and are not meant for long-term assistance.

Legal Assistance

The NARCOG Legal Assistance Program provides an opportunity for older individuals to receive legal assistance to help solve various problems. These legal services help to keep many individuals in their own homes rather than facing the prospects of being placed in an institution. These services are provided to the individuals in their homes, in the NARCOG office, or in the Commission on Aging offices in Cullman and Lawrence Counties. A staff attorney provides legal advice, counseling, and representation to individuals age 60 and over. Some of the services covered include simple wills, health care directives (living wills), and powers of attorney.

Outreach, Public Education and Marketing

Outreach to individuals and groups in the community is imperative to help support successful initiatives, to increase awareness about the aging and disability networks, and to increase public awareness of resources available for the aging and disability network in place. NARCOG conducts outreach at health fairs, community meetings, open enrollment events, and at every other opportunity available. Our COA partners also conduct outreach during their local events, in their senior centers, and when receiving visitors and callers. We educate the public about all program and present education to groups on various topics that are beneficial to the public and individuals.

NARCOG's website and Facebook page are geared to inform the public and potential consumers about services available. The website also provides an overview of the agency and services and promotes the Aging and Disability Resource Center, promotes initiatives and events, shares impact stories and builds awareness of resources available.

Other III-B Supportive Services

Other III-B Supportive Services include Case Management, Adult Day Health, Recreation and Transportation Services. Title III-B services are important to the individuals and the communities that we serve. With these services we can better meet the growing needs of older adults, individuals with disabilities, and their caregivers.

Title III-C Nutrition Services

C1 Congregate Meals

The Congregate Nutrition Program helps meet the social and dietary needs of older people by providing nutritionally sound meals in a group setting. Provision of meals in a congregate setting encourages socialization, and thus, improves health outcomes on many levels. Three contractors manage 22 nutrition sites located throughout Cullman, Lawrence, and Morgan Counties. Although most the meals provided to congregate participants are hot meals, the participants may also receive picnic, frozen, shelf-stable, or meal replacements.

C2 Home Delivered Meals

The Home Delivered Nutrition Program provides nutritious meals to older people who are homebound, unable to prepare meals for themselves and who are without reliable access to nutritious food. Through a statewide, single-source contract, one vendor prepares and delivers hot meals to 22 senior centers throughout the region. Seniors in both urban and rural areas are provided hot home delivered meals five days per week. Three Commission on Aging (COA) entities manage the home delivered meals program to individuals throughout Cullman, Lawrence, and Morgan Counties. Most of the meals provided to home delivered meals participants are hot meals, but participants may also receive picnic, frozen, shelf-stable, and meal replacements are available.

Nutrition Education

Nutrition education is a service that promotes better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers in a group or individual setting overseen by a dietitian or individual of comparable experience. Nutrition Education materials are provided to NARCOG through the nutrition team of registered dietitians at the Alabama Department of Senior Services (ADSS). Each quarter, NARCOG receives and then distributes these materials to all 23 senior nutrition center locations. Each senior center is required to perform nutrition education utilizing these materials at least once per month for both congregate and home delivered meals participants.

Nutrition Counseling

Nutrition Counseling is the provision of individualized advice and guidance to those who are at nutritional risk because of their health or nutritional history, dietary intake, medication use, or chronic illnesses. Nutrition counseling services provide information about options and methods for improving their nutritional status and are performed by a professional in accordance with state law and policy. NARCOG contracts with a registered dietitian to provide Nutrition Counseling and risk screening services for those who qualify.

Nutrition Centers as Community Focal Points

All 22¹ senior centers in the NARCOG region are community focal centers providing a coordinated system of senior services. As such, each of them offers, or at least provides access to, nutrition services, information and assistance, and transportation on a regularly scheduled basis. These services are offered through center staff and/or volunteers.

NARCOG Nutrition Centers:

- Are a recognized access point for services for seniors within the community.
- Function on a service-based philosophy that focus attention on reaching persons who are at risk of losing their independence, such as homebound individuals.
- Provide senior nutrition services on a regularly scheduled basis (meals and nutrition education).
- Provide information & assistance, material aid, public education, outreach, friendly visits, telephone reassurance, and recreation.
- Provide or link participants to transportation services to make the center accessible to older persons and those with disabilities.
- Link participants to other community services.

Title III-D Evidence Based Disease Prevention and Health Promotion

¹ There are 7 centers in Cullman County, 7 in Lawrence County, and 8 in Morgan County.

Disease prevention and health promotion services include such things as health screening and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that reduce the length or quality of life of the person 60 or older.

The following is a list of the evidence-based programs approved for use with OAA Title IIID program funding that NARCOG is currently providing:

- Arthritis Foundation Exercise Program (AFEP)² –NARCOG is currently providing this program. AFEP is a community-based recreational exercise program developed by the Arthritis Foundation. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. All the exercises can be modified to meet participant needs. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise. Classes typically meet one to two times per week for an hour.
- Stress-Busting Program for Family Caregivers³ – NARCOG has two staff trained for this program and currently offers this program. The Stress-Busting Program (SBP) for Family Caregivers is an evidence-based program that provides support for family caregivers of persons with Alzheimer's disease and related dementias. It is designed to improve the quality of life of family caregivers who provide care for persons with Alzheimer's disease and related dementias and to help caregivers manage their stress and cope better with their lives. The nine-week program consists of weekly, 90-minute sessions with a small group of caregivers. The multi-component program focuses on education, support, problem-solving, and stress management.
- Chronic Disease Self-Management Program (CDSMP)⁴ and Diabetes Self-Management Program (DSMP)⁵ – NARCOG has staff trained for both programs and currently offers these programs. The Chronic Disease and Diabetes Self-Management Programs are workshops held for two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems (CDSMP) or diabetes (DSMP) attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases or diabetes themselves.
- A Matter of Balance⁶ – NARCOG currently has staff trained as master trainers who can train other volunteer coaches to hold the classes within their own communities. The program is a lay leader model whose goal is to reduce the fear of falling, stop the fear of falling cycle, and increase activity levels for those older adults still in a community setting. A Matter of Balance is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance.

² Taken from http://www.cdc.gov/arthritis/interventions/physical_activity.htm.

³ Description taken from program website <http://www.caregiverstressbusters.org/>.

⁴ Description taken from the program website <http://patienteducation.stanford.edu/programs/cdsmp.html>.

⁵ Description taken from the program website <http://patienteducation.stanford.edu/programs/diabeteseng.html>

⁶ Description taken from NCOA's website <https://www.ncoa.org/resources/program-summary-a-matter-of-balance/>

NARCOG continues to investigate and review other high-level evidence-based health and wellness programs to provide even more beneficial services to our seniors and caregivers. We will also encourage all community partners and senior centers to continue beneficial programs geared toward wellness that seniors enjoy and from which they are receiving direct benefits.

