

Alabama Tombigbee Regional Commission
Area Agency on Aging (Region 6)

Area Plan 2022-2025

Four Year Area Plan

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Executive Summary

The Alabama Tombigbee Regional Commission Area Agency on Aging (ATRC AAA) was created in 1973 because of the 1973 amendment to the 1965 Older Americans Act. The purpose of the agency is to plan, coordinate and advocate for the development of a comprehensive service-delivery system capable of meeting short and long-range needs of seniors and persons with disabilities in the region. The ten-county region includes the following counties: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, and Wilcox.

The **mission** of the Alabama-Tombigbee Area Agency on Aging is to support senior citizens through a system of long-term care options which meets their needs and assures the opportunity to live full and meaningful lives. The **vision** is to offer services across the spectrum of care, from independent living to skilled nursing, and to provide person-centered access for older adults and persons with disabilities.

The Alabama-Tombigbee Regional Commission (ATRC), founded in 1970, is the parent body of the ATRC AAA. ATRC is a multi-funded regional (sub-state) planning and development commission. The Commission is governed by a 12-member Board of Directors which consists of county and municipal elected officials, representatives of business and industry, and minority leaders. The Board is assisted by an Advisory Council, a voluntary body of 22 citizens representing all areas of the region, the majority being over the age of 60. The AAA's Advisory Council meets quarterly to advise the AAA on services, policy, and advocacy issues for seniors. The Advisory Council provides ongoing input on the development and implementation of the multi-year plan and annual plans, which are presented at annual public hearings.

ATRC AAA's primary partner is the Alabama Department of Senior Services (ADSS), which receives federal funding made available from the Older Americans Act (OAA) and other programs funded by the Administration for Community Living (ACL), Centers for Medicare and Medicaid Services (CMS), U.S. Department of Labor, Alabama Medicaid Agency, and the State of Alabama. These funds are distributed to the thirteen AAAs across the state.

Since 2018 another major partner has been Alabama Select Network, which is the state's Integrated Care Network administering the Medicaid Waiver program under contract with Alabama Medicaid Agency. Effective October 1, 2018, Alabama Select Network contracted directly with Area Agencies on Aging for the case management of clients on the Elderly and Disabled and ACT Waivers. Under these contracts the AAAs are paid on a per member per month basis, rather than the previous fee for service model.

The AAA supports a range of services available to senior citizens and persons with disabilities. The ATRC AAA maintains services largely through contracts with local governments, public organizations, and private organizations. On a regular basis the AAA publishes requests for proposals to solicit input from potential service providers. From these proposals, the AAA considers the needs of the communities as well as the services offered by potential providers. Contractual agreements are negotiated for the provision of services, and training is provided to

orient contractors about their responsibilities and goals. Contractors are monitored on an ongoing basis and audits are performed at least annually by AAA staff.

At the time of preparing ATRC AAAs four-year plan for 2021-2024, we remain amid a global pandemic. COVID-19 presented challenges for all people during 2020, but especially for those senior citizens and disabled individuals served by the AAA. During the past months, as vaccinations became more readily available to most Americans, we began to see improvements in the COVID-19 vaccination rate; therefore, the rate of infection began to decrease. However, at the time of this writing, COVID-19 cases are again on the rise as the virus has mutated with the Delta variant even more contagious than the original virus.

As the pandemic began and stay at home orders went into place, we were able to rapidly revamp staffing models to allow a more remote workforce, lowering exposure risk for employees and clients. Medicaid Waiver Case Managers were allowed to replace required face to face visits with telephone visits for a few months. Other programs began to operate in creative ways to meet the demands and challenges of the pandemic.

Almost immediately we saw an increase in calls to the AAA, especially related to the need for healthy meals. Senior centers shifted from congregate settings to curbside pickup and frozen door to door meal requests increased. Referrals to food pantries increased and we partnered with several organizations to arrange food box pickups in many areas of the region.

Calls for Information and Assistance increased as the Aging and Disability Resource Center (ADRC) worked to connect clients to resources to provide help during this time. As the pandemic continued there was increasing concern about social isolation and loneliness, which caused us to find creative ways to address these concerns. Health and Wellness activities formerly held in-person had to pause, allowing us to offer our first on-line Tai Chi course. Given the impact of COVID-19 on skilled nursing and assisted living facilities, the Ombudsman program has worked tirelessly to advocate for nursing home residents and their family members.

Additional federal funding from the Families First Coronavirus Response Act and the CARES Act made it possible to meet increased needs brought on by the pandemic. Moving forward, funding from the American Rescue Plan will allow us to move into the future, realizing that things will be slow to return to normal for those we serve.

Under normal circumstances, the ATRC AAA conducts needs assessment surveys and holds town hall meetings and Advisory Council meetings to solicit input into the Area Plan. For this Area Plan cycle COVID-19 restrictions, combined with poor internet access in the region, made this impossible. We utilized the following public feedback provided from ADSS for the plan:

- Needs surveys completed by seniors across the state
- Caregiver surveys
- Virtual Town Hall audio recording distributed to partners, service providers, support groups, caregivers, and members of the public, and
- Virtual Public Hearing

In addition, we consulted with Executive Board and Advisory Council members and analyzed statistics from the US Census Bureau, ADPH and research from experts such as the National Association of Area Agencies on Aging (N4A), and ACL.

One of the challenges we face is the growth of the Aging population, and lack of funding to keep pace with this population growth. Statewide, the 65 + population is projected to grow 73.9% from 2010 to 2040. In the ATRC AAA region this growth is not as significant, but still demonstrates a projected growth of 29.11%. Federal funding is not keeping up with the growing population of seniors, resulting from the baby boomers entering their senior years. While extra federal and state funding due to the pandemic will allow us to increase services into the next few years, this funding is not expected to be permanent. We must continue to advocate for funding that keeps pace with the growing senior population, and for programs which help individuals remain at home in their communities as long as possible.

The ATRC AAA Area Plan for 2022-2025 focuses on the following goals, which are aligned with the goals of the Alabama Department of Senior Services:

- Goal 1.0: Help older individuals and persons with disabilities live with dignity and independence.
- Goal 2.0: Ensure that older individuals and persons with disabilities have access to services to assist with daily living.
- Goal 3.0: Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives.
- Goal 4.0: Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation.
- Goal 5.0: Ensure the state of Alabama is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs.
- Goal 6.0: Support and provide proactive planning and management of programs for strict accountability.

Part II: Context

Description of the AAA Region and Demographics

The ATRC region is a 10-county 9,600-square-mile area located in southwest Alabama. Many of our counties fall within the boundaries of what is known as the Black Belt Region of the state, a term that comes from the band of rich black soil that stretches from Texas to Virginia. The Black Belt region once prospered because it was ideally suited for growing cotton. During this time, the Black Belt was one of the wealthiest and most politically powerful regions in the United States. Commerce elevated some of the towns in the ATRC region into some of the most affluent towns in the nation. However, with the collapse of the plantation economy during the civil war era, the population began to shift from rural farming areas to the more urban areas. Urban shift continues to this day, reflected by a 7% population decrease from the 2000 census to the 2010 census and an additional 11% decrease from the 2010 census to the 2020 census. The entire region is considered rural in nature, with no large cities.

The ATRC region had a population of 171,750 in 2020, according to the U.S. Census. Of the total ATRC population of 171,750, those aged 65 or older make up 17.7 % (30,436). According to projections from University of Alabama's Center for Business and Economic Research, the over 65 population in the region will increase by 29.11% between 2010 and 2040. When compared to the total projected population increase of 11.3% during that time, it becomes clear that we need to focus on our senior population to meet their increasing needs. The baby boom population is aging which is causing dramatic changes in society and the economy. Elderly people use more health resources and experience more limitations on their mobility and ability to care for themselves. Detailed population projections are in Exhibit I

The ATRC AAA examined several demographic characteristics in preparation for the Area Plan, including race, ethnicity, income, disabilities, rates of death, and access to health care indicators.

Of the total ATRC population of 171,750 in 2020, 56.3% are minority. The largest minority group is Black or African American, making up 53.3%. The second largest minority group is those of two or more minority groups, making up 2.4%. The Hispanic population is low, at only 1%.

