

**Top of Alabama Regional Council**

**of Governments**

**Fiscal Years 2022 – 2025**

**Area Plan on Aging**

**Region 12**



**5075 Research Drive NW  
Huntsville, Alabama 35805**

# TABLE OF CONTENTS

	<b>Page</b>
<b>Executive Summary</b>	<b>1</b>
<b>Context</b>	<b>4</b>
<b>Target Populations</b>	<b>4</b>
<b>Summary of Needs Assessment</b>	<b>6</b>
<b>Goals, Objectives, Strategies and Outcomes</b>	<b>9</b>
<b>Quality Management</b>	<b>26</b>
<b>Attachments</b>	
<b>Verification of Intent</b>	<b>29</b>
<b>Area Plan Assurances</b>	<b>30</b>
<b>Advisory Board</b>	<b>38</b>
<b>Board of Directors</b>	<b>43</b>
<b>Agency Organizational Chart</b>	<b>47</b>
<b>AAA Grievance Policy</b>	<b>48</b>
<b>AAA Conflict of Interest Policy</b>	<b>50</b>
<b>Planning and Service Area Map</b>	<b>53</b>
<b>Current/Future Aging and Disabilities Demographics</b>	<b>54</b>
<b>Emergency/Disaster/Pandemic Plan</b>	<b>60</b>
<b>TARCOG Area Needs Survey</b>	<b>87</b>

## EXECUTIVE SUMMARY

### Agency Overview

Established in 1968, Top of Alabama Regional Council of Governments (TARCOG) has been designated to administer the Aging programs for its service region which includes DeKalb, Jackson, Limestone, Madison, and Marshall Counties. The agency partners with county and municipal governments with the common aim of improving the quality of life for the elderly and disabled within the regional boundaries.

TARCOG is comprised of two divisions: Planning and Economic Development and the Area Agency on Aging. In 1973, TARCOG was designated as the Region 12 Area Agency on Aging. The AAA's mission is to plan and carry out a comprehensive, coordinated service delivery system to address the needs of people over 60 and help them maintain their independence. The AAA addresses this mission by providing three key service components for people living in the TARCOG region:

- *To serve as an advocate* on behalf of all older and disabled persons within the service region. Through its history, TARCOG has taken on a strong advocacy role by educating the public and local, state, and congressional elected officials on the issues relating to the Aging population in this region. TARCOG also works closely with local agencies, organizations, businesses and health-related entities to promote common goals related to Aging.
- *To identify the needs of the elderly, and to develop plans for meeting those needs* through a coordinated system of in-home and community services which enable the elderly and persons who are disabled to maintain their independence and dignity. Each year, TARCOG conducts a Needs Survey that targets seniors who live in the region.
- *To effectively administer coordinated services* through the responsible utilization of resources provided to the agency. TARCOG is committed to providing programs equally to *all* senior citizens and those who are disabled regardless of race, income level and geographical location. TARCOG receives regularly scheduled financial and program audits from ADSS and is held accountable by all state and federal funding sources.

TARCOG's Area Plan is based upon the provision of its service delivery system that is designed to achieve healthy outcomes for the elderly population in its region.

The last four years provide a backdrop regarding the successes that TARCOG has experienced in delivering services throughout the region. The following are a few highlights that have taken place.

*The Aging and Disability Resource Center:* ADRC serves as a gateway to TARCOG Aging Services and community partners throughout the region. In 2018, the decision was made to restructure ADRC and provide more focus on program components which have resulted in a substantial increase in the number of clients served. In FY21, ADRC clients and contacts are projected to increase by 25% over the previous year.

*SenioRx:* The SenioRx Program is coordinated by TARCOG and is carried out through contractual agreements with the DeKalb, Jackson, Limestone and Marshall County Commissions through their respective County Council on Aging, with Madison County SenioRx being carried out by TARCOG staff. In FY21, ADSS identified DeKalb, Limestone, and Marshall County as being in the top ten out of 67 counties in number of new and unduplicated clients. TARCOG is working with Madison and Jackson Counties to increase their presence through outreach and assistance to potential clients in applying for the program.

*Medicaid Waiver:* Throughout the last four years, TARCOG's Medicaid Waiver Program has worked to meet the challenges and successes in transitioning to Managed Care and being a Supports Provider with Alabama Select Network. In 2018, TARCOG's Medicaid Waiver Program achieved a two-year accreditation and in 2020, the program was re-accredited for three years.

*Defibrillator Program:* In FY19, the AAA received a grant to ensure that all 35 senior centers in the region had a defibrillator. Through grant monies, TARCOG placed eight defibrillators in various centers which completed this goal. This project was especially crucial for those centers in remote areas without access to a nearby hospital.

*Census 2020:* In FY20, TARCOG received a grant from ADECA to educate and promote the aging population concerning the critical participation in the 2020 Census. Due to the COVID-19 Pandemic and the resulting closure of senior centers, new strategies had to be developed and implemented in order to fulfill grant requirements. TARCOG and COA staff promoted the Census throughout the five-count region through social media, connections with ADRC callers, and providing materials to all seniors receiving meals. TARCOG also partnered with regional City and County Census efforts and, as a result, played a small part in helping to secure a successful Census for the five-county area.

*Pandemic Response:*

- **USDA Farm to Families Food Boxes:** In response to the COVID-19 Pandemic, the AAA partnered with GA Foods and ADSS to provide 20,440 food boxes to senior citizens and families throughout the summer and fall months of 2020.
- **Grocery Bag Program:** Through CARES Act funding, County COA's on Aging and senior centers provided groceries to any senior citizen who needed additional help in obtaining food. Some sites set up food pantries so that seniors could make their own food choices while others filled grocery bags and delivered them to homebound clients. Over 1,000 grocery bags were received throughout the TARCOG region.
- **Equipping Senior Centers:** The CARES Act funding also provided funds to better equip senior centers through the purchase of PPE for staff and participants, and also purchased equipment such as new refrigerators and freezers to provide additional storage for perishable goods.

**Addressing Future Challenges:**

Unfortunately, the challenges of social isolation, nutritional risk, safety, access/availability to health services, low-income/poverty levels, and lack of transportation are nothing new to this population of Americans; however, the COVID-19 Pandemic has greatly increased these challenges. TARCOG remains committed to addressing each one of these needs through its services. Other challenges include:

- A major population surge with an estimated 98% increase in the TARCOG aging population through 2040;
- A decrease in the availability of the Direct Service Provider Workforce, which is amplified in the TARCOG area due to population increase.
- Prescription opioid abuse among the elderly is increasing and is an urgent social and economic concern. As of 2018, Alabama is the state with the most opioid prescriptions written per population.
- According to the Alzheimer's Association's 2018 Facts for Alabama, there are approximately 96,000 individuals with Alzheimer's or dementia-related illness. Alzheimer's is the sixth leading cause of death in the state. Increased caregiver support and services are needed in order address stress and burnout of caregivers.

### **New Strategies**

In order for senior citizens in this region to be independent and experience quality of life, new and innovative approaches must be taken to gain the financial and collaborative capacity to provide a coordinated system of Aging services to the TARCOG region. New strategies include:

- As the Aging population increases, increase staff and services to maintain effectiveness and meet the needs of a growing Aging population.
- Advocate for fair compensation for Direct Service Providers by educating state decision-makers who represent the TARCOG region concerning the critical deficit in the DSP workforce.
- Create a Senior Citizen Opioid Abuse Task Force made up of professionals in the substance abuse, law enforcement and Aging fields in order to identify needs and create a platform to raise awareness and prevention.
- Partner with the Alzheimer's Association, AARP, and other community partners to enhance strategies and join forces to address caregiver stress and burnout.
- Foster independence, safety, and the choice to remain at home through the Hospital to Home Program which will give options to those who qualify for nursing home care.
- Create a strategic outreach project through "TARCOG On the Road" events to be held in all TARCOG counties.

The next four years will present even more challenges and opportunities for the AAA to effectively deliver services. The Area Plan on Aging is designed to posture TARCOG to successfully meet those challenges and continue the important work of improving the quality of life for all senior citizens and those who are disabled.

## CONTEXT

### Target Population

The core component of an effective, coordinated service delivery system is the ability to determine those who are in greatest need and strategically gain access to those populations. It is mandated by the Older Americans Act "to address the needs of older individuals with the greatest economic and social need, including low-income minority individuals, individuals with limited English proficiency, older individuals residing in rural areas, and older individuals at risk of long term care placement."

TARCOG and its County COAs and Huntsville-Madison County Senior Center address this mandate through the development of a Target Plan for each county. This localized approach provides a means to analyze population trends such as geographical population shifts (rural, urban), aging breakdowns, minority percentages, income levels, and those at risk for long-term placement. A focused plan is then implemented to gain access to older individuals with the greatest need. TARCOG provides direction to the COA's by incorporating the Target Plan into each county's service delivery. Training in outreach will be provided to staff to generate new ideas for reaching target populations.

#### Population:

TARCOG Total County Population: 714,170;                      65+Population: 115,529 (17%)  
(Tables 1 and 2)

TARCOG's general population continues to grow, with the elderly population outpacing all age breakdowns. According to the last Census information, the City of Huntsville has now surpassed Birmingham in population, making Huntsville the largest city in the state. What is especially notable for the purposes of the Area Plan is that one-third of the city's population is age 55 and older. There has been a tremendous increase in business in this area and there are many older adults who are coming to the Huntsville area to retire. This population increase also spills over into Madison and Limestone Counties with a huge percentage increase in the elderly population from 2000-2040 to a 128% change and a 186.6%, respectively (Table 2). Along with the business and retirement booms, TARCOG and the entire state are continuing to experience the baby boomer wave which will push these age demographics even higher through 2040. DeKalb, Jackson, and Marshall Counties are also experiencing significant aging population increases. TARCOG will continue to respond to this growth through the hiring of new staff as needed. Currently, the agency is also preparing for a location change due to a large commercial project that is surrounding the building. The agency will be moving to a larger building that will accommodate a larger workforce.

Of great concern with population growth and opportunities for higher wages is the decrease in available direct service provider staff for Medicaid Waiver. TARCOG, along with many others in the state, are experiencing difficulty in assigning case workers for MW participants. Fortunately, Personal Choices has alleviated the problem to a large extent; however, DSPs are unable to maintain an adequate workforce to meet this growing demand. TARCOG will be working with DSPs to address the issue.

**Low-Income Minority Individuals:**

U.S. Poverty Rate All Persons: 14%  
(Tables 3 and 4)

Alabama Poverty Rate All Persons: 17.2%

The elderly tend to have a lower poverty rate than the general population in the TARCOG area; however, they are typically on fixed incomes and many may live just above the poverty level. With regard to race and ethnicity, the African-American Poverty/Race Breakdown on Table 4 shows an extremely high poverty level for those 64 and older. The African-American 64+ population is significantly higher in poverty than the state average, with the exception being Limestone County at a 16.3% African-American poverty rate. The Hispanic/Latino Poverty/Race Breakdown shows lower poverty levels in DeKalb, Limestone, Madison, and Marshall Counties; however, Jackson County has a high rate of poverty for this population at 15.5%

There are geographical pockets of poverty in outlying areas in the county, as well as localized areas in more populated settings such as senior apartments and poorer neighborhoods. TARCOG and its county partners will be conducting outreach in identified areas through "TARCOG on the Road" Outreach Project, designed to educate and inform the public about TARCOG services, highlight specific issues such as elder abuse, legal services, senior employment opportunities, and Medicaid Waiver, to name a few. Follow-up will be encouraged by providing the ADRC Direct Line and answering questions.

**Individuals with limited English Proficiency: (Table 3)**

Due to counties that are mostly agricultural, there is also a large representation of Hispanic and Latino populations in the TARCOG region. DeKalb and Marshall Counties have the largest population with 15.1% and 14.7% Hispanic/Latino respectively. Jackson County has the lowest population with 3.1%. A greater focus on outreach and service delivery is critical for DeKalb and Marshall Counties in order to meet the needs of this underserved population. TARCOG places brochures and notifications in Spanish in all locations; however, it is helpful to have volunteers and staff who speak Spanish. DeKalb County COA hired a bilingual staff person to take phone calls and assist with filling out forms. TARCOG currently has two Spanish-speaking individuals who assist in the Aging office when needed. Madison County encompasses a more diverse population from all parts of the world; therefore, the agency is considering buying into an interpretation service that would be utilized in all five counties.

**Older individuals living in rural Areas: (Table 6)**

As noted in the Table 6, a majority of the TARCOG general population is rural; however, with population increases in all five counties, rural areas are shrinking. There is also evidence that the elderly population in this region is shifting to more populated settings due to transitioning to long-term care facilities or moving in with loved ones. Those who continue to live in rural areas experience more isolation, lack of socialization, and lack of transportation. TARCOG will continue to implement measures that will target those who live rural areas by providing outreach for attending senior centers, providing home-delivered meals, and informing them of other services that are available to them.

Older individuals at risk of long-term care placement: (Table 5)

The FY2018 Medicaid Annual Eligibles by Aid Category and County (Table 5) shows a total of 21,315 aging, blind and disabled Medicaid eligibles, representing 3% of the total population for the five-county region and trending lower when compared to a majority of counties in the state. Of the 823 Medicaid Waiver participants enrolled in FY21, 85% were processed as “deeming.” As the Aging population increases in the TARCOG area, there will be more elderly and disabled individuals who need access to long-term care placement in facilities. TARCOG addresses this through providing outreach throughout the service region, using social media and printed material to advertise the program. Medicaid Waiver and ADRC leadership have developed more efficient access by streamlining the process that begins with ADRC and ends with the Medicaid Waiver Initial Assessment.

### **Summary of Needs Assessment**

The annual Needs Survey was conducted in May, 2021 and included 556 responses from senior citizens in all five counties. The purpose of this survey is to ensure that TARCOG provides an active response by developing ongoing strategies in meeting these needs.

