

*North Central Alabama Regional  
Council of Governments*

**Area Plan on Aging | 2022-2025**

*Planning and Service Area 11*

*Cullman, Morgan, and Lawrence Counties*



**NARCOG**  
POSITIVELY IMPACTING  
PEOPLE AND COMMUNITIES

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ADSS Submission Letter



September 9, 2021

Commissioner Jean Brown  
Alabama Department of Senior Services  
201 Monroe Street  
RSA Tower, Suite 350  
Montgomery, AL 36104

Dear Ms. Brown,

As the Area Agency on Aging Director at North Central Alabama Regional Council of Governments (NARCOG), I would like to submit the Area Plan on Aging for our region for 2022-2025.

The enclosed plan provides the goals, objectives, strategies, and projected outcomes that NARCOG plans to provide for senior citizens in our region, persons with disabilities, and their caregivers. NARCOG is committed to ensuring quality services while meeting the needs of our region.

If you have any questions regarding the 2022-2025 Area Plan on Aging, you may contact me at 256-355-4515 or by email at [Tennille.harkins@adss.alabama.gov](mailto:Tennille.harkins@adss.alabama.gov).

Sincerely,

Tennille Harkins  
Area Agency on Aging Director

# Narrative

## Executive Summary

### Background

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

Over the past 55 years, NARCOG has provided ongoing efforts to positively impact people and communities. We strive to exceed expectations, to work with an eye on excellence, to maintain a heart of service, and to work with integrity in managing and administering our programs and services. Our mission statement is as follows:

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

### Current Status

NARCOG works with The Alabama Department of Senior Services (ADSS) to implement services under the Older American's Act (OAA). ADSS was created as the single state agency for receiving and distributing federal funds that are made available under the Older American's Act. ADSS distributes these funds to NARCOG and oversees the implementation of the programs through monthly reporting and bi-annual assessments on all aging programs.

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

As the sixty (60) and older population continues to grow, the need for NARCOG to provide services will continue to grow and we must be prepared to meet the growing demand of the needs in our communities. NARCOG currently provides the following services: information, assistance, and referrals through our ADRC; home and community-based services; medication assistance; caregiver and grandparent assistance and support; nutrition services; transportation assistance;

Medicare Counseling; Medicare Fraud support; elder abuse, neglect, and financial exploitation prevention; employment training; dementia education and other programs and services to meet the needs of our target population. We want to ensure that our target populations needs are being met as much as possible and to help provide a better quality of life while being able to remain in the community. NARCOG will continue to look for opportunities to expand our services and reach as many people as possible through outreach, education, and assistance in Cullman, Lawrence, and Morgan counties.

### **FY 2022-2025 Area Plan on Aging**

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

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

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

- Mandates of ACL;
- Guidance from ADSS;
- AAA Director's expertise on aging and disability issues;
- Consultation with area partners;
- Input from needs surveys and caregiver surveys; and
- Input from the virtual town hall and public hearing held by ADSS on June 6, 2020.

The Area Plan is important to NARCOG and the region we serve to address the needs of the growing elderly population. Our plan includes six goals and objectives that are directly adopted and aligned with the goals in Alabama's State Plan on Aging to advance the state's vision for Alabama seniors. These goals are:

Goal 1: Help older individuals and persons with disabilities live with dignity and independence.

Goal 2: Ensure that older individuals and persons with disabilities have access to services to assist with daily living.

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.

Goal 4: Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation.

Goal 5: Ensure the state of Alabama is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs.

Goal 6: Support and provide proactive planning and management of programs for strict accountability.

### **Context**

During the time of developing the NARCOG Area Plan on Aging, the entire country was under a COVID-19 State of Emergency. To protect the seniors, individuals with disabilities, and their caregivers, ADSS conducted a state-wide town hall that all Area Agency on Aging's participated in and shared with the public to conduct a needs assessment for the state of Alabama. ADSS allowed NARCOG to use that information and the State Plan on Aging to develop NARCOG's Area Plan on Aging. ADSS with direction from ACL pertaining to public events, used the following public feedback which NARCOG will use for this plan:

- AAA Directors Advisory Council for the purpose of examining challenges across the state and potential solutions (see Focus Area E);
- Needs surveys completed by senior citizens across the state;
- Caregiver surveys completed by senior citizens across the state;
- Caregiver surveys to enable ADSS and Alabama Lifespan Respite Network to learn more about informal and unpaid caregivers and needed respite services;
- Virtual Town Hall captioned audio recording distributed across the state to partners, service providers, support groups, caregivers, and other members of the public; and
- Virtual Public Hearing for feedback on the final draft of the State Plan on Aging.

NARCOG used the data that ADSS compiled through these events listed above to help prepare our strategies and projected outcomes that NARCOG will focus on over the next four years. NARCOG will continue to seek guidance from ADSS and the seniors, individuals with disabilities, and their caregivers to add and adjust our strategies over the next four years to ensure we are providing the best services possible for the NARCOG Region. ADSS shared the following Public Input Results below.

#### **ADSS Public Input Results**

In order for ADSS, AAA's, policy makers, service providers, and the general public to gain understanding of the challenges and unmet needs faced by older adults, persons with disabilities, and caregivers, a statewide needs assessment, virtual town hall, and caregiver surveys were conducted and used to inform Alabama's State Plan on Aging, which in turn informs the Area Plan on Aging. The State Plan on Aging draft (and subsequently the Area Plan on Aging draft) was then provided to the public, service providers, and partners throughout the state for feedback to ensure ADSS and the AAA is not only providing a Plan that is focused on continuing serving senior citizens, persons with disabilities, and caregivers over the next four years but also, through coordination and collaboration with partners, planning on ways to confront challenges in the state and work to create potential solutions to help those we serve live at home with dignity and independence.

