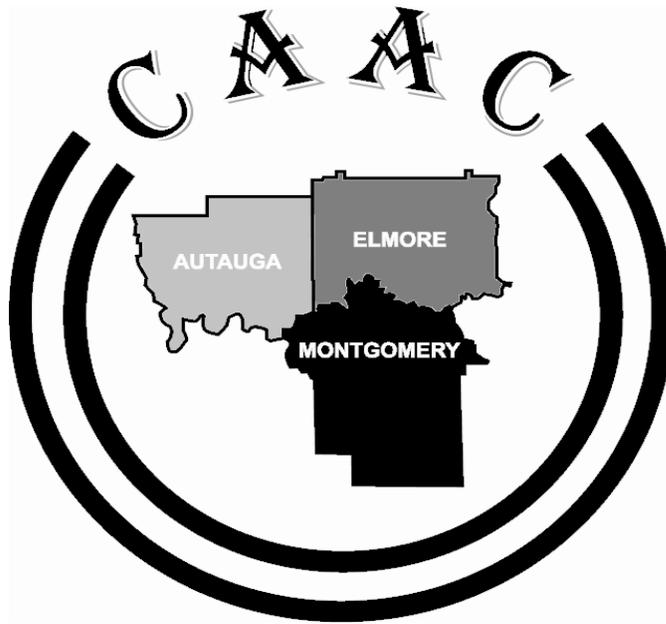


# **CENTRAL ALABAMA AGING CONSORTIUM**



## **AREA PLAN ON AGING**

**FY 2018 - 2021**

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## Section I: Executive Summary

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

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

### TABLE I

#### CENTRAL ALABAMA AGING CONSORTIUM MEMBER GOVERNMENTS & BOARD OF DIRECTORS

##### AUTAUGA COUNTY

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

##### ELMORE COUNTY

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

##### MONTGOMERY COUNTY

Montgomery County Commission	Commissioner Doug Singleton
City of Montgomery	Michael Briddell (Appointed by Mayor Todd Strange)

The Executive Director is appointed by the Board of Directors to manage the daily operation of the agency, including the financial and program components and personnel decisions. CAAC has a contract with Aldridge Borden & Company to perform the accounting functions of the agency. The Agency is divided into departments by program, and each program coordinator reports directly to the Executive Director. The separation of duties is as follows:

- Administrative staff is responsible for clerical functions and data management. Positions include the receptionist, office manager, and administrative assistant.
- In-Home Services staff is responsible for Title III Case Management, the 530 Waiver Program, and the Elderly and Disabled Home and Community-Based Services Program (Medicaid Waiver). There is a Supervisor over the Medicaid Waiver case managers, as well as a Quality Assurance Supervisor. Both report directly to the Executive Director.
- Community-Based Services staff is responsible for the Senior Nutrition Program (including senior centers and supportive services), the State Health Insurance Assistance Program (SHIP), the Alabama Cares Family Caregiver Program, the Ombudsman Program, Elder Abuse Prevention and Education, SenioRx (prescription drug assistance program), Legal Services, the Chronic Disease Self -Management Program, and the Aging and Disability Resource Center. The Agency contracts its legal services and has issued a Request for Proposal for the period covered by this plan.

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

A list of Board members, Advisory Council members, bylaws and CAAC's organizational chart are in the Appendices.

During the next three years, in an effort to ensure that seniors, people with disabilities, and their caregivers have access to reliable information, which helps them to make informed decisions regarding long-term supports and services and empowers them to live in the least restrictive environments possible, Central Alabama Aging Consortium plans to expand its Aging and Disability Resource Center. This expansion will include the improved screening tool being developed by ADSS, the expanded use of PEER Place for tracking, reporting, and follow-up, professional development/training for staff, partnership development, an expanded data base of resources, outreach and education of available services, benefits, long-term care options, supports, and payment options. CAAC also plans to expand its outreach efforts to increase visibility, name recognition, will create and publish a Resource Directory. The Agency plans to establish a News Bureau comprised of members of the Advisory Council and CAAC staff. The purpose of the News Bureau is to enhance Central Alabama Aging Consortium's name recognition and to provide outreach and education to the elderly, disabled, and their caregivers who reside in the service area.

In order to empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home and community based services, and supports for family caregivers, CAAC is expanding training to staff, outreach, education, and training to individuals, families, and their caregivers. CAAC will continue to expand its partnerships and provide services and referrals for actual services, as well as resources and benefits to promote financial security. CAAC will host annual inter-agency round table discussions with other professionals to develop and strengthen partnerships and coordination among agencies, hospitals, long-term care institutions, and other non-profit organizations.

CAAC will empower older Alabamians in its region to stay active and healthy through Older Americans Act services and Medicare prevention benefits. CAAC will promote wellness, exercise programs, and healthy eating in its senior centers and at public events. The agency plans to expand its Evidence-Based

Wellness programs, including further expansion of its Chronic Disease Self-Management Program, funded with Title III-D funds. CAAC is currently exploring opportunities to offer the evidence-based program HealthRHYTHMS in the service area. Staff will be trained (using Title III-D funds) for the HealthRHYTHMS program during the current fiscal year, with plans to utilize the program with individuals diagnosed with dementia. CAAC will provide Disease Prevention and Health Promotion Services through its SHIP program and through Title III B activities. CAAC will promote the use of the Medicare preventative benefits to Medicare beneficiaries through one-on-one counseling, public education and outreach events, and the distribution of information through varied avenues. Exercise programs will continue to be provided at the agency's senior centers, and CAAC will continue to work with Senior Olympics and Masters Games of Alabama to provide additional recreational activities for the area's senior population.

CAAC will work to enable more Alabamians to live with dignity by educating and promoting the rights of seniors, an effort which will hopefully reduce the incidence of abuse, neglect, and exploitation. CAAC's Executive Director will continue to serve on the statewide Inter-agency Council for the Prevention of Elder Abuse and on the Montgomery County Elder Abuse Task Force, working with these groups to promote elder rights, to educate the community and professionals, and to prevent elder abuse. CAAC will continue to distribute the Elder Abuse Protection Toolkit and other educational resources on Elder Abuse, including prevention and reporting, throughout the tri-county area. In 2013, CAAC formed a local Elder Abuse Prevention Council which meets six times per year (every other month) and whose membership includes DHR staff from the three counties, law enforcement, senior citizens, and community partners. The agency will also work with other community partners to identify additional resources, including grants, to expand the services available to elder abuse victims.