The Top Ten Needs Survey results are:

1. Transportation (Trips to senior centers, doctors, grocery store): **Transportation** is a vital link to independence and remains the greatest need of this area’s elderly population. TARCOG works with each County Commission, the City of Huntsville, and the City of Guntersville in the provision of transportation services. Senior Centers also provide transportation to and from each center. Other transportation services are coordinated with community-based services, legal services, and health care services. Callers who need assistance from ADRC received information and referral to transportation services throughout the region.
2. Healthcare: The **Medicaid Waiver Program** provides long-term services and supports through case management for eligible participants in need of long-term care. In the next four years, TARCOG will increase the number of active participants by staffing three Initial Assessment Case Managers and will focus on quality through a Medicaid Waiver Trainer and increasing the number of Quality Assurance Specialists from one to two. Due to the ongoing COVID-19 Pandemic, TARCOG will continue its endeavor to create awareness and assist in helping seniors gain access to the COVID-19 vaccine and/or boosters through the **Vaccine Access Program**. Education about the vaccine will be geared toward those who are vaccine-hesitant. TARCOG, in partnership with County COA’s and Huntsville-Madison County Senior Center, strives to empower older people to stay active and healthy in order to maintain the highest quality of life. Wellness is promoted by conducting health screenings, providing health education, access to health care providers and physical fitness activities at senior centers. Currently, **Title III-D Evidence-Based, Tier 3 Programs such as SAIL and Tai Chi for Arthritis** are being carried out throughout the region. Plans are underway to

- include Bingocize and the Chronic Disease Self-Management Program for the next four years.
3. Prescription Drug Assistance: Many senior citizens are faced with the choice of buying food or buying needed prescription medications. TARCOG's **SenioRx Program** addresses this problem for low-income residents ages 55 and older by applying to pharmaceutical companies for free medications on their behalf. In addition, the **State Health Insurance Program (SHIP)** provides information regarding Medicare Part D Insurance Plans in order for Medicare beneficiaries to make the best choice in meeting their prescription and financial needs. SHIP program staff also provides information to older people about Medicare, Medicaid, and supplemental health insurance.
  4. Utility Bill Assistance: Many older citizens living on a fixed income have unexpected expenses, or simply have trouble meeting all expenses month after month. This is especially true with those who have low income and have higher utility bills during the coldest or highest temperature months. This often puts the elderly person in an unsafe, vulnerable position which may lead to a variety of health crises. The **Aging and Disability Resource Center (ADRC)** is a source for those who need utility bill assistance. Because ADRC is the focal point for receiving and giving reliable information, seniors can have access to Community Action Agencies and other utility assistance programs. **SCSEP** helps many seniors afford living independently through providing part-time job opportunities and learning new skills that potentially result in unsubsidized employment.
  5. Caregiver Support: As the population ages, more and more people are finding themselves in the role of caregiver for an elderly parent or other relative, and most are unprepared for this life change. The **Alabama Cares Program** strives to meet the needs of caregivers by providing respite services, caregiver education, and caregiver supplemental services. Wheelchair ramps are provided as funds are available to safely move care beneficiaries as they exit or enter their home. TARCOG also **provides services to grandparents who are raising grandchildren**. As a component of Alabama Cares, grandparents receive much-needed help through offering supplemental services such as payment for after-school care, school supplies, summer camp fees, and sports fees.
  6. Legal Services: Older persons with economic and social needs often require advice and assistance in obtaining legal documents such as Wills, Powers of Attorney, and Advance Directives. Each year, surveys indicate that the need for **legal services** is a high priority. TARCOG has employed a full-time Elder Law Attorney for over 20 years whose office is housed at the AAA office. She also goes to each County COA office every month to see clients rather than them traveling a long distance to Huntsville. Additionally, the attorney serves as an advocate regarding elder justice and presents at many community events that focus on elder abuse and exploitation.
  7. Information and Assistance: The **Aging and Disability Resource Center (ADRC)** provides relevant, updated information about available services in the TARCOG region. ADRC staff are fully trained on Person-Centered Thinking, New Case Manager Training, AIRS, SHIP Certification, and PeerPlace. They are tasked with maintaining accurate information which empowers callers to make informed decisions about their own services

follow-up. All referral sources are required to enter into a Memorandum of Agreement (MOU) with TARCOG in order to receive referrals.

8. Home-Delivered Meals: The need for **home-delivered meals** continues to increase in the region. Nutrition Coordination staff at TARCOG work closely with county contractors (DeKalb, Jackson, Limestone and Marshall County COA's, and the Huntsville-Madison County Senior Center) to identify seniors who need food delivered to their home in order to remain independent. Each person referred for meals receives a home visit to assess their need and to ensure that those with the greatest social and economic need are being served. **Nutrition Counseling** is conducted by Registered Dietitians for those who have been identified as nutritionally at-risk. A nutrition plan is developed and put in place and the client receives a follow-up visit by the Registered Dietitian.
9. Recreation/group activities: **Recreation** is participation in activities such as sports, performing arts, games, and crafts, either as a spectator or as a performer. Recreation takes place at the thirty-five senior centers throughout the region and addresses the need for socialization. While at the senior center, participants also have access to information available through the regional Aging network concerning issues that affect their lives. In addition, TARCOG promotes the Masters Games of Alabama, with a solid representation from the region.
10. Scams/Safety/Crime Prevention: All too often, news reports feature stories of vulnerable seniors who have been the victims of scams, and fraudulent activities. TARCOG provides information and support to those victims through **Senior Medicare Patrol (SMP)**, which educates and advocates for seniors concerning these crimes. Each year, SMP will hold Medicare Fraud Summits in each county, and will present a various health fairs and community events aimed at senior citizens. The **Ombudsman Program** addresses Residents Rights in Long-Term Care Facilities through the investigation and resolution of complaints relating to abuse/neglect, and the Elder Law Attorney provides legal consultation to the Ombudsman Program in these matters. TARCOG widely distributes the Elder Abuse Prevention Toolkit across the region to partners who work with the elderly and disabled. The AAA also holds an annual **World Elder Abuse Day** on June 15 to create awareness of elder abuse and neglect.

For a condensed view of the Top Ten Needs, see the TARCOG Area Needs Survey in the attachments which lists the Needs, Programs, and Strategies that address each need. All identified needs are addressed in TARCOG's Area Plan Goals and Objectives for FY22-25.

Historically, TARCOG conducts Town Halls Meetings to inform senior citizens throughout the region about the development of the Area Plan, answer questions, and receive input from them. Due to COVID-19 Pandemic precautions, TARCOG did not conduct Town Hall Meetings; however, the proposed Area Plan will be posted on the agency's website and promoted through Facebook.

**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**

<b>Title III-B (Supportive Services)</b>	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"><li>• Through the five County Commission Contracts, each county Council on Aging will provide transportation services to senior centers, grocery stores, and doctor appointments.</li><li>• Recreation activities will be provided at all senior centers.</li><li>• TARCOG will pilot a Homemaker Services Program by hiring a part-time coordinator to assist in the development and implementation of the program.</li><li>• Through the five County Commission Contracts, each county Council on Aging will provide one-to-one, provider-initiated outreach which will focus on low-income, minority, rural, and limited English proficiency populations.</li></ul>	<ul style="list-style-type: none"><li>• A minimum of 1,000 individuals will receive transportation services each year resulting in greater access to socialization, nutrition and healthcare.</li><li>• A minimum of 1,200 clients and 850,000 units of recreation services will be provided at all senior centers each year through the provision of activities such as exercise, games, outings, and learning opportunities to increase health and socialization.</li><li>• A minimum of 150 clients will receive Homemaker services each year to increase independence by remaining in their own home.</li><li>• A minimum of 4,100 clients will receive outreach services year to meet nutritional, health, transportation, and other needs that promote independence and healthy living.</li></ul>

Title III-C (Nutrition)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>• The TARCOG Community Services Coordinator and the County Nutrition Coordinators will conduct outreach for home delivered and congregate meals. Medicaid Waiver Staff will promote home-delivered meals to applicants with the greatest needs.</li> <li>• ADRC and the Community Services Coordinator will work collaboratively with the State Farmers Market to assist qualifying seniors with Farmers Market vouchers.</li> <li>• Through a registered dietician, nutritional counseling will be provided to qualifying older adults who have a chronic illness and/or are at risk of poor nutritional health.</li> </ul>	<ul style="list-style-type: none"> <li>• A minimum of 190,000 congregate meals will be served each year to increase nutritional intake and provide socialization for clients attending a senior center.</li> <li>• A minimum of 350,000 home delivered meals will be served each year to maximize a client's independence and the ability to remain in their homes.</li> <li>• A minimum of 200 seniors will receive Farmers Market vouchers to increase nutritional intake.</li> <li>• A minimum of 30 seniors will receive nutritional counseling to improve nutritional intake.</li> </ul>
Title III-D (Evidence-Based Disease Prevention and Health Promotion)	
<i>Strategies</i>	<i>Projected Outcomes</i>
<ul style="list-style-type: none"> <li>• TARCOG will provide Tier 3 evidence-based programs in senior centers in the five-county area.</li> <li>• TARCOG will continue to expand current Tier 3 Programs throughout the region.</li> </ul>	<ul style="list-style-type: none"> <li>• EACH YEAR, A MINIMUM OF 600 INDIVIDUALS WILL PARTICIPATE ANNUALLY IN EVIDENCE-BASED, TIER 3 PROGRAMS AND WILL BE MORE EMPOWERED TO SELF-MANAGE THEIR DAILY LIVING AND HEALTHCARE NEEDS.</li> <li>• SAIL WILL BE IMPLEMENTED IN ALL FIVE COUNTIES AND TAI CHI FOR ARTHRITIS WILL CONTINUE IN MADISON AND DEKALB COUNTIES.</li> </ul>

<ul style="list-style-type: none"> <li>• TARCOG will investigate other Tier 3 Programs to be added throughout the region.</li> </ul>	<ul style="list-style-type: none"> <li>• TARCOG WILL ADD A MINIMUM OF TWO ADDITIONAL TITLE III-D PROGRAMS IN THE FIVE-COUNTY AREA.</li> </ul>
<b>Title III-E (Alabama CARES)</b>	
<i>Projected Outcomes</i>	
<ul style="list-style-type: none"> <li>• The Alabama Cares Program will receive referrals from ADRC and community partners to assist qualifying family caregivers in obtaining caregiver services.</li> <li>• The AC Program will partner with Alabama Lifespan Respite and other care providers to provide person-centered care and in the delivery of respite services to enrolled family caregivers.</li> <li>• The AC Program will partner with ADRC, Generations United, Grandparents and Parents and other community partners to assist qualifying relative caregivers in obtaining caregiver services.</li> <li>• The Alabama Cares Program will partner with community agencies to provide supplemental services by building wheelchair ramps.</li> </ul>	<ul style="list-style-type: none"> <li>• A minimum of 200 caregivers will receive access to information and assistance annually to help them make informed decisions and receive needed supports and services.</li> <li>• At least 200 family caregivers will be enrolled to provide at least 15,000 hours of respite services in order to alleviate caregiving responsibilities.</li> <li>• TARCOG will enroll at least 10 relative caregivers to receive access assistance, respite, supplemental and other services/supports.</li> <li>• A minimum of 40 wheelchair ramps will be funded and built for family caregivers in need of supplemental services.</li> </ul>
<b>Title V (SCSEP)</b>	
<i>Strategies</i>	
<ul style="list-style-type: none"> <li>• The SCSEP staff will conduct outreach to recruit and enroll program participants.</li> </ul>	<ul style="list-style-type: none"> <li>• A minimum of 68 individuals age 55 and older will be enrolled in the SCSEP to learn new job skills to help them find gainful employment.</li> </ul>

<ul style="list-style-type: none"> <li>• SCSEP staff will recruit host agencies and provide orientation for new host agencies.</li> <li>• SCSEP staff will conduct training and assessments with participants and provide a variety of employment experiences to prepare them to attain unsubsidized employment.</li> </ul>	<ul style="list-style-type: none"> <li>• A minimum of 90 host agencies will employ SCSEP Participants to provide income, training, and work skills in preparation for unsubsidized employment.</li> <li>• A minimum of 12 SCSEP Participants will gain unsubsidized employment each program year.</li> </ul>
<p><b>Title VII (Ombudsman)</b></p> <p><i>Strategies</i></p>	
<ul style="list-style-type: none"> <li>• Through Gateway to Community Living, Ombudsman Program staff will conduct outreach in nursing homes.</li> <li>• Ombudsman staff will conduct community education for public officials and the general public.</li> <li>• Ombudsman staff will provide consultation services by providing lists of long-term care facilities, information on choosing a long-term facility, and other information on the needs of residents in LTC.</li> <li>• Ombudsman staff will conduct routine visits to facilities.</li> </ul>	<p><i>Projected Outcomes</i></p> <ul style="list-style-type: none"> <li>• Each year, Ombudsman Program staff will meet with each nursing home staff and residents no less than 4 times per year to create awareness and receive referrals for re-entering the community and receiving Medicaid Waiver services.</li> <li>• Each year, the Ombudsman Program will conduct 10 community education events that feature advocacy for the rights of long-term care residents.</li> <li>• Each year, Ombudsman staff will provide a minimum of 200 consultations to increase knowledge and advocacy concerning long-term care.</li> <li>• Each year, Ombudsman staff will conduct quarterly facility visits to nursing homes and biannual visits to assisted living facilities in order to assess quality and interview residents.</li> </ul>

<ul style="list-style-type: none"> <li>• Ombudsman staff will communicate with resident and family councils.</li> <li>• Ombudsman staff will provide educational opportunities for long-term staff.</li> <li>• Ombudsman staff will provide volunteer opportunities for the program.</li> <li>• Ombudsman staff will advocate for residents by investigating complaints concerning the protection of residents' rights.</li> </ul>	<ul style="list-style-type: none"> <li>• Each year, Ombudsman staff will attend a minimum of 30% of resident and family councils at the request of the council.</li> <li>• Each year, Ombudsman staff will conduct a minimum of 12 in-service training to long-term facility staff.</li> <li>• Each year, Ombudsman staff will recruit and train two volunteers to conduct friendly visiting in long-term care facilities.</li> <li>• Each year, Ombudsman staff will investigate a minimum of 100 cases, providing mediation between residents and nursing home leadership as appropriate.</li> </ul>
--	--

**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**

<p>ADRC <i>Strategies</i></p>	<p><i>Projected Outcomes</i></p>
-----------------------------------	----------------------------------

<ul style="list-style-type: none"> <li>• ADRC will assist callers in need of access to all services that promote greater health, safety and independence by conducting universal intakes and providing referrals to internal and external resources.</li> <li>• ADRC will continue current resource and referral partnerships and establish new partnerships in the areas of dental, vision, hearing services, housing, and mental health, entering into Memorandums of Understandings with each one.</li> <li>• ADRC will offer information and referral assistance regarding COVID-19 vaccination access to all ADRC callers.</li> </ul>	<ul style="list-style-type: none"> <li>• Each year, ADRC referrals will increase by no less than 10%, providing more access to information and services so that consumers can make more informed choices that promote health and independence.</li> <li>• ADRC will establish no less than three new partnerships with other resource/referral entities that provide services to senior citizens.</li> <li>• TARCOG will partner with ADSS and other state and local partners by promoting vaccine awareness, addressing vaccine hesitancy, and assisting callers in gaining access to the vaccine.</li> </ul>
<p><b>MIPPA</b></p>	
<p><i>Strategies</i></p>	
<ul style="list-style-type: none"> <li>• Provide enhanced outreach for eligible beneficiaries regarding their Medicare benefits</li> <li>• Provide enrollment assistance to those who may be eligible for LIS, MSP, and Medicare Part D.</li> <li>• Market the ADRC to provide outreach to individuals regarding benefits available through Medicare Part D and the Medicare Savings Program.</li> <li>• The SeniorRx program staff will make pharmacies in the region aware of the C.A.R.E.S. Program.</li> </ul>	<p><i>Projected Outcomes</i></p> <ul style="list-style-type: none"> <li>• Conduct no less than five “TARCOG on the Road” events in each county to create awareness of all benefits related to LIS, MSP, and Medicare Part D.</li> <li>• Advertise all noted benefits no less than once per week on the agency Facebook page.</li> <li>• Include information on the agency website that provides information on benefits and how to receive assistance through ADRC.</li> <li>• Contact no less than five pharmacies in each region regarding C.A.R.E.S.</li> </ul>
<p><b>SMP</b></p>	
<p><i>Strategies</i></p>	
<p><i>Projected Outcomes</i></p>	