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

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

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

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

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

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

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

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

| ANSWER CHOICES | RESPONSES | # OF RESPONDENTS |
|----------------|-----------|------------------|
| Yes            | 46.73%    | 93               |
| No             | 36.18%    | 72               |
| Don't Know     | 17.09%    | 34               |
| <b>Total</b>   |           | <b>199</b>       |

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

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

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

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



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

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

## **Goals, Objectives, Strategies, and Projected Outcomes**

The 2022-2025 NARCOG Area Plan on Aging is comprised of Long-Term Services and Supports (LTSS) and other programs that are needed by older adults and individuals with disabilities and their caregivers. The Plan's goals, objectives, strategies, and projected outcomes are listed for the programs described in the six focus areas.

### **Focus Area A: OAA Programs**

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#### **Title III-B Supportive Services**

##### **Information and Assistance**

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

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

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

##### **Legal Assistance**

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

## **Outreach, Public Education and Marketing**

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

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

## **Other III-B Supportive Services**

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

## **Title III-C Nutrition Services**

### **C1 Congregate Meals**

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

### **C2 Home Delivered Meals**

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

## **Nutrition Education**

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

## **Nutrition Counseling**

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

## **Senior Centers as Community Focal Points**

All twenty-two<sup>1</sup> senior centers in the NARCOG region are community focal centers providing a coordinated system of senior services. As such, each of them offers, or at least provides access to, nutrition services, information and assistance, and transportation on a regularly scheduled basis. These services are offered through center staff and/or volunteers.

Our senior centers:

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

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<sup>1</sup> There are 7 centers in Cullman County, 7 in Lawrence County, and 8 in Morgan County.

### **Title III-D Evidence Based Disease Prevention and Health Promotion**

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

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

- Arthritis Foundation Exercise Program (AFEP)<sup>2</sup> –NARCOG is currently providing this program. AFEP is a community-based recreational exercise program developed by the Arthritis Foundation. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. All the exercises can be modified to meet participant needs. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise. Classes typically meet one to two times per week for an hour.
- Stress-Busting Program for Family Caregivers<sup>3</sup> – NARCOG has two staff trained for this program and currently offers this program. The Stress-Busting Program (SBP) for Family Caregivers is an evidence-based program that provides support for family caregivers of persons with Alzheimer's disease and related dementias. It is designed to improve the quality of life of family caregivers who provide care for persons with Alzheimer's disease and related dementias and to help caregivers manage their stress and cope better with their lives. The nine-week program consists of weekly, 90-minute sessions with a small group of caregivers. The multi-component program focuses on education, support, problem-solving, and stress management.
- Chronic Disease Self-Management Program (CDSMP)<sup>4</sup> and Diabetes Self-Management Program (DSMP)<sup>5</sup> – NARCOG has staff trained for both programs and currently offers these programs. The Chronic Disease and Diabetes Self-Management Programs are workshops held for two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems (CDSMP) or diabetes (DSMP) attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases or diabetes themselves.
- A Matter of Balance<sup>6</sup> – NARCOG currently has staff trained as master trainers who can train other volunteer coaches to hold the classes within their own communities. The program is a lay leader model whose goal is to reduce the fear of falling, stop the fear of falling cycle, and increase activity levels for those older adults still in a community setting. A Matter of Balance is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view

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<sup>2</sup> Taken from [http://www.cdc.gov/arthritis/interventions/physical\\_activity.htm](http://www.cdc.gov/arthritis/interventions/physical_activity.htm).

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

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

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

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

falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance.

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

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

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

The program coordinator:

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

### **Title V Senior Community Service Employment Program (SCSEP)**

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

## **Title VII Long-Term Care Ombudsman Program**

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

The Ombudsman Representative:

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

The Ombudsman Representative also serves as a key person who conducts outreach and marketing for Medicaid's Gateway to Community Living (GCL) Program initiative. The GCL program helps rebalance the long-term care system by transitioning individuals with Medicaid from nursing homes and other institutional settings back to community-based settings. Medicaid utilizes the local Ombudsman Representative's experience and geographical locations to promote and evaluate Alabama's Gateway to Community Living Program by survey administration and analysis related to participant and stakeholder experience and satisfaction.

### **Goals, Objectives, Strategies, and Projected Outcomes for Focus Area A**

#### **GOAL 1**

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

#### **OBJECTIVE 1**

Promote and support service provision and sustainability of OAA programs

### **FOCUS AREA A: OAA PROGRAMS**

**Title III-B (Supportive Services)**

| <i>Strategies</i>  | <i>Projected Outcomes</i>  |
|--|--|
| <ul style="list-style-type: none"> <li>• Increase outreach, public education, and marketing of all III-B services to ensure seniors, individuals with disabilities, and their caregivers know about the services we offer.</li> <li>• Receive training from ADSS on definitions and data entry.</li> </ul> | <ul style="list-style-type: none"> <li>• More assistance is given to those who need it which improves quality of life</li> <li>• Quality services are continued and more accurate data is reported.</li> </ul> |