CAAC will work to promote proactive, progressive management and accountability of the State Unit of Aging and its contracting agencies. CAAC will provide ethics training to its staff, and will provide the same training to its contractors in a mandatory annual meeting. The Agency will continue to outsource its accounting function to ensure transparency of its finances. The Agency will monitor its contracts for compliance. Periodic internal reviews of funding, expenditures, and program requirements and compliance will also be a priority.

## Section II: Narrative

### Current and Future Demographics of PSA Aging and Disability Populations

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

All three counties are governed by county commissions that consist of five district commissioners elected for four-year terms. The three county commissions chooses a Chairman from its membership. In Autauga County there are three municipalities: Prattville (the county seat), Autaugaville and Billingsley. Elmore County has six municipalities: Wetumpka (the county seat), Coosada, Eclectic, Elmore, Millbrook and Tallassee. In Montgomery County there are only two municipalities: Pike Road, and the City of Montgomery (the county seat). Montgomery is also the state capitol.

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

The demographics of the service area have changed in the past several years. For instance, from 2000 to 2010, the under 60 population has decreased in all three counties, whereas the 60 and above population has increased in all age groups in all counties except the 70-79 age group in Montgomery County. In Autauga County, the 60+ population increased 46.8% from 2000 to 2010. In Elmore County, the same population increased 43.7%. However, in Montgomery County, even though the 60-64 age group increased by 45.2% and the 65-69 age group increased by 13.3%, the overall 60+ population decreased by 13.8%. It is also significant to note that in all three counties, the 85+ population increased. (See Tables II, III, and IV in the Appendices.)

The 2010 census also shows that the 60+ rural population has increased more than 20% in all three counties. The increase is 41.9% in Autauga County, 39.9% in Elmore County, and 21.9% in Montgomery County. The Hispanic population increased by 224 in the service area, with an increase of 39 in Autauga County, 59 in Elmore County, and 126 in Montgomery County from 2000 to 2010. The white population decreased in Autauga County by 2,622; however the white population increased by 3748 in Elmore County and 841 in Montgomery County for the same time period. The African American population increased in all three counties, with the largest percentage increase being 31.8% in Montgomery County. The Asian population increased in the service area, with the largest population (4,821) living in Montgomery County. The American Indian population also increased, comprising .5% of the population of Autauga County, .4% in Elmore County, and .3% in Montgomery County. From 2000 to 2010, the overall 60+ male and female populations increased in all three counties; however, the 75-84 female population did decrease by 6.7% in Montgomery County. All other 60+ male and female populations increased in all three counties increased. (See Tables II, III, and IV in the Appendices.)

The American Community Survey 2007-2011 shows that in Autauga County, 10.3% of males and females 55 -64, 9.2% of males and females 65-74, and 7.3% of males and females 75+ live below 100% of poverty. The data shows that more African Americans live below poverty than Caucasians. In the 55-64 age group, 9.3% of Caucasian males and 5.9% of Caucasian females live below poverty. In this same age group, 23.3% of African American males and 25.7% African American females live below poverty. This same trend continues for the 65-74 and the 75+ age groups, with 24.2% more African American males living below poverty in the 65-74 age group and 19.6% more African Americans living below

poverty in the 75+ age group. For the women, 14.8% more African American females live below poverty in the 65-74 age group and 12.2% more in the 75+ age group. (See Table II in the Appendices.) In Elmore County, again more African Americans in all age groups, both male and female, live below poverty than Caucasians, male and female, in all age groups. The greatest disparity is 27% African American females in the 75+ age group compared to 8.1% of Caucasian females in the same age group. (See Table IV in the Appendices.)

In Montgomery County, 10.7% of individuals in the 55-64 age group live below 100% of poverty. In this age group, 6.9% of Caucasian males, 16.1% African American males, 5.4 Caucasian females, and 17% of African American females live below poverty. These percentages increase as age increases. 20.8% of African American males and 28.6% of African American females who are in the 75+ age group live in poverty compared to 2.6% of Caucasian males and 6.9% of Caucasian females in the same age group. (See Table VI in the Appendices.)

The American Community Survey 2009-2011 shows that 38.8% in Autauga County, 38.6% in Elmore County, and 42.9% in Montgomery County who are 65 and older have a disability. The most common disability category in all three counties is ambulatory, with the ability to live independently being the second most common. The data shows that vision and hearing loss is also a common disability in the three counties. (See Tables II, III, and IV in the Appendices.)

See Table V on the following page regarding general information about the service area.

**TABLE V**  
**MISCELLANEOUS CHARACTERISTICS BY COUNTY FOR**  
**AMERICAN COMMUNITY SURVEY 2007-2011**

	<b>AUTAUGA</b>	<b>ELMORE</b>	<b>MONTGOMERY</b>
Grandparents 60+ Caring for Grandchildren	Male 4.2% Female 2.1%	Male 1.4% Female 2.7%	Male 2.8% Female 2.3%
Education Levels 65+			
Less Than High School	23.2%	23.1%	25.2%
High School	41.4%	36.5%	28.6%
Some College/Associate's Degree	22.9%	21.9%	20.7%
Bachelor's Degree	12.5%	18.6%	25.5%
Non-Institutionalized Persons with Disability, Age 65+	38.8%	38.6%	42.9%
Percent of persons age 65+ speaking language other than English at home	0%	.5%	.4%
Race 60+			
White	85.1%	87.4%	60.3%
Black	13%	10.9%	37.8%
Hispanic	.9%	.8%	.7%
Other Races	1.9%	1.7%	1.9%

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

Due to the increasing 60+ population and the increasing number of individuals 60+ who are being diagnosed with dementia, it is a major health concern in the tri-county area. Dementia is a condition that is caused by the progressive loss of intellectual functions. Although many things can cause dementia, Alzheimer's disease is the most common. Alzheimer's disease is caused by nerve cell death. Once a nerve cell (brain cell) dies, the function is lost. The person with Alzheimer's disease becomes increasingly impaired as cells continue to die. Although much research is being done, scientists are not sure what triggers the onset of this disease.