<ul style="list-style-type: none"> <li>• Senior Medicare Patrol staff will provide education and outreach specific to Medicare Fraud to individuals and groups.</li> <li>• During Open Enrollment, all SHIP, SMP staff and volunteers will provide Medicare Fraud information to Medicare enrollees.</li> </ul>	<ul style="list-style-type: none"> <li>• At least one Medicare Fraud Summit will take place in each county per year.</li> <li>• Each year, at least 2,000 Medicare enrollees seeking Open Enrollment for Medicare Part D will receive information on Medicare Fraud.</li> </ul>
<b>SHIP</b>	
<i>Strategies</i>	
<ul style="list-style-type: none"> <li>• Through contracts with each County Commission, County Councils on Aging will provide certified SHIP counselors to carry out Open Enrollment and other SHIP-related activities.</li> <li>• SHIP staff will conduct outreach and education to Medicare beneficiaries regarding Medicare benefits, supplemental insurance and Medicare Part D.</li> <li>• SHIP staff will recruit, train, and certify volunteers to provide support to the program.</li> </ul>	<p style="text-align: center;"><i>Projected Outcomes</i></p> <ul style="list-style-type: none"> <li>• Each county COA office will conduct Open Enrollment as well as the TARCOC office, providing OEP services to a minimum of 5,000 Medicare beneficiaries each year.</li> <li>• Each year, SHIP staff will participate in a minimum of 5 health fairs aimed seniors to promote SHIP services and provide up-to-date information on Medicare benefits.</li> <li>• SHIP staff will recruit a minimum of 2 volunteers each year to assist in carrying out the program.</li> </ul>
<b>Disaster Preparedness</b>	
<i>Strategies</i>	
<ul style="list-style-type: none"> <li>• The AAA Director will review and update annually all Emergency/Disaster/Pandemic Plans for TARCOC's five-county region.</li> </ul>	<p style="text-align: center;"><i>Projected Outcomes</i></p> <ul style="list-style-type: none"> <li>• Each year, the updated Emergency/Disaster/Pandemic Plan will be presented to all TARCOC staff, County Councils on Aging staff, senior center staff, County EMA's, and ADSS.</li> </ul>

<ul style="list-style-type: none"> <li>• The AAA Director will coordinate plans, resources and responsibilities along with all emergency providers for pre- and post-disaster assistance.</li> <li>• The AAA Director will ensure all County COA's and senior center staff are prepared in the event of a disaster.</li> </ul>	<ul style="list-style-type: none"> <li>• TARCOG will formally partner with county EMA's by initiating an MOU with each EMA.</li> <li>• TARCOG staff and County Council on Aging staff including senior center managers will receive training on various types of emergencies, disasters, and pandemics.</li> <li>• The AAA Director will participate in a minimum of two disaster events conducted by County EMA's.</li> </ul>
<b>SenioRx Strategies</b>	
<ul style="list-style-type: none"> <li>• Through contracts with DeKalb, Jackson, Limestone, and Marshall County Commissions, each County Council on Aging will promote and provide the SenioRx Program.</li> <li>• TARCOG will provide SenioRx to Madison County and coordinate all regional activities in the five county area.</li> <li>• The SenioRx Program will target individuals who need prescription assistance.</li> </ul>	<p style="text-align: center;"><i>Projected Outcomes</i></p> <ul style="list-style-type: none"> <li>• A minimum of 1,500 individuals will receive ongoing assistance quarterly to receive medication assistance to help them sustain and improve their health.</li> <li>• A minimum of 300 new clients will be enrolled in the SenioRx Program each year.</li> </ul>
<b>Medicaid Waiver (E&amp;D, ACT, TA) Strategies</b>	
<ul style="list-style-type: none"> <li>• Three Medicaid Waiver Case Managers will be dedicated full-time to carrying out initial assessments.</li> </ul>	<p style="text-align: center;"><i>Projected Outcomes</i></p> <ul style="list-style-type: none"> <li>• Each year, a minimum net gain of 100 individuals will be enrolled as participants in the Medicaid Waiver Program to help them remain at home instead of being placed in a nursing home.</li> </ul>

<ul style="list-style-type: none"> <li>• A minimum of three Personal Choices Counselors will provide the Personal Choices component of E&amp;D Medicaid Waiver</li> <li>• Continue Gateway to Community Living through staffing a Transition Coordinator to publicize the program and assist the transition of qualified residents living in nursing homes back to the community.</li> <li>• Continue to provide the Technical Assistance Waiver for Madison, Marshall, Jackson, DeKalb, Limestone, Lauderdale, Franklin, Cullman and Morgan Counties through the employment of a Registered Nurse Case Manager.</li> </ul>	<ul style="list-style-type: none"> <li>• Each year, a minimum of 350 Medicaid Waiver participants will be enrolled in Personal Choices, providing them with the opportunity for self-direction.</li> <li>• A minimum of 50 nursing home residents will be assessed for ACT Waiver.</li> <li>• A minimum of 3 nursing home residents will qualify for ACT and transition to the community in order to achieve greater independence.</li> <li>• A minimum of 11 participants will be enrolled in the Technical Assistance Waiver.</li> </ul>

**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"> <li>• All appropriate AAA staff including but not limited to Medicaid Waiver, ADRC, Alabama Cares, and contract provider staff will be required to receive participant-directed/person-centered planning training.</li> <li>• Policies, procedures, and forms will be reviewed and revised, if needed, to reflect participant-directed/person-centered planning language.</li> <li>• New ADRC staff will attend mandatory person-centered planning training and Medicaid New Case Manager training as required by the Alabama Medicaid Agency.</li> </ul>	<ul style="list-style-type: none"> <li>• A minimum of one participant-directed/person-centered planning training will take place each year for appropriate staff.</li> <li>• Participant-directed/person-centered planning policies, procedures, and forms will be in alignment with ADSS/AMA requirements.</li> </ul>

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"> <li>• Through TARCOG's full-time Elder Law attorney, provide community education on elder rights issues such as elder abuse, neglect, and exploitation.</li> <li>• The Elder Law Attorney will provide legal services to seniors ages 60 and older.</li> <li>• The Elder Law Attorney will provide legal services to home-bound and nursing home residents.</li> <li>• The Elder Law Attorney will coordinate elder abuse awareness in the month of June.</li> <li>• The Elder Law Attorney will serve as Legal Consult for the Ombudsman Program on matters involving legal issues relating to long-term care residents and their rights.</li> </ul>	<ul style="list-style-type: none"> <li>• Each year, a minimum of 10 community education events will take place on subjects such as elder rights, guardianship/conservatorship, elder abuse, end of life issues, and legal services.</li> <li>• Each year, a minimum of 800 unduplicated individuals will receive legal services to obtain Powers of Attorney, Wills, and Advance Directives.</li> <li>• Each year, a minimum of 20 home-bound or nursing home residents will receive legal services in their residential setting.</li> <li>• Each year, TARCOG will host World Elder Abuse Awareness Day and provide additional elder abuse awareness through social media and the agency website.</li> <li>• Ombudsman staff will request consultation as needed to ensure current legal information and proceedings will be in alignment with Residents' Rights.</li> </ul>

**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

**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))**

<b>Dementia (Alzheimer's)</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
<ul style="list-style-type: none"> <li>The Alabama Cares Program will provide Virtual Dementia Tours throughout the TARCOG Region to community partners, businesses, and the community at large.</li> <li>The Alabama Cares Program will provide Dementia Friendly Alabama training to law enforcement and first responders throughout the TARCOG region.</li> </ul>	<ul style="list-style-type: none"> <li>A minimum of 4 Virtual Dementia Tours will be provided per year to increase knowledge and awareness of dementia.</li> <li>A minimum of 2 Dementia Friendly Alabama trainings to law enforcement and first responders will be provided each year to increase detection of dementia and appropriate response when interacting with the elderly.</li> </ul>
<b>Direct Service Provider Workforce</b>	
<b><i>Strategies</i></b>	<b><i>Projected Outcomes</i></b>
<ul style="list-style-type: none"> <li>Support ADSS in its endeavor to increase compensation for Direct Service Providers.</li> </ul>	<ul style="list-style-type: none"> <li>Increased compensation for case workers will aid in recruiting them, thus strengthening access and availability</li> </ul>

	of services for vulnerable, at-risk clients in the home setting.
<i>Projected Outcomes</i>	
<p><b>Caregiving Strategies</b></p> <ul style="list-style-type: none"> <li>Alabama Cares will provide Caregiver Appreciation events during National Caregivers Month to include outreach events and trainings for current and potential caregivers.</li> <li>Alabama Cares will provide information from the AARP Resource Center Caregiver Resource Center, linking traditional and relative caregivers to additional tools online.</li> </ul>	<ul style="list-style-type: none"> <li>A minimum of 2 Caregiver Appreciation outreach events will be provided per year, i.e. "Caregiver College" and other community outreach events that promote caregiver education and self-care.</li> <li>TARCOG will disseminate information to current and potential caregiver through email blasts, outreach events, social media and the agency website.</li> </ul>
<i>Projected Outcomes</i>	
<p><b>Opioid Abuse Strategies</b></p> <ul style="list-style-type: none"> <li>Create a Senior Citizen Opioid Abuse Task Force headed by the Elder Law Attorney which will include but not be limited to mental health, substance abuse, and law enforcement professionals.</li> <li>The AAA Director and Elder Law Attorney will identify and attend training on Opioid Abuse.</li> <li>All Aging Programs and contract providers will disseminate materials about opioid abuse, place articles in local newspapers and magazines (i.e. Senior Life), and utilize social media created by ADSS and will partner with other agencies to disseminate materials as well.</li> </ul>	<ul style="list-style-type: none"> <li>Beginning October 1, 2021 the task force will be recruited to research the issue, then develop and implement a strategy that will encompass awareness, education, and prevention strategies to be implemented throughout the five-county region.</li> <li>Create partnerships with drug treatment facilities and other agencies who provide services to opioid-dependent or addicted senior citizens, entering into formal agreements such as MOU's for referrals.</li> </ul>

<ul style="list-style-type: none"> <li>• A Speakers Bureau will be created utilizing professionals with experience in drug abuse among the elderly.</li> </ul>	
<p><b>Population Increase Strategies</b></p> <ul style="list-style-type: none"> <li>• Utilize the AAA Advisory Council and Councils on Aging to identify geographical pockets of population increase/decrease.</li> <li>• Develop county Target Plans providing outreach to rural, low-income, and low -income minority, older individuals based upon population size and service need.</li> <li>• Add a minimum of 2 senior centers in Madison County, one senior center in DeKalb County, and assess the need for additional centers in the TARCOG region.</li> <li>• Conduct an annual Needs Survey.</li> </ul> <p><b>Projected Outcomes</b></p> <ul style="list-style-type: none"> <li>• The AAA will be postured for growth in its region by adding additional staff to provide services, increasing available funds to County Commissions for Aging services, and conducting targeted, strategic outreach in areas of population increase.</li> <li>• Provide input and support to County Commissions and COAs as they evaluate the need for additional senior centers.</li> </ul>	

**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**

<b>Data Reporting/Information Technology</b>	
<p><b>Strategies</b></p> <ul style="list-style-type: none"> <li>TARCOG will hire an Information Technology Specialist to handle staff IT issues and will interface with the agency's contracted IT provider, F1 Solutions, in providing upgrades to meet the needs of the aging and disability networks.</li> <li>TARCOG AAA will modernize and streamline data collection and reporting processes for the agency's fiscal and program reports through enhanced IT capabilities.</li> <li>Execute privacy and security measures to protect confidentiality and guard against security breaches.</li> </ul>	<p><b>Projected Outcomes</b></p> <ul style="list-style-type: none"> <li>The IT Specialist will be hired by October, 2021 and will continue its contract with F1 Solutions.</li> <li>As of October 1, 2021, identified TARCOG Aging staff will be trained in Wellsky and be prepared to collect data and run reports.</li> <li>Each year, TARCOG will contract with an outside source to conduct an IT risk analysis, provide HIPAA training to all staff, and put IT guardrails in place to prevent security breaches.</li> </ul>
<b>Program Monitoring</b>	
<p><b>Strategies</b></p> <ul style="list-style-type: none"> <li>All County Councils on Aging will receive contract assessments conducted by the AAA Director.</li> <li>All County SeniorRx Programs will be monitored by the Community Services Coordinator.</li> <li>All County SHIP Programs will be monitored by the SHIP Coordinator.</li> <li>All senior centers will receive two Senior Center Assessments.</li> </ul>	<p><b>Projected Outcomes</b></p> <ul style="list-style-type: none"> <li>Contract providers will be monitored annually to ensure that services and supports are rendered within ADSS/TARCOG compliance. The AAA will provide guidance and support to correct any noncompliance.</li> <li>A quarterly review of program monitoring will take place. Any needs for improvement or noted deficiencies that constitute a written plan of correction will be reviewed for progress, with additional corrective actions put in place as necessary.</li> </ul>

<ul style="list-style-type: none"> <li>• The AAA Director will meet with each program manager to review the previous ADSS contract monitoring/audit and ensure that any noted needs for improvement and deficiencies are corrected.</li> <li>• Medicaid Waiver and Alabama Cares will conduct Direct Service Provider audits.</li> <li>• Medicaid Waiver will seek National Committee for Quality Assurance Accreditation in FY2024.</li> <li>• Medicaid Waiver will further strengthen its partnership with Alabama Select Integrated Care Network through strategies such as effective slot management, communicating regularly through scheduled meetings, and strong utilization of FAMCare in capturing accurate data.</li> <li>• TARCOG will undergo a financial audit conducted by ADSS and receive an audit through an independent source.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual ADSS audits will take place for Medicaid Waiver.</li> <li>• As a result of accreditation by NCOA, Medicaid Waiver recipients will benefit from high quality case management through person-centered planning and delivery of services, achieving healthy, safe, and independent outcomes for the population served.</li> <li>• Medicaid Waiver will provide transparent communication to the ICN by reporting accurate data, notification of any error and slot management effectiveness.</li> <li>• TARCOG will receive two financial audits annually to ensure accountability of funds and their use.</li> </ul>
<p><i>Training Strategies</i></p>	<p><i>Projected Outcomes</i></p>

<ul style="list-style-type: none"> <li>• All TARCOG staff will receive HIPAA training.</li> <li>• All TARCOG staff will receive Cultural Diversity Training.</li> <li>• Identified Aging staff will receive annual training provided by ADSS.</li> <li>• Aging staff will attend professional development opportunities through attending local, regional, and national conferences on Aging issues, as well as courses to enhance efficiency such as supervisor training and organizational skills.</li> </ul>	<ul style="list-style-type: none"> <li>• TARCOG will ensure confidentiality for clients and staff by putting measures in place to protect Personal Health Information (PHI) by receiving HIPAA training annually.</li> <li>• TARCOG will promote and ensure racial, ethnic, gender, and LGBTQ equality and rights among staff, clients, and the public.</li> <li>• Aging staff will be equipped with knowledge and skills in order to provide clients and the community at large with quality services and correct information with regard to Aging issues.</li> <li>• Aging staff identified by the AAA Director will receive professional development opportunities to enhance skills and knowledge and create greater efficiency.</li> </ul>
---	---

### **Quality Management**

TARCOG is committed to providing services to all senior citizens and those who are disabled regardless of race, sexual orientation, ethnicity, income, and geographical location. In order to carry out this commitment, the agency maintains policies that are without bias. A core responsibility is to effectively administer coordinated services through the responsible utilization of resources provided to the agency. This is accomplished through the integrity of data management, IT security, program monitoring, and staff training/professional development. TARCOG is held accountable all state and federal funding sources by ADSS and an independent financial audit source.

### Data Reporting and Information Technology:

TARCOG will continue to contract with FI Solutions for IT support and guidance on day-to-day computer problems; provide direction on the purchase and maintenance of IT equipment including individual devices for staff; and protecting the integrity of data through an annual risk analysis and preventing security breaches. In addition, TARCOG is in the process of hiring an Information Technology Specialist who will interface with F1 Solutions in order assist in trouble shooting problems and make corrections as needed.

### Monitoring and Audits

#### *ADSS Monitoring:*

- ADSS conducts on-site monitoring of all Aging Programs every two years. All recommendations and findings are corrected and are monitored by the Aging Director in preparation for the next monitoring visit.
- Medicaid Waiver Audits are conducted annually and include a field audit and a monthly Retro Review.
- ADSS conducts a fiscal audit annually.