Title V Senior Community Service Employment Program (SCSEP)

Part-time subsidized employment opportunities are provided to seniors in our area through a grant from the U.S. Department of Labor's Employment and Training Administration. The two (2) Grantees for this program in the state of Alabama are Centers for Workforce Inclusion (CWI) and the Alabama Department of Senior Services (ADSS). NARCOG has grants from both grantees. NARCOG serves as both a local sub-grantee Project Sponsor and as a Host Agency for this program. SCSEP fosters and promotes useful, part-time employment skills training opportunities in community service activities to unemployed, low-income people ages 55 and older with poor employment prospects. NARCOG's SCSEP participants work at various host agencies that are non-profit 501(c)(3) or government organizations that provide services to the general population. SCSEP also fosters individual economic self-sufficiency and increases the number of older people who may enjoy the benefits of unsubsidized employment in the public and private sectors. Enrollees must meet federal income guidelines to be SCSEP participants.

Title VII Long-Term Care Ombudsman Program

NARCOG's Ombudsman Representative investigates and works to resolve problems or complaints affecting long-term care residents.

The Ombudsman Representative:

- Works to represent residents' interests, identifies problems, advocates, acts as a mediator, educates, coordinates efforts with and between residents, facility staff, and family members. Much of this is accomplished through in-service training and education.
- Regularly visits all area long-term care facilities and talks to residents, as well as participates in resident and family councils
- Oversees the Ombudsman Advisory Council.
- Recruits, trains and monitor's Volunteer Ombudsman and back-up Ombudsman
- Responds to complaints about the care provided to residents
- Educates about resident rights
- Oversees transfers and discharges from nursing homes.

The Ombudsman Representative also serves as a key person who conducts outreach and marketing for Medicaid's Gateway to Community Living (GCL) Program initiative. The GCL program helps

rebalance the long-term care system by transitioning individuals with Medicaid from nursing homes and other institutional settings back to community-based settings. Medicaid utilizes the local Ombudsman Representative's experience and geographical locations to promote and evaluate Alabama's Gateway to Community Living Program by survey administration and analysis related to participant and stakeholder experience and satisfaction.

Aging and Disability Resource Center- No Wrong Door, One Door Alabama

The melding together of the Administration on Aging, the Office on Disability, and the Administration on Developmental Disabilities into the Administration for Community Living (ACL) in 2012 created a stronger entity with a single focus on improving the lives of the aging population and those with disabilities. This merger strengthened the ADRC. Then in 2015, ACL awarded Alabama Medicaid a grant to make it easier for people in Alabama to learn more about the LTSS services they may need. Alabama Medicaid called the new "No Wrong Door" ADRC initiative "One Door Alabama". The goal is to ensure that individuals can access the resources they need through the ADRC. The ADRCs have necessitated the need for sharing of resources, development and strengthening of partnerships and operational philosophies, as well as cross-training and outreach opportunities between the disabled and the older adult communities.

The long-term goal of the ADRC is the provision of a comprehensive system of information and referral services in the region. This is accomplished through collaboration, development and maintenance of agency and community partnerships, dissemination of information, and targeted and structured outreach in the communities. Our goal is to ensure the members of our community know us before they need us.

We accomplish this by working with various agencies and providers to ensure that services are available, and referrals are made to agencies or providers who can provide services to those in need. NARCOG is functioning as the region's single point of entry for aging and disability services and as a one-stop-shop for information assistance and referral.

Medicare Improvements for Patients and Providers Act (MIPPA)

MIPPA grants are administered by ACL to the Alabama Department of Senior Services (ADSS), which then sends grant agreements to NARCOG for us to help low-income Medicare beneficiaries apply for programs that make Medicare affordable through our AAA, State Health Insurance Assistance Programs (SHIP) Medicare counseling program, and ADRCs. There are two programs that specifically help low-income seniors and persons with disabilities to help pay for their costs of Medicare. The Medicare Part D Extra Help/Low-Income Subsidy (LIS/Extra Help) Program helps pay for the Medicare Part D premium and reduces the costs of drugs. The Medicare Savings Programs (MSPs) help pay for Medicare Part B. NARCOG provides Part D counseling to Medicare beneficiaries who live in rural areas. NARCOG also promotes Medicare's prevention and wellness benefits.

Senior Medicare Patrol (SMP)

Billions of federal dollars are lost annual due to healthcare fraud, errors, and abuse. The SMP program's goal is to educate Medicare beneficiaries, their families, and caregivers about ways to prevent, detect and report suspected healthcare fraud, errors, and abuse. NARCOG has staff trained to educate, counsel, and provide outreach to individuals and groups to spread the word as much as possible. Fraud summits are conducted annually with other partners to educate Medicare beneficiaries, their families, caregivers, and other professionals. NARCOG has partnered with the Alabama Securities Commission for these Fraud Summits and we look forward to continuing our partnership in the future.

State Health Insurance Assistance Program: SHIP

NARCOG provides counseling to those requesting assistance with Medicare and Medicaid eligibility questions through a State Health Insurance Assistance Program (SHIP). Counselors are available to assist individuals, assess their needs and availability of policies and/or programs for which they are eligible. Information is provided to seniors and/or their family members on Medicare, Medicaid, Medicare Savings Programs, supplemental insurance, and long-term care insurance. This program also provides comparisons for Medicare plans within the service area. NARCOG has trained volunteer counselors in each county to assist Medicare beneficiaries with unbiased information.

SenioRx

SenioRx is a program for Alabamians that assists people with disabilities at any age who are diagnosed with chronic medical conditions requiring daily medication that they cannot afford. The program aims to help people manage their chronic illnesses earlier and prevent more serious health problems later in life. This medication assistance allows individuals to utilize their limited incomes for food and other important expenses.⁷ Also, if a client does not qualify for free or low-cost prescriptions, the SenioRx Coordinator will still assist them by helping to lower cost by finding drug discount cards, coupons, rebates, pharmacy price comparison, etc.