According to the Alzheimer's Association's 2014 Alzheimer's Disease Facts and Figures, one in nine people age 65 and older has Alzheimer's disease, and about 32% of those 85 and older have Alzheimer's Disease. The study also showed that more women than men have Alzheimer's Disease and other dementias, with almost two-thirds of Americans with Alzheimer's are women. Although

there are more non-Hispanic whites living with Alzheimer's and other dementias than any other racial or ethnic group in the United States, older African Americans and Hispanics are more likely than older whites to have Alzheimer's Disease and other dementias. The number of new cases of Alzheimer's and other dementias is projected to double by 2050. In Alabama, approximately 86,000 individuals suffer from dementia, and it is estimated that this number will increase by 27.9% by 2025 to 110,000 individuals 65 and older.

According to the Family Caregiver Alliance National Center on Caregiving, the risk of nursing home placement increases with age—31% of those who are severely impaired and between the ages of 65 and 70 receive care in a nursing home compared to 61% of those age 85 and older. In June 2013, there were 1,369,053 people in nursing homes nationally, according to the American Health Care Association. Older individuals living in nursing homes require and receive greater levels of care and assistance. Of the population aged 65 and over in 1999, 52% of the nursing home population was aged 85 or older compared to 35% aged 75–84, and 13% aged 65–74. Therefore, due to the increasing age of individuals residing in the tri-county area, the medical conditions and prevalence of disabilities among the senior population, and the number of the 60+ living at poverty or below, a significant percentage of tri-county senior citizens are at risk for institutional placement. Central Alabama Aging Consortium has 1,871 nursing home beds and 558 assisted living beds in the service area, and the Ombudsman work with families, hospital discharge planners, home health agencies, and other providers to assist with long-term care planning. This includes the discussion of long-term care options and payment sources.

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

**TABLE VI**  
**TOTAL POPULATION FORECAST**  
**FOR THE MONTGOMERY METROPOLITAN AREA**  
**2020 – 2050**

<b>COUNTY/ AREA</b>	<b>2020</b>	<b>2030</b>	<b>2050</b>
AUTAUGA	57,217	63,250	75,625
ELMORE	73,889	79,782	92,980
MONTGOMERY	314,968	348,891	418,708
ALABAMA	5,432,680	5,842,163	6,777,807

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

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

**TABLE VII**  
**PROJECTED TOTAL POPULATION AND AGE 65+,**  
**NUMBERS AND PERCENT CHANGE IN FIVE YEARS,**  
**FOR ALABAMA AND MONTGOMERY MSA**  
**2005 – 2020**

<u>Total Population</u>								
AREA	2005		2010		2015		2020	
	No.	%	No.	%	No.	%	No.	%
Autauga	48,597	11.2	53,469	10.0	58,273	9.0	68,368	17.3
Elmore	73,895	12.1	81,959	10.9	89,490	9.2	97,915	9.4
Montgomery	230,212	3.0	237,378	3.1	244,849	3.0	252,348	3.0
MSA	352,704	5.9	372,986	5.7	393,062	5.4	413,280	5.1
Alabama	4,644,503	4.4	4,838,812	4.2	5,028,045	3.9	5,211,248	3.6

<u>Age 65+ Population</u>								
AREA	2005		2010		2015		2020	
	No.	%	No.	%	No.	%	No.	%
Autauga	5,348	20.1	6,493	21.4	7,905	21.7	9,594	21.4
Elmore	8,012	13.7	9,221	15.1	11,509	24.8	14,301	24.2
Montgomery	26,549	0.6	27,645	4.1	31,096	12.5	35,489	14.1
MSA	39,909	5.3	43,359	8.6	50,510	16.4	59,384	17.6
Alabama	602,411	3.9	648,889	7.7	739,580	13.9	842,607	13.9

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

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

Transportation is vital to the service delivery system. Autauga County has a rural transportation program for its senior citizens and those with disabilities which is operated through the Autauga County Commission. Services include transportation to medical appointments, and transportation to Montgomery for eligible services is available. Central Alabama Aging Consortium contracts with this program to provide transportation to and from its senior centers and to special events sponsored by the Consortium. The City of Prattville provides transportation to its senior center. Elmore County does not have a rural transportation program. However, the City of Eclectic, the City of Wetumpka, and the City of Tallassee provide transportation to and from the senior centers and to special events. The City of Tallassee will provide transportation to medical appointments in the city. Central Alabama Community Action provides transportation to the senior centers in Millbrook and Coosa River. However, no transportation assistance is available to medical appointments or other services. The City of Montgomery has a public transportation service, and para-transit transportation service, as well as transportation by the Parks and Recreation Department to their senior centers. The Central Alabama Aging Consortium Chairman of the Board and the Executive Director have met with the City of Montgomery about increased support of the Consortium and about expanding the partnership between the city and the AAA to help meet the needs of the senior citizens of the City of Montgomery. There is no public transportation available outside of the City of Montgomery. CAAC will continue to work with the counties and cities to identify potential funding sources for transportation and will continue to assist with funding to the extent allowed under the programs administered by the AAA.

As stated previously, a member of each of the county commissions serves on the Consortium Board. Each of the commissions pays dues to the AAA to be used as a match for the federal and state funds. Each of the cities and towns, with the exception of Pike Road in Montgomery County, also pay dues to assist with the support of services provided in their communities. The Executive Director is currently working to educate the Mayor of Pike Road on the services provided to senior citizens and those with disabilities in his town, the value of those services, and the importance of the town's support of the AAA.