Poverty is widespread in the region. According to the 2014 Median Household Income Estimates, the median income in the region was \$28,784 compared to \$42,917 for the state of Alabama and \$53,657 for the nation. The percentage living below poverty is significantly higher than the state average, and those age 65 plus with a homebound disability is slightly higher than state average.

The following table (Table 1) comparing the State to the ATRC region is derived from a combination of Selected Health Status Indicators and U.S. Census Bureau.

Table 1

	Alabama	ATRC Region
Age 65+ with Homebound Disability	24%	26.4%
Population below Poverty level	16.1%	23.6%
Population Change Age 65+ (2010-2040)	73.9%	29.11%

The following tables (Table 2 and Table 3) comparing the State to the ATRC region are derived from Selected Health Status Indicators.

Table 2

	Alabama	ATRC Region
Causes of Death (rate per 100,000 population)		
Cancer	216.9	224.8
Alzheimer's	30.6	34.3
Diabetes Mellitus	31.5	38.0
Heart Diseases	285.4	339.9
Cerebrovascular Diseases	65.9	85.8

Table 3

Access to Healthcare Indicators (per 10,000 population)	Alabama	ATRC Region
Primary Care Physicians	6.5	5.0
Dentists	3.5	2.2
Psychiatrists	.6	.1
Households with no vehicle	8.3%	13.7%

As seen in Table 2, all the leading causes of death are higher in the region than in the State as a whole. The figures for heart diseases and cerebrovascular disease in the region are especially alarming. Because of a lack of screening and health services, heart disease is often diagnosed only when it begins to have serious health consequences. Cardiovascular disease is highly related to obesity and lack of exercise. Cardiovascular disease is inversely related to income and education.

Access to care impacts prevention of disease and disability as well as detection and treatment of health conditions. Common barriers to access to care include lack of insurance coverage, lack of available services in an area, and lack of transportation.

Many of the programs and services of the ATRC AAA can address the needs that are evident for the population when considering current and future census, demographic and healthcare indicators.

Description of the Area Agency on Aging Services

The Area Agency on Aging provides a range of services to the region's senior and disabled population. The AAA advocates for individuals and helps them plan and manage their lives through a system of home and community-based services to maintain a lifetime of independence and dignity. Some of the available services are:

Aging and Disability Resource Center (ADRC). Older adults, individuals with disabilities, and their caregivers often need help to understand what services are available and whether they qualify. With a call to the Ageline (1-800-AGELINE), calls are routed to the appropriate AAA where the caller can receive up-to-date information on a wide range of community-based programs such as transportation, nutrition programs and in-home services. ADRCs are an entry point for individuals to be screened and receive counseling and information about a host of available resources in their community. This streamlined access to supports can reduce unnecessary use of more expensive forms of care and can improve an individual's ability to live independently in the community.

Senior Centers. Local senior centers often serve as the community's focal point for older adult services. The senior center provides excellent opportunities for socialization, and participation in a variety of programs and activities. Senior centers throughout the region offer a wide range of programs and activities for older adults, services which may include congregate or home delivered meals, transportation, education, counseling, and wellness programs. Senior Centers and the service programs they offer provide a link with local community resources available to older persons.

Elderly Nutrition Program. Adequate nutrition is critical to health, functioning, and quality of life, and is an important component of home and community-based services for older adults. The Elderly Nutrition Program provides meals served in group settings or delivered to people's homes Monday through Friday. Eligible persons must be at least 60 years old, the spouse of a participant, or individual with a disability living with an eligible participant regardless of age. Meals provide at least one-third of the daily recommended dietary allowances.

There are presently 29 nutrition program sites throughout the region. Participants in the congregate meal program benefit from not only the meal, but also the opportunity to socialize and participate in recreational and educational activities. When older adults cannot leave their homes and cannot personally prepare nutritious meals, home delivered meals are an available option. Staff and volunteers who deliver meals to homebound older persons have an important opportunity to check on the welfare of the homebound elderly and are encouraged to report any

problems that they may observe during their visits. In hard-to-reach areas, where transportation is unavailable or no senior center exists, frozen meals are available. These meals which are delivered to their door by the food vendor can be warmed in a microwave or conventional oven and consumed when the client desires.

The Nutrition Program also provides a range of related services including nutrition screening, assessment, education, and counseling. Each site conducts outreach activities designed to seek out and identify hard-to-reach, isolated older individuals. Where available, transportation service is provided to and from congregate meal sites, making services accessible to those who might otherwise be unable to participate because of lack of transportation. Centers with access to a vehicle also provide scheduled shopping trips to grocery stores, pharmacies, and other needed services.

Senior Community Service Employment Program. The Senior Employment Program is a Title V program funded by OAA through the Department of Labor. Its goals are to assist persons 55 and older who meet certain income guidelines to find training and employment, and to provide enhanced community services through on-the-job training assignments in nonprofit agencies and local governmental services.

Medicaid Waiver. The Medicaid Waiver program is designed to provide services to seniors and those with disabilities whose needs would otherwise qualify for placement in a long-term care facility. The goal is for clients to retain their independence by providing services that allow them to live in the communities they love for as long as possible. The AAA offers three waivers; the Elderly and Disabled Waiver, the Alabama Community Transition Waiver, and the Technology Assisted Waiver for Adults.

Services available to clients enrolled in the Medicaid Waiver program include:

- | | |
|------------------------------|-----------------------------------|
| *Case management | * Companion services |
| * Homemaker services | *Adult Day Health Care |
| * Personal Care services | * Frozen Meals/Shelf Stable Meals |
| * Skilled Respite services | * Breakfast Meals |
| * Unskilled Respite services | |

Case Managers employed by the AAA work with the client to develop person-centered care plans, and they oversee all services which help the client remain at home rather than in institutional care. Direct services are provided through contracts with service providers and clients have freedom of choice to select the provider they prefer to use. The Personal Choices option, which allows individuals to self-direct their care and hire their own workers has become increasingly popular for those who wish to be more involved in directing their own budget and care. Just a few years after offering the Personal Choice program, approximately 45% of current Waiver clients are choosing this option.

Evidence Based Wellness Programs. Eighty percent of older adults have at least one chronic disease, and 68 percent have at least two chronic diseases. The Disease Prevention and Health Promotion Program supports programs based on scientific evidence and demonstrated through

rigorous evaluation to be effective in improving the health of older adults. Title IIID evidence-based health promotion programs provide adults with techniques and strategies to manage chronic health conditions and include activities that promote; improved nutrition, emotional and social well-being, physical fitness, and fall prevention. The AAA offers the SAIL exercise program, A Matter of Balance program, and online Tai Chi classes. The AAA will continue to seek additional programs to meet the most pressing needs of those we serve.

Legal Assistance Services. Legal Assistance Service provided by the AAA includes counseling and advice, negotiation, representation before administrative and judicial agencies, appeals of adverse decisions, and referrals that are of a non-criminal, non-fee generating nature. Assistance is provided with benefits such as Medicaid, Medicare, Social Security, SSI, and Veteran's benefits, individual rights, wills, power of attorneys, and health care directives, among others.

State Health Insurance Program (SHIP). When seniors and disabled individuals have questions, SHIP has answers about Medicare, Medicare Part D Drug Programs, Medicare Savings Programs, Medicaid, and health insurance programs. The SHIP program also educates consumers about the availability of Medicare preventative health care services. SHIP is a free insurance counseling program for Medicare beneficiaries.

Senior Medicare Patrol Program (SMP). SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect and report health care fraud, errors, and abuse. This is accomplished by informing and training senior volunteers, aging network personnel, and healthcare providers as well as conducting public education and outreach.

Long-Term Care Ombudsman Program. The Ombudsman Program resolves problems and advocates for the rights of individuals who live in Long-Term Care Facilities in Alabama. The Alabama Department of Senior Services houses the Office of the State Long-Term Care Ombudsman Program, who trains, certifies, and monitors the state-wide ombudsman program. This program is available to residents of long-term care facilities, their friends and family, staff of long-term facilities and the community-at-large.

Elder Abuse. ATRC AAA places emphasis on the prevention of elder abuse by coordinating with the Department of Human Resources, the Health Department, Legal Service, and other agencies in reinforcing public concern with elder abuse in our region. The AAA plans activities along with these partners to provide public education through senior centers and multi-purpose centers, as well as other locations frequented by older persons. ATRC AAA serves as a resource, where reports of abuse can be received and referred to the appropriate agency.