⁷ Description taken from <http://www.alabamaageline.gov/programs.html#prescriptionassistance>

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	Increase outreach, public education, and marketing of all Title III-B services to ensure seniors, individuals with disabilities, and their caregivers are aware of the services available through the OAA.	More assistance and services provided to older adults and individuals with disabilities in the Region, especially those of the greatest social and economic need.
	Utilize the AAA's Aging and Disability Resource Center (ADRC) to provide a thorough screening process to help assist older adults and individuals with disabilities connect with services provided through Titles III and V that can help improve quality of life.	
III-C	Maintain strong partnerships with the three Commission on Aging offices located in the Region — one located in each of the three counties — to help grow the number of older adults and individuals with disabilities who receive congregate and homebound meals. The three COAs, which are contractors of the AAA, operate 22 nutrition centers in the Region's three counties, and also serve as additional information and resource centers for older adults.	The ADRC and Nutrition Program Coordinator screen potential participants, helping provide meals to those with higher nutritional needs, and those with the greatest social and economic need.
	The AAA offers monthly nutrition education to all homebound and congregate meal participants, while also offering daily activities at each of the 22 nutrition centers, to help ensure all program participants are informed and engaged.	By establishing strong partnerships with the COAs, the congregate and homebound nutrition programs will continue to grow, while also helping reduce social isolation.
III-D	Coordinate with nutrition centers, older adult activity centers, parks and recreation departments, senior living communities, healthcare facilities, and other regional agencies to help provide III-D evidence-based classes, on a regular basis, throughout the Region.	Increase participation throughout the Region in evidence-based disease prevention and health promotion programs.
	Increase volunteer outreach to recruit, train and certify more III-D instructors to increase the volume of evidence-based classes that are available to older adults in the Region.	

Title V	Increase education and outreach to potential host agencies throughout the Region.	Build confidence in the older adult workforce and encourage job placement outside of the program.
	Partner with agencies to provide job training and interview skills to help prepare older adults to re-enter a now constantly evolving workforce.	

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	Increase program advocacy and education on long-term care issues to facility residents, and families of residents, along with state agencies, local agencies and the general public.	Increased awareness of long-term care issues.
	Increase outreach and education about volunteer opportunities with the Ombudsman program, while also increasing outreach for the Gateway to Community Living program.	

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	Continue to be a viable and trusted source for information and resources for services that are available to older adults and individuals with disabilities that can help improve quality of life. All ADRC staff will receive Person Centered training, while also maintaining an AIRS Accreditation to help ensure the AAA’s ADRC maintains high quality standards.	Increase the number of individuals served by the ADRC, while also increasing the volume of resources and services provided.
	Maintain existing partnerships with local agencies and non-profit organizations, while continuing to cultivate to partnerships, to ensure ADRC staff are versed and knowledgeable on all resources and services available throughout the Region. Also continue strong marketing campaigns and community outreach to ensure older adults, individuals with disabilities, and caregivers are informed about the resources offered through the AAA’s ADRC.	

SHIP/MIPPA	Establish partnerships with local agencies, businesses and industry to promote the State Health Insurance Program (SHIP) and the assistance programs that are available to beneficiaries and those who are new to Medicare. This includes establishing partnerships with human resources specialists throughout the Region to expand education about SHIP counseling.	Provide increased awareness of the SHIP program, especially in rural areas located throughout the Region.
	Continue to partner with the Region's COAs to increase the number of trained SHIP counselors available throughout the Region, primarily during the annual Medicare Open Enrollment Period.	Increase the number of SHIP counselors in the Region, which will increase the number of individuals who receive SHIP counseling during the Medicare Open Enrollment Period.
SMP	Partner with the Alabama Securities Commission (ASC) Investor Education and Fraud Prevention program to hold annual SMPP Fraud Summit in the Region.	More Medicare beneficiaries, their families, and caregivers will be empowered to prevent healthcare fraud, errors, and abuse.
	Partner with the ADRC, the Region's three COAs, and all of the AAA's program coordinators to help distribute educational information to increase awareness about Medicare fraud and prevention.	
SenioRx	Partner with non-profit free clinics located in the Region, along with the Region's three COAs, providing regular training and education to ensure strong outreach efforts are being made on a regular basis.	Increase the number of people served through the SenioRx Prescription Assistance Program in the Region.
	Continue to provide assistance and follow-ups on SenioRx applications to ensure participants continue to save money on prescription costs.	

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
Elder Abuse	Maintain partnership with Legal Services of Alabama, which contracts with the AAA to provide legal services for older adults and individuals with disabilities in the Region through Title III-B and Title VII Elder Abuse.	Increase awareness about elder abuse while also providing legal services to those who have been impacted by elder abuse.
	Increase promotional campaigns and outreach materials to increase awareness, and prevention, of elder abuse, neglect, and exploitation.	

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	Increase education and counseling services to caregivers through Title III-E programs, while also increasing outreach and education throughout the Region by partnering with local agencies and non-profits.	Reach more individuals, and caregivers, who are impacted by dementia by providing counseling, education and respite services.
	Continue to grow caregiver support groups throughout the Region.	

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)	The AAA has invested in MySenior Center software and kiosks, which are located at all 22 nutrition centers throughout the Region. The kiosks have established a solid mechanism for capturing accurate data at the nutrition centers, which has helped AAA staff determine what programs are most effective based on participant engagement.	Streamline data collection, and reporting, processes.
	AAA staff will continue to receive training on OAA programs and data program, with the assistance of ADSS Program Directors.	
Training	AAA will conduct staff training at least annually. The AAA also will conduct annual training with all contractors, and will conduct quarterly training with the Region’s three COAs, and the 22 nutrition center managers.	Ensure all staff are highly trained and capable of helping older adults and individuals with disabilities throughout the Region enjoy a high quality of life.
	AAA staff will attend all training sessions offered by ADSS, which includes OAA program training, new Medicaid Waiver case manager training, and Ombudsman training, along with any other training sessions offered by ADSS or the Integrated Care Network (ICN).	
Monitoring	Area Agency on Aging Director, and OAA program staff, will monitor programs quarterly to ensure quality and compliance measures are being met.	Will ensure program guidelines and quality measures are being met.
	ADSS program directors will conduct bi-annual monitoring to ensure quality and compliance measures are being met.	

Focus Point B: Preparedness, Response and Recovery

Disaster Preparedness, Response and Recovery

Helping those in our communities during times of disaster is a goal of this agency, especially for the vulnerable populations that we target and serve. NARCOG wants to help people protect themselves, their families and their communities by taking steps to be prepared.

NARCOG is also a key player in providing the help people and communities will need after a disaster, the recovery phase. Because a majority of the region's elderly and disabled population live in rural areas, they are especially vulnerable in emergency situations and need help preparing for disasters or inclement weather that occur in our areas such as tornadoes, snow and ice storms, and extreme cold or hot conditions.

During the past four years of this area plan, NARCOG will seek a place at the table of the emergency operations centers for each of our regions counties. NARCOG will also engage in disaster preparedness outreach and education initiatives with local community partners.