According to the calls received through the Aging and Disability Resource Center, the comments from the Public Hearing, and the Needs Assessments conducted by the AAA in conjunction with the writing of this plan, the greatest needs of the frail, low-income, disabled and minority elders include home and community based services such as those provided through the Medicaid Waiver program, homebound meals (significant waiting list in Montgomery County), home caregivers needing information and services, assistance with applying for public benefits and community assistance, and assistance Medicare and Medicare related services. In Elmore County and South Montgomery County, transportation to Montgomery for medical services is also a need. Education on Elder Abuse, particularly financial exploitation, is also a need. These needs are being addressed as follows:

- CAAC currently has 395 approved clients on the Elderly and Disabled Waiver program. As of the end of June, the Agency had 20 slots to fill which should be filled by the end of fiscal year 2014. CAAC anticipates starting the 2015 fiscal year with all current slots filled and plans to request additional Medicaid Waiver slots for FY 2015. CAAC receives referrals for the

Elderly and Disabled Waiver Program daily, and works diligently to complete initial assessments in a timely manner and follow the process through to approval and the staffing of services in order to prevent institutionalization.

- Currently, there is not a waiting list for homebound meals in Autauga and Elmore Counties. However, there is a significant waiting list for the City of Montgomery. According to last report from the Montgomery Area Council on Aging (MACOA), one of CAAC's contractors in the City of Montgomery, they have approximately 170 individuals on the waiting list for homebound meals. CAAC, with additional funding provided by the Alabama Department of Senior Services, added door to door frozen meals to individuals on this waiting list, and is evaluating the meal budget to determine the feasibility of continuing these meals into fiscal year 2015. CAAC plans to make significant changes to the MACOA contract for FY 15 so that they can focus on home-delivered meals. In July, CAAC will begin serving shelf-stable meals to 5 homeless individuals for them to eat on the weekend since the place they go to eat during the week does not serve meals on the weekend. We are expecting the number of individuals served to increase once we start serving the meals from Reality and Truth Ministries in downtown Montgomery. CAAC is also participating in the Mid-Alabama Coalition for the Homeless Resource Fair and will be talking individually with those 60 and above who are homeless. CAAC will also continue to develop the partnerships with the Mid-Alabama Coalition for the Homeless Coalition and Reality and Truth Ministries to serve this needy population.
- The Alabama Cares Program provides services to caregivers in accordance with program guidelines. In 2013, CAAC's Alabama Cares Program provided caregiver access assistance to 304 caregivers, caregiver education to 319 caregivers, caregiver respite services to 104 clients, and caregiver supplemental services (such as Emergency Response Systems and incontinent supplies) to 97 clients. The DON-R rating system is used to determine greatest need for services. CAAC's Alabama Cares Program also provided assistance to 65 unduplicated family caregivers in FY13. There is a waiting list for caregiver respite services. The Coordinator manages this list and evaluates referrals for greatest need, including those with a diagnosis of dementia.
- CAAC is in the process of making several changes in the operation of its Aging and Disability Resource Center. With the use of ADSS's updated Universal Intake Form, the majority of callers are being screened during their initial contact with the Agency. This includes screening for and information on public benefits. Once individuals are identified as being potentially eligible for any benefits, ADRC complete applications for the clients. The staff also follows up with the client to verify approval of the benefits for which they applied. The ADRC staff screens for services and makes referrals as appropriate. They then follow up with the callers to verify that they have been contacted.
- CAAC is also going to establish a Partnership Development Team. This team will include the ADRC Coordinator and Specialist, Alabama Cares Coordinator, Lead Ombudsman, Medicaid Waiver Quality Assurance Manager, SHIP Coordinator, Nutrition Coordinator, and Executive Director. This team will work together to establish community partnerships. The ADRC Coordinator will be responsible for the partnership Memorandums of Understanding. The team will work together to maximize the partnerships for the benefits of the senior citizens and those with disabilities who reside in the CAAC service area.
- The SHIP Coordinator will continue to recruit and train peer volunteers to assist Medicare Beneficiaries with their Medicare needs. The Coordinator will use media, including TV, radio, print, and social, to educate beneficiaries so that they have accurate information to make informed decisions. The ADRC staff will make referrals to the SHIP as assistance is identified during the initial screening process. The SHIP Coordinator will plan and schedule Part D

enrollment events during the annual election period and will assist beneficiaries in comparing and applying for prescription drug plans or Medicare Managed Care plans. The SHIP program will also run a commercial during the annual election period.

- Although there is limited private-pay transportation in Elmore County and South Montgomery County, transportation to medical appointments in Montgomery is a gap in services that is not easily addressed. CAAC will work with the County Commissions for potential solutions, including the possibility of transportation funding grants.
- As discussed earlier in the plan, CAAC is an active partner in the service area in educating the elderly, disabled, families and caregivers, professionals, and the community on elder abuse, including what constitutes abuse, prevention, and reporting. CAAC will continue to plan and schedule education events and will conduct a minimum of one elder abuse program each year and one program each year focusing on scams and fraud. CAAC's Ombudsmen will also continue to work with families to identify and report abuse in nursing homes and assisted living facilities. The Ombudsmen will also provide in-service training to facility staff, including those providing the hands-on care to residents. CAAC looks forward to continuing to work with the statewide council, the Montgomery Task Force, and the local council to improve the lives of those in the service area, and prevent them from being abused to the extent possible. However, if abuse occurs, CAAC will work with the families, agencies, and facilities to make sure the abuse is reported and the elderly person is in a safe environment receiving the care needed.

## **Summary of Needs Assessment**

### **Service Delivery Plan and Goals, Objectives, Strategies and Outcomes**

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

**Goal 1.0: Seniors, people with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services, empowering them to live in the least restrictive environments possible.**

#### **Objectives, Strategies, & Outcomes:**

**Objective 1.1** Continue to expand the Aging & Disabilities Resource Center to serve as a single-entry access point for services and information.

##### **Strategies 1.1**

1. Route incoming calls for information and assistance through the ADRC.
2. Use PEERPLACE and the Universal Intake (created by ADSS) to screen callers for benefits and services.
3. Complete applications for benefits and services.
4. Provide continuing education training for ADRC staff on resources available in the service area.
5. Develop, print, and distribute a tri-county Resource Directory.

**Outcomes 1.1**

1. Callers are screened for applicable services and applications for assistance are completed, which helps to provide financial stability for callers.
2. Callers are able to use the accurate and comprehensive information they receive to make informed decisions.
3. ADRC staff will be equipped to screen callers for benefits and services and to provide needed information to the elderly and disabled populations and their caregivers.
4. The elderly and disabled and their families will have access to a printed directory of resources and options available to them in the service area.