In-Home Services. In-home services address the needs of those disabled or chronically ill persons aged 60 and over who need services for a limited amount of time. Services include assistance with general household activities such as meal preparation and routine housecleaning tasks. In Home services often help seniors get back on their feet after surgery or illness and can also be used to bridge the gap while other long-term services are being applied for.

Caregiver Assistance with Resources, Education, & Services (CARES). The Alabama CARES Program is designed to support caregivers by providing training, assistance, and resources to

help them care for their loved ones while maintaining their own health. Those eligible program are primary caregivers of frail, older adults 60 and over; grandparent/relative caregivers 55 and older caring for children ages 18 or younger; and grandparent/ relative caregivers 55 and older caring for children with a severe disability of any age. Priority consideration is given to caregivers in greatest need as determined by a respite priority screening tool. The Alabama Cares Program provides homemaker services, personal care assistance, respite care, and supplies.

SenioRx Prescription Assistance Program. The SenioRx prescription program helps individuals obtain free and low-cost brand name prescriptions from pharmaceutical companies. To qualify, persons must be 55 years of age or older, have no health insurance, have a chronic medical condition, and meet specific income limits. Persons with insurance coverage but who are in the Medicare Part D coverage gap, and persons with disabilities of any age may also qualify for the program. In addition to free or low-cost prescriptions, changes in the program allow us to help with rebates and coupons to assist insured clients who cannot afford medication due to high co-pays.

Alabama Elderly Simplified Application Project: Through a contract with South Alabama Regional Planning Commission Area Agency on Aging, the ATRC AAA assists older adults and persons with disabilities in applying for AESAP, a food assistance program. The goal is to increase participation through community-based outreach and enrollment initiatives, and to increase public awareness of senior hunger as an issue of national and local importance.

ATRC AAA Title III services are targeted to those older individuals with the greatest economic and social needs, with particular attention to low-income minority elders, older individuals with limited English proficiency, older individuals with disabilities, older individuals at-risk of institutional placement, and older individuals residing in rural areas. Although AAAs are charged through the Older Americans Act with targeting services, anyone age 60 and older can access the core Older Americans Act services.

Title III clients are given the opportunity to make voluntary contributions for the services they receive. The ATRC AAA's policy governing voluntary contributions states that contributions are encouraged but not required. Any contributions made are handled with confidentiality and privacy. Clients are not denied service if they are unwilling or unable to contribute. All contributions are used in the Title III program to maintain or expand the program. Oftentimes, contributions give participants ownership in the program, and instill a sense of pride.

Title III E Alabama CARES clients are given the opportunity to participate in cost sharing based on a sliding fee scale provided to the AAA by ADSS. This policy is based on the recipient's self-declaration of income without verification. Clients whose income is below the near-poverty limit (defined as 125% of poverty) may not be charged for services. Policy states that contributions are not required, and clients will not be denied services due to failure to make cost sharing payments. Contributions made are handled with confidentiality and privacy. All contributions are used in the Title III E program to maintain or expand the program.

While most clients are satisfied with the services they receive, occasionally problems arise. ATRC AAA has a grievance procedure to ensure that problems are addressed and resolved in a timely fashion. (See Exhibit F)

The AAA has experienced significant growth during the prior four-year planning period. Several new programs have been added or expanded, allowing us to hire additional staff. The most significant growth has occurred in the Medicaid Waiver program with Alabama's move from traditional fee for service payment to a managed care model. Alabama Select Network is the state's Integrated Care Network. Each AAA is contracted separately to conduct Case Management for the Elderly and Disabled Waiver and the ACT Waiver and paid on a per member per month basis. This change has caused us to examine how to provide Case Management in a more efficient manner. ASN has responsibility for slot allocation which has also changed drastically from a limited number of slots which could not be replaced when a client left the program, to an unlimited number of slots to encourage growth of home and community-based care over institutional care.

In preparation for managed care, all thirteen AAAs decided to pursue accreditation for their case management program. The National Committee for Quality Assurance (NCQA) is a widely recognized non-profit organization dedicated to improving health care quality. They use measurement, transparency, and accountability to highlight top performers and drive improvement. Accreditation involves a rigorous assessment of an entity's structure and process, clinical quality, and patient satisfaction. In preparation for this accreditation, the AAA added a Social Work Clinical Coordinator and a Registered Nurse Clinical Coordinator who are responsible for detailed review of case managers work. We've also been successful hiring several licensed Social Workers, some with advanced degrees, and Registered Nurses, thereby increasing the professionalism of the staff.

Community Needs: Needs Assessment and Virtual Town Hall Results

Under normal circumstances, the ATRC AAA conducts needs assessment surveys and holds town hall meetings and Advisory Council meetings to solicit input into the Area Plan. Since COVID-19 restrictions made face to face meetings difficult, and poor internet access in the region was an added challenge, we utilized the following public feedback provided from ADSS for the plan. The following information is provided by ADSS:

Public Input

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 senior citizens, 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:

1. Safety and Crime Prevention	2. Emergency Preparedness Information
3. Prescription Drug Assistance	4. In-Home Care Assistance
5. Legal Assistance	6. Affordable Housing
7. Employment for Senior Citizens	8. Caregiver Support
9. Home Repair Assistance	10. Transportation Assistance

Caregiver surveys were distributed throughout the state to enable ADSS (and the AAA) to learn more about informal and unpaid caregivers and needed respite services. The results are as follows:

What event(s) led you to seek respite services most recently? (Select all that apply)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Relieve stress	67.74%	147
Improve relationship with my spouse or partner	25.35%	55
Improve relationship with other family member	13.36%	29
Care for myself	53.92%	117
Safety issues	14.29%	31
Prevent alcohol or drug problems	1.84%	4
Care for personal business	33.64%	73
Participate in family support groups/services	17.97%	39
Total Respondents		217

The most recent time I received caregiver respite services, it lasted: (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Less than 1 day	22.73%	45
1 day	10.61%	21
2 days	4.55%	9
3 or more days	27.78%	55
Total Respondents		198

Was the length of time you received caregiver respite services enough?

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Yes	46.73%	93
No	36.18%	72
Don't Know	17.09%	34

Total		199
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How would you feel if caregiver respite services were not available?

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Not at all stressed	3.83%	8
Somewhat stressed	15.31%	32
Moderately stressed	27.75%	58
Extremely stressed	53.11%	111
Total		209

How much assistance does the person with a disability or chronic illness require? (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
No assistance	1.79%	4
Occasional assistance	13.90%	31
Frequent assistance	26.46%	59
Continuous assistance	55.16%	123
Don't know/unsure	0.90%	2
Total		223

A virtual town hall was recorded through which to present the purpose of the State Plan on Aging (which in turn helps present the purpose of the Area Plan on Aging) with a goal of seeking public input regarding the unmet needs in the state.

Financial assistance for home repairs	More chore and homemaker services
Affordable, accessible transportation (rural areas)	Senior companion and friendly visitor program
Affordable housing	Home repairs and modification assistance
Better access to voting	Energy assistance
Reliable contractors for home repairs	Increase in meals services
Better enforcement of ADA laws	Access to better healthcare
More independence	Information about resources and how to access
Access to high-speed internet (including free internet)	Mental health education and treatment
Technology training	Services for special needs/disabilities and caregivers
Affordable in-home services	Yard maintenance
More partnering with local churches	Adult day care programs
Better protection from fraud and abuse	Protection from age discrimination in the workplace
Increase in Social Security payments	Tax breaks on housing and groceries
More oversight of long-term care facilities	More senior living establishments
Better oversight of price gouging	Living wage for nursing home workers
Protection from scams (phone and internet)	Adequate training for home and nursing home workers
Legal assistance	Guidelines for quarantine patients
More walking and biking trails for physical activity	Access to PPE supplies
Financial assistance for wheelchair ramps	Better access to in-home services
Increase housing choice vouchers	Haven for elderly individuals living with alcoholism
Increase vegetable vendors	Increase home-delivered meals
Public entertainment venues for seniors	More affordable medication insurance
Better access to food pantries	More senior centers
Homeless shelters	Increase respite services for caregivers
More affordable Assisted Living Facilities	Better protection from fraud and abuse
Social isolation planning for seniors	Housing options in safe areas

A draft of the Area Plan was added to the ATRC AAA website (www.atrcaging.com) in mid-August for public review and was emailed to Advisory Council members and Executive Board members for input.