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
	Increase education and outreach at each of the Region's 22 nutrition centers to help create awareness about the negative effects associated with social isolation.	Reduce the number of individuals who are impacted by the negative effects associated with social isolation.
	Partner with local agencies and non-profits, such as Community Action, to help grow volunteers for companionship programs for older adults.	

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

	STRATEGY	PROJECTED OUTCOME
	Utilize ADRC to identify individuals who need assistance obtaining assistive technology to combat falls and maintain independence and submit referral to the AAA's Title III-E/Alabama CARES Program Coordinator to assist with obtaining the appropriate assistive technology.	Assist more individuals in the greatest social and economic need obtain assistive technology to combat falls and increase independence.
	Develop partnerships with non-profits, and utilize relationships with organizations, and policymakers, to secure funds to assist with obtaining assistive technology for individuals in the greatest social and economic need.	

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

	STRATEGY	PROJECTED OUTCOME
	The AAA will review, and update, emergency and disaster plan annually.	The AAA will be prepared if an emergency situation occurs.
	The AAA will continue to partner with local emergency management agencies and participate in the local VOAD meetings on a regular basis.	

Focus Area C: Participant Directed/Person-Centered Planning

Participant directed, and person-centered planning empowers individuals to have more control of their care. We have realized that a “one size fits all” approach does not work for everyone. Most people want to have a say about the care and services they receive and how they receive them. At NARCOG, the Medicaid Waiver Team and the ADRC-One Door Alabama Team are trained on “Person-centered Thinking.”

Interviews are held individually with participants to discover their strengths, values, and preferences along with screening tools and evaluations to determine program eligibility. Resources and support options are explored with the individual to make a decision that is best for that individual. Goals can also be set if needed to reach a desired outcome.

For Medicaid Waiver participants, person-centered care plans are developed with individuals to include their preferences of how they want their services (to the fullest extent possible). Having participant directed and person-centered planning options makes the care of the individuals more personalized and better for each individual.

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
	Utilize a thorough screening process with the ADRC to identify individuals with the greatest economic and social needs, and assist the individuals with identifying services that are available that could help improve their quality of life.	The AAA will reach a larger portion of the Region's population, especially in rural communities, which will increase the number of individuals who are in the greatest economic and social need who receive services that will increase quality of life and help those individuals age in place with independence.
	Increase community outreach and public education campaigns throughout the Region.	

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
	Have all AAA staff trained on Person-Centered Thinking to help better serve individuals.	AAA staff will utilize a consumer-driven approach to all operations, which will increase quality of services and consumer satisfaction.
	Use a Person-Centered approach throughout all of the AAA programs to allow consumers to self-direct their care to the fullest extent possible.	

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

	STRATEGY	PROJECTED OUTCOME
	Continue to grow partnerships throughout the Region with local agencies, non-profits, stakeholders and policymakers.	Increase resources that can be utilized to assist older adults and individuals with disabilities, especially those in the greatest economic and social need.
	Increase community outreach and public forums to discuss the No Wrong Door initiative, and how it provides access to resources that helps older adults and individuals with disabilities improve quality of life.	

Focus Point D: Home and Community Based Services

Medicaid Waiver Programs

Home and Community-Based Waiver Services are available to eligible Medicaid recipients who are at risk for nursing home placement, hospital, or institution. To be eligible, individuals must meet financial, medical, and program requirements. Services are provided in the participant's home. Waiver program enrollment is limited, and a waiting period may be necessary.

Elderly and Disabled Medicaid Waiver (E&D)

The Elderly & Disabled Waiver program offers in-depth assistance to frail elders and adults with disabilities who have significant health and social needs who are at risk of needing nursing home level care. The E&D Waiver services include case management; homemaker services, personal care services; adult day health services (when available); respite care services (skilled and non-skilled); companion services; and home delivered meals. Case managers conduct in-home assessments and work with participants to develop and implement a person-centered, individualized care plan. Case managers monitor the care plan and provide regular follow-up contact with clients and service providers to ensure needs are being met as much as possible.

Alabama Community Transition Medicaid Waiver (ACT)

The ACT Waiver, which is also known as Gateway to Community Living, provides services to individuals who are currently residing in a long-term care facility and desire to transition back into the community through a home and community-based program. The ACT Waiver can also be for a current E&D Waiver participant whose health conditions have changed and the current waiver does not meet their needs in the community and without additional help, institutionalization would be imminent. Individuals are screened to determine if the participants could safely transition from institution to home.

Personal Choices Program

Alabama Medicaid's "Personal Choices" program allows participants the option to choose their own worker for the Home and Community-Based Program instead of using the traditional Direct Service Providers that NARCOG contracts with to provide in-home services. Participants receive a monthly allowance from which they will use to determine the services they need. They may hire someone they know to provide the services they need or can save money to purchase needed equipment. Personal Choices Counselors help guide participants through the process which includes developing a budget to help manage the funds designated for their care.

Hospital to Home

The Alabama Medicaid Agency's Hospital to Home (H2H) program supports transitions back to the community via the hospital setting. The program works in coordination with the Alabama Gateway to Community Living (GCL) and Alabama Community Transitions (ACT) programs, which are designed to transition individuals from hospitals back to the community.

In an effort to simplify access to long-term care services and support for recipients and families, the Alabama Medicaid Agency, Integrated Care Network's Case Management Organizations (CMOs) and hospitals can provide advanced access to the ACT or Elderly and Disabled (E&D) waiver services to eligible recipients who, upon discharge, are at risk of institutional long-term care placement.

NARCOG employs a full-time H2H Transition Coordinator who works with the hospitals located throughout the Region to identify, and assist, individuals who can utilize Long-Term Supports and Services available through the ACT Medicaid Waiver.

Gateway to Community Living

Funded through the Centers for Medicare and Medicaid Services (CMS) Money Follows the Person (MFP) program, Gateway supports individuals who wish to transition from nursing homes and institutional settings to community living. Gateway uses the state's existing long-term care system as a foundation, allowing individuals currently living in institutional settings to enroll in one of seven Home and Community-based Waiver programs.

The NARCOG Ombudsman works with the Region's GCL Transition Coordinator, whose office is located at the Northwest Alabama Council of Local Governments (NACOLG) to identify, and assist, individuals who are in Long-Term Care facilities who are appropriate to transition back into their homes with the assistance of Long-Term Supports and Services through the ACT Medicaid Waiver.