**Objective 1.2** Present at least 60 public education and 12 exhibit events each year to provide information on available services.

**Strategies 1.2**

1. Schedule public education events to senior and disability groups, civic and religious groups, and professional and retiree organizations.
2. Utilize community partnerships to participate in or schedule booths and exhibits in the service area.

**Outcomes 1.2**

1. Individuals in the service area will be educated on programs, benefits, services, elder abuse, and long-term care supports, options, and payment sources.
2. Individuals in the service area will have access to printed information on benefits, services, elder abuse, and long-term care supports and options.

**Objective 1.3** Promote professional development of CAAC staff to improve their knowledge and skills.

**Strategies 1.3**

1. Provide the opportunity for staff to attend seminars and conferences.
2. Provide in-house staff trainings.

**Outcomes 1.3**

1. Staff will be equipped to better assist those in need of assistance.
2. The elderly and disabled populations and their caregivers will be better served.

**Objective 1.4** Expand community partnerships to include the education of partners as well as referrals for additional services and resources.

**Strategies 1.4**

1. Establish a Partnership Development Team consisting of the ADRC Coordinator, Alabama Cares Coordinator, SHIP Coordinator, Nutrition Coordinator, Lead Ombudsman, Medicaid Waiver Quality Assurance Manager, and the Executive Director to identify and contact potential partners.
2. ADRC Coordinator will contact current informal partners and potential partners in an effort to secure Memorandums of Understanding to build formal partnerships.
3. Educate partners on services for the elderly and disabled and on issues affecting these populations.
4. Host an annual Inter-Agency Council meeting.

**Outcomes 1.4**

1. Community partners will know about and refer the elderly and disabled for CAAC services and information on other benefits and services available in the area.
2. Collaboration among agencies will be strengthened.

**Objective 1.5** Establish a CAAC News Bureau.

**Strategies 1.5**

1. Establish an Agency “New Bureau” comprised of CAAC staff and Advisory Council Members.
2. Identify available media resources and sources.
3. Utilize the sources and resources. (Examples: Schedule TV and radio interviews; write articles for newspapers and magazines.)
4. Develop an Agency wide Advertising Campaign.

**Outcomes 1.5**

1. Enhance recognition of the AAA and its programs and services.
2. The elderly and disabled and their caregivers know whom to contact for services and information.

**Goal 2.0: Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home and community-based services, and supports for family caregivers.**

**Objectives, Strategies, & Outcomes:**

**Objective 2.1** Provide Medicaid Waiver home and community-based services each year for at least 398 individuals who are elderly or disabled.

**Strategies 2.1**

1. Identify eligible individuals who are in need of the program services through the ADRC and other referral sources.
2. Complete the application process for at least 398 individuals who are elderly or disabled.
3. Arrange services and provide case management for at least 398 clients.

**Outcomes 2.1**

1. A minimum of 398 individuals who are elderly and disabled will be able to remain in their homes.

**Objective 2.2** Provide home-delivered meals for at least 825 seniors each year.

**Strategies 2.2**

1. Identify eligible individuals in need of a home-delivered meal.
2. Partner with organizations who provide other services to those with high nutritional risks, including the homeless.
3. Contract with churches and community organizations for the delivery of the meals.

**Outcomes 2.2**

1. 825 individuals 60 and older will receive homebound meals.

**Objective 2.3** Provide Title III homemaker services to at least 60 seniors each year.

**Strategies 2.3**

1. Identify eligible individuals in need of homemaker services.
2. Contract with community organizations/agencies to provide homemaker services to eligible clients.

**Outcomes 2.3**

1. A minimum of 60 eligible individuals will receive homemaker services.

**Objective 2.4** Provide caregiver assistance services to at least 305 persons who are caregivers of seniors, seniors who are caring for grandchildren, or caregivers caring for someone of any age with dementia or related disorder.

## **Strategies 2.4**

1. Provide caregiver information to individuals, caregivers, and professionals through telephone contacts, outreach events, and media sources.
2. Provide caregiver trainings to area caregivers.
3. Screen individuals for program eligibility.
4. Meet one-on-one with program eligible clients to explain the program and provide needed assistance with arranging services
5. Contract with community organizations/agencies to provide program services.
6. Provide caregiver counseling to individuals needing individual counseling.

## **Outcomes 2.4**

1. 200 caregivers will receive information, assistance, and counseling, and/or services to assist them in caring for their loved ones at home.

**Objective 2.5** Provide transportation for at least 280 seniors each year.

### **Strategies 2.5**

1. Identify individuals who need transportation to and from the senior centers.
2. Contract with churches and community organizations/agencies to provide transportation.

### **Outcomes 2.5**

1. 280 seniors will be transported from home to a senior center and from a senior center back home.

**Objective 2.6** Develop and utilize volunteer resources.

### **Strategies 2.6**

1. Develop a volunteer recruitment plan.
2. Follow plan and recruit volunteers.
3. Train volunteers in area of interest.
4. Utilize volunteers to assist with the programs administered by CAAC.

### **Outcomes 2.6**

1. Volunteers will be trained and available to assist their peers in their communities.
2. Additional elderly and disabled individuals will be reached/served.

**Objective 2.7** Advocate with local, state and federal legislators to direct more funding into home and community-based services for seniors.

### **Strategies 2.7**

1. Work in conjunction with the Alabama Department of Senior Services and A4A to educate legislators on issues and programs affecting the elderly and disabled and to secure funding for home and community based services.

### **Outcomes 2.7**

1. Legislators will be more aware of the needs of the elderly and disabled and of the services available to them, allowing them to make informed decisions regarding funding and legislation.

**Objective 2.8** Provide HIV Waiver (530 Waiver) services to a minimum of 6 qualified individuals.

### **Strategies 2.8**

1. Identify eligible individuals who are in need of the program services through the ADRC and other referral sources.
2. Complete the application process to maintain at least 6 clients on the program.
3. Arrange services and provide case management for at least 6 clients.