GOAL 1

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

OBJECTIVE 1

Promote and support service provision and sustainability of OAA programs

FOCUS AREA A: OAA PROGRAMS

Title III-B (Supportive Services)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • AAA will publicize available services to reach the targeted population. We will use traditional means such as printed material, news articles and ads, radio spots, the AAA website and public outreach/speaking. We will expand the use of electronic outreach with social media (Facebook and Instagram) and email by developing e-newsletters and using Facebook post boosts and paid advertising • ADRC will utilize the Universal Intake Tool to screen all callers for available benefits and services and make appropriate referrals and follow up • AAA will continue to develop relationships with other agencies to increase their knowledge of our services • ADRC will assist clients by completing applications for services rather than mailing them for the client to complete, as much as possible 	<ul style="list-style-type: none"> • The AAA will be recognized as a community resource for the various needs related to seniors, caregivers, and disabled individuals • Individuals will have access to information about services to allow them to live with dignity and independence
Title III-C (Nutrition)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Provide congregate, home delivered or frozen meals to optimize health and independence • Provide socialization and activities to stimulate and enrich the lives of Senior Center participants • Provide educational materials on nutrition topics to all nutrition clients • Senior Centers and AAA will perform outreach to publicize available nutrition services • Nutrition Counseling will be available for those who need more personalized counseling 	<ul style="list-style-type: none"> • Clients will have access to healthy meals and opportunities for activities and socialization • Clients will be educated about important nutrition topics • The nutrition program will have increased enrollment, which is important due to declining enrollment because of the COVID-19 pandemic • Nutrition Counseling by R.D. will help clients with specific dietary needs

Title III-D (Evidence-Based Disease Prevention and Health Promotion)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Evidence based classes held in Senior Centers will be offered (such as SAIL) New on-line classes such as Tai Chi will be publicized to increase participation AAA will seek another Matter of Balance certified instructor so classes can resume. AAA will seek to add new programs related to mental health needs 	<ul style="list-style-type: none"> Seniors will have access to a variety of in-person and online courses to improve their health and quality of life Seniors will be empowered to better manage health conditions and chronic conditions Mental health issues such as depression will be addressed through new programs
Title III-E (Alabama CARES)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Provide assistance, education, counseling, respite, and supplemental services to caregivers so they are supported and enabled in their role as caregiver Provide services to caregivers so they can have a break from their caregiving duties Increase enrollment for older relative caregivers, which has been under-utilized in our region in the past 	<ul style="list-style-type: none"> Seniors will be able to remain in their community and avoid institutional care for as long as possible Caregivers will have support needed to continue to be effective caregivers Older relative caregivers will become aware of the CARES program, and be supported in their caregiving roles
Title V (SCSEP)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Help SCSEP participants develop skills and experience to assist in finding future employment Increase host agencies to provide training to more eligible seniors for part time community service jobs Increase the visibility of the program in the region 	<ul style="list-style-type: none"> More clients will be trained for part time community service jobs, leading to better sense of accomplishment and financial gain
Title VII (Ombudsman)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Advocate for the rights of SNF and ALF residents Conduct routine visits to ensure the well-being of residents Work to resolve concerns or complaints Provide training to facility staff through in service meetings 	<ul style="list-style-type: none"> SNF/ALF residents, families, and staff will be aware of resident's rights SNF/ALF residents will be treated with dignity and respect Complaints/concerns will be addressed and resolved Advocacy will occur on local, state, and national issues related to the Ombudsman program

<ul style="list-style-type: none"> • Provide public education and outreach about resident's rights and the role of the Ombudsman program • Stay informed on advocacy issues through the State Long Term Care Ombudsman and other advocacy partners such as the National Consumer Voice 	
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GOAL 2

Ensure that older individuals and persons with disabilities have access to services to assist with daily living

OBJECTIVE 2

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

FOCUS AREA B: ADMINISTRATION FOR COMMUNITY LIVING (ACL) DISCRETIONARY GRANT AND OTHER PROGRAMS

ADRC	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • ATRC AAA will publicize the availability of services using a variety of activities to ensure the public is aware of the services we offer • ADRC will screen using the Universal Intake Tool to connect individuals to benefits and services within the AAA and through other partners and resources • ADRC will continue to utilize a person-centered care model ensuring the desires of the individual are considered when arranging services. • ADRC will continue to build relationships with other agencies such as DHR, Community Action, ADPH, Mental Health, hospitals, physicians offices, food banks, home health agencies, hospice, and other entities • ADRC will continually train about program updates or changes, to enable us to provide correct information to clients 	<ul style="list-style-type: none"> • The public will have streamlined access to information to make informed decisions • The public will have knowledge about programs they may be eligible for to assist with daily living • The goals and desires of the individual will be the focus in the provision of services • Expanded relationships with other agencies will allow the ADRC to assist people with their needs, and will help expand knowledge and outreach of our programs • Staff will be well trained to perform their jobs at optimal levels
MIPPA	
<i>Strategies</i>	<i>Projected Outcomes</i>

<ul style="list-style-type: none"> • Will promote visibility and awareness of MSPs, LIS and Medicare Part D • Will increase applications for LIS and MSPs • Will work to make pharmacies in the region aware of the HSOP CARES continuing education program for pharmacists • Will increase the number of Medicare beneficiaries who are educated on Medicare preventative services. • Through the ADRC Universal Intake clients will be screened for MSPs, LIS and Medicare Part D benefits 	<ul style="list-style-type: none"> • Will increase exposure of Medicare and Medicaid benefits to the public • More clients will benefit from money saved by MSP and LIS approval, and having the best Medicare D plan for them • Pharmacists will be aware of the ADRC and will make referrals • Medicare beneficiaries will be aware and utilize preventive health
SMP	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Increase outreach and education to Medicare beneficiaries about Medicare Fraud, errors, and abuse • Educate the public through annual Fraud Summits in partnership with Alabama Securities Commission • Increase the number of volunteers to assist with outreach and education • Assist clients with completing applications for benefits 	<ul style="list-style-type: none"> • Medicare beneficiaries will be more aware of Medicare fraud, and able to detect and report fraud, errors, and abuse • The public will gain knowledge about SMP and SHIP • Volunteers will assist with increasing knowledge about Medicare fraud, errors, and abuse • Clients will have increased approval for benefits
SHIP	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Will publicize the availability of the SHIP program through print and social media, outreach, speaking, and advertising to raise awareness about the program • Will assist individuals to understand available options for Medicare Part D plans through a person-centered process, allowing them to make informed choices • Will increase the number of counselors trained, certified, and equipped to provide SHIP services. • Will provide information regarding Medicaid programs, including Medicare Savings Programs • Will expand service to those under age 65 with disabilities 	<ul style="list-style-type: none"> • Increase exposure and awareness of SHIP and Medicare to the public, including disabled individuals and those new to Medicare • Allow individuals to make the best choices for their Medicare coverage • Volunteers will help promote and provide SHIP services across the region

<ul style="list-style-type: none"> Will conduct “Welcome to Medicare” presentations to assist those who are newly eligible 	
Disaster Preparedness	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> AAA will review and update the Emergency/Disaster Plan annually or as needed AAA will educate staff on Emergency/Disaster plans regularly AAA will maintain MOUs with local EMA offices in each county AAA will be available to work with FEMA or Alabama EMA to assist seniors and disabled individuals in a declared disaster 	<ul style="list-style-type: none"> Emergency/Disaster plans will be current, and staff trained MOUs with EMA will allow the AAA to be included in community wide disaster response Resources of the AAA will be available to those affected by disasters
SenioRx	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Will publicize the SenioRx program through print and social media, outreach, speaking, and advertising to raise awareness about the program Will target outreach efforts to senior centers, churches, and senior housing complexes to increase awareness and enrollment Will partner with Ala-Tom RC&D council, RSVP, and the AAA Advisory Council to assist with program outreach. 	<ul style="list-style-type: none"> The public will be aware of the SenioRx program Enrollment in the program will increase, especially for clients new to the program Partners will assist with outreach, helping spread the word about SenioRx in their communities
Medicaid Waiver (E&D, ACT, TA)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> Will provide home and community-based services through the E&D Waiver, ACT Waiver and TA Waiver, allowing participants to remain in the least restrictive environment through the provision of needed services and supports Will seek to expand services to additional clients as new slot allocation methods have allowed us to fill more slots, thus reducing waiting lists and wait times for the waiver programs. Will advocate for additional covered services and improved payment to DSPs 	<ul style="list-style-type: none"> Waiver clients will be able to remain in their home or community setting with supports and person-centered services Waiver clients will receive services more quickly than in previous years, eliminating long waiting lists for the program DSPs will benefit from increased reimbursement for services which have not been covered in the past Clients will receive additional covered services improving their quality of life