**Title III-C (Nutrition)**

| <i>Strategies</i>  | <i>Projected Outcomes</i>   |
|--|---|
| <ul style="list-style-type: none"> <li>• NARCOG has implemented a home-delivered meal screening tool to qualify potential candidates for our home-delivered meal program.</li> <li>• NARCOG offers nutrition education monthly to all homebound participants and conducts contests throughout the year to engage all participants.</li> <li>• NARCOG will work with our local County Commission on Aging offices to help improve our current centers to help attract today's senior population.</li> </ul> | <ul style="list-style-type: none"> <li>• ADRC and the Nutrition Department screen potential candidates for meal services using the screening tool to better serve participants. Participants with higher nutritional needs will be priority.</li> <li>• Monthly education packets and activities will help keep seniors engaged and informed to make better nutritional decisions.</li> <li>• Improving our local senior centers and offering new ways to engage participants will help to increase client enrollment and daily attendance in the centers which will in turn provide a better quality of life for seniors.</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>• Coordinate with senior centers, senior living communities, parks and recreation, healthcare facilities and other local agencies to provide III-D evidence-based classes in our region.</li> <li>• Increase Volunteer Outreach for III-D classes.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase participation in all counties in our region in the evidence-based disease prevention and health promotion programs.</li> <li>• Increase volunteers to offer more classes to ensure more seniors can attend a class in their area.</li> </ul> |

**Title III-E (Alabama CARES)**

| <i>Strategies</i>   | <i>Projected Outcomes</i>  |
|---|--|
| <ul style="list-style-type: none"> <li>• Increase education and counseling services to caregivers.</li> <li>• CARES Coordinator will be trained on Person-Centered Thinking practices.</li> </ul> | <ul style="list-style-type: none"> <li>• Caregivers will be more educated and better equipped to serve those they care for at home.</li> <li>• Person-Centered thinking practices will be implemented in the CARES program.</li> </ul> |



|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Increase outreach and education in our region by partnering more with other local, private, and non-profit organizations about the CARES program and dementia related diseases.</li> </ul> | <ul style="list-style-type: none"> <li>• More public awareness and dementia friendly communities in our region.</li> </ul> |
|---|--|

**Title V (SCSEP)**

| <i>Strategies</i>  | <i>Projected Outcomes</i>  |
|--|--|
| <ul style="list-style-type: none"> <li>• Increase education and outreach to potential host agencies in our region.</li> <li>• Partner with agencies to provide job training and interviewing skills to prepare seniors for re-entering the job field.</li> </ul> | <ul style="list-style-type: none"> <li>• More host agencies will allow more variety of training for seniors entering the workforce.</li> <li>• Build confidence in the senior workforce and encourage job placement outside of the program.</li> </ul> |

**Title VII (Ombudsman)**

| <i>Strategies</i>  | <i>Projected Outcomes</i>   |
|--|---|
| <ul style="list-style-type: none"> <li>• Increase program advocacy and education on long-term care issues to facility residents and their families, state and local agencies, and the general public.</li> <li>• Increase Volunteer Outreach for the local Ombudsman program.</li> <li>• Increase outreach for the Gateway to Community Living program.</li> </ul> | <ul style="list-style-type: none"> <li>• Increased awareness of long-term care issues.</li> <li>• More volunteers to promote awareness and advocacy for long-term care residents.</li> <li>• Increase number of long-term care residents returning to the community through home and community-based services.</li> </ul> |

## **Focus Area B: Administration for Community Living (ACL) Discretionary Grant and Other Funded Programs**

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

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

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

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

### **Medicare Improvements for Patients and Providers Act (MIPPA)**

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

### **Senior Medicare Patrol (SMP)**

Billions of federal dollars are lost annual due to healthcare fraud, errors, and abuse. The SMP program’s goal is to educate Medicare beneficiaries, their families, and caregivers about ways to

prevent, detect and report suspected healthcare fraud, errors, and abuse. NARCOG has staff trained to educate, counsel, and provide outreach to individuals and groups to spread the word as much as possible. Fraud summits are conducted annually with other partners to educate Medicare beneficiaries, their families, caregivers, and other professionals. NARCOG has partnered with the Alabama Securities Commission for these Fraud Summits and we look forward to continuing our partnership in the future.

### **State Health Insurance Assistance Program: SHIP**

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

### **Disaster Preparedness, Response and Recovery**

Helping those in our communities during times of disaster is a goal of this agency, especially for the vulnerable populations that we target and serve. NARCOG wants to help people protect themselves, their families and their communities by taking steps to be prepared. NARCOG is also a key player in providing the help people and communities will need after a disaster, the recovery phase. Because a majority of the region's elderly and disabled population live in rural areas, they are especially vulnerable in emergency situations and need help preparing for disasters or inclement weather that occur in our areas such as tornadoes, snow and ice storms, and extreme cold or hot conditions. Over the course of the four years of this area plan, NARCOG will seek a place at the table of the emergency operations centers for each of our regions counties. NARCOG will also engage in disaster preparedness outreach and education initiatives with local community partners.