#### *Alabama Medicaid Agency:*

- AMA conducts annual Medicaid Waiver desk audits.

#### *Alabama Selects Network:*

- ASN conducts monthly chart audits and holds monthly meetings to review operations.

#### *TARCOG Contractual Program Monitoring:*

##### *Title III-B, III-C, SenioRx, and SHIP Programs:*

TARCOG monitors contractual agreements with County Councils on Aging in their delivery of Title III-B, III-C, SenioRx, and SHIP Programs. The AAA Director conducts an annual assessment at each DeKalb, Jackson, Limestone, and Marshall County COA's, and the Huntsville-Madison County Senior Center which holds the Aging contract for Madison County. If there are any deficiencies noted, the COA will provide a correction plan to address those deficiencies. The Community Services Coordinator is responsible for two assessments each year in all 35 senior centers. The first assessment is conducted by the Community Services Coordinator, who provides follow-up and recommendations for the second assessment, which conducted by each County

Nutrition Coordinator. The Community Services Coordinator also conducts assessments for the county SenioRx Programs, and the SHIP Coordinator conducts assessments for the county SHIP Programs.

*Direct Service Provider Audits for Medicaid Waiver and Alabama Cares:* Medicaid Waiver Quality Assurance takes responsibility for conducting all shared direct service provider audits for both Alabama Cares and Medicaid Waiver. The Alabama Cares Coordinator reviews the audit and keeps it on file. Should Alabama Cares enter into a contract with a provider that does not hold a contract with Medicaid Waiver, the Alabama Cares Coordinator will be responsible for the audit. Any deficiencies pertaining to both programs are noted with follow-up. Medicaid Waiver DSP deficiencies may result in correction plans that must go through an approval process with ADSS Medicaid Waiver and may result in recoupments.

*Medicaid Waiver QPA's:* In order to provide a more thorough and timely execution of QPA's, TARCOG is in the process of hiring an additional Quality Assurance Specialist to assist in carrying out this responsibility as well as providing support for audits and staff training. QPA's are conducted and tracked for corrections. Additional training on the deficiency will be conducted in order to provide training support to the case manager.

#### Training:

In order to provide efficient, quality services, staff training and professional development must be a top priority for any organization. TARCOG provides training opportunities not only for staff, but for contractual partners who carry out much of the Aging services offered. TARCOG also provides training for Medicaid Waiver and Alabama Cares direct service providers and for non-contractual long-term care facility staff through the Ombudsman Program.

#### *Contractual Training:*

Nutrition – TARCOG conducts four trainings per year for County COA Nutrition Coordinators, senior center managers, and other appropriate senior center staff.

SHIP – SHIP conducts one training per year for County COA SHIP staff, to be held before Open Enrollment.

SenioRx – All County COA SenioRx staff meet quarterly for updates and training.

Medicaid Waiver and Alabama Cares – Direct Service Provider Training is conducted annually for each program.

#### *Internal – all Aging staff:*

HIPAA (Required): All Aging staff are required to attend annual HIPAA Training provided by Dunson and Associates.

Cultural Diversity (Required): All Aging staff are required to attend annual Cultural Diversity Training conducted by an outside source.

Safety Training (Required): All Aging staff are required to received Safety Training on specific topics no less than four times per year.

*Program Training:*

ADSS: All Aging staff are required to attend ADSS Program Training as scheduled.

Ombudsman Program: Ombudsman Certification within three months of hire.

SSAI: SCSEP Certification for new Project Directors

Medicaid Waiver:

- ADSS New Case Manager Certification (Required)
- Person-Centered Thinking Certification (Required)
- ADSS Medicaid Waiver Training as required and scheduled
- Alabama Select Network Required Training
- NCQA training

ADRC:

- SHIP Certification
- AIRS Certification
- Person-Centered Thinking
- Medicaid Waiver New Case Manager Training

Legal Services: Annual Elder Law Training

*Professional Development:*

As funds are available, staff development opportunities are presented to appropriate staff that will

- AARC State Conference
- se4a Regional Conference
- n4a National Conference
- Professional Development opportunities such as trainings on supervision, customer service, organizational skills training, and other topics as deemed appropriate to meet specific needs of staff.

**Closing Statement**

As TARCOG and all AAA's in the state have experienced, the last four years have brought many changes in the way TARCOG "does business" in order to carry out the agency's mission: "to help senior citizens and adults with disabilities remain as independent as possible, experiencing quality of life, safety, health, and nutrition."

Due to the COVID-19 Pandemic, the closure of senior centers and sending the workforce home to telework (both necessary actions) forced TARCOG to think creatively about how services would be continued. This led to many changes in agency policies and procedures, opened the door to staff having greater flexibility in work hours, and equipped staff more effectively with technology in order to work at home.

Even in the midst of this crisis, opportunities have presented themselves to find new and innovative ways to carry out this work. As a result, TARCOG is stronger and better equipped to be successful in the next four years.



### Verification of Intent

The Area Plan on Aging is hereby submitted by the Top of Alabama Regional Council of Governments (TARCOG) 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 (NOAs) 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  
Michelle C. Eason Jordan

9/7/2021  
Date

  
Signature of Aging Director  
Rene Breland

8/25/2021  
Date

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

  
Signature of Chair  
Robert Ward

9/8/2021  
Date

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

  
Signature of Board Chair  
Nancy Griggs

9/7/2021  
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

(I) 7 to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

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

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

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

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

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

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

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability

Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

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

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

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

(A) not duplicate case management services provided through other Federal and State programs; (B) be coordinated with services described in subparagraph (A); and

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

- (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
- (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
- (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through

(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  
Rene Breland

8/25/2021  
Date

## ADVISORY COUNCIL MEMBERSHIP

### DeKalb County

<b>Jo Ann Keef</b> 2333 County Road 261 Fort Payne, AL 35967-7156 Email: joannekeef@gmail.com	
<b>Joyce A. McGee</b> 121 Sherwood Blvd. Fyffe, AL 35971	
<b>Stanley Sims</b> 1430 County Road 44 Fort Payne, Alabama 35968	
<b>Dianne Manning</b> 1250 County Road 50 Collinsville, Alabama 35961 dmanning@farmerstel.com	
<b>Connie Green</b> 221 County Road 261 Fort Payne, Alabama 35967	

### Jackson County

<b>Charles Hall</b> 14 Boardwalk Scottsboro, AL 35769 Email: Charles.e.ha1102@gmail.com	
<b>Gordon Hodges</b> 2906 Masonic Drive Scottsboro, AL 35769 Email: hodgesreal@scottsboro.org	

### Limestone County

<b>Jennifer White</b> 512 Sanders Street Athens, AL 35611 Email: jennifercwhite@ymail.com	
<b>Sheila White</b> 112 Wyndham Circle Athens, AL 35611 Email: Almonac2@outlook.com	

Maria A. Taylor  
P.O. Box 758  
Athens, AL 35612  
15652 Line Road  
Athens, AL 35613  
Email:  
[mariataylor88@yahoo.com](mailto:mariataylor88@yahoo.com)

### Madison County

Ann Anderson, Director  
CASA  
701 Andrew Jackson Way NE  
Huntsville, AL 35801  
Email: [ann@casamadisoncty.org](mailto:ann@casamadisoncty.org)  
Anna Rodes (Participant)  
Email: [anna@casamadisoncty.org](mailto:anna@casamadisoncty.org)

Pat McCrory  
8223A Bailey Cove Road  
Huntsville, AL 35802  
[Patml@knology.net](mailto:Patml@knology.net)

Pat Colson  
211 Shane Drive  
New Market, AL 35761  
Email: [patsycolson@aol.com](mailto:patsycolson@aol.com)

Mer e Towns  
116 Enoch Drive  
Hazel Green, AL 35750  
[WMTusana@yahoo.com](mailto:WMTusana@yahoo.com)

Willis Towns  
116 Enoch Drive  
Hazel Green, AL 35750  
[WMTusana@yahoo.com](mailto:WMTusana@yahoo.com)

Karen Ball  
First Community SeniorSelect  
699-A Gallatin Street  
Huntsville, AL 35801  
Email: [karen.lingar@firstcomm.org](mailto:karen.lingar@firstcomm.org)

Jesse Johnson, Jr.  
6203 Boone Street NW  
Huntsville, AL 35810-2501  
[Jes781@aol.com](mailto:Jes781@aol.com)

**Bob Ward**  
10029 Willow Cove Road  
Huntsville, AL 35803  
Email: bward@hlwaay.net

---

**Marshall Count**

---

**Marty Horton**  
212 Emory Avenue Boaz, AL 35957  
martybrysonhorton@bellsouth.net

---

**Barbara Rowland**  
1116 Mat Morrow Road  
Arab, AL 35016  
Email: grammin15@gmail.com

**Betty Walls**  
P.O. Box 413  
Grant, AL 35747

---

**Martha Tingle 201**  
5th Street East  
Grant, AL 35747  
Email:mm1217@nehp.net

**Carolyn Smith**  
720 Cullman Road, Apt. 752  
Arab, Alabama 35016

Updated: 02/03/2021

**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: TARCOG Area Plan FY: 2021

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/PARTICIPANT?				
Joyce A. McGee		X	X	X			
JoAnn Keef		X	X	X			
Carolyn Smith		X	X	X			
Emily McCamy		X		X			
Charles Hall			X	X			
Gordon Hodges		X					X
Jennifer White		X	X				
Shelia White		X	X				
Maria Taylor	X	X	X	X			
Marty Horton		X	X				
Barbara Rowland		X	X	X			
Bob Ward							X
Martha Tingle		X	X				
Jesse Johnson, Jr.	X						X
Ann Anderson				X			
Stanley Sims		X	X	X			
Pat McCrory			X	X			
Merle Towns	X	X	X				
Willis Towns	X	X	X				
Anna Rodas				X			



**TARCOG BOARD OF DIRECTORS  
2020-2021  
OFFICERS:**

**PRESIDENT:**

Ms. Nancy Griggs  
Mountain Lakes Chamber of Commerce  
P.O. Box 973  
407 East Willow Street  
Scottsboro, AL 35768  
(256) 259-5500 Office  
(256) 228-3309 Fax

Job title: Director of Talent Development  
Email: [ngriggs@scottsborolakes.com](mailto:ngriggs@scottsborolakes.com) [nmexberger@gmail.com](mailto:nmexberger@gmail.com)

**VICE-PRESIDENT:**

Mr. Mike Ashburn, Councilman  
City of Scottsboro  
Scottsboro City Hall  
316 South Broad Street  
Scottsboro, AL 35768  
(256) 574-3100 Fax: (256) 574-4966  
E-mail: [mashburn@cityofscottsboro.com](mailto:mashburn@cityofscottsboro.com)

**SECRETARY:**

Mr. Larry Chesser  
[larrychesser1@gmail.com](mailto:larrychesser1@gmail.com)

**TREASURER:**

Mr. Frank B. Travis, Councilman  
City of Athens  
P.O. Box 1089  
Athens, AL 35612  
E-mail: [ftravis@athensal.us](mailto:ftravis@athensal.us)

**EX-OFFICIO:**

Mr. Thornton Stanley, Jr.  
Stanley Construction Company  
4410-A Evangel Circle  
Huntsville, AL 35816  
Work: (256) 837-6850  
Fax: (256) 837-6875  
Email: [stanleythornton@comcast.net](mailto:stanleythornton@comcast.net) or [love@stanley-hsv.com](mailto:love@stanley-hsv.com)

Mr. Mike Kirkland  
Vulcan Construction Materials, LP  
P.O. Box 17559  
Huntsville, AL 35810  
Work (256) 852-3171  
Fax: (256) 852-3635  
E-mail: [kirklandm@vcmemail.com](mailto:kirklandm@vcmemail.com)

**Represented by: Jill Oakley -**  
Jill Oakley, Councilwoman  
Albertville City Council  
P.O. Box 1248  
Albertville, AL 35950  
[joakley@cityofalbertville.com](mailto:joakley@cityofalbertville.com)

Ms. Frances Akridge, Councilwoman  
Huntsville City Council  
Huntsville City Hall, 7th Floor  
308 Fountain Circle  
Huntsville, Alabama 35801  
256-427-5011  
[frances.akridge@huntsvilleal.gov](mailto:frances.akridge@huntsvilleal.gov)  
assistant: [sarah.powell@huntsvilleal.gov](mailto:sarah.powell@huntsvilleal.gov)

Mr. Steve Haraway, Commissioner  
Madison County Commission  
100 Plaza Boulevard, Suite 2  
Madison, Alabama 35758  
Phone 256-532-1590  
Fax 256-772-0699  
[sharaway@madisoncountyal.gov](mailto:sharaway@madisoncountyal.gov)  
E-Mail: [dist2@madisoncountyal.gov](mailto:dist2@madisoncountyal.gov)  
Catherine Gray, Admin Secretary  
[Catherine.gray@madisoncountyal.gov](mailto:Catherine.gray@madisoncountyal.gov)

(or)

Mr. Bill Kling, Councilman  
City of Huntsville  
Huntsville City Hall, 7th Floor  
308 Fountain Circle  
Huntsville, Alabama 35801  
  
256-427-5011  
[bill.kling@huntsvilleal.gov](mailto:bill.kling@huntsvilleal.gov)  
contact for assistance:  
[sarah.powell@huntsvilleal.gov](mailto:sarah.powell@huntsvilleal.gov)

Mr. Tommy Battle, Mayor  
City of Huntsville  
P.O. Box 308  
Huntsville, AL 35804  
(256) 427-5000  
Fax: 427-5257  
Secretary: Carol Atchley-427-5005  
Email: [carol.atchley@huntsvilleal.gov](mailto:carol.atchley@huntsvilleal.gov)  
E-mail: [tommy.battle@huntsvilleal.gov](mailto:tommy.battle@huntsvilleal.gov)

**Represented by Dennis Madsen**  
Mgr. Urban & Long Range Planning  
Email: [dennis.madsen@huntsvilleal.gov](mailto:dennis.madsen@huntsvilleal.gov)  
256-427-5100 -

Mr. Tracy Honea, Mayor  
City of Albertville  
P.O. Box 1248  
Albertville, AL 35950  
(256) 891-8200  
E-mail: [mayorhonea@cityofalbertville.com](mailto:mayorhonea@cityofalbertville.com)  
[kkern@cityofalbertville.com](mailto:kkern@cityofalbertville.com) (Kelsey-Mayor's  
Asst)

Mr. Craig Hill, Commissioner Madison  
County Commission

District Three East Office

E-mail: [chill@madisoncountyal.gov](mailto:chill@madisoncountyal.gov)  
Admin Asst--Melody S. Whitaker 149  
Walnut Street  
New Hope, AL 35760  
Office 256-723-4247  
Fax 256-723-5848

Mr. Philip Anderson  
P.O. Box 116  
Dutton, AL 35744  
Ph: (256) 228-6244 Fax: 256-228-9225  
E-mail: [jcelgollia@yahoo.com](mailto:jcelgollia@yahoo.com)

Mr. ~~via letter~~ ~~missi n~~  
Marshall County ~~missi n~~  
22  
Albertville, AL 35950  
(256) 878-7342 Fax 8 1-5040  
~~marshalle~~ ~~org~~  
Admin Asst: Bruce Teal [district3@marshalleo.org](mailto:district3@marshalleo.org)

Mr. James E. Lucas  
Athens Board of Education  
704 Lucas Street  
Athens, AL 35611  
Phone: Home-256-771-6867  
E-mail: [lm344@aol.com](mailto:lm344@aol.com)