GOAL 3

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

OBJECTIVE 3

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

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

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">• Ombudsman program will work to ensure that SNF/ALF residents are able to self-direct and make their wishes known• Ombudsman program will ensure that Care Plans are person centered, considering the desires of the resident• Medicaid Waiver programs will use person-centered care plans to allow clients to set personal goals and be involved in their care.• Medicaid Waiver will offer Personal Choices to clients who wish to hire their own worker to self-direct care• Alabama CARES will use person centered care plans and will offer Alabama Lifespan Respite to those who wish to hire their own workers• Senior Nutrition Centers will offer more activities and programs, allowing seniors to select ways to be involved according to their interests• Center Managers will seek input from clients about the food and menus, and forward comments to Nutrition Coordinator• ADRC will work to conduct person centered activities allowing individuals to be in control of their choices	<ul style="list-style-type: none">• Residents of long-term care facilities will have improved quality of life through our education and advocacy on their behalf• Waiver clients will have opportunities to make decisions and self-direct their care• Cares clients will have opportunities to make decisions and self-direct their care• Seniors attending senior centers will be able to participate in a range of activities, and have input about the food and menus• Callers to the ADRC will be empowered to make decisions about their services

GOAL 4

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

OBJECTIVE 4

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

FOCUS AREA D: ELDER JUSTICE

<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none">• Ombudsmen will provide awareness and training by conducting in-service training, public speaking, community outreach and the annual Ombudsman seminar geared toward professionals working in long term care• Ombudsmen will utilize the Ombudsman Advisory Council to disseminate information about elder abuse and elder rights in their local communities• Ombudsmen will conduct unannounced routine visits at facilities to ensure resident well-being• Ombudsmen will have events around World Elder Abuse Awareness Day to increase awareness among the public• Ombudsmen will conduct publicity about prevention of abuse, neglect, and exploitation through print and social media• Ombudsmen will increase the number of trained volunteers to allow more frequent visits to facilities• Legal Service Provider will provide outreach and education on issues of abuse, neglect, and exploitation• AAA and Legal Service Provider will work to increase the number of seniors receiving Legal services• Waiver staff, ADRC and other staff will provide reports of possible abuse or neglect to DHR for investigation• AAA will train staff about mandatory reporting of abuse, neglect, and exploitation• SMP/SHIP will partner with other entities to conduct a Fraud Summit to educate the public about fraud and abuse	<ul style="list-style-type: none">• Residents of SNF/ALFs and their families will have knowledge of resident's rights, and the role of the community Ombudsman• Elder Abuse awareness will be increased in the region• Trained Ombudsman volunteers will help the program have an increased presence in facilities• Through outreach seniors will have knowledge about Legal services available to them, and the public will have more information about abuse, neglect, and exploitation• Staff will understand their role as mandatory reporters

- SMP/SHIP will conduct outreach and education on issues of abuse, neglect, and exploitation

GOAL 5

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

OBJECTIVE 5

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

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

Dementia (Alzheimer's)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • AAA will partner with ADSS and Dementia Friendly AL to provide robotic pets for clients with dementia or social isolation • AAA will follow up by conducting surveys to determine the effectiveness of robotic pet project • AAA staff will participate in training on dementia/Alzheimer's through conferences, seminars, webinars, etc. • AAA will provide dementia training to law enforcement through partnership with Dementia Friendly Alabama • SenioRx will assist clients with medication cost for dementia or Alzheimer's medicines if not covered by insurance 	<ul style="list-style-type: none"> • Seniors with dementia or social isolation will receive pets to help with loneliness or dementia, providing positive outcomes for those seniors and their caregivers • Surveys done at regular intervals will document the outcomes so if successful the program can expand • Staff knowledge about dementia will increase so we may be more helpful to those we serve • Law enforcement in the region will become safer and more effective handling individuals with dementia • Law enforcement in the region will become Dementia Friendly Certified upon having a 75% training completion rate • Memory medications will be affordable for qualified SenioRx clients

Direct Service Provider Workforce	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • AAA will address DSP work force shortages by advocating for increased funding and covered services (such as payment for Supervisory visits which is currently not reimbursed) • AAA will continue to monitor DSPs annually for compliance to requirements • Waiver will continue to offer Personal Choices to help when DSPs are unable to staff • In Cares, Alabama Lifespan respite will provide relief to caregivers in areas which are difficult to staff by DSPs 	<ul style="list-style-type: none"> • DSPs will have resources to be able to staff their positions resulting in better availability for our clients • DSPs will provide services to clients in full compliance with program requirements • Personal Choices and Lifespan Respite will offer options for clients to utilize their own workers rather than using a DSP
Caregiving	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Due to a lack of in-person caregiver support groups in the region, AAA will explore opportunities for on-line or web based, or telephonic caregiver supports • AAA will offer in person or telephonic caregiver support, information, education, and counseling • Cares will partner with DHR to identify grandparents who needs assistance with the costs of raising grandchildren 	<ul style="list-style-type: none"> • Caregivers will have expanded access to support groups and support systems • There will be an increase in service to grandparents raising grandchildren
Opioid Abuse	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • SenioRx will identify clients seeking opioids and if there are concerns about the use of these medications, will direct the client back to their physician for assistance. • ADRC will partner with Mental Health to make referrals for clients who suffer with opioid addiction • AAA will provide education on opioid abuse through social media, speaking, outreach and providing literature 	<ul style="list-style-type: none"> • Clients who appear to be seeking opioids will be encouraged to work with their physician • Referrals to Mental Health will allow for treatment of addiction to opioids • Seniors and the public will be educated on opioid abuse
Population Increase	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Programs will be analyzed to determine if utilization is being maximized. Program managers will address any areas of the region that need targeted outreach efforts 	<ul style="list-style-type: none"> • Seniors and disabled individuals in hard to reach areas will be aware of programs • The public will be more aware of the services offered by the AAA

<ul style="list-style-type: none"> • AAA will work to increase overall visibility of the agency and programs • AAA will advocate for funding to increase at the same rate as the senior population 	<ul style="list-style-type: none"> • As funding increases, program reach will be extended
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GOAL 6

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

OBJECTIVE 6

Provide high quality, efficient services

FOCUS AREA F: QUALITY MANAGEMENT

Data Reporting/Information Technology	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> • Waiver will continue to use FamCare, AIMS, Web Portal, MSIQ and GCL and for required case management documentation • ADRC will continue to use Peer Place for intake and referral • Programs migrating from AIMS to Well sky will be trained to make the conversion to a new system • Computer and IT needs will be monitored to ensure we are using reliable, up to date technology 	<ul style="list-style-type: none"> • Documents will be in compliance with the AAA, ADSS, ASN and AMA • Data will be accessible and useful in measuring outcomes • ADRC documents and referrals will be accurate and accessible • Well sky will be fully integrated into our programs • Staff will have access to reliable, current equipment
Program Monitoring	
Strategies	Projected Outcomes
<ul style="list-style-type: none"> • AAA is monitored by ADSS, ASN, and AMA throughout the year • AAA monitors all DSPs and Contractors annually to ensure compliance with program requirements • AAA staff are monitored on an ongoing basis to ensure their knowledge of the job, and to determine need for any additional training • Ombudsman program receives oversight and programmatic instruction from the State Long Term Care Ombudsman • Regular staff meetings are held with Program Managers to discuss goals, performance, and financial information 	<ul style="list-style-type: none"> • AAA demonstrates compliance by the various monitoring that occurs from several entities • DSPs and contractors demonstrate compliance and knowledge of requirements • Staff are aware of their job requirements and how to obtain additional assistance • Ombudsmen operated under guidance of the State Long Term Care Ombudsman • Program Managers are aware of program requirements and budgets

Training	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> • Waiver staff will have at least 12 hours of training annually, ensuring ASN, ADSS and NCQA topics are covered • Other AAA staff will receive training from ADSS staff as needed • All staff are encouraged to attend seminars, webinars, conferences, and other learning opportunities to continue to learn valuable information 	<ul style="list-style-type: none"> • Employees will continue to learn and increase their job knowledge and skills

Part III Closing Statement

As the baby boomer generation continues to age, the nation's aging population is growing rapidly. By 2030, one in five people in the United States will be age 65 or older. This aging population growth will present challenges to social programs, families, businesses, and the health care system. Federal funding has not kept pace with the growing population of seniors in need of services. Several of the AAA programs have waiting lists, which add to the stress for seniors, their caregivers and for agency staff who desire to provide assistance to all who need it. We are aware that when aging needs are left unaddressed, they often lead to more expensive institutional care and less personal freedom.