### **SenioRx**

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

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

## **Medicaid Waiver Programs**

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

### **Elderly and Disabled Medicaid Waiver (E&D)**

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

### **Alabama Community Transition Medicaid Waiver (ACT)**

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

### **Personal Choices Program**

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

## **Goals, Objectives, Strategies, and Projected Outcomes for Focus Area B**

### **GOAL 2**

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

### **OBJECTIVE 2**

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

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

| ADRC   |   |
|--|---|
| <i>Strategies</i>  | <i>Projected Outcomes</i>   |
| <ul style="list-style-type: none"> <li>• Continue to be a visible and trusted place, where people of all incomes and ages can receive information and guidance to help support their ability to make educated decisions.</li> <li>• To continue partnerships with local resources along with updating and making new ones.</li> <li>• All ADRC staff will be Person Centered trained along with having AIRS Accreditation. Continued training on programs to stay on top of qualifying requirements.</li> <li>• Promoting ADRC/No Wrong Door within the NARCOG Region on company website, Facebook, and at outreach events to be that one stop resource that can better assist individuals with information, assistance, referrals, benefits/options counseling, short term case management, and follow-up to assist in making informed decisions regarding long-term care planning, home and community-based services, and healthcare.</li> </ul> | <ul style="list-style-type: none"> <li>• Increase the number of the people served through the ADRC.</li> <li>• Increase resources/partnerships that are made available to individuals served.</li> <li>• Plan for quarterly training with ADRC staff so staff is continually educated to provide a quality of services to meet consumer needs.</li> <li>• By prompting outreach in various forms, more people will feel more comfortable to reach out to benefit from ADRC Services.</li> </ul> |
| MIPPA  |   |
| <i>Strategies</i>  | <i>Projected Outcomes</i>   |
| <ul style="list-style-type: none"> <li>• Increase outreach and Promotion of Extra Help Programs that includes LIS-Low Income Subsidy and MSP-Medicare Savings Program throughout the NARCOG Region.</li> <li>• Work with NARCOG SHIP Counselors and trained ADRC staff, along with volunteers in the NARCOG region to better educate Medicare beneficiaries on Medicare's Preventative and</li> </ul>  | <ul style="list-style-type: none"> <li>• The number of Medicare beneficiaries assisted with LIS/MSP eligibility screening and application assistance will be increased.</li> <li>• The number of Medicare beneficiaries educated about Medicare's prevention and healthcare services will be increased.</li> </ul>  |

|  |  |
|--|--|
| Wellness benefits. Promotion and Education on these programs will help prevent diseases that affect the elderly. |  |
|--|--|

|            |  |
|------------|--|
| <b>SMP</b> |  |
|------------|--|

| <i>Strategies</i>  | <i>Projected Outcomes</i>  |
|--|--|
| <ul style="list-style-type: none"> <li>• Continue to partner with Title III-C Nutrition program by providing education to meals participants monthly.</li> <li>• Increase education and outreach by partnering with the Alabama CARES program to educate caregivers on Medicare Fraud.</li> <li>• Continue to partner with the Securities Commission (ASC) Investor Education and Fraud Prevention program to complete annual SMP Fraud event.</li> <li>• Increase outreach efforts in rural communities underserved by forming relationships with faith-based organizations and local community organizations.</li> <li>• Increase volunteer outreach specific to the SMP program.</li> </ul> | <ul style="list-style-type: none"> <li>• More Medicare beneficiaries, their families, and caregivers will be empowered to prevent healthcare fraud, errors, and abuse.</li> <li>• Current/relevant information to help educate and protect seniors from Medicare and Investment Fraud will be provided.</li> </ul> |

|             |  |
|-------------|--|
| <b>SHIP</b> |  |
|-------------|--|

| <i>Strategies</i>  | <i>Projected Outcomes</i>   |
|--|---|
| <ul style="list-style-type: none"> <li>• Promote the State Health Insurance program and the assistance programs that are made available to beneficiaries and those who are new to Medicare.</li> <li>• To continue to hold New to Medicare Sessions, virtually and in person (as COVID-19 Pandemic allows).</li> <li>• Continue to increase volunteers specific to SHIP.</li> <li>• Schedule Open Enrollment Events throughout the NARCOG Region.</li> </ul> | <ul style="list-style-type: none"> <li>• To provide better awareness of SHIP Program along with counselors throughout the NARCOG Region will increase counseling services provided to Medicare beneficiaries.</li> <li>• Further outreach with companies in our service area as people begin to retire, they will know who &amp; how to reach out to NARCOG SHIP for free unbiased counseling with Medicare.</li> </ul> |

|                              |  |
|------------------------------|--|
| <b>Disaster Preparedness</b> |  |
|------------------------------|--|

| <i>Strategies</i> | <i>Projected Outcomes</i> |
|-------------------|---------------------------|
|-------------------|---------------------------|

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• NARCOG will review and update emergency/disaster plan annually.</li> <li>• NARCOG will continue to partner with local county EMA's and participate in local VOAD Meetings on a regular basis.</li> </ul> | <ul style="list-style-type: none"> <li>• NARCOG staff will be more knowledgeable and equipped during times of emergency/disaster to better assist senior citizens, persons with disabilities, and their caregivers.</li> <li>• Resources can be shared with those we serve during an emergency/disaster.</li> </ul> |
|---|---|

|                |  |
|----------------|--|
| <b>SenioRx</b> |  |
|----------------|--|

| <i>Strategies</i>  | <i>Projected Outcomes</i>   |
|--|---|
| <ul style="list-style-type: none"> <li>• Regular training and education for our local Commission on Aging Agencies and contractors for SenioRX to ensure outreach efforts are being made in each county on a regular and ongoing basis.</li> <li>• Provide assistance and follow-up on SenioRX applications.</li> <li>• Increase outreach efforts in all three counties by partnering and coordinating with other local, private, and non-profit agencies in our three-county region.</li> </ul> | <ul style="list-style-type: none"> <li>• This will increase the number of people served through the SenioRx Prescription Assistance Program in our region.</li> <li>• This will increase program awareness and help NARCOG increase its participation rate and meet ADSS goals set for our region.</li> </ul> |

|   |  |
|---|--|
| <b>Medicaid Waiver (E&amp;D, ACT, TA)</b> |  |
|---|--|

| <i>Strategies</i>  | <i>Projected Outcomes</i>   |
|--|---|
| <ul style="list-style-type: none"> <li>• NARCOG Medicaid Waiver programs will continue to work with ADSS and the ICN, Alabama Select Network, to provide cost-effective Case Management.</li> <li>• Increase outreach and education to medical professionals, senior centers, and other local, private, and non-profit organizations throughout our region.</li> <li>• Continue to work to strengthen the Personal Choices Program so that consumers have "choice" in their care.</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure more people can participate in home and Community-based programs.</li> <li>• Increase awareness of the program to ensure those who need HCBS services can get them and know how to apply for services.</li> <li>• Will provide consumers the option to self-direct their care through the Medicaid Waiver Program.</li> </ul> |