Mr. Collin Daly, Chairman  
Limestone County Commission  
310 W Washington Street  
Athens, AL 35611  
Work: (256) 233-6400  
Fax: (256) 233-6403  
[collin.daly@limestonecounty-al.gov](mailto:collin.daly@limestonecounty-al.gov)

Mr. Ricky Harcrow, Commission  
President DeKalb County Commission

8/3/2021

111 Grand Avenue SW, Suite 200  
Fort Payne, AL 35967  
(256) 845-8500

**Represented by: Ms. Emily McCamy**  
DeKalb County Council on Aging Director  
600 Tyler Avenue, SE  
Fort Payne, AL 35967  
Office: 256-845-8590

Email: [emilym@dekalbcountyal.us](mailto:emilym@dekalbcountyal.us)

Mr. Chuck Ables, Mayor  
Town of Geraldine  
P.O. Box 183  
Geraldine, AL 35974  
Phone: 256-658-2122  
Fax: 256-659-5135  
Email: [mayorchuck@farmerstel.com](mailto:mayorchuck@farmerstel.com)

Mr. Bob Joslin, Mayor  
City of Arab  
740 North Main Street  
Arab, AL 35016  
(256) 586-8128  
Fax: (256) 586-9711

Email: [bjoslin@arabcity.org](mailto:bjoslin@arabcity.org)  
Or contact: Summer Bixler  
[sbixler@arabcity.org](mailto:sbixler@arabcity.org)

Mr. James O'Neal  
E-mail: [jameso@oneals.com](mailto:jameso@oneals.com)

Ms. Helen Carter  
E-mail: [helenc1410@yahoo.com](mailto:helenc1410@yahoo.com)

Mr. Paul Cagle, Mayor  
Town of Fyffe  
P.O. Box 8 (Mailing)  
Fyffe, AL 35971

Phone: 256-623-7298  
Fax: 256-623-7282  
Email: [lyffemayor@farmerstel.com](mailto:lyffemayor@farmerstel.com)  
[lyffetownclerk@farmerstel.com](mailto:lyffetownclerk@farmerstel.com)

Mr. Lester Black, Commissioner  
DeKalb County Commission  
111 Grand Avenue, SW, Suite 200  
Fort Payne, Alabama 35967  
Phone: 256-717-5012  
Fax: 256-845-8502  
Email: [lblacke\\_mst@gmail.com](mailto:lblacke_mst@gmail.com)

Mr. Douglas Smith  
Email: [cricketdong@hotmail.com](mailto:cricketdong@hotmail.com)

Ms. Mary Caudle, Mayor  
Town of Triana  
640 Sixth Street  
Madison, AL 35756  
(256) 772-0151  
Fax: 256-464-509  
Email: [caudletriana@bellsouth.net](mailto:caudletriana@bellsouth.net)

Mr. Jim McCamy, Mayor  
City of Scottsboro  
316 S. Broad Street  
Scottsboro, AL 35768  
Office: 256-912-0501  
Fax: 256-574-3458  
Email: [jmccamy@cityofscottshoro.com](mailto:jmccamy@cityofscottshoro.com)  
Asst: Chanda Bartlett  
256-912-0514  
[cbartlett@cityofscottshoro.com](mailto:cbartlett@cityofscottshoro.com)

Mr. John Myers  
District 3  
Guntersville City Council  
341 Gunter Avenue  
Guntersville, AL 35976  
[myers2\\_48@charter.net](mailto:myers2_48@charter.net)  
[district3@guntersvilleal.org](http://district3@guntersvilleal.org)

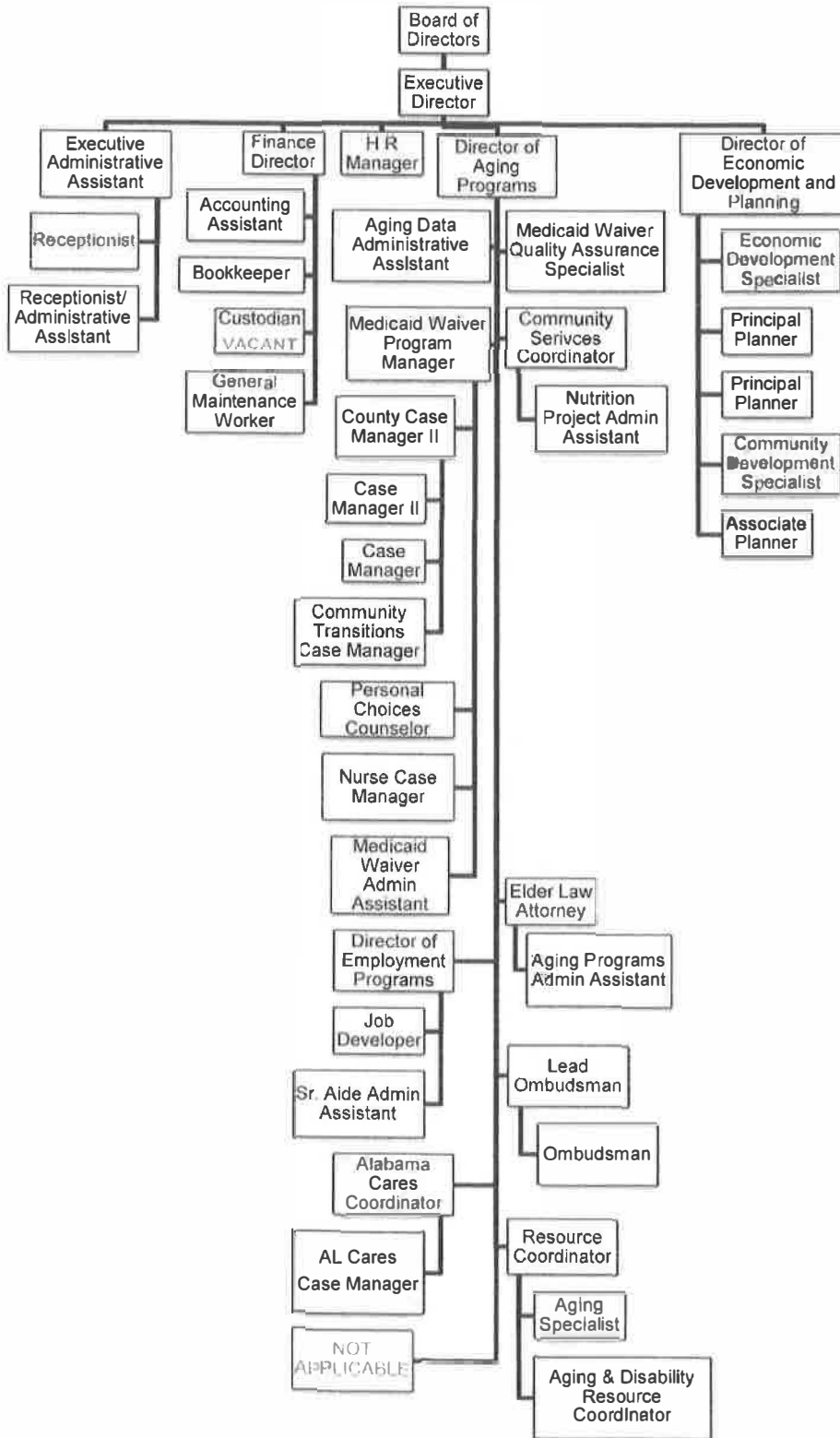
8/3/2021

Ms. Connie Spears, Councilwoman  
Madison City Council District 2  
City of Madison  
100 Hughes Road  
Madison, AL 35758  
Work: 256-772-5602

[Connie.spears@madisonal.gov](mailto:Connie.spears@madisonal.gov)

Mr. Danny Barksdale, Commissioner  
Limestone County Commission, District 2  
310 W Washington Street  
Athens, AL 35611  
Work: (256) 233-6400  
Fax: (256) 233-6403  
[danny.barksdale@limestonecounty-al.gov](mailto:danny.barksdale@limestonecounty-al.gov)

# TARCOG Organizational Chart



## **TARCOG AREA AGENCY ON AGING**

### **GRIEVANCE PROCEDURES**

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

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

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

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

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

4. If the action of the Executive Director does not resolve the grievance to the satisfaction of the complainant, the grievance may be submitted in writing to the President of the TARCOC Executive Committee. The Executive Committee will hear and make a decision on the grievance within twenty working days of the receipt.
  
5. The Executive Committee, when reviewing grievances, shall review the findings of all parties concerned, and may obtain additional information as deemed necessary. The Executive Committee may require the services of Area Agency or contractor staff to assure the maintenance of records, appearance of witnesses, or other actions that may be required to carry out this procedure. The Executive Committee shall hold at least one official hearing, and shall require the personal presence of the person filing the grievance. The Committee will allow representation by counsel and the calling of witnesses by all parties. The Committee is empowered to ask additional questions and may adjourn the initial proceedings for the convenience of any party for gathering of additional evidence or information or to allow additional witnesses to be called. **Action by the Executive Committee is final.**

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

## **CODE OF ETHICAL CONDUCT**

TARCOG personnel, due to the public trust placed in governmental employees, must avoid actions which create a conflict of interest or are illegal. The following policies are designed to assure that both the employee and TARCOG are protected from charges of improper or illegal actions. TARCOG personnel are subject to the Ethics Laws of the State of Alabama governing public employees and to the jurisdiction of the Alabama Ethics Commission.

1. Responsibilities to TARCOG and to the Local Governments
  - a. Employees shall demonstrate the highest standards of personal integrity, truthfulness, honesty and responsibility in all their duties, assignments and tasks in order to inspire public confidence and trust in TARCOG and local government, and they shall seek to maintain the highest quality and image of TARCOG and local public services.
  - b. While respecting fully the laws and regulations relating to the public's right-to know and public access to matters of public policy, public business and public record, employees shall respect and protect privileged information to which in the course of their official duties they may have access or be exposed, and employees shall never use privileged information acquired in the course of their official duties to further their personal interests.
  - c. Employees shall avoid any interest or activity which is in conflict with the conduct of official duties and should avoid the appearance of conflict of interest, seek or accept no favor, benefit, personal aggrandizement or profit, individually or for family members or friends, secured by privileged information or by misuse of position, public time or public resources.
  - d. Employees 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 their official duties or reward any official action on their part.
  - e. Employees shall not engage in, solicit, negotiate for or promise to accept private employment nor should they render services for private interests or conduct a private business, when such employment, service, or business creates a conflict with, impairs or detracts from the proper and faithful discharge of their duties or has the potential for a conflict with their duties or responsibilities.
2. Responsibilities to the Public
  - a. Employees shall serve the public with respect, honesty, concern, courtesy, and responsiveness, recognizing that service to the public is beyond service to oneself.

- b. Employees shall never permit, tolerate or countenance intentional or unintentional misconduct, illegal activities, malfeasance, fraud, or abuse of public funds.

### 3. Responsibilities to the Profession and the Colleagues

- a. Employees shall strive for personal professional excellence and encourage the professional development of other TARCOG employees and the employees of local governments.
- b. Employees shall accept as a personal and professional duty the responsibility to keep up to date on all matters relating to both job and profession and to carry out duties with professional competence, fairness, impartiality, efficiency and effectiveness.
- c. Professional staff members shall also be guided and bound by the Code of Ethics and Professional Conduct established by the profession to which the respective individuals belong or to which their job responsibilities relate.

**TARCOG Board of Directors**  
**Conflict of Interest Statement**

1. TARCOG Board Members shall demonstrate the highest standards of personal integrity, truthfulness, honesty, and responsibility in all their duties, assignments and tasks in order to inspire public confidence and trust in TARCOG and local government, and they shall seek to maintain the highest quality and image of TARCOG and local public services.
2. Board Members shall avoid any interest or activity which is in conflict with the conduct of official duties and should avoid the appearance of conflict of interest, seek or accept no favor, benefit, personal aggrandizement or profit, individually or for family members or friends, secured by privileged information or by misuse of position.
3. While respecting fully the laws and regulations relating to the public's right-to-know and public access to matters of public policy, public business and public record, Board Members shall respect and protect privileged information to which in the course of their official duties they may have access or be exposed, and Board Members shall never use privileged information acquired in the course of their official duties to further their personal interests. If a Board Member's financial or personal interests will be specifically affected by a decision, the member is to withdraw from participating in the decision.
4. 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 their official duties or reward any official action on their part.
5. Board members shall not engage in, solicit, negotiate for or promise to accept private employment nor should they render services for private interests or conduct a private business, when such employment, service, or business creates a conflict with, impairs or detracts from the proper and faithful discharge of their duties or has the potential for a conflict with their duties or responsibilities.

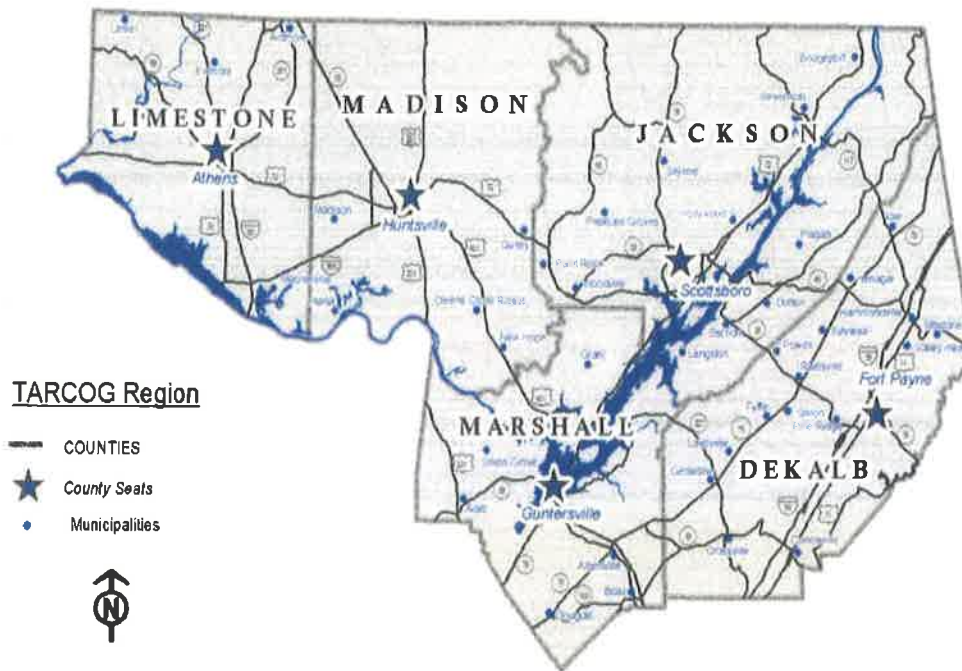
Board Member signature:

Date:

---

---

## AAA LOCATION



1. **Valleys and Southern Appalachian Ridges:** The valley soils, locally referred to as the red lands, are probably the most fertile soils in the TARCOC area. These soils, found on level to slightly rolling slopes, were derived from easily weathered limestone and transported alluvial sediments. Soils on the ridges are generally infertile, steep and stoney, being formed by weathering sandstone, cherts, cherry limestone, and resistant shale.
2. **Sand Mountain:** Soils on Sand Mountain are generally infertile, sandy loams derived from sandstone, shale and siltstone. Much of this area is relatively level and devoted to general farming and intensive horticultural crops.
3. **Highland Rim:** Soils of the Highland Rim, locally referred to as grey soils, were weathered from cherty limestone and are generally infertile and often stoney. The terrain ranges from undulating to steep.
4. **Cumberland Plateau and Mountains:** Soils in the Cumberland Plateau and Mountains are also derived from more resistant sandstone shale, and siltstone. The terrain ranges from relatively smooth to mountainous slopes.