The ATRC AAA Area Plan has been developed to address issues identified in the statewide needs assessment, while considering local, state, and national population trends. The ATRC AAA will continue to provide home and community-based services such as assistance in the home, case management, nutrition programs, transportation, support for caregivers, Ombudsman services and evidence-based wellness programs. Through our Aging and Disability Resource Center, we can increase awareness and access to services, while reducing the confusion of locating resources in a fragmented system. We will continue to look for innovative ways to serve our clients with new programs and offerings.

The ATRC AAA will continue to serve area seniors and persons with disabilities through a system of supports and services allowing them to maintain their independence and dignity. Our goal is to help them remain in their homes and communities, living with independence as long as possible. We will remain responsive to changes, ensuring that needs are met in an efficient and cost-effective manner. Annual adjustments to the Area Plan will consider any needed revisions.



Verification of Intent

The Area Plan on Aging is hereby submitted by the Alabama Tombigbee Regional Commission Area Agency on Aging for the period of October 1, 2021 through September 30, 2025. It includes all assurances and plans to be followed by the Area Agency on Aging (AAA).

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

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

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


Signature of Executive Director
John Clyde Riggs

4-1-2021
Date


Signature of Aging Director
Delia T. Brand


9/1/21
Date

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


Signature of Chair
Norma McCrory

9-8-21
Date

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


Signature of Board Chair
Marcus Campbell

9/8/2021
Date

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

(1) 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.

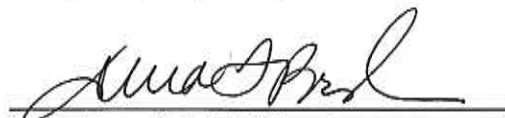
(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(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 Plan information ADSS extracted directly from the Older Americans Act (OAA) regarding submission of Area Plans.



Signature of AAA Director
Delia T. Brand

9/1/21
Date

Attachment C

ADVISORY COUNCIL

OAA 306(a)(6)(D)

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

AAA: Alabama Tombigbee Regional Commission Area Plan FY: 2020-2021

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Braxton, Annye H.	X	X		X			ADH Provider
Burford, Gerry		X		X	ASHL		X
Chaney, Richmond	X	X		X	ASHL		X
Dubose, Shirley	X	X		X			Social Security
Floyd, Robert J.	X	X		X	ASHL		X
Gaines, Linda	X	X	X	X			X
Martin, Mary Jo		X		X	ASHL		X
McClurkin, Shirley		X		X	ASHL		X
McCrary, Norma		X		X			DETA Trainer
Nettles, Jim	X	X		X			X
Solomon, John	X	X		X			Housing Authority

EXECUTIVE COMMITTEE DIRECTORY
2020-2021

Commissioner Fred Armstead
1991 Broadway
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334-295-2203
(Home) 334-289-3286
(Cell) 334-341-0165
(Email) fredarmstead48@gmail.com

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Judge of Probate, Dallas County
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Selma, Alabama 36701
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(cell) 334-412-1818 –work
(cell) 334-412-4248-personal
(Email) jnunn@dallascounty-al.org

Commissioner Marcus Campbell- **Chairman**
Sumter County Commission
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(Cell) 205-499-6015
(Email) marcuscampbell32@gmail.com

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Wilcox County Commission
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(email) calhounquarre@yahoo.com

Commissioner Tony Cherry
Choctaw County
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(Email) mr_tcl@yahoo.com

Judge Sonya Stinson - **Secretary**
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(Email) sonyastinson@monroecountyal.gov

Commissioner Bill Taylor
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(Cell) 251-769-2042
(Email) billhtaylor1321@gmail.com

Commissioner Leonard Millender
Conecuh County Commission
14340 Hwy 84
Evergreen, AL 36401
(cell) 251-230-0636
(Email) leonardmillender@yahoo.com

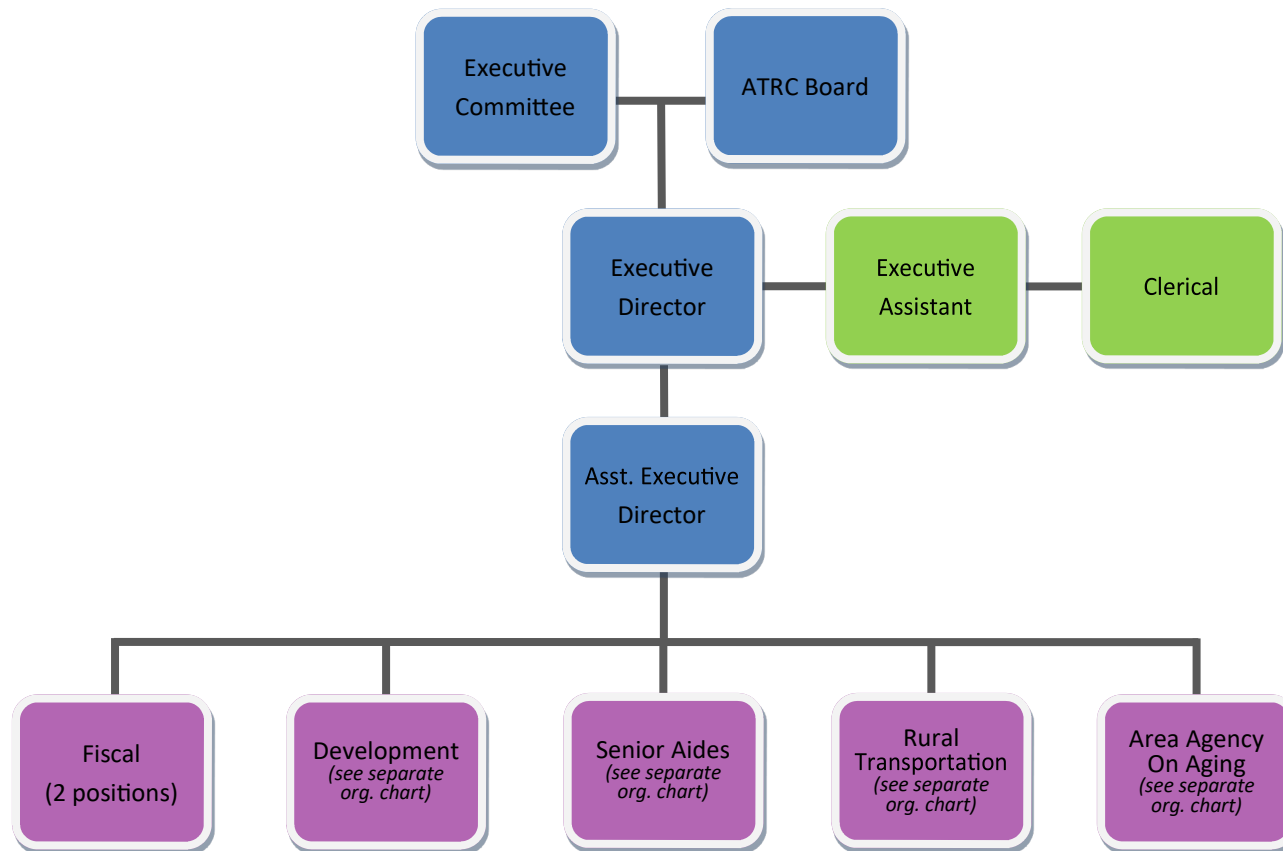
Commissioner Albert Turner
Perry County Commission
P. O. Box 685
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Office: 334-683-2200 (Perry County Commission)
Fax-334-683-2201
Email: adeca12@hotmail.com