## Focus Area C: Participant Directed/Person-Centered Planning

Participant directed, and person-centered planning empowers individuals to have more control of their care. We have realized that a “one size fits all” approach does not work for everyone. Most people want to have a say about the care and services they receive and how they receive them. At NARCOG, our Medicaid Waiver Team and our ADRC-One Door Alabama Team are trained on “Person-centered Thinking”. Interviews are held individually with participants to discover their strengths, values, and preferences along with screening tools and evaluations to determine program eligibility. Resources and support options are explored with the individual to make a decision that is best for that individual. Goals can also be set if needed to reach a desired outcome. For Medicaid Waiver participants, person-centered care plans are developed with individuals to include their preferences of how they want their services (to the fullest extent possible). Having participant directed and person-centered planning options makes the care of the individuals more personalized and better for each individual.

### Goals, Objectives, Strategies, and Projected Outcomes for Focus Area C

#### 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>• Use a person-centered approach throughout all of the aging programs to allow consumers to self-direct their care to the fullest extent possible.</li> <li>• Have all aging staff trained on Person-Centered Thinking Training to better serve people.</li> </ul> | <ul style="list-style-type: none"> <li>• More seniors, persons with disabilities, and their caregivers will feel they have choice in their care.</li> <li>• Aging Staff will be trained on Person-Centered Thinking to better serve seniors, persons with disabilities, and their caregivers.</li> </ul> |



## Focus Area D: Elder Justice

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At NARCOG, we provide education, training, and outreach on elder abuse. This education, training, and outreach is provided to long-term care facility residents and their families, assisted living residents and their families, NARCOG staff, partners, local, private, and non-profit agencies, and the general public to ensure the community is educated. This training includes how to recognize signs that may indicate a vulnerable adult is at risk of abuse, neglect, or exploitation and informs them how to report their concerns. With the addition of a full-time Title III-B Attorney, NARCOG plans to do even more community outreach and education to every senior center and throughout our region on a regular basis to increase awareness and advocacy.

### Goals, Objectives, Strategies, and Projected Outcomes for Focus Area D

#### 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>• Increase education and assistance on Powers of Attorney and end of life issues through the Title III Legal Assistance Program.</li><li>• Increase promotional campaigns and outreach materials to increase awareness and prevention of elder abuse, neglect, and exploitation.</li></ul> | <ul style="list-style-type: none"><li>• More seniors will be educated on Powers of Attorney and end of life legal issues.</li><li>• More people will be informed of elder abuse, neglect, and exploitation.</li><li>• Instances of elder abuse, neglect, and exploitation will decrease in our area.</li></ul> |

## Focus Area E: Addressing Challenges

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The Alabama State Plan on Aging lists challenges on page 6-7 of their plan. The topics of those challenges are listed below. NARCOG will work with ADSS to provide positive change when possible and will seek opportunities to serve people better and help them live independent, dignified lives.

## Goals, Objectives, Strategies, and Projected Outcomes for Focus Area E

### GOAL 5

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

### OBJECTIVE 5

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

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

| Dementia (Alzheimer's)   |  |
|--|--|
| <i>Strategies</i>  | <i>Projected Outcomes</i>  |
| <ul style="list-style-type: none"> <li>• Work with ADSS and other partners to assist the growing need for dementia resources by promoting outreach and education.</li> </ul>   | <ul style="list-style-type: none"> <li>• Increased awareness, education, and support to those living with dementia and their caregivers</li> </ul>             |
| Direct Service Provider Workforce  |  |
| <i>Strategies</i>  | <i>Projected Outcomes</i>  |
| <ul style="list-style-type: none"> <li>• Advocate for more funding to be paid to direct care workers who provide services to our home-bound clients.</li> <li>• Work with DSP's and other workforce members to come up with ways to retain employees.</li> </ul> | <ul style="list-style-type: none"> <li>• Decrease worker turnover.</li> </ul>  |
| Caregiving   |  |
| <i>Strategies</i>  | <i>Projected Outcomes</i>  |
| <ul style="list-style-type: none"> <li>• Support through counseling, education, nutrition, and respite for caregivers will continue to be provided.</li> <li>• Advocate for more funding for services and workers to be able to increase assistance.</li> </ul>  | <ul style="list-style-type: none"> <li>• Assistance received to avoid extra stress and caregiver burnout.</li> <li>• Assistance to more caregivers.</li> </ul> |
| Opioid Abuse   |  |
| <i>Strategies</i>  | <i>Projected Outcomes</i>  |
| <ul style="list-style-type: none"> <li>• Receive training on opioid abuse and educate the community.</li> <li>• Continue to attend the opioid abuse summit annually from the North Central Alabama Mental</li> </ul>   | <ul style="list-style-type: none"> <li>• Increased opioid abuse awareness</li> </ul>   |

|  |   |
|--|---|
| Health Center and invite for community members.  |   |
| <b>Population Increase</b>   |   |
|  |   |
| <b>Strategies</b>  | <b>Projected Outcomes</b>   |
| <ul style="list-style-type: none"> <li>Advocate for more funding to support the growing older population.</li> </ul> | <ul style="list-style-type: none"> <li>Increase funding to assist more people in their homes instead of nursing home facilities.</li> </ul> |

**Focus Area F: Quality Management**

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NARCOG will continue its efforts to ensure that federal and state dollars that are allocated to us are used strategically, effectively, and efficiency for the services and supports to help older adults and persons with disabilities and their caregivers. NARCOG will work to ensure that easily accessible OAA program information is available to anyone on our website. We will work with ADSS to ensure we have received the proper training for program data collection and reporting for our OAA programs.