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
	Develop partnerships with hospitals, and physicians, throughout the Region, utilizing the Hospital to Home program to assist individuals to transition back into the home with the assistance of Long Term Services and Supports (LTSS).	Increase the number of older adults and individuals with disabilities who receive services through the ACT Medicaid Waiver program.
	Continue outreach initiatives for the Gateway to Community Living program, helping assist individuals who are capable of transitioning out of Long-Term Care with the assistance of LTSS.	

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

	STRATEGY	PROJECTED OUTCOME
	Medicaid Waiver programs will continue to work with ADSS and the ICN to provide cost-effective, and quality, case management.	Increase the number of older adults and individuals with disabilities who receive services through the ACT Medicaid Waiver program while providing quality case management to all individuals who receive services through the Medicaid Waiver programs.
	Increase outreach and education initiatives to medical professionals, nutrition center participants, and other local, private, and non-profit organizations throughout the Region.	

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
	Continue to grow the AAA's non-profit foundation, the NARCOG Foundation, to secure funds that can be used to assist older adults and individuals with disabilities, especially those in the greatest economic and social need, with services.	Provide additional, and needed, services to older adults and individuals with disabilities, especially those who are in the greatest economic and social need.
	Work with policymakers and community stakeholders to increase funding, or secure additional funding, that can be used to assist older adults and individuals with disabilities, especially those in the greatest economic and social need, with services.	

Focus Point E: Caregiver Supportive Services

Title III-E National Family Caregiver Support Program (Alabama CARES)

The National Family Caregiver Support Program (NFCSP) provides grants to States and territories, based on their share of senior citizens. Alabama's allotment through Title III-E under the Older Americans Act created the Alabama Cares Program. NARCOG administers funds for the Alabama Cares program which provides several services that support the informal family caregivers. The focus is on providing information, assistance, counseling, and education to assist caregivers in making decisions and solving problems relating to their caregiver roles. In addition, the Alabama Cares Program also provides respite and supplemental services.

The CARES program coordinator:

- Conducts community education and outreach regarding caregiver issues, services, and dementia related disorders.
- Arranges and supports caregiver support groups.
- Provides support to grandparents who are raising grandchildren, addressing the needs of caregivers by providing them time away from the responsibilities of ongoing care of a child under 18 or for a disabled adult child with severe disabilities.
- Conducts Virtual Dementia Tours (VDTs) to professional caregivers, families, and the community.

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
	The AAA and CARES Program Coordinator will hold regularly scheduled meetings with a council consisting of caregivers, and stakeholders, from within the Region, to discuss the needs, and challenges, that caregivers face with the intention of helping address issues and find solutions.	Assist with finding solutions for the challenges and issues that caregivers face.
	Advocate for increased funding and support for the challenges that caregivers face.	

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

	STRATEGY	PROJECTED OUTCOME
	Advocate for increased funding to support Direct Service Providers (DSP) as they attempt to grow the workforce to provide services to homebound program participants.	Assist in finding solutions for the challenges caregivers face, which includes helping find ways to grow the Direct Service Provider workforce.
	Work with DSPs, and other workforce members, to establish a plan for workforce retention.	

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
	Expand community outreach for supportive services that are available to older adults who serve as caregivers to grandchildren.	Increase the number of older adults who serve as caregivers for relatives and grandchildren that receive supportive services with the assistance of the AAA.
	Develop partnerships with community stakeholders and organizations that assist older adults who are serving as caregivers to grandchildren.	

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

	STRATEGY	PROJECTED OUTCOME
	Continue to provide support for caregivers through counseling, education, nutrition and respite.	Continue to grow the number of caregivers who receive supportive services, counseling, education and case management through the AAA's Alabama CARES program.
	Advocate for additional funding for services and workers, which will help increase assistance.	

Letter of Intent Goes Here

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

NARCOG Advisory Council

NAME	COUNTY
Lynn Easterwood	Morgan
Lucita Jones	Morgan
Paul Lott	Lawrence
Willadene Nash	Lawrence
Lawana Pitts	Lawrence
Jessica Stroup	Morgan
Rhonda Swann	Cathy Thorn

**North Central Alabama Regional Council of Governments
Board of Directors 2025**

CULLMAN COUNTY

The Honorable Jeff Clemons
Cullman County Commission

The Honorable Kelly Duke
Cullman County Commission

The Honorable Garry Marchman
Cullman County Commission

The Honorable Carla Hart
Cullman Mayor Association

LAWRENCE COUNTY

The Honorable Norman Pool
Lawrence County Commission

The Honorable Amard Martin
Lawrence County Commission

The Honorable Bobby Burch
Lawrence County Commission

MORGAN COUNTY

The Honorable Greg Abercrombie
Morgan County Commission

The Honorable Ray Long
Chairman Morgan County Commission

The Honorable Randy Garrison, Chairman
Mayor, City of Hartselle

The Honorable Tab Bowling
Mayor, City of Decatur

The Honorable Randy Vest
Morgan County Commission

The Honorable Vaughn Goodwin
Mayor, Town of Trinity

Mr. Blake White
Morgan County Appointee

NARCOG BOARD OFFICERS FY2025

Chairman
The Honorable Randy Garrison
Mayor, City of Hartselle

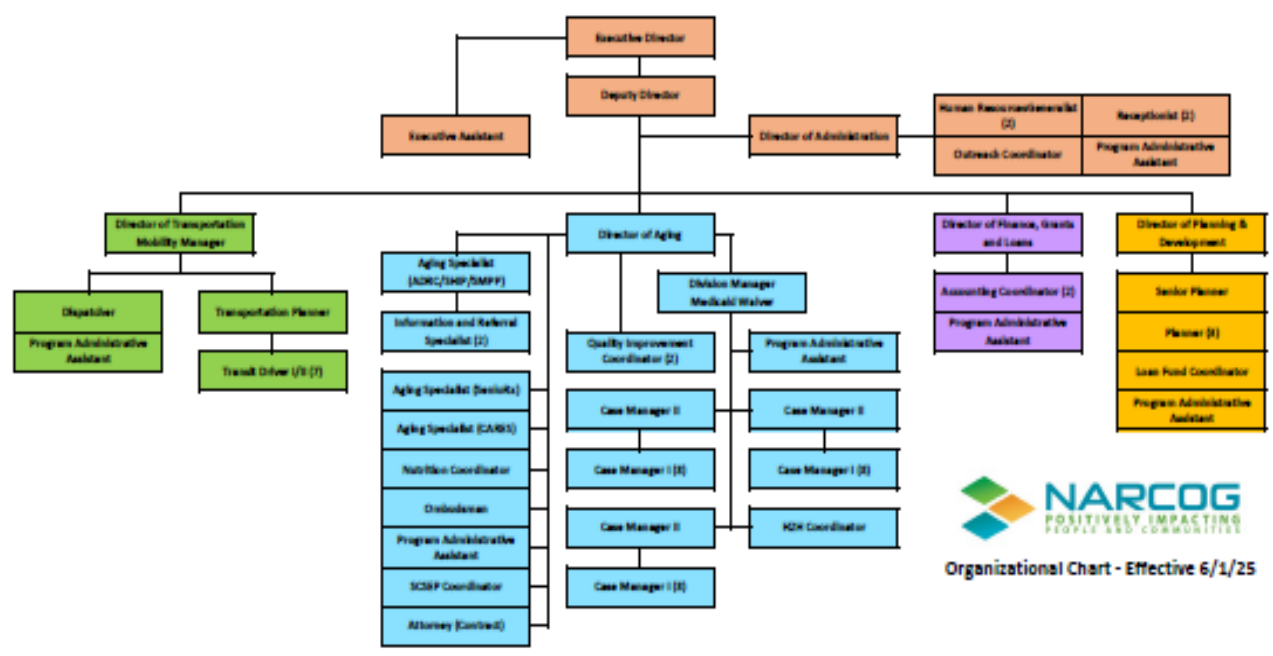
1st Vice Chairman
The Honorable Kelly Duke
Cullman County Commission