## **Outcomes 2.8**

2. A minimum of 6 HIV clients will be able to receive services in the home to assist them in maintaining their independence for as long as possible.

## **Goal 3.0: Empower older Alabamians to stay active and healthy through Older Americans Act services and Medicare prevention benefits.**

### **Objectives, Strategies, & Outcomes:**

**Objective 3.1** Sponsor 20 senior centers in the tri-county area which will provide congregate meals, nutrition education, health education, recreation and other activities for at least 1350 seniors each year.

#### **Strategies 3.1**

1. Contract with community organizations and churches to operate senior centers in the service area.
2. Serve congregate meals to 1350 60+ individuals who attend the senior centers in the service area.
3. Provide training and support for senior center staff.
4. Provide nutrition and health education information and programs to the senior center participants.
5. Partner with Masters Games and Senior Olympics to provide opportunities for recreational activities.
6. Provide exercise classes at each senior center.

#### **Outcomes 3.1**

1. The senior center participants will receive a nutritious meal each day of operation.
2. The senior center participants will interact with other participants.
3. The participants will receive information to make informed decisions.
4. The participants will have the opportunity to participate in regular exercise programs.

**Objective 3.2** Provide a minimum of five chronic disease self-management classes with a minimum of 50 completers.

#### **Strategies 3.2**

1. Schedule chronic disease self-management classes and provide Master Trainers and Leaders to lead the classes.
2. Provide books for the classes.
3. Provide brochures on the CDSMP classes and promote participation in the classes.

#### **Outcomes 3.2**

1. A minimum of fifty individuals with chronic diseases will be educated on how to manage their diseases.

**Objective 3.3** Provide assistance for at least 605 seniors to obtain free or low cost prescription drugs each year.

#### **Strategies 3.3**

1. Promote the SenioRx program through the ADRC, print, radio, social, and other media sources.
2. Contract with the Montgomery Area Community Wellness Coalition (in partnership with the local clinics) to provide medication assistance to qualified individuals.

3. Complete applications for assistance of medication and nutritional supplements for qualified individuals.
4. Follow-up with clients to determine whether or not medication/nutritional supplements have been received.

**Outcomes 3.3**

1. 605 eligible individuals in the service area will receive free or low cost medication that they could otherwise not afford.

**Objective 3.4** Educate at least 3,000 Medicare beneficiaries on the prevention benefits available.

**Strategies 3.4**

1. Schedule a minimum of 60 education events in the service area.
2. Publicize the events.
3. Conduct one-on-one counseling with a minimum of 3,811 clients.
4. Mail information on Medicare Prevention Benefits to individuals screened by the ADRC who are interested in receiving the information.

**Outcomes 3.4**

1. A minimum of 3,000 Medicare beneficiaries will be educated on Medicare Prevention Services.

**Objective 3.5** Implement the HealthRHYTHMS Program in the CAAC Service Area.

**Strategies 3.5**

1. Send staff for Master Training for the HealthRHYTHMS program.
2. Train a minimum of 4 facilitators.
3. Serve a minimum of 100 elderly, disabled, and caregivers. Plans are to use this program with individuals who have dementia.

**Outcomes 3.5**

1. 100 Elderly, disabled, and their caregivers will participate in the group empowerment drumming class which is an evidence-based program shown to strengthen the immune system, reduce depression, increase socialization, improve communication, and promote self-esteem.

**Goal 4.0: Enable more Alabamians to live with dignity by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.**

## **Objectives, Strategies, & Outcomes:**

**Objective 4.1** Investigate at least 250 complaints each year on behalf of residents in long-term care facilities.

### **Strategies 4.1**

1. CAAC will employ two Ombudsmen.
2. Ombudsmen will visit all skilled nursing facilities minimum of one time per quarter and all Assisted Living Facilities a minimum of two times per year to conduct routine visits and talk with residents and family members about the care received.
3. The Ombudsmen will respond to complaints and concerns from residents, family members, friends, and facility staff to resolve the complaints/concerns in the best interest of the resident.

### **Outcomes 4.1**

1. Complaints about quality of care, resident rights, and will be resolved or referred to appropriate agencies for resolution.

**Objective 4.2** Provide at least 300 consultations each year to long-term care facility staff.

### **Strategies 4.2**

1. Ombudsmen will provide information and assistance regarding long-term care issues via telephone or in-person.

### **Outcomes 4.2**

1. Facility staff will receive a minimum of 300 consultations from the Community Ombudsmen to assist them with issues, concerns, or training needs.

**Objective 4.3** Provide at least 400 consultations each year to residents of long-term care facilities and/or their family members.

### **Strategies 4.3**

1. Ombudsmen will provide information and assistance regarding long-term care and related issues to long-term care residents and/or their family members via telephone, e-mail, mail or in-person.

### **Outcomes 4.3**

1. Long-term care residents and/or their family members will receive the information they need on long-term care and related issues in an effort to improve the lives of the residents.

**Objective 4.4** Present at least one conference for professionals and caregivers addressing long-term care issues such as residents' rights, elder abuse, quality of care, etc.

### **Strategies 4.4**

1. Ombudsmen will schedule and plan at least one conference for professionals each year.
2. Ombudsmen will offer CEUs to conference participants.
3. Ombudsmen will promote and publicize the conference.

### **Outcomes 4.4**

1. Professionals and caregivers who attend the conference will receive information that will assist them in better serving and protecting the elderly and disabled in the service area.

**Objective 4.5** Distribute printed materials on elder abuse prevention at a minimum of twelve community events each year.

**Strategies 4.5**

1. Schedule participation in 12 community events each year.
2. Distribute Elder Abuse Prevention Toolkits and other elder abuse prevention/reporting brochures and information at the 12 events each year.

**Outcomes 4.5**

1. The community – the elderly, disabled, family members, friends, church members – will be educated on what elder abuse is, how to prevent it, how to identify it, where to report it, and what resources are available victims and their families.

**Objective 4.6** Provide legal assistance for at least 275 seniors each year.

**Strategies 4.6**

1. CAAC will contract with a legal service provider to serve the 60+ population in the service area by providing allowable Older Americans Act Title III services.
2. CAAC's ADRC will provide assistance with scheduling appointments and mailing information.
3. CAAC will provide office space for the legal service provider for office appointments.
4. The CAAC legal provider will provide services to residents of long-term care facilities and will make home visits if needed.