Our Medicaid Waiver program is currently NCQA Certified with the highest three-year certification available. The National Committee for Quality Assurance is an independent 501c nonprofit organization in the United States that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.<sup>8</sup>

**Goals, Objectives, Strategies, and Projected Outcomes for Focus Area F**

**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**

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<sup>8</sup> Description taken from [www.ncqa.org](http://www.ncqa.org).

| <b>Data Reporting/Information Technology</b>  |   |
|---|---|
| <i>Strategies</i>   | <i>Projected Outcomes</i>   |
| <ul style="list-style-type: none"> <li>• NARCOG OAA staff will receive training on OAA programs and reporting with the assistance of ADSS Program Managers.</li> <li>• NARCOG will add more program information to our website so that seniors, individuals with disabilities and their caregivers can access the program information they need.</li> </ul> | <ul style="list-style-type: none"> <li>• Accurate data will be recorded for OAA programs.</li> <li>• More people will have a better way to access to the services that NARCOG provides and can easily contact us for assistance.</li> </ul> |
| <b>Program Monitoring</b>   |   |
| <i>Strategies</i>   | <i>Projected Outcomes</i>   |
| <ul style="list-style-type: none"> <li>• Aging Director and OAA program staff will monitor programs quarterly to ensure compliance with ADSS.</li> <li>• ADSS Program Director will monitor NARCOG OAA programs twice-yearly</li> </ul>   | <ul style="list-style-type: none"> <li>• Will provide accountability and ensure goals are being met.</li> <li>• Ensure policies and procedures and funding guidelines are being followed.</li> </ul>  |
| <b>Training</b>   |   |
| <i>Strategies</i>   | <i>Projected Outcomes</i>   |
| <ul style="list-style-type: none"> <li>• Staff training will be conducted at least annually at NARCOG</li> <li>• NARCOG Staff will attend all trainings offered by ADSS to include OAA program training, new case manager training, and Ombudsman training and any other training that ADSS or the ICN see beneficial to our staff.</li> </ul>              | <ul style="list-style-type: none"> <li>• NARCOG staff will be better trained to provide services.</li> </ul>  |

## Attachment A




### Verification of Intent

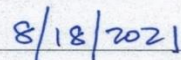
The Area Plan on Aging is hereby submitted by the North Central Alabama Regional Council of Governments (NARCOG) for the period of October 1, 2021 through September 30, 2025. It includes all assurances and plans to be followed by the Area Agency on Aging (AAA).

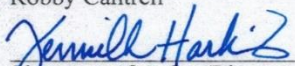
Under provisions of the Older Americans Act (OAA), as amended during the period identified, the AAA identified and its Executive/Governing Board will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the OAA and state policy. In accepting this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

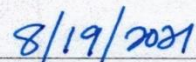
This Area Plan on Aging was developed in accordance with all rules, regulations, and requirements as specified under the OAA and the Alabama Department of Senior Services (ADSS) Policies and Procedures and multi-grant Notice of Grant Awards (NGAs) Terms and Conditions. The AAA agrees to comply with all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

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

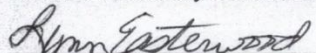
  
\_\_\_\_\_  
Signature of Executive Director  
Robby Cantrell

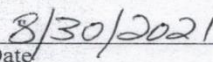
  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Aging Director  
Tennille Harkins

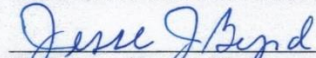
  
\_\_\_\_\_  
Date

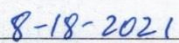
The AAA Advisory Council has reviewed and approved the Area Plan.

  
\_\_\_\_\_  
Signature of Chair  
Lynn Easterwood

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Signature of Board Chair  
Jesse Byrd

  
\_\_\_\_\_  
Date

## Attachment B

### Area Plan Assurances

#### AREA PLANS

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

the State prepared in accordance with section 307(a)(1). Each such plan shall—

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

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

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

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

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

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

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

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

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

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

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

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

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

(III) older individuals with greatest social need (with particular attention to low-income minority individuals

and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic

brain dysfunction (and the caretakers of such individuals); and

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

(ii) inform the older individuals referred to in subclauses

(I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

and



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

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

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

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

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with

agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

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

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

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

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

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

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;



(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private

organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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

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

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

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

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

and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to

remain in home and community-based settings;

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) provide assurances that—

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

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

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

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

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

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

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

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

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

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

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

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

- (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
  - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
  - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—
  - (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
  - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
- (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.
- (b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (2) Such assessment may include—
  - (A) the projected change in the number of older individuals in the planning and service area;
  - (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
  - (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
  - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

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

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

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

(2) In accordance with an agreement entered into under paragraph

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

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

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

- (3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
- (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.
- (g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
- (1) contracts with health care payers;
  - (2) consumer private pay programs; or
  - (3) other arrangements with entities or individuals that increase the availability of home- and community based services and supports.