2nd Vice Chairman

Vacant
Lawrence County Commission

Secretary/Treasurer
The Honorable Vaughn Goodwin
Mayor, Town of Trinity

North Central Alabama Regional Council of Governments Organizational Chart



NARCOG AREA AGENCY ON AGING GRIEVANCE POLICY & PROCEDURES

The North Central Alabama Regional Council of Governments (NARCOG) has adopted grievance procedures providing for prompt and equitable resolution of complaints alleging improper actions within the function of the Area Agency on Aging. A grievance may be filed for a circumstance, during implementation of the responsibilities of the Area Agency on Aging, which is thought to be unjust or injurious and ground for complaint.

Under Title VI of the Civil Rights Act of 1964, the NARCOG Area Agency on Aging is prohibited from discriminating in any program or activity on the basis of race, color, sex, national origin, age or disability. Such factors cannot be used to:

- deny a person any service or benefit extended under a program;
- provide any service or benefit to a person that is different in kind or manner from that provided to others under the program;
- restrict a person in any way from enjoying services, facilities, or benefits provided to others under the program;
- treat a person differently from others in determining whether he or she satisfies any admission, enrollment, eligibility or other requirement or condition that people must meet to receive any service or benefit; or
- deny a person the opportunity to participate as a member of a planning or advisory body that is an integral part of the program.

The following procedures are established for handling formal grievances as defined above:

1. The grievance will be submitted in written form, with the word “Grievance” at the top, to the supervisor at the point of the complaint. This may be the supervisor at the contractor location, such as the Commission on Aging, or the program director within the Area Agency on Aging.
2. This contact person will answer the grievance in writing and document both the grievance and response within ten working days of receipt of the grievance. If the supervisor cannot handle the grievance, it will be forwarded to the Area Agency on Aging Director, who will answer the grievance within ten (10) working days of receipt of grievance at NARCOG.
3. If the action of the Area Agency on Aging Director does not resolve the grievance to the satisfaction of the complainant, the complainant may submit the grievance in writing to the Executive Director, who will answer the grievance in writing within ten (10) working days of receipt.

4. If the action of the Executive Director does not resolve the grievance to the satisfaction of the complainant, the grievance may be submitted in writing to the President of the NARCOG Executive Committee. The Executive Committee will hear and make a decision on the grievance within twenty (20) working days of the receipt.

5. The Executive Committee, when reviewing grievances, shall review the findings of all parties concerned, and may obtain additional information as deemed necessary. The Executive Committee may require the service of Area Agency on Aging or contractor staff to assure the maintenance of records, appearances of witnesses, or other actions that may be required to carry out this procedure. The Executive Committee will allow representation by counsel and the calling of witnesses by all parties. The Executive Committee is empowered to ask additional questions and may adjourn the initial proceedings for the convenience of any party for gathering of additional evidence or information or to allow additional witnesses to be called.

Action by the Executive Committee is final.

Privacy of all individuals involved in any grievance procedure will be protected as much as possible, and information collected as a part of such procedures will be kept confidential. All interactions regarding a grievance will be documented, records will be made of any hearing, and a record of action taken on each request or complaint will be maintained, so as to establish accurate records of proceedings.

**NARCOG Area Agency on Aging
Conflict of Interest Policy**

POLICY XII – CONFLICT OF INTERESTS

Section 1 Prohibition Against Conflict of Interests

– No Council of Governments representatives or employee, either permanent or part time, shall acquire any personal interest, either direct or indirect, which is incompatible or in conflict with his or her discharge or fulfillment of his or her function, duty or responsibility to or in the Council of Governments and the projects thereof.