**Outcomes 4.6**

1. 275 seniors will receive the legal assistance they need.

**Objective 4.7** Provide insurance counseling services to at least 3,811 Medicare recipients each year.

**Strategies 4.7**

1. CAAC's SHIP Coordinator, in collaboration with the ADRC staff and trained volunteers, will provide counseling via telephone and in-person.
2. CAAC's SHIP Coordinator will continue to recruit volunteers and provide a minimum of one new volunteer training per year.
3. CAAC's SHIP Coordinator will provide quarterly update trainings to SHIP volunteers.
4. CAAC's SHIP Coordinator will provide update training for facility staff a minimum of one time per year.
5. CAAC will distribute SHIP information at a minimum of 12 health/senior fairs each year.
6. CAAC will conduct a minimum of 60 educational programs on the SHIP program, Medicare, and Medicare related issues each year.
7. CAAC will plan and schedule a minimum of 16 enrollment events during the annual election period each year, as well as 2 Welcome to Medicare events each year.
8. CAAC will utilize PSAs, targeted mailings, newspaper and newsletters to inform Medicare beneficiaries about the SHIP program, Medicare, and Medicare-related issues.

**Outcomes 4.7**

1. Medicare beneficiaries in the service area will have access to information in order to make informed decisions.
2. Medicare beneficiaries will be aware of the SHIP program and have the information

needed to access assistance.

3. A minimum of 3,811 Medicare beneficiaries will receive individualized Medicare counseling.

**Goal 5.0: Promote proactive, progressive management and accountability of State Unit on Aging and its contracting agencies.**

**Objective 5.1** Provide ethics training annually for CAAC staff.

**Strategies 5.1**

1. Use information provided by the Ethics Commission to train employees each year on the ethics laws that pertain to CAAC employees.

**Outcomes 5.1**

1. CAAC staff will be aware of the ethics laws that are applicable to them as employees of the Area Agency on Aging.
2. Prevent ethics violations by current staff.

**Objective 5.2** Cross-train staff so that there is a back-up for all program/agency functions.

**Strategies 5.2**

1. Each position will have a back-up assigned by the Executive Director.
2. The back-ups will be trained by the staff person with primary responsibility of that program/function.
3. The primary staff person and the back-up will work together in scheduling to ensure, to the extent possible, that one of them is in the office if the other is not.

**Outcomes 5.2**

1. The elderly and disabled in the service area will have access to all services during the operating hours of the Agency.
2. Staff will be more educated on the “big picture” of the agency and its services.

**Objective 5.3** Monitor all contracts at least annually for compliance, and follow-up with any recommendations or deficiencies.

**Strategies 5.3**

1. Monitor all contracts on a quarterly basis, with a minimum of one site visit per year.
2. Follow-up on deficiencies/Plan of Correction.

**Outcomes 5.3**

1. Contractors will be held accountable for meeting the terms of their contracts.
2. Deficiencies in abiding by or meeting the contract goals will be identified in a timely manner.
3. Follow-up will verify compliance or that further action needs to be taken.

**Objective 5.4** A minimum of quarterly evaluations of programs administered by the AAA to evaluate spending, program requirement compliance, and results.

**Strategies 5.4**

1. The Executive Director will monitor program income verses expenditures on a monthly basis.
2. The Executive Director will meet with each program coordinator at the end of each quarter to evaluate both the program and fiscal components of each of the grant programs.

**Outcomes 5.4**

1. The Executive Director and the Program Coordinator will better be able to monitor

the programs to ensure all goals are being met and that the programs are operating within the allotted budget.

2. This process will ensure that maximum services are provided to eligible individuals in the service area.

**Objective 5.5** Monthly review of program grant awards, cash draw downs, and expenditures.

**Strategies 5.5**

1. The Executive Director, along with the agency's contracted CPA, will use **Xero** to monitor bank account activities and balances, cash draw downs, and expenditures on at least a monthly basis. Accounts may be viewed daily.

**Outcomes 5.5**

1. The Executive Director will better be able to manage the grants and administer the programs in the service area resulting in improved service to those eligible for services.

**Objective 5.6** Maintain segregation of accounting functions.

**Strategies 5.5**

1. Continue to outsource specific accounting functions to Aldridge, Borden & Company.
2. Use Bill Pay as the program for paying bills and tracking populations.
3. All invoices are approved by the Chairman of the Board of Directors prior to being approved by the Executive Director for payment.
4. Continue to use a payroll service to process the Agency's payroll.
5. Bank accounts are monitored by the accountant and the Executive Director.

**Outcomes 5.5**

1. There is a system of checks and balances for all accounting functions.
2. The potential for fraud and theft is reduced.
3. The Executive Director has immediate access to reports showing expenditures and budgets, as well as bank account information and balances.

**Targeted Populations**

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

- Half of the region's senior centers are located in rural areas;
- All the senior centers serve a majority of low-income clients, and several centers serve predominantly minority participants;
- Contracts include a provision that providers are to target this population;
- Several minority persons serve on the Advisory Council, including one representing the Spanish-speaking population;
- SHIP Medicare Resource Centers are located in areas identified by the Centers for Medicare & Medicaid Services as having a concentrated low-income population;
- At least 50% of public education programs are conducted in locations that serve the targeted population;
- A determination-of-need assessment tool is utilized in several programs to give priority for services to those in greatest need.
- The ADRC utilizes the Universal Intake Form to screen callers to the agency for benefits and

- services and completes applications when appropriate or refers to the programs for services.
- A designated amount of SHIP funding is used in meeting the needs of Medicare Beneficiaries with developmental disabilities.

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

Volunteers of America	Public Housing Authorities
Rural Electric Cooperatives	Food Bank
County Extension Offices	Family Guidance Center
Rural and Indigent Health Clinics	Social Security
Alabama Department of Corrections	Senior Advantage
Medical Outreach Ministry	Catholic Social Services
Community Action Agencies	County & State Dept. of Human Resources
Senior Housing Facilities	Public Health Department
Minority & Rural Churches	Senior Employment Program
Mental Health Authorities & 310 Boards	211(Hands on River Region)
Veterans Administration	Adult Day Care Centers
Montgomery Area Community Wellness Coalition	Mid-Alabama Coalition for the Homeless

Concerted efforts will be made to develop additional partnerships with even more organizations in FY 2015, as CAAC continues its efforts to develop formal partnerships with local agencies, organizations, and providers.