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



Signature of AAA Director  
Tennille Harkins

8/9/2021  
Date

## Attachment C NARCOG Aging Advisory Council

### 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: NARCOG

Area Plan FY: 2022

| NAME            | OLDER INDIVIDUAL |       |                      | REP. OF OLDER INDIVIDUAL | LOCAL ELECTED OFFICIAL | PROVIDER OF VETERANS' HEALTH CARE (if appropriate) | GENERAL PUBLIC |
|-----------------|------------------|-------|----------------------|--------------------------|------------------------|--|----------------|
|                 | MINORITY         | RURAL | CLIENT/ PARTICIPANT? |                          |                        |  |                |
| Lynn Easterwood |                  |       |                      | X                        |                        |  | X              |
| Lucita Jones    |                  |       |                      | X                        |                        |  | X              |
| Paul Lott       |                  | X     |                      | X                        |                        |  | X              |
| Willadene Nash  | X                | X     |                      | X                        |                        |  | X              |
| Lawana Pitts    |                  | X     |                      | X                        |                        | X  | X              |
| Jessica Stroup  |                  |       |                      | X                        |                        | X  | X              |
| Rhonda Swann    |                  |       |                      | X                        |                        | X  | X              |
| Cathy Thorn     |                  |       |                      | X                        |                        |  | X              |
|                 |                  |       |                      |                          |                        |  |                |
|                 |                  |       |                      |                          |                        |  |                |
|                 |                  |       |                      |                          |                        |  |                |
|                 |                  |       |                      |                          |                        |  |                |
|                 |                  |       |                      |                          |                        |  |                |
|                 |                  |       |                      |                          |                        |  |                |
|                 |                  |       |                      |                          |                        |  |                |
|                 |                  |       |                      |                          |                        |  |                |
|                 |                  |       |                      |                          |                        |  |                |

## Attachment D

### North-Central Alabama Regional Council of Governments Board of Directors 2020-2021 by Region

#### CULLMAN COUNTY

**The Honorable Jeff Clemons**  
Cullman County Commission

**The Honorable Kerry Watson**  
Cullman County Commission

**The Honorable Garry Marchman**  
Cullman County Commission

**The Honorable Patrick Bates**  
Mayor, Town of Berlin

#### LAWRENCE COUNTY

**The Honorable Norman Pool**  
Lawrence County Commission

**The Honorable Jesse Byrd**  
Lawrence County Commission

**The Honorable Bobby Burch**  
Lawrence County Commission

#### MORGAN COUNTY

**The Honorable Greg Abercrombie**  
Morgan County Commission

**The Honorable Ray Long**  
Chairman Morgan County Commission

**The Honorable Randy Garrison, Chairman**  
Mayor, City of Hartselle

**The Honorable Tab Bowling**  
Mayor, City of Decatur

**The Honorable Randy Vest**  
Morgan County Commission

**The Honorable Vaughn Goodwin**  
Mayor, Town of Trinity

**Mr. Larry Wayne**  
Morgan County Appointee

#### **NARCOG BOARD OFFICERS 2021-2022**

**Chairman**  
**The Honorable Jesse Byrd**  
Lawrence County Commission

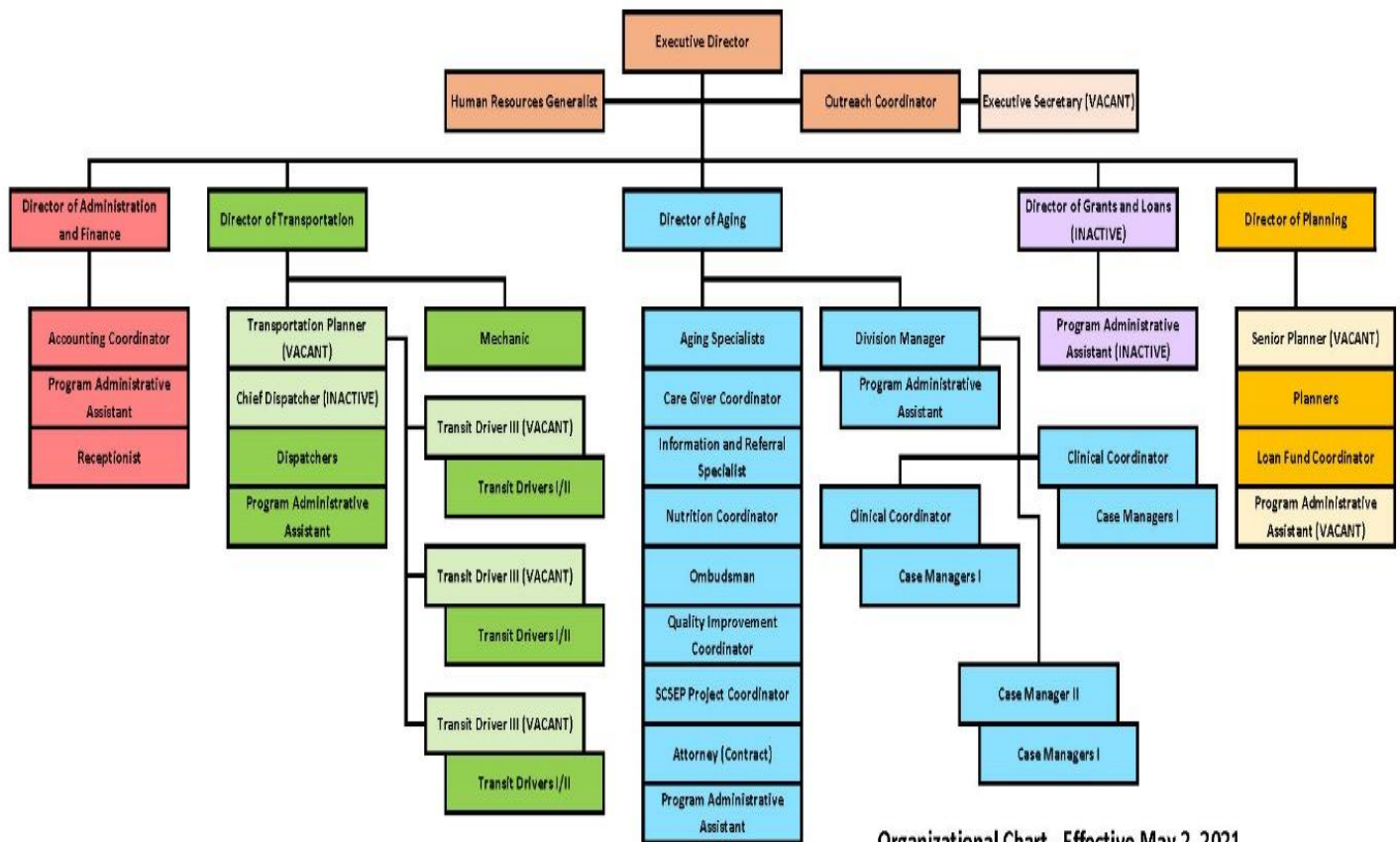
**1st Vice Chairman**  
**The Honorable Randy Vest**  
Morgan County Commission