Source: Carl E. Madewell and William V. Pace, "Agricultural Opportunities in the TARCOC Area."

**TABLE 1****GENERAL POPULATION AND PROPORTION OF 65+ BY COUNTY**  
2019 Estimates

<b>County</b>	<b>Total County Population</b>	<b>65+ Population</b>	<b>% of Population</b>
<b>DeKalb</b>	71,608	12,603	17.6%
<b>Jackson</b>	53,227	10,911	20.5%
<b>Limestone</b>	103,570	15,742	15.2%
<b>Madison</b>	388,153	59,387	15.3%
<b>Marshall</b>	97,612	16,886	17.3%
<b>TARCOG Totals</b>	714,170	115,529	17.0%

Source: U.S. Census Bureau, 2019

**TABLE 2**

## AGING POPULATION PROJECTIONS BY COUNTY AGE 65+

<b>County</b>	<b>2000</b>	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2040</b>	<b>% Change 2000-2040</b>
<b>DeKalb</b>	8,882	9,875	12,818	15,556	17,376	76%
<b>Jackson</b>	7,210	8,773	10,962	12,800	13,089	49.2%
<b>Limestone</b>	7,271	10,187	15,911	23,867	29,199	186.6%
<b>Madison</b>	30,015	40,879	56,239	81,478	93,437	128.6%
<b>Marshall</b>	11,717	13,862	16,495	19,526	20,485	47.8%
<b>TARCOG Totals</b>	65,095	97,735	112,425	153,227	173,586	98%

Source: U.S. Census Bureau and Alabama State Data Center, Center for Business and Economic Research, The University of Alabama, 2000-2040 Projections

**TABLE 3**

## Minority Population 65+

<b>Area</b>	<b>Age 65+</b>	<b>White Only</b>	<b>Black/ African American</b>	<b>Hispanic/ Latino</b>
<b>DeKalb County</b>	12,603	79.8%	1.9%	15.1%
<b>Jackson County</b>	10,911	89%	3.5%	3.1%
<b>Limestone County</b>	15,742	75.8%	13.9%	6.2%
<b>Madison County</b>	59,387	64.5%	24.9%	5.2%
<b>Marshall County</b>	16,886	79.8%	3.2%	14.7%
<b>TARCOG Totals</b>	115,529	77.8%	9.5%	8.9%

2019 US Census Bureau/2019 Estimates

**TABLE 4****Poverty Rates**

U.S. Poverty Rate All Persons 14%

Alabama Poverty Rate All Persons 17.2%

<b>County</b>	<b>Total Individual Poverty</b>	<b>Total Poverty/ 64+</b>	<b>Poverty/Race Breakdown</b>	
<b>DeKalb</b>	20.5%	12.3%	White	16.1%
			African American	23.2%
			Hispanic/Latino	9.0%
<b>Jackson</b>	17.5%	12.6%	White	16.9%
			African American	35.5%
			Hispanic/Latino	15.5%
<b>Limestone</b>	12.8%	10.7%	White	12.3%
			African American	16.3%
			Hispanic/Latino	9.9%
<b>Madison</b>	13.5%	7.9%	White	7.9%
			African American	24.7%
			Hispanic/Latino	5.1%
<b>Marshall</b>	21.0%	9.3%	White	15.9%
			African American	40.0%
			Hispanic/Latino	7.4%

Source: Alabama Possible

U.S. Census Bureau 2017

**TABLE 5**

Medicaid Annual Eligibles by Category  
of Aid and County  
2019

<b>County</b>	<b>Total Population</b>	<b>Blind, Aging, Disabled Medicaid Eligible</b>
<b>DeKalb County</b>	71,608	3,131
<b>Jackson County</b>	53,227	2,091
<b>Limestone County</b>	103,570	2,801
<b>Madison County</b>	388,153	9,319
<b>Marshall County</b>	97,612	3,973
<b>Total</b>	714,170	21,315

Source: Alabama Medicaid Agency

**TABLE 6**

Rural Population Statistics - Age 65+

<b>County</b>	<b>65+</b>	<b>Rural</b>
<b>DeKalb</b>	<b>12,603</b>	11,342 (90%)
<b>Jackson</b>	<b>10,911</b>	8,401 (77%)
<b>Limestone</b>	<b>15,742</b>	9,130 (58%)
<b>Madison</b>	<b>59,387</b>	9,501 (16%)
<b>Marshall</b>	<b>16,886</b>	8,949 (53%)

Source: U.S. Census Bureau Population Estimates, 2016



**TARCOG AREA AGENCY ON AGING**

**DISASTER READINESS PLAN**

**FY2022**



## **Weather Related Disaster and Pandemic Readiness Plan**

The Top of Alabama Regional Council of Governments Area Agency on Aging has as its primary objective keeping older people as independent as possible for as long as possible. In the event of the occurrence of a disaster in the TARCOG region, independence can be threatened and social isolation becomes a reality for many senior citizens who live alone. A disaster readiness plan is needed so that resources can be utilized quickly and older people can immediately be alerted to the situation, and be informed of services and other resources, and receive the help they need.

The state has designated the Department of Human Resources (DHR) as the lead agency in the provision of social services during emergency situations, and the county offices of the Emergency Management Agency (EMA) look to DHR for social services provision in such cases. Recognizing the role of these two lead agencies, TARCOG's Area Agency on Aging (AAA), together with the county councils on Aging and the Huntsville-Madison County Senior Center, intend to be able to offer and respond with its resources to requests for assistance from local units of DHR and EMA.

Disasters or emergency situations that have occurred in the TARCOG region in the past have been brought about by severe weather conditions, such as floods, winter storms (ice and/or snow) and tornadoes, but other types of disasters such as disease or flu pandemic are also possible and will be discussed under the "Pandemic Response" section of this plan.

Upon first acknowledgment by the media, DHR, or EMA of conditions likely to be considered a disaster, the AAA will initiate procedures to notify all who might be involved in the assistance effort that their help may be required and that preliminary procedures should be started related to service delivery, as set forth in this plan.

### **NOTIFICATION**

The Executive Director of TARCOG is the person within the TARCOG AAA to be responsible for disaster response. In her absence, or upon assignment, this role will be filled in succession by the Director of Aging Programs, Community Services Coordinator, and then the Finance Director. This person will attend all debriefing sessions conducted by EMA, DHR, and/or the American Red Cross.

In the event that a disaster/pandemic event are declared during normal office hours, the Director of Aging Programs or other AAA staff will notify the business offices of the Alabama Department of Senior Services, county aging offices and/or senior centers, statewide food caterer, and individual nutrition center managers (when appropriate) who could be expected to respond. This will be accomplished by telephone or, if the phone system is disabled, communication will be made through law enforcement officials and other available channels. See attached list of phone numbers (Attachment #1).

Should the event be declared after normal business hours or on weekends, cell phone numbers of the above key office staff will be used for this contact. If communication is impossible through this channel, law enforcement officials, the local broadcast media, or other resources will be used to contact these people at their homes.

AAA professional staff will also be notified so that any necessary information may be given to or obtained from frail or otherwise vulnerable older people. An organization chart illustrating this process of client contact follows (Attachment #2). Staff will arrange for their own transportation to and from the AAA office if their presence is needed and the roads are passable. If roads are not passable, this communication and other work will be done from home or other appropriate centers.

### SERVICES

The following services will be available to disaster victims:

1. Approximately 1,600 meals are prepared by a food vendor (GA Foods) and delivered each weekday to 35 nutrition centers for home-delivered and congregate meals where they are served to the elderly within the TARCOG region. Trucks with generators and refrigeration units are used for this purpose. Food is kept hot electrically during its transport, and kept in the food warmer containers until serving time. In the event of any disaster which creates a need for food on the part of the persons affected, these meals will be redirected as advised by DHR from the current recipients to those victims of greatest need, and additional meals may also be purchased. In case the emergency event prevents the vendor from delivering meals, arrangements will be made by the Director of Aging Programs or the Community Services Director for the purchase of nutritious meals prepared

locally. All costs incurred for these meals would be the responsibility of the TARCOG AAA.

Immediately after the event, the meals will be offered through coordination with Red Cross to assist all victims on the basis of need, without respect to age. Determination of need will be the responsibility of DHR or any agency so designated by either of them (American Red Cross, Salvation Army, etc.). The meals may be served in any of the following ways:

- A. Regular Senior Centers - The regular nutrition centers will be used if the geographic areas affected are either at close proximity to those centers or are so comprehensive that no other location would be more feasible.
- B. Temporary Nutrition Centers - These will be established at suitable facilities which are close to the most seriously affected areas. DHR and/or EMA leadership will be a necessary element in the location and selection of suitable centers.
- C. Temporary Shelters - In some cases individuals lose their homes and must be established in temporary public shelters. In most of these cases, there is a dire need for food. Meals and staff assistance may be provided as coordinated at these shelters to disaster victims. Determination of the need for food at these shelters and referral to Aging workers will be the responsibility of DHR or its designee. Arrangements will be made by the AAA staff to provide additional meals from the vendor, if deemed necessary

by DHR.

- D. Home-delivered Meals - In emergency situations, individuals who are victims may fall into two distinct categories. Those who suffer actual physical injury to themselves and damage or loss of their property are usually provided assistance. But others who suffer no real physical damage become isolated because their friends, neighbors, and relatives on whom they depend for assistance such as transportation, shopping, etc. are not able to help because they have suffered damage and have their own problems to solve. Both of these types of victims need to be identified and assisted by DHR and EMA, assisted by TARCOG and council on aging staff. Other agencies working with homebound people, such as CASA, will be consulted. Those who can be transported to the congregate meal centers will be provided transportation. Those who for some reason cannot get to the centers will need food delivered to their homes. A limited number of Aging program meals may be used to supplement the food deliveries made by the American Red Cross, Salvation Army, churches and others.
- E. Pandemic may necessitate frozen and shelf stable meals being delivered to homes or to a central location for pick up.
- F. Meals are readily available on a Monday-through-Friday basis, and weekend arrangements can be made if necessary. There is a need for electricity where these hot meals are being served, but sandwiches can be delivered if there is

no electricity available. In all cases, the food service will be implemented under the direction of DHR and EMA leadership and in coordination with other agencies supplying meals. A list of senior centers, along with names, locations and phone numbers of persons to contact is attached (Attachment #3).

2. **Supportive Services:** The nutrition centers serve many needs other than nutritional ones. Each center offers a variety of services, including counseling, individual needs assessment, information, referral, and recreation, which would be easily adaptable for use in times of disaster if they are designated as disaster support centers. They also provide an atmosphere which fosters the development of a sense of community among the participants. The centers afford interviewers an opportunity to reach many people at one time. Legal services can be made available at the earliest opportunity to disaster victims at a location convenient for them. The paid staff of the aging network, along with volunteers, will provide other assistance to the disaster caseworkers in the lead agencies in any manner they can be of most use. All forms of media will be used, as appropriate for the situation, to inform potential clients of services and/or resources available.
3. **Transportation:** Transportation services can be made available to disaster victims for up to two weeks following the disaster, and then will be available for elderly victims only, or returned to regular use. Current use of vehicles occur during daytime hours. Trips are provided to older persons wishing to visit senior centers, meal centers, shopping areas, physicians and social service agencies. These

transportation services are organized by local Councils on Aging, the City of Huntsville Transportation Department, and the Madison County TRAM program. Both paid and volunteer drivers are used. In addition, some counties use private vehicles driven by volunteers, including older volunteers. Attached is a list of contact persons who have knowledge of availability and locations of vehicles for use in times of disaster (Attachment #4).

4. Personnel: Responsibility for disaster response within the TARCOG AAA lies with the Director of Aging Programs or a designee under authorization from the Executive Director. The Director of Aging Programs will communicate with key personnel in the TARCOG office, as well as with the person in each county of the region who is responsible for the operation of Aging programs in that county (see Attachment #1). After information exchange and approval from the AAA, the county Council On Aging directors will also assume the responsibility of coordinating their disaster relief efforts with their county EMA and DHR offices. Immediate and accurate communication with the county directors or their designated alternates is the key to the initial placement of AAA resources into the disaster area in a given county. After initial notification of the disaster conditions and assistance required, all contact persons will remain alert to the condition of the phone communication system. If this system is or becomes disabled, a decision will be made as to which alternate system should be used.

Both paid and volunteer staff from the AAA and/or the county Aging offices

will be made available to the Disaster Assistance Centers that are organized by FEMA and/or DHR. When there is a significant number of victims involved, the directors and AAA personnel, in coordination with FEMA or DHR, will remain as assigned to aid persons as they seek help. In this process, AAA personnel have the responsibility to assist elderly victims if there should be any. The Director of Aging Programs and/or the county Aging Director will be ready to respond with the numbers of workers and resources for assignment. The county Aging Directors will also begin the enlistment and utilization of meals and transportation necessary from Aging resources.

Staff capabilities include outreach, assessment, information, referral, and case management, when appropriate. Assisting elderly persons to reach disaster centers and to carry out appropriate activities there, completion of forms, performing intake and other administrative duties, serving meals, and driving vehicles can also be accomplished by staff as needed. Legal assistance for elderly victims who need it will be made available on site through the AAA's existing legal services.

Attempts will be made to achieve resolution of complaints of older persons affected by the disaster through one or more of the services described above. Any formal grievance made will be resolved in the same manner as currently in use at TARCOG, with the Director of Aging Programs first investigating the complaint and working to resolve it or refer it to the proper channel for resolution.

## Pandemic Response

In February 2020, an unprecedented event began to take hold in the United States and throughout the world. The Covid-19 Pandemic changed the lives of the entire population and, regarding those who are 60 years of age and older or who are disabled, access and delivery of services changed almost overnight. Based upon this new reality, Area Agencies on Aging were faced with the challenge of safely and efficiently meeting the needs of the Aging population. This section will describe the steps necessary to carry out services while mitigating the risk of infection among staff and clients alike. While disaster readiness is most commonly related to weather events that, for the most part, are short-lived, this Pandemic emergency will no doubt continue through 2021 and possibly well into 2022. Infectious disease experts have also warned that we will continue to experience even more global pandemics in the future; therefore, AAA's throughout the country must develop emergency plans to prepare, respond and mitigate for what may lie ahead. The lessons already learned in this crisis will certainly help us to be ready for such a future.

TARCOG will take direction from and/or will receive information/assistance from the following:

- The Office of the Governor of Alabama will declare an emergency and develop a three-phase Order for the population. The Order will include information on the closing/re-opening of senior centers and aging services that may be carried out, such as meals.

- Alabama Department of Senior Services will give more specific direction on how to deliver Title III-B and Title III-C services, ADRC, SHIP, Senior Employment, and Medicaid Waiver services. Guidelines for the re-opening of senior centers are in draft form and have been submitted to Commissioner Jean Brown for approval. ADSS will also provide guidance and support on the use of possible stimulus dollars to address needs throughout the state.
- The Alabama Department of Public Health will provide guidelines for risk mitigation for staff, clients and the public. TARCOG will follow these guidelines and work with County Health Departments in disseminating information to clients and the public at large. TARCOG will also collaborate with County Health Departments and other entities in providing vaccinations as needed.
- County EMA's, County DHR's, and County Councils on Aging will assist in identifying senior citizens and disabled persons who are at-risk medically, financially, or are socially isolated. County COA's will assist TARCOG in the delivery of needed supplies such as food and Personal Protective Equipment (PPE).