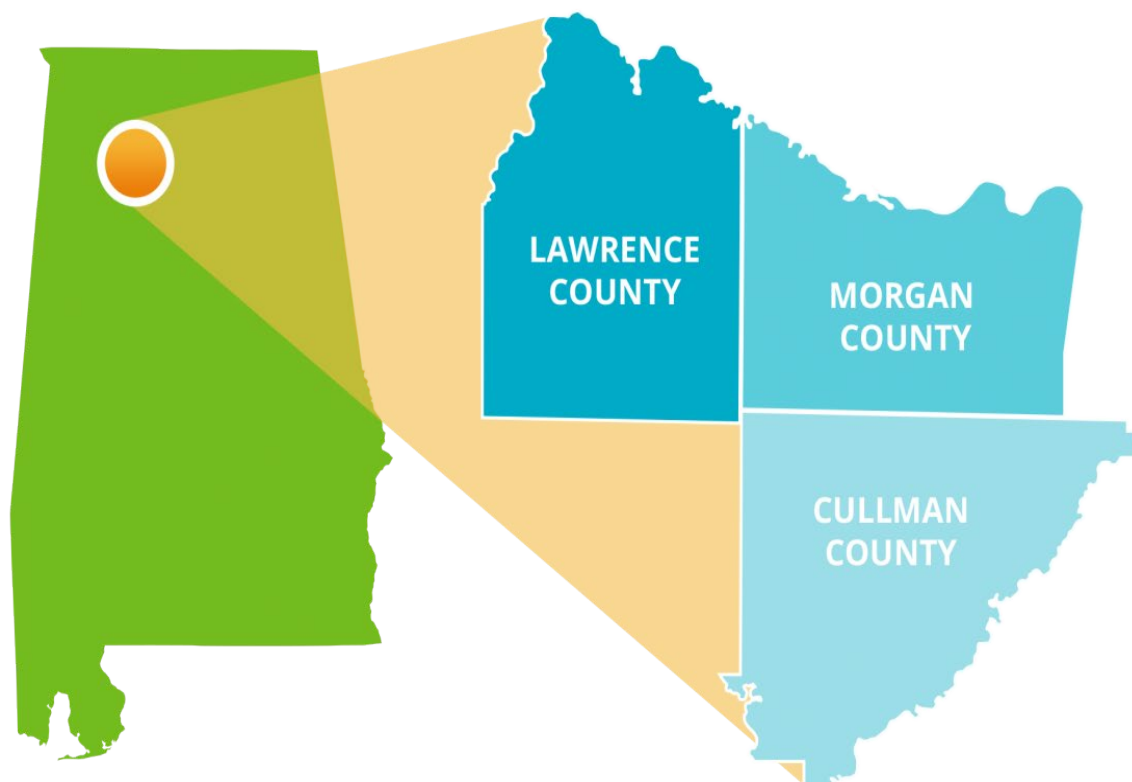
Section 2 Political Activity

– Employees may not engage in any political activity while on duty. Any employee, who performs duties in connection with an activity, or project, funded in whole or in part by Federal funds, is subject to the Hatch Act which prohibits the following, while on duty:

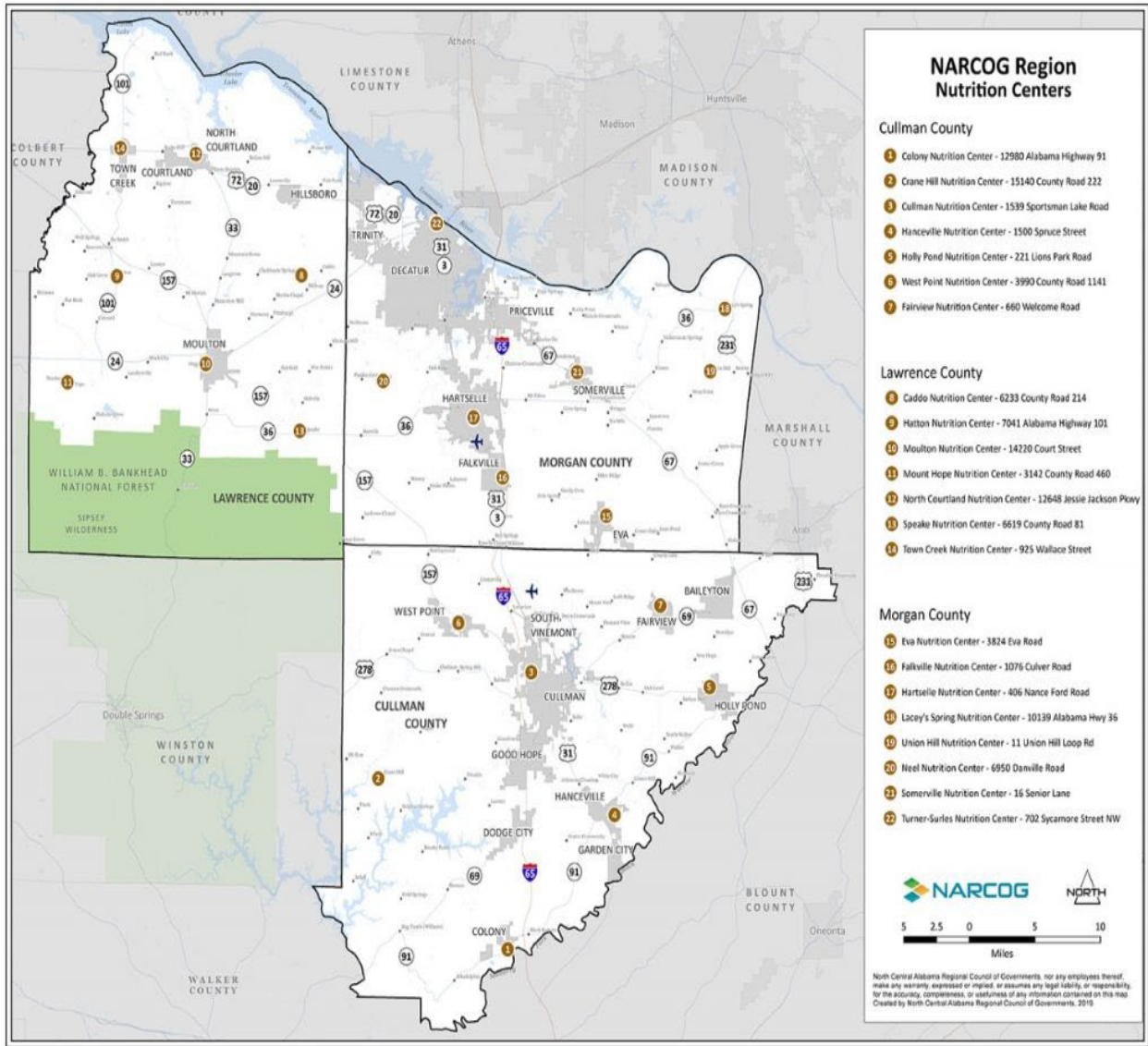
- Use of official authority to influence an election, or nomination for office, or in any way affects the result thereof.
- Directly or indirectly coercing, attempting to coerce, or advising another employee to pay, lend, or contribute any part of his/her salary or compensation or anything else of value to any party, committee, organization, agency, or person for political purposes.
- Participation in political party management.
- Participation in political campaigning, passing out political literature, or displaying bumper stickers supporting any candidate or espousing any causes on a NARCOG automobile, or on a private automobile on which mileage is paid by NARCOG.
- Employees may not display campaign stickers, buttons, or other paraphernalia in NARCOG offices, or while on official duty away from NARCOG offices.

Employees are entitled to personal political opinions and are encouraged to exercise their right to vote.