Trends show that CAAC is having more requests for home-delivered meals than ever before. The need seems to be particularly great in the City of Montgomery. With that said, however, CAAC has had clients who refused door-to-door frozen meals because they want a hot meal delivered daily. Due to the increasing aging population, it is likely that this trend for home-delivered meals over senior center meals will continue as we seek to provide assistance to the most needy in the service area. CAAC will continue to direct the majority of flexible funding for meals toward home-delivered meals. The changes set to occur in the near future with the Alabama Medicaid Agency will also have an impact on the delivery of services to the elderly and disabled. It will be important for CAAC and the rest of the aging network to stay abreast of the changes and their effect (and potential future impact) on the services provided by Area Agencies on Aging.

When looking at the past and future growth rates for the tri-county area, the growth rate for the 65+ population during 2000-2005 was well less than half of the rate of increase that was recorded during the 1990s (or 5.5 % versus 13.3 %). The elderly population in both Autauga and Elmore counties increased at a much faster pace than that in Montgomery County. From 2000 to 2005 the 65+ population grew by 20.2% in Autauga and by 13.7% in Elmore County. In contrast, the rate of growth in Montgomery County was less than 1%. Indeed, between 2000 and 2010, the 65+ population increased by 46% in Autauga County and 30% in Elmore County, but by only 5% in Montgomery County. For the 2005-2010 period, however, the growth rates increased in all three counties -- 4.1% in Montgomery County, 15.1% in Elmore and 21.4% in Autauga County. These increases are projected to continue to increase with a less than 1% decrease in the projected population increase through the year 2020. Refer to Table X in the Appendices.

The anticipated increases in the two out-lying counties may be explained in part by the net migration gains that Autauga and Elmore Counties have experienced in recent years. Montgomery County, on the other hand, has lost a significant number of residents to these two counties over the last 30 years. Although

overall growth within the elderly segment of the population during the first half of the decade is projected to be slow, some of the individual categories within the 60+ age group (particularly the older groups) will continue to grow at a fairly rapid pace.

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

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

CAAC works extensively with volunteers to provide services to help identify the needs of the region's seniors. Community volunteers are recruited to assist in several programs including SHIP, Ombudsman, Alabama Cares, senior centers, meal delivery, health screenings, virtual dementia tours, etc. In addition, CAAC has established working relationships with 211 Hands on River Region, Retired Senior Volunteer Program, AARP, faith based organizations such as Catholic Social Services and St. Jude Social Services, home health and hospice organizations, and local universities.

Central Alabama Aging Consortium supports a comprehensive service delivery system that provides long-term care in home and community-based settings. Services are provided directly by CAAC, through contracts with local service providers and through cooperative efforts with other community organizations. (A list of current contract providers is included in the Appendices.) In FY 2013, CAAC provided services to over 9550 individuals, with 399 individuals receiving elderly and disabled and 530 waiver services. In that same time frame, 68 individuals received Title III Homemaker and Case Management Services. CAAC contracts with local agencies to provide the in-home services. Individual clients have the opportunity to choose which of the contracted providers they wish to receive their services from and have the opportunity to change the provider from whom they are receiving services should they wish to do so.

CAAC has implemented the Chronic Disease Self-Management program all three of its counties. CAAC has one Master Trainer and one Leader on staff, and has trained community leaders to conduct classes as well. CAAC has conducted a total of 4 classes in FY 14 with 32 completers. Two additional classes are scheduled prior to the end of the grant year, one to begin in July and the other in September. CAAC is also seeking an opportunity with the Department of Public Health to add A Matter of Balance, a fall prevention program, in FY 15. For this program, CAAC plans to have two staff members trained as Master Trainers who will conduct one coaches training in FY 15. Plans are to train a minimum of 8 coaches, with each Master Trainer and coach teaching 2 classes each. The anticipated number of participants is 100. In FY 16, CAAC plans to increase the number of participant classes to 25, with a minimum of 250 participants. CAAC is also pursuing training for staff on the HealthRHYTHMS, an evidence-based group empowerment drumming program which helps individuals take an active and meaningful role in their health and well-being. The Agency is particularly interested in using this program with individuals with dementia and will use Part D funding for this program.

Central Alabama Aging Consortium has strong partnership with the local Social Security Administration, working closely with them to assist Medicare beneficiaries as they become eligible for Medicare benefits or need to make changes in existing benefits. CAAC's SHIP program also uses Medicaid's MSIQ system and the agency's partnership with Medicaid to assist individuals with applications for the Medicare Savings Programs. The Ombudsmen also work with the Medicaid case workers to assist nursing home residents with their Medicaid applications. CAAC has Memorandums of Understanding with the local Mental Health Authorities and the local 310 Boards. CAAC's Board of Directors is comprised of the Mayors of the cities and towns in the service area, and each of them provides funding to CAAC to assist with the local match dollars needed for the federal and state funding. The only exception is the Town of Pike Road which currently does not participate in the Board and does not currently provide any funding to the Consortium. Joe Faulk, CAAC's current Chairman of the Board of Directors and CAAC's Executive Director will be contacting the Mayor of Pike Road to discuss a seat on the Board and a provision of local funding for services provided in the Pike Road area. The three county commissions in the service area also have representation on the Board of Directors. Each of the commissions provides local funding to CAAC as well.

CAAC has Memorandums of Understanding with the City of Prattville (Autauga County), the City of Wetumpka (Elmore County) and the Montgomery County Commission (Montgomery County) as alternate facilities if needed during an emergency. CAAC has contact information for the Emergency Management Organizations for each of the three counties and has procedures in place for staff to follow in case of a pending or actual disaster. The plan also includes contact information for community partners and contractors. A copy of the Disaster Plan and the Continuity of Operation Plan is included in the appendices.