In addition, TARCOG will also carry out the following:

- Work with local food banks, restaurants, grocery stores and County Councils on Aging to provide and deliver food throughout the five-county area.
- Identify and purchase PPE and make it available to all clients and agency staff.
- Provide County Councils on Aging with PPE supplies and additional funds to cover PPE costs for volunteers, staff and the public.

## **PANDEMIC RESPONSE ATTACHMENTS:**

- The Office of the Governor of Alabama's Proclamation and Three-Phase Pandemic Emergency Order (Attachment #5 and #6)
- TARCOG Guidelines for Telework and Office Presence (Attachment #7)

## **DISASTER PREPAREDNESS**

All Area Agency on Aging management staff will have a copy of the Disaster Readiness Plan for home use. Copies are always available at the TARCOG office and the Aging office in each county, with training conducted at the plan's initial adoption, and review conducted periodically. Each nutrition center is staffed with a manager and volunteers who serve the food, help to transport the participants, and plan the activities at the center. They will be trained in the Disaster Plan procedures and will be ready to follow the leadership of the county director in emergency situations. A copy of the plan will be on hand in each center manager's office.

Each EMA and DHR office in the region has a copy of the plan, and an opportunity to review and make suggestions at any time. All attachments to the plan with names and phone numbers will be updated as often as needed, but at least annually and made available to all appropriate organizations.

## **REPORTING**

In the event the Disaster Readiness Plan is utilized, reporting will be immediate and thorough. Information will be collected and documented by the Aging network on

all services provided to individuals. This will be reported to the Alabama Department of Senior Services and other agencies as appropriate as soon as possible, both by phone and in writing.

Appropriate AAA staff will attend any Department of Senior Services-sponsored training on procedures for awarding additional disaster funds, and subsequent procedure reviews. Unobligated funds are kept in an accessible bank account, and are available for immediate withdrawal should the need arise. Any expenditures by the AAA for the purpose of disaster relief assistance will be documented and likewise reported to the Department of Senior Services and other agencies as appropriate.

If a disaster or pandemic has occurred, and services through the AAA are rendered, follow-up meetings conducted by EMA and/or DHR will be attended in order to keep abreast of the needs of victims and to assess the adequacy of services delivered. The TARCOG AAA supports and will cooperate with officially adopted disaster assistance plans of EMA and DHR in order to achieve the goal of all these agencies to help victims more rapidly and fully recover from the problems caused by a disaster or pandemic.

**ALABAMA AGING NETWORK EMERGENCY CONTACT LIST**

(All area codes 256 unless otherwise stated)

**TARCOG Area Agency on Aging**

	<b>Office</b>
Executive Director: Michelle Jordan	830-0818
Director of Aging Programs: René Breland	830-0818
Community Services Coordinator: Emmitt Davis	830-0818
Community Ombudsman: Alicia Howard	830-0818
LCM, Medicaid Waiver: Melissa Brinkley	830-0818
Finance Director: Gerald Carter	830-0818
Director of Employment Programs: John Sanders	830-0818

**County Aging Office Directors**

	<b>Office</b>
DeKalb County: Emily McCamy	845-8590
Jackson County: Chad Coleman	574-6733
Limestone County: Susan McGrady	233-6412
Madison County: Tom Glynn	880-7047
Kathryn Kestner	513-8299
Marshall County: Tammy McElroy	571-7805

**Alabama Department of Senior Services**

	<b>Office</b>
Jean Brown - Executive Director	334-242-4985
Scott Stabler - Disaster Coordinator	334-242-5743

**Emergency Management Agency**

DeKalb County: Anthony Clifton  
Email: [ema@dekalbcountyga.gov](mailto:ema@dekalbcountyga.gov)

Jackson County: Paul Smith  
Email: [ema@jcch.net](mailto:ema@jcch.net)

Limestone County: Rita White  
Email: [rita.white@limestonecounty-al.gov](mailto:rita.white@limestonecounty-al.gov)

Madison County: Jeff Birdwell  
Email: [jeff.birdwell@huntsvilleal.gov](mailto:jeff.birdwell@huntsvilleal.gov)

Marshall County: Anita McBurnett  
Email: [anitamcburnett@marshallcountygov.com](mailto:anitamcburnett@marshallcountygov.com)  
CC: [kmayes@marshallco.org](mailto:kmayes@marshallco.org)

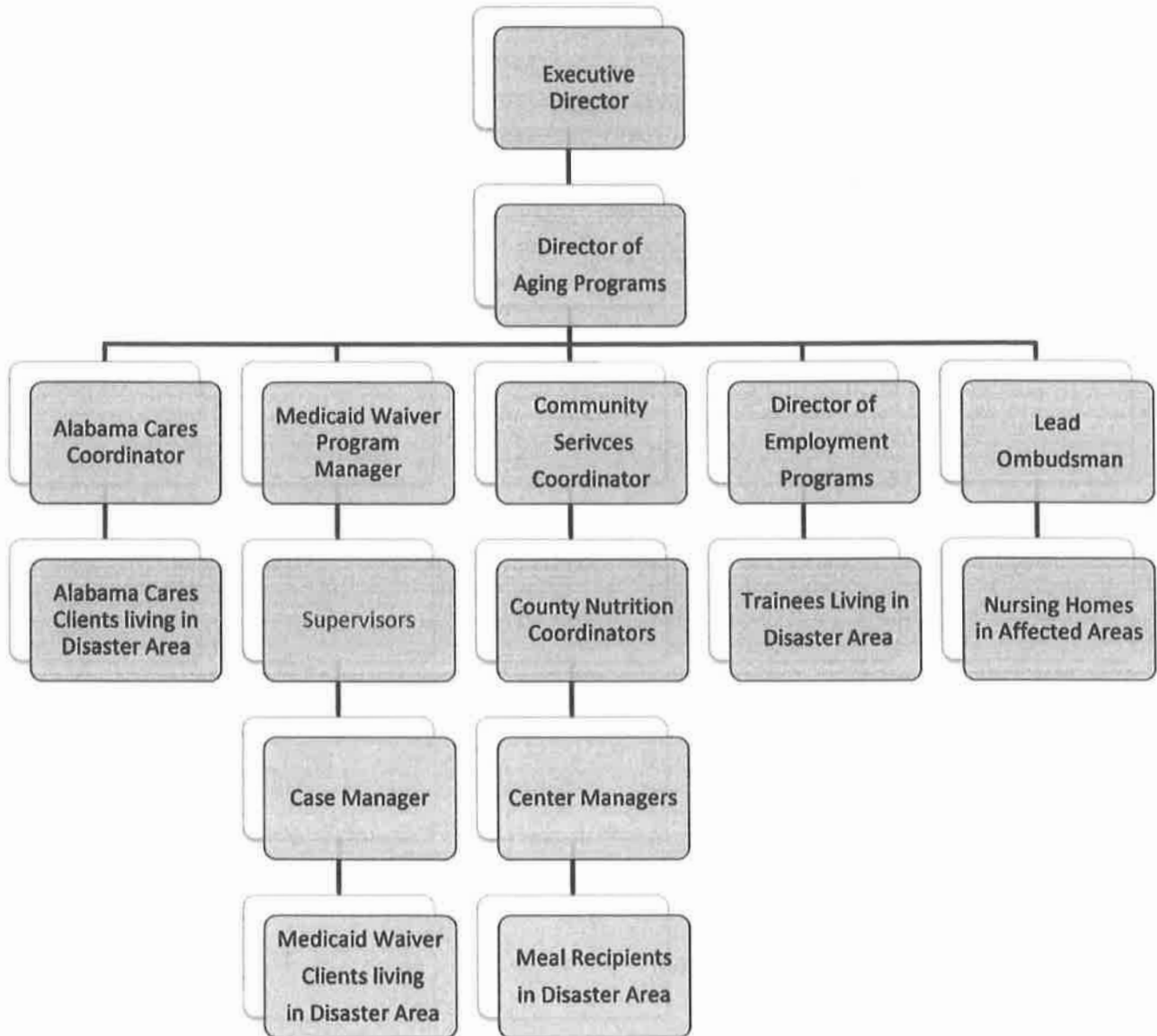
**Food Service Contacts**

<b>ADSS:</b>	<b><u>Office</u></b>
Nutrition Services Administrator:	
Bobbie Morris	334-353-8320

<b>GA Foods:</b>	
State Manager:	
Michael Byess	N/A
Regional Director OPS:	
David Haugen	678-712-4083
Asst. Manager Guntersville Production Unit:	
Tracy Gattis	256-486-3631
Manager Trinity Production Unit:	
Sherry Fuqua	256-822-2099

# TARCOG EMERGENCY CLIENT CONTACT PROCEDURES CHART

Attachment #2



TARCOG Nutrition Center Manager Personal Contact Information				
	Center Name	Center Manager	Home #	Cell #
Dekalb	Collinsville Senior Center	Judy Jones		
Dekalb	Crossville Senior Center	Teresa Tomlinson		
Dekalb	Fort Payne Senior Club	Jean Reed		
Dekalb	Fyffe Senior Center	Carmie Pettry		
Dekalb	Geraldine Senior Center	Annette Rowell		
Dekalb	Ider Senior Center	Sharon Culpepper		
Dekalb	Rainsville Senior Center	Diane Mills		
Jackson	Bridgeport Senior Center	Peggy Coffman		
Jackson	Bryant Senior Center	Edd McKinney		
Jackson	Paint Rock Senior Center	Rhonda Atchley		
Jackson	Pisgah Senior Citizens Center	Glenda Shiflett		
Jackson	Scottsboro Fun Lunch Bunch	Bernice Roden		
Jackson	Stevenson Recreation Center	Brenda Light		
Limestone	Athens Senior Center	Sam King	n/a	
Limestone	East Limestone Center	Johnny Smith	n/a	
Limestone	Elkmont Senior Center	Regina Emerson	n/a	
Limestone	Owens Community Center	Sharon Davis	n/a	
Limestone	Tanner Nutrition Center	Lori Mooneyham	n/a	
Limestone	Good Springs Activity Center	Rhonda Long	n/a	
Limestone	Ardmore Activity Center	Stephanie Barclay	n/a	
Madison	Gurley Senior Center	Maryann Schnur	n/a	
Madison	Huntsville Adult Day Care	Julie Born		
Madison	HSV/Madison Co. Senior Center	Vivian Williams		
Madison	Huntsville Meals on Wheels	Jeannie Glynn		
Madison	Madison Senior Center	Michelle Georgantis	n/a	
Madison	New Hope Sr. Comm. Center	Dean Manley		
Madison	New Market Senior Center	John Humphrey		
Madison	New Sharon Senior Center			
Madison	Triana Town Hall	n/a	n/a	n/a
Marshall	Albertville Sr. Citizens Center	Dale Carroll	n/a	
Marshall	Arab Senior Center	Maggie Thrower	n/a	
Marshall	Boaz Nutrition Center	Susan Duvall	n/a	
Marshall	Douglas Senior Center	Sandy Dyer		
Marshall	Grant Recreation Center	Tim Tingle		
Marshall	Guntersville Sr. Comm. Center	Reita Graham	n/a	

TRANSPORTATION PERSONNEL

<b>DeKalb County</b>	Aging office Emily McCamy	(256) 845-8590
<b>Jackson County</b>	Aging office Chad Coleman, Larry Anderson	(256) 574-6733
<b>Limestone County</b>	Aging office Susan McGrady Sabrina Bates	(256) 233-6412
<b>Madison County</b>	Madison County Tram Ruth Ghoja HandiRide	(256) 532-3505 (256) 532-3672
<b>Marshall County</b>	Aging Office Tammy McElroy	(256) 571-7805



STATE OF ALABAMA  
**PROCLAMATION**  
BY THE GOVERNOR

WHEREAS the Alabama Emergency Management Act of 1953, as amended, confers upon the Governor the power to proclaim a state of emergency when a public health emergency has occurred or is reasonably anticipated in the immediate future, see Ala. Code § 31-9-8;

WHEREAS the State Health Officer has reported the appearance of the 2019 novel coronavirus known as COVID-19 in the State of Alabama; and

WHEREAS the appearance of COVID-19 in the State indicates the potential of widespread exposure to an infectious agent that poses significant risk of substantial harm to a large number of people;

NOW, THEREFORE, I, Kay Ivey, Governor of the State of Alabama, on the recommendation of the State Health Officer and pursuant to relevant provisions of the Alabama Emergency Management Act of 1953, as amended, Ala. Code §§ 31-9-1, et seq., do hereby declare that a state public health emergency exists in the State of Alabama. I direct the appropriate state agencies to exercise their statutory and regulatory authority to assist the communities and entities affected. I also direct the Alabama Department of Public Health and the Alabama Emergency Management Agency to seek federal assistance as may be available.

FURTHER, I hereby proclaim and direct all of the following:

**I. Alternative standards of care**

I find that COVID-19 cases could overwhelm the health care facilities and personnel of this State and undermine their ability to deliver patient care in the traditional, personal, and customary manner or using the traditional, personal, and customary standards of care. To that end:

- A. Health care facilities that have included their emergency operation plans in response to this public health emergency may implement the alternative standards of care plans provided therein, and these alternative standards of care are declared to be the state-approved standard of care in health care facilities to be executed by health care professionals and allied professions and occupations providing services in response to this emergency.
- B. These alternative standards of care shall serve as the "standards of care" as defined in section 6-5-342(3), Code of Alabama, for the purposes of section 6-5-340, et seq. The "degree of care" owed to patients by licensed, registered, or certified health care professionals for the purposes of section 6-5-404 shall be the same degree of care set forth in the alternative standards of care plans. To the extent that the provisions of section 6-5-340, et seq. are inconsistent with this order, those provisions are hereby suspended.

- C. All health care professionals and assisting personnel executing the alternative standards-of-care plans in good faith are hereby declared to be "Emergency Management Workers" of the State of Alabama for the purposes of Title 31 of the Code of Alabama.
- D. The State Health Officer shall inform members of the public on how to protect themselves and on the actions being taken in response to this public health emergency.
- E. Any person suspected or confirmed as having COVID-19 shall obey the instructions given or communicated by the State Health Officer, or his designee, to prevent the spread of disease pursuant to section 22-11A-7, Code of Alabama. Instructions may include, but are not limited to, specific directions to be followed related to necessary self-monitoring, quarantine, and isolation. I direct all relevant state agencies to consult with the State Health Officer and provide all appropriate assistance to assure compliance with such instructions.

#### II. Price gouging

In accordance with sections 8-31-1 through 8-31-6 of the Code of Alabama, all persons are hereby placed on notice that it is unlawful for any person within the State of Alabama to impose unconscionable prices (i.e., to engage in "price gouging") for the sale or rental of any commodity or rental facility during the period of a declared state of emergency.

#### III. School closures

Any affected school system that is closed as a direct result of its response to COVID-19 and that loses student days or employee days, or both, may appeal to the State Superintendent of Education for relief in fulfilling the fiscal year calendar with respect to student days or employee days, or both, with no loss of income to employees. See Ala. Code § 16-13-231(b)(1)(c).

#### IV. State government office closures

State government offices may be closed at the direction of the Governor. State agency boards will receive instructions from the Governor's Office or the State Personnel Director if deemed so authorized.

#### V. Waiver of certain federal hours-of-service requirements

Pursuant to 49 C.F.R. § 391.21, this declaration of a state of emergency facilitates a waiver of certain regulations of the U.S. Department of Transportation-Federal Motor Carrier Safety Administration (FMCSA), including 49 C.F.R. Part 395 (Hours of Service for Drivers), as it relates to the provision of emergency- or disaster-related materials, supplies, goods, and services. This waiver shall terminate at the earliest of (1) the conclusion of the most-urgent or driver's direct assistance in providing emergency relief; (2) 90 days from the initial declaration of emergency; (3) the issuance of a proclamation terminating this State of Emergency; or (4) any other time dictated by the FMCSA's regulations. Motor carriers that have an out of service order in effect may not take advantage of the relief from regulation that this declaration provides under 49 C.F.R. § 391.21.