NARCOG Planning and Service Area Map



NARCOG Region Nutrition Centers



Current/Future Aging and Disability Demographics of PSA

Alabama County Population Aged 65 and Over 2000-2020 and Projections 20205-2040
(Middle Series)

	Census	Census	Census					Change 2010-2040	
	2000	2010	2020	2025	2030	2035	2040	Number	Percent
<i>Alabama</i>	579,798	657,792	851,293	970,297	1,067,787	1,114,140	1,144,172	486,380	73.9
Autauga	4,451	6,546	8,476	9,917	11,466	12,583	13,882	7,336	112.1
Baldwin	21,703	30,568	47,034	56,876	66,159	72,875	78,769	48,201	157.7
Barbour	3,873	3,909	4,820	5,087	5,260	5,056	4,795	886	22.7
Bibb	2,413	2,906	3,673	4,048	4,419	4,658	4,859	1,953	67.2
Blount	6,558	8,439	10,800	11,922	13,003	13,766	14,275	5,836	69.2
Bullock	1,543	1,469	1,897	2,137	2,237	2,141	2,050	581	39.6
Butler	3,506	3,489	4,088	4,431	4,619	4,577	4,460	971	27.8
Calhoun	15,872	16,990	19,886	21,657	22,710	22,709	22,405	5,415	31.9
Chambers	5,928	5,706	7,043	7,778	8,181	8,352	8,330	2,624	46.0
Cherokee	3,818	4,651	5,956	6,711	7,272	7,611	7,798	3,147	67.7
Chilton	5,097	5,921	7,159	8,016	8,602	8,903	9,231	3,310	55.9
Choctaw	2,332	2,519	2,889	3,040	3,111	3,021	2,895	376	14.9
Clarke	3,764	4,174	4,952	5,388	5,623	5,584	5,396	1,222	29.3
Clay	2,359	2,449	2,756	2,973	3,192	3,245	3,267	818	33.4
Cleburne	1,933	2,361	3,044	3,314	3,601	3,765	3,874	1,513	64.1
Coffee	6,171	7,210	8,641	9,369	9,968	10,319	10,710	3,500	48.5
Colbert	8,493	9,463	11,296	12,369	13,091	13,206	12,983	3,520	37.2
Conecuh	2,223	2,362	2,929	3,199	3,399	3,342	3,217	855	36.2
Coosa	1,761	1,970	2,513	2,877	3,054	3,107	3,088	1,118	56.8
Covington	6,740	6,939	8,176	9,070	9,679	9,714	9,652	2,713	39.1
Crenshaw	2,338	2,210	2,657	2,955	3,229	3,277	3,382	1,172	53.0
Cullman	11,342	12,810	16,944	17,867	19,401	19,875	20,057	7,247	56.6

Dale	5,807	6,759	8,255	9,130	9,662	9,600	9,334	2,575	38.1
Dallas	6,428	6,165	6,968	7,728	8,156	7,971	7,663	1,498	24.3
DeKalb	8,882	9,875	12,818	14,368	15,566	16,624	17,376	7,501	76.0
Elmore	7,071	9,436	13,651	16,262	18,850	20,389	21,757	12,321	130.6
Escambia	5,236	5,812	6,802	7,324	7,529	7,404	7,405	1,593	27.4
Etowah	16,560	16,508	19,670	21,388	22,404	22,982	23,404	6,896	41.8
Fayette	2,976	3,084	3,587	3,779	3,909	3,838	3,675	591	19.2
Franklin	4,637	4,825	5,277	5,563	5,767	5,777	5,808	983	20.4
Geneva	4,203	4,674	5,705	6,289	6,799	7,096	7,157	2,483	53.1
Greene	1,470	1,454	1,860	2,127	2,222	2,152	2,016	562	38.7
Hale	2,316	2,370	3,050	3,469	3,840	3,795	3,670	1,300	54.9
Henry	2,668	3,044	4,158	4,619	4,976	5,121	5,276	2,232	73.3
Houston	12,162	14,675	19,276	22,069	24,424	25,591	26,598	11,923	81.2
Jackson	7,210	8,773	10,962	12,081	12,800	12,960	13,089	4,316	49.2
Jefferson	90,285	86,443	106,631	119,605	127,360	128,036	127,315	40,872	47.3
Lamar	2,528	2,732	3,145	3,358	3,426	3,298	3,116	384	14.1
Lauderdale	13,241	15,553	19,412	21,599	23,261	23,953	24,038	8,485	54.6
Lawrence	4,195	4,999	6,228	6,830	7,603	7,941	7,913	2,914	58.3
Lee	9,337	12,716	21,095	26,082	30,877	34,466	37,539	24,823	195.2
Limestone	7,271	10,187	15,911	19,704	23,867	26,994	29,199	19,012	186.6
Lowndes	1,646	1,655	1,940	2,130	2,268	2,205	2,025	370	22.4
Macon	3,367	3,031	3,352	3,669	3,855	3,795	3,698	667	22.0
Madison	30,015	40,873	56,239	68,286	81,478	89,022	93,437	52,564	128.6
Marengo	3,287	3,424	3,979	4,332	4,512	4,541	4,475	1,051	30.7
Marion	4,934	5,645	6,595	7,054	7,394	7,497	7,470	1,825	32.3
Marshall	11,717	13,862	16,495	18,118	19,526	20,007	20,485	6,623	47.8
Mobile	47,919	53,321	68,695	78,836	86,072	88,252	88,908	35,587	66.7
Monroe	3,363	3,618	4,308	4,751	5,075	5,141	5,076	1,458	40.3
Montgomery	26,307	27,421	33,914	38,302	41,547	42,493	43,423	16,002	58.4

Morgan	13,708	16,871	22,123	23,823	26,066	27,042	27,382	10,511	62.3
Perry	1,762	1,769	1,786	1,890	1,873	1,774	1,687	-82	-4.6
Pickens	3,293	3,336	4,087	4,567	4,963	5,032	4,858	1,522	45.6
Pike	3,727	4,211	5,188	5,769	6,094	6,207	6,178	1,967	46.7
Randolph	3,564	3,888	4,847	5,393	5,820	6,016	6,032	2,144	55.1
Russell	6,541	6,720	8,959	10,124	11,062	11,348	11,416	4,696	69.9
St. Clair	7,578	10,909	15,078	17,612	20,438	22,577	24,651	13,742	126.0
Shelby	12,179	20,627	34,714	43,182	51,263	57,471	63,447	42,820	207.6
Sumter	2,056	2,063	2,537	2,933	3,117	3,055	2,908	845	41.0
Talladega	10,655	11,591	14,373	15,957	16,911	17,283	17,519	5,928	51.1
Tallapoosa	6,872	7,193	8,694	9,556	9,991	10,037	9,889	2,696	37.5
Tuscaloosa	18,565	21,050	28,882	33,432	36,492	38,345	40,030	18,980	90.2
Walker	10,453	10,894	13,418	14,409	14,821	14,581	14,006	3,112	28.6
Washington	2,246	2,590	3,227	3,589	3,854	3,936	3,872	1,282	49.5
Wilcox	1,810	1,752	2,170	2,396	2,461	2,402	2,268	516	29.5
Winston	3,533	4,333	5,363	5,812	6,260	6,407	6,309	1,976	45.6

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

*NARCOG Service Area data highlighted in yellow.