Commissioner William (Bill) Albritton
Wilcox County Commission
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(Email) wwalbritton@gmail.com

Commissioner Allen Bailey
Washington County Commission
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Wagerville, AL 36585
(cell) 251-769-7969
(Email) jallenbailey@yahoo.com

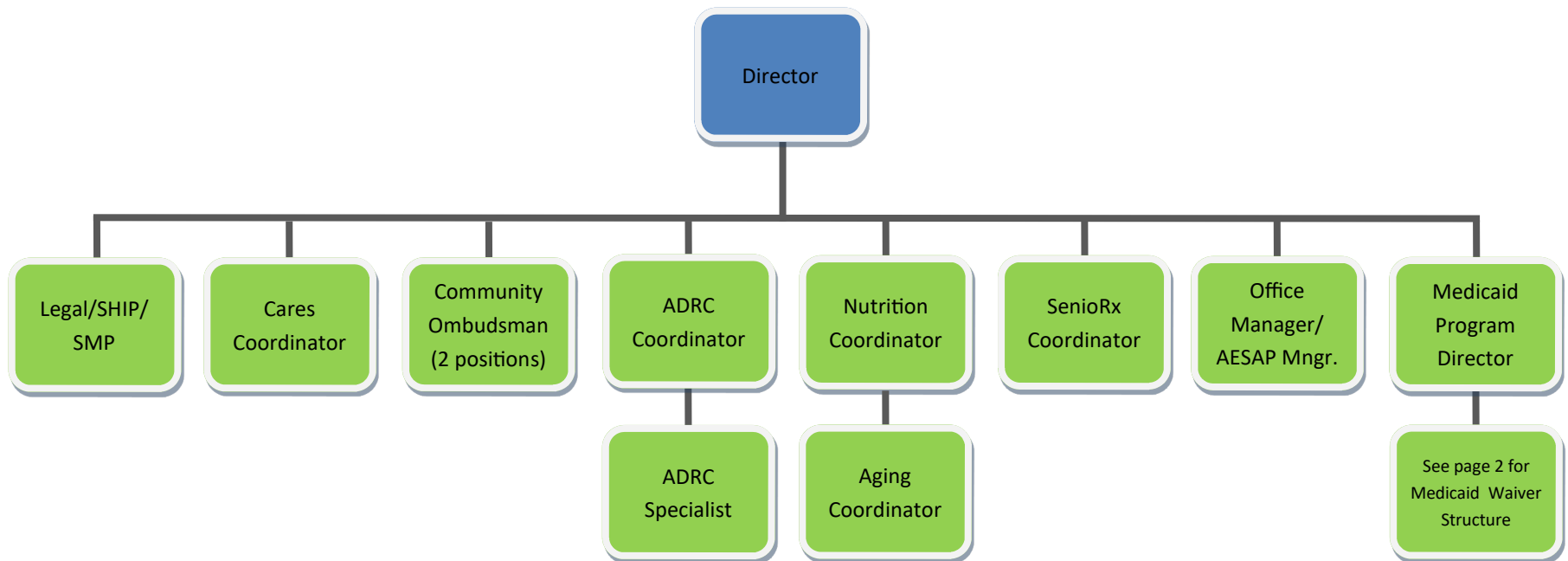
Mayor Tom Tartt, III
Mayor, City of Livingston
101 Council Row
Livingston, AL 35470
(cell) 205-742-8509
(Email) ttartt@uwa.edu