**FURTHER, I decree that this proclamation and all subsequent orders, laws, rules, or regulations issued pursuant hereto shall remain in full force and effect for the duration of the public health emergency unless rescinded or extended by proclamation.**



IN WITNESS WHEREOF, I have hereunto set  
my hand and caused the Great Seal to be  
affixed by the Secretary of State at the State  
Capital in the City of Montgomery on the 13<sup>th</sup>  
day of March, 2021.

*Kay Ivey*

Kay Ivey  
Governor

ATTEST:

*J. D. Merrill*

J. D. Merrill  
Secretary of State

●
STAY AT HOME

●
SAFER AT HOME

●
SAFER APART

# Proceeding With Caution

## UPDATED STATEWIDE COVID-19 HEALTH ORDER FOR ALABAMA

Visit [governor.alabama.gov](http://governor.alabama.gov) for a full list of changes, guidelines and updates.

STAY AT HOME Expires on April 30th at 5 p.m.

EXTENDED SAFER AT HOME The Safer at Home order extends until March 5 at 5 p.m.

SAFER APART Goal

<p><b>STAY AT HOME ORDER</b></p> <p><b>INDIVIDUALS</b>                      - Gather in groups of no more than 10 people.                      - Gather in groups of no more than 10 people in a single room.                      - Gather in groups of no more than 10 people in a single room for a purpose other than work, school, or religious activities.                      - Gather in groups of no more than 10 people in a single room for a purpose other than work, school, or religious activities.</p> <p><b>BEACHES</b>                      - Beaches are closed.</p> <p><b>MEDICAL PROCEDURES</b>                      - Medical procedures are limited to those deemed necessary for the health and safety of the patient.</p> <p><b>NON-BOAT GATHERINGS</b>                      - Gatherings are limited to those deemed necessary for the health and safety of the participants.</p> <p><b>SENIOR CENTER CITIES</b>                      - Senior centers are closed.</p> <p><b>EDUCATIONAL INSTITUTIONS</b>                      - Educational institutions are closed.</p> <p><b>CARE DAY CARE FACILITIES</b>                      - Day care facilities are closed.</p> <p><b>HOSPITALS AND NURSING HOMES</b>                      - Hospitals and nursing homes are open for essential services.</p> <p><b>RESTAURANTS, BARS AND BREWERIES</b>                      - Restaurants, bars and breweries are closed.</p> <p><b>CLOSED</b>                      - All other businesses are closed.</p>	<p><b>WHAT'S STAYING THE SAME OR CHANGING</b></p> <p><b>INDIVIDUALS</b>                      - Gather in groups of no more than 10 people.                      - Gather in groups of no more than 10 people in a single room.                      - Gather in groups of no more than 10 people in a single room for a purpose other than work, school, or religious activities.</p> <p><b>BEACHES</b>                      - Beaches are closed.</p> <p><b>MEDICAL PROCEDURES</b>                      - Medical procedures are limited to those deemed necessary for the health and safety of the patient.</p> <p><b>NON-BOAT GATHERINGS</b>                      - Gatherings are limited to those deemed necessary for the health and safety of the participants.</p> <p><b>SENIOR CENTER CITIES</b>                      - Senior centers are closed.</p> <p><b>EDUCATIONAL INSTITUTIONS</b>                      - Educational institutions are closed.</p> <p><b>CARE DAY CARE FACILITIES</b>                      - Day care facilities are closed.</p> <p><b>HOSPITALS AND NURSING HOMES</b>                      - Hospitals and nursing homes are open for essential services.</p> <p><b>RESTAURANTS, BARS AND BREWERIES</b>                      - Restaurants, bars and breweries are closed.</p> <p><b>CLOSED</b>                      - All other businesses are closed.</p>	<p><b>MORE UPDATES COMING SOON AS WE CONTINUE TO MONITOR THE COVID-19 SITUATION</b></p>

3

81.

**Emergency Telework/Flexible Working Hours Guidelines**

This Emergency Telework/Flexible Working Hours Guideline (from now on referred to as “ETG”) is available to TARCOG Employees during a declared City of Huntsville, State of Alabama, and/or Federal Government Emergency, with the approval of the Executive Director. For purposes of this ETG, TARCOG will follow the protocol established by the city our agency offices are located in, or will operate as an extension of the State of Alabama during a declared Emergency based on the type of emergency.

This ETG allows employees to work from home, or another location, on a short-term basis. Employees working under the ETG shall adhere to the following requirements:

- Employees working under the ETG shall be available by phone and/or email during normal business hours - 8:00 a.m. to 5:00 p.m. (or whatever your approved work hours are), Monday-Friday;
- Employees working under the ETG will share their work schedules, including, but not limited to, client visits/calls, grant assignments, conference call/virtual meeting appointments, etc... with their immediate Supervisor for documentation and payroll verification;
- Employees working under the ETG shall obtain written approval from their Supervisor to use annual or sick leave before such leave is taken via email;
- Employees working under the ETG shall protect all patient health information and confidential information, using HIPPA guidelines, mirroring confidentiality practices followed while working in TARCOG offices;
- Employees working under the ETG shall continue to practice all professional courtesies implemented while working in TARCOG offices – returning calls to clients and supervisors as soon as possible, responding to email, and representing the agency in a professional manner;
- **Employees working under the ETG may use their personal vehicles and be reimbursed (with appropriate documentation) for travel during the City, State, and/or Federal Emergency – this provision will only be enacted by the Aging Director, and;**
- Employees working under the ETG shall notify your supervisor, Department Head, or the Executive Director should you need clarification or direction in carrying out your assigned duties.

## COUNTY DIRECTORS

DeKalb- Emily McCamy, Director Work: 256- 845-8590  
DeKalb Co. Senior Ctr. Fax: 256-845-8592  
600 Tyler Avenue SE  
Fort Payne, AL. 35967  
[emilym@dekalbcountyal.us](mailto:emilym@dekalbcountyal.us)

Jackson- Chad Coleman Work: 256-574-6733  
Jackson County Aging Programs Fax: 256-574-0242  
146 Rita Williams Dr.  
Scottsboro, AL. 35769  
[chadcoleman@jcch.net](mailto:chadcoleman@jcch.net)

Limestone- Susan McGrady Work: 256- 233-6412  
Limestone Co. COA Fax: 256- 233-6466  
503 S. Jefferson Street, Suite A  
Athens, AL. 35611  
[susan.mcgrady@limestonecounty-al.gov](mailto:susan.mcgrady@limestonecounty-al.gov)  
Sabrina Bates  
[Sabrina.bates@limestonecounty-al.gov](mailto:Sabrina.bates@limestonecounty-al.gov)

Madison- Tom Glynn, Director Work: 256-880-7047  
Huntsville/Madison Co. Senior Ctr. Fax: 256- 880-7055  
2200 Drake Avenue  
Huntsville, AL. 35805  
[tglynn@seniorview.com](mailto:tglynn@seniorview.com)

Marshall- Tammy McElroy, Director Work: 256- 571-7805  
Marshall County Aging Programs Fax: 256- 571-7809  
436 Blount Avenue  
Guntersville, AL. 35976  
[tburden@marshallco.org](mailto:tburden@marshallco.org)

## NUTRITION COORDINATORS

DeKalb County- Brenda Pettry Work: 256-845-8590  
600 Tyler Avenue SE Fax: 256-845-8592  
Fort Payne, AL 35967  
Email: [brendap@dekalbcountyal.us](mailto:brendap@dekalbcountyal.us)

Jackson County- Linda Larcom Work: 256-574-6733  
146 Rita Williams Dr. Fax: 256-574-0242  
Scottsboro, AL 35769  
Email: [lindalarcom@jech.net](mailto:lindalarcom@jech.net)

Limestone County- Tracy Wooldridge Work: 256-233-6412  
503 S. Jefferson Street Fax: 256-233-6466  
Ste A Fax: 256-233-6466  
Athens, AL 35611  
Email: [linda.black@limestonecounty-al.gov](mailto:linda.black@limestonecounty-al.gov)

Madison County- Mary Hannah Work: 256-880-7080  
2200 Drake Avenue Fax: 256-880-7055  
Huntsville, AL. 35805  
Email: [nutr.coord@seniorview.com](mailto:nutr.coord@seniorview.com)

Marshall County- Wanda Earles Work: 256-571-7805  
436 Blount Avenue Fax: 256-571-7809  
Guntersville, AL. 35976  
Email: [wearles@marshallco.org](mailto:wearles@marshallco.org)

## EMERGENCY TELEPHONE NUMBERS

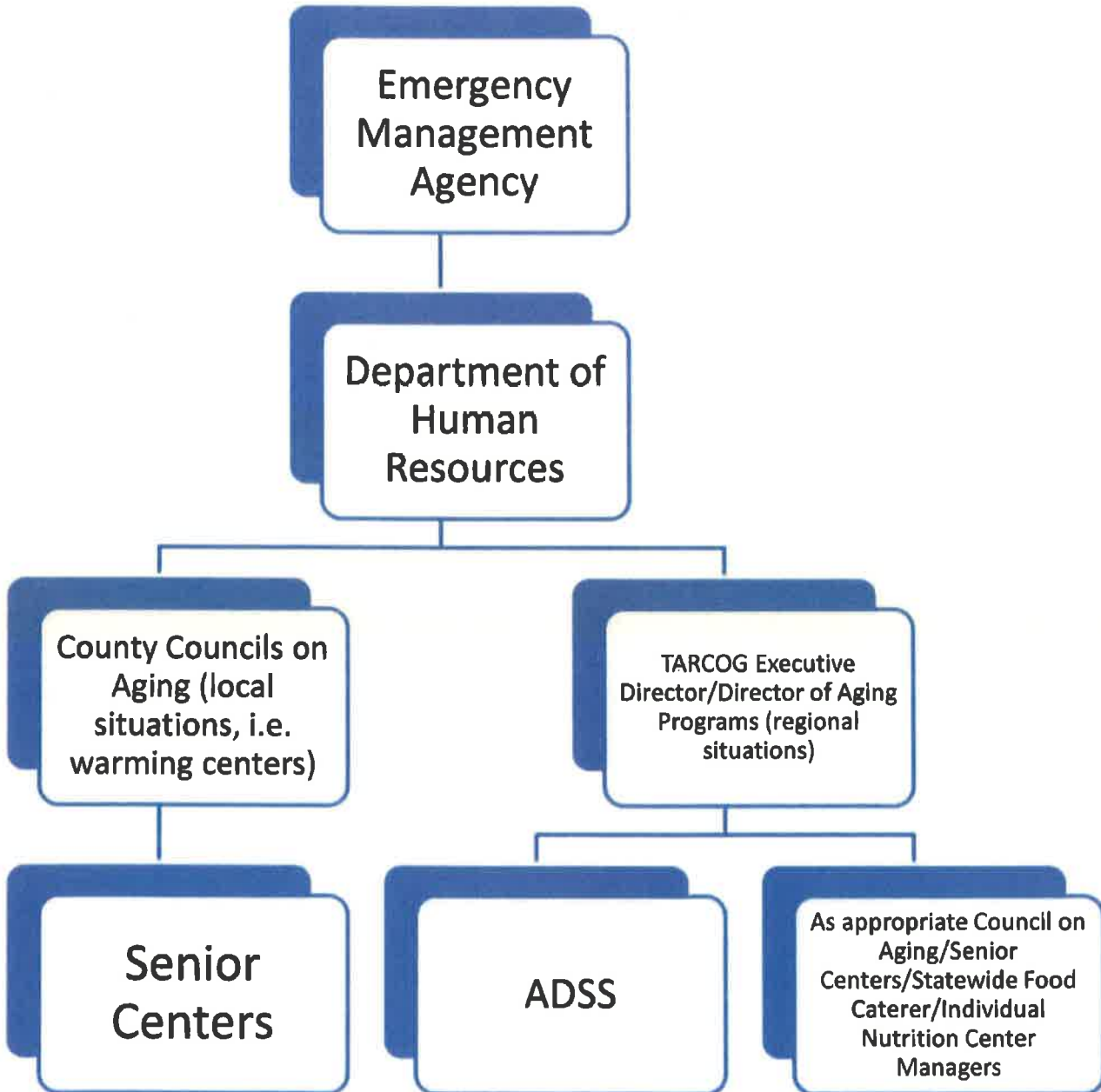
This is for Madison County only

Please use the following phone numbers in times of emergencies or disasters such as tornadoes, winter storms, or heat waves.

SITUATION OR NEED	WHO TO CALL	PHONE NUMBER
Anxious, Alone, Scared or Just need to Talk - 24 hours every day	HELpline	716-1000
General Information on Resources	HELpline	716-1000
Heat, Wood, Kerosene	CASA	533-7775
Food	HELpline	716-1000
Medication	HELpline	716-1000
Transportation	CASA or Emergency Management Agency	533-7775 427-5130
Missing or Stranded Person	Emergency Management Agency	427-5130
Volunteer/Donate Goods & Services	CASA	533-7775
Transportation to Your Employment	Call Your Employer	
Road Closing/Opening	Tune to Local TV or Radio Station	
School Closing/Opening	Tune to Local TV or Radio Station	
Report Down Lines, Limbs, Trees, Etc.	Emergency Management Office	427-5130
Information or Disaster Services	Emergency Management Office	427-5130
Power Outage	In New Hope, Call Toll Free Other Customers in Madison County: Huntsville Utilities or Emergency Management Office	723-8518 535-4448 427-5130
Emergency Medical Help	911	911
Emergency – Police	911	911
Emergency – Fire	911	911
Emergency – Sheriff	911	911

This list has been provided to you through a joint effort of CASA, HELpline, and the Huntsville-Madison County Emergency Management Agency.

# Emergency Notification Chart



# 2021 Top Ten Needs Survey Action Plan 556 Responses

Top Ten Needs	Program	Action
1) Trips to centers/doctors	Transportation through Senior Centers	Contact with County Councils on Aging
2) Healthcare	State Health Insurance Assistance Program (SHIP)	Benefits Consultation to Medicare Recipients
	Medicaid Waiver	Provide case management services and supports
	Hospital to Home Project*	Assist qualifying Medicaid clients in transitioning from hospital to home with Medicaid Waiver services
	Vaccine Access*	Create awareness and provide access to vaccines through transportation and referrals
3) Prescription Drug Assistance	State Health Insurance Assistance Program (SHIP)	Provide Medicare Part D options to beneficiaries
	SenioRx	Assist qualifying seniors in receiving free or reduced fee medications
4) Utility Bill Assistance	Aging and Disability Resource Center (ADRC)	Provide referrals to agencies who assist with utilities
	Home Modification Project*	Provide services to repair or modify needed home improvements
5) Caregiver Support	Alabama Cares	Provide respite care and educational support to caregivers
6) Legal Services	Elder Law Attorney	Provide services such as preparing wills and education
7) Information and Assistance	"TARCOG on the Road"*	Provide outreach events throughout the region
8) Homebound Delivered Meals	Nutrition	Provide delivered meals to homebound clients
9) Recreation/Group Activities	Senior Centers	Provide exercise, hobbies, and games in senior centers
10) Scams/Safety/Crime Prevention	TARCOG Opioid Abuse Task Force*	Create/implement program to bring awareness to the Opioid problem among seniors
	Senior Medicare Patrol	Hold SMP Fraud Summits and provide individual information to callers

\*Indicates New Project