Alabama-Tombigbee Regional Commission Organizational Chart

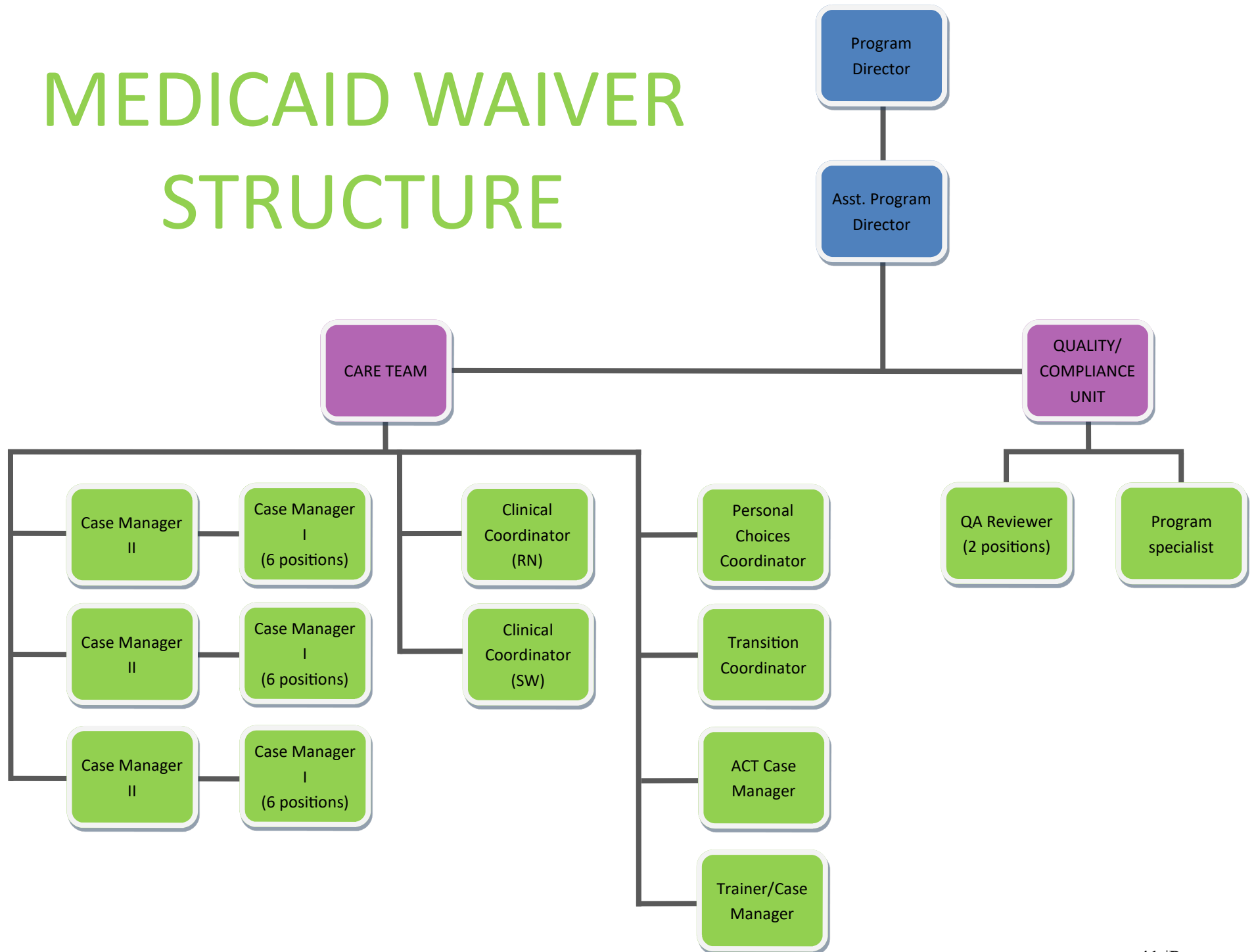


ALABAMA TOMBIGBEE REGIONAL COMMISSION

AREA AGENCY ON AGING

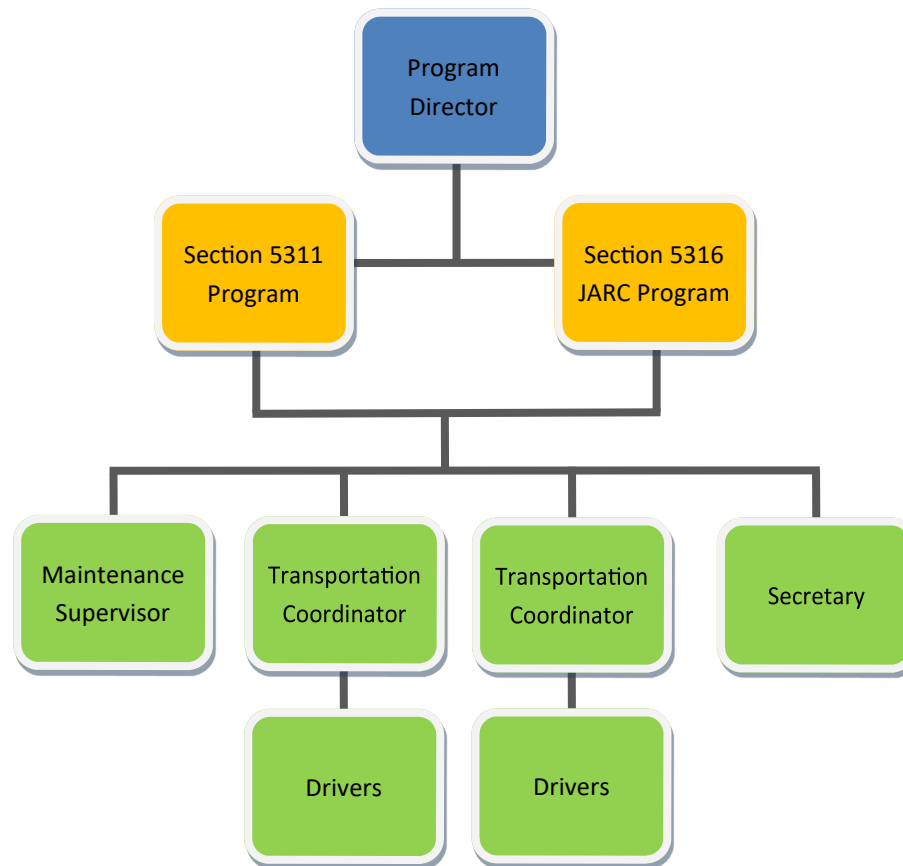


MEDICAID WAIVER STRUCTURE



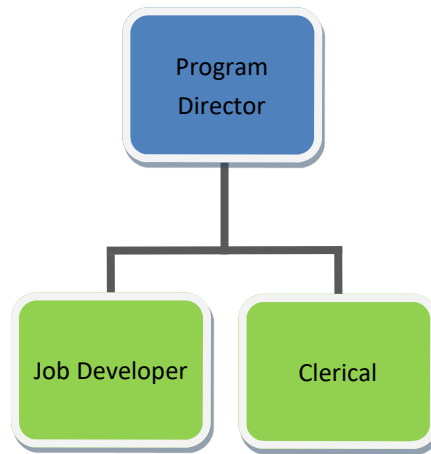
ALABAMA TOMBIGBEE REGIONAL COMMISSION

Rural Transportation Program

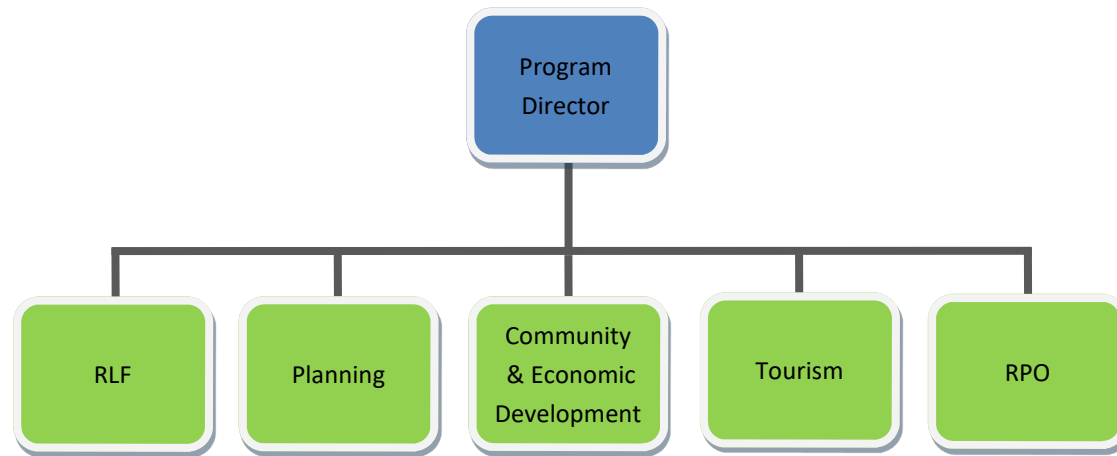


ALABAMA TOMBIGBEE REGIONAL COMMISSION

SENIOR AIDES



ALABAMA TOMBIGBEE REGIONAL COMMISSION DEVELOPMENT



Alabama-Tombigbee Regional Commission
Area Agency on Aging
Title-III Services
GRIEVANCE PROCEDURES

As required according to the Older Americans Act, Section 306(a)(10); the Area Agency has established the following procedures for older individuals who are dissatisfied with or denied Title-III services:

Appeals Process:

The following procedures are designed to aid you in resolving problems if you believe your rights have been violated, if you wish to appeal our agency's decision (for non-acceptance for Title-III services or discharge from Title III services), or if you have a complaint about services received from the Alabama-Tombigbee Area Agency on Aging. These procedures are for your convenience and are not designed to define or limit any legal remedies you may have. If you do have problems with the Alabama-Tombigbee Area Agency on Aging services; however, you may wish to complete the following process.

First, define the problem. Writing it down may help you clarify your concerns. Ask yourself: *When did the problem occur?* (Include times and dates, if possible) *Who else has observed the problem?* Ask questions of others who may be aware of the same situation.

Second, when you feel it is appropriate, attempt to resolve the problem informally with an Area Agency on Aging Staff Person.

Third, if your complaint has not been resolved within a reasonable period of time, but not later than 10 business days after you approach the staff member most involved, then you should submit a written complaint to the Alabama-Tombigbee Area Agency Director, 107 Broad St., Camden, Alabama 36726.

Fourth, if the Area Agency fails to respond to your concern or if you are not satisfied with the Area Agency's response; then, within 10 working days after you receive the Area Agency's response, you should submit a written statement outlining your concern to the Alabama-Tombigbee Regional Commission Executive Director, 107 Broad St., Camden, Alabama 36726. The Executive Director will then review your concern and respond within 10 working days of receipt of your written concern.

Fifth, if you are not satisfied with the Executive Director's response, then you may appeal in writing to the Alabama Department of Senior Services Executive Director, P. O. Bx 301851, Montgomery, Alabama 36130. The Executive Director will review and respond to your appeal in writing within 30 days of receipt of your written concern.

ALABAMA-TOMBIGBEE REGIONAL COMMISSION

CONFLICT OF INTEREST POLICY

This conflict of interest policy is designed to help directors, officers and employees of the Alabama-Tombigbee Regional Commission identify potential conflict of interest and provide transparency in the Commission's decision making.

In addition the members of the Board of Directors of the Alabama-Tombigbee Regional Commission are subject to the Ethics Laws of the State of Alabama governing public officials.

Provisions of Policy

1. Board members shall avoid any activity which is in conflict with the conduct of official duties and responsibilities and should avoid the appearance of conflict of interest, seeking or accepting no favor, benefit or personal profit.
2. Board members should never conduct themselves in a manner which gives the impression that they can be improperly influenced in the performance of their duties and responsibilities; and Board members, in the proper and faithful exercise of those duties and responsibilities, shall maintain complete impartiality between vendors, between contractors and between consultants, giving no preferential treatment and showing no favoritism in conduct, attitudes, or actions.
3. Board members shall not directly or indirectly solicit any payments or accept or receive any payments or gifts of material value-whether it be in the form of objects, money, services, loans, travel, entertainment, hospitality, or favors-that may be intended, perceived, inferred, expected or construed to influence them in the performance of duty.
4. Board members shall refrain from discussion, voting on salaries, bonuses or contracts of any relative employed by ATRC.
5. Employees shall adhere to provisions in items 1, 2, and 3 and shall disclose to the Executive Director any activities that might be construed as a conflict. This does not mean that employee's relatives are not eligible for agency services if qualified properly for those services.

ATRC-AAA Senior Centers



Table 5
Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040
(Middle Series)

	<i>2018 series</i>								
	Census 2000	Census 2010	2020	2025	2030	2035	2040	Change 2010- 2040	
								Number	Percent
Alabama	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	16,067	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	6,141	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	21,327	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.