**2nd Vice Chairman**  
**The Honorable Kerry Watson**  
Cullman County Commission

**Secretary/Treasurer**  
**The Honorable Bobby Burch**  
Lawrence County Commission

# Attachment E

## North Central Alabama Regional Council of Governments Organizational Chart



Organizational Chart - Effective May 2, 2021



## **Attachment F**

### **NARCOG AREA AGENCY ON AGING GRIEVANCE POLICY & PROCEDURES**

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

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

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

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

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

NARCOG Executive Committee. The Executive Committee will hear and make a decision on the grievance within twenty (20) working days of the receipt.

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

**Action by the Executive Committee is final.**

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

## **Attachment G**

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

#### **POLICY XII – CONFLICT OF INTERESTS**

##### **Section 1 Prohibition Against Conflict of Interests**

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

##### **Section 2 Political Activity**

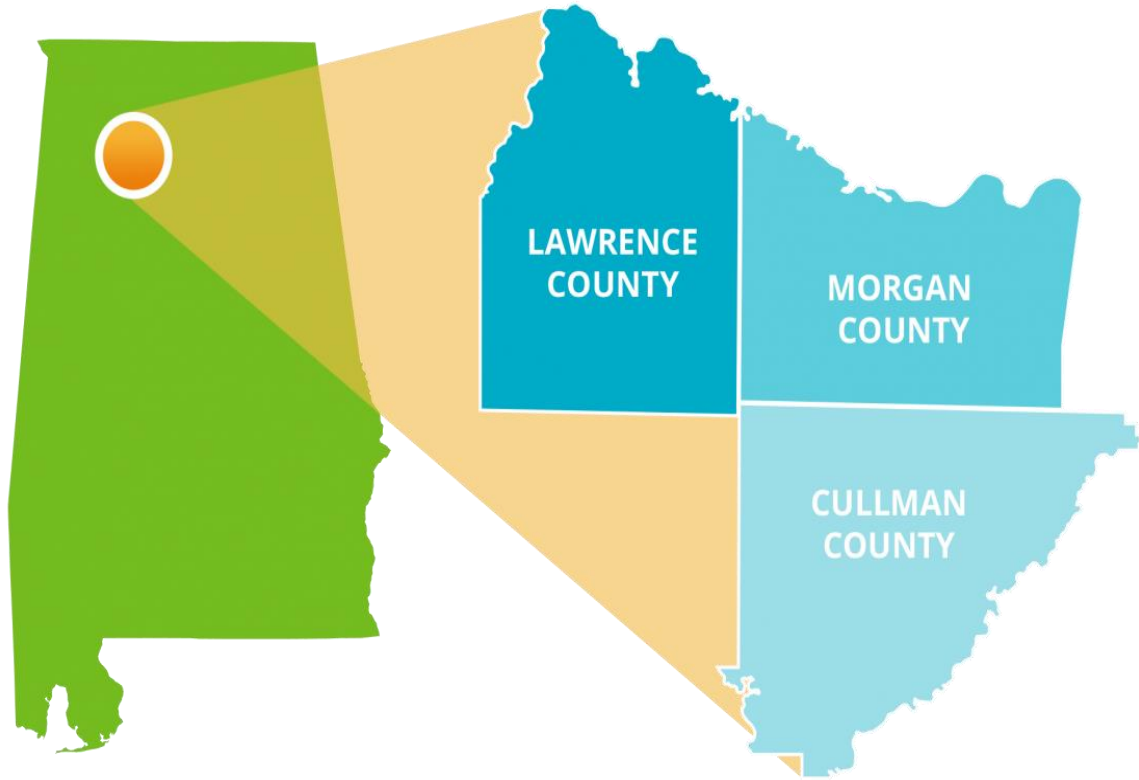
– Employees may not engage in any political activity while on duty. Any employee, who performs duties in connection with an activity, or project, funded in whole or in part by Federal funds, is subject to the Hatch Act which prohibits the following, while on duty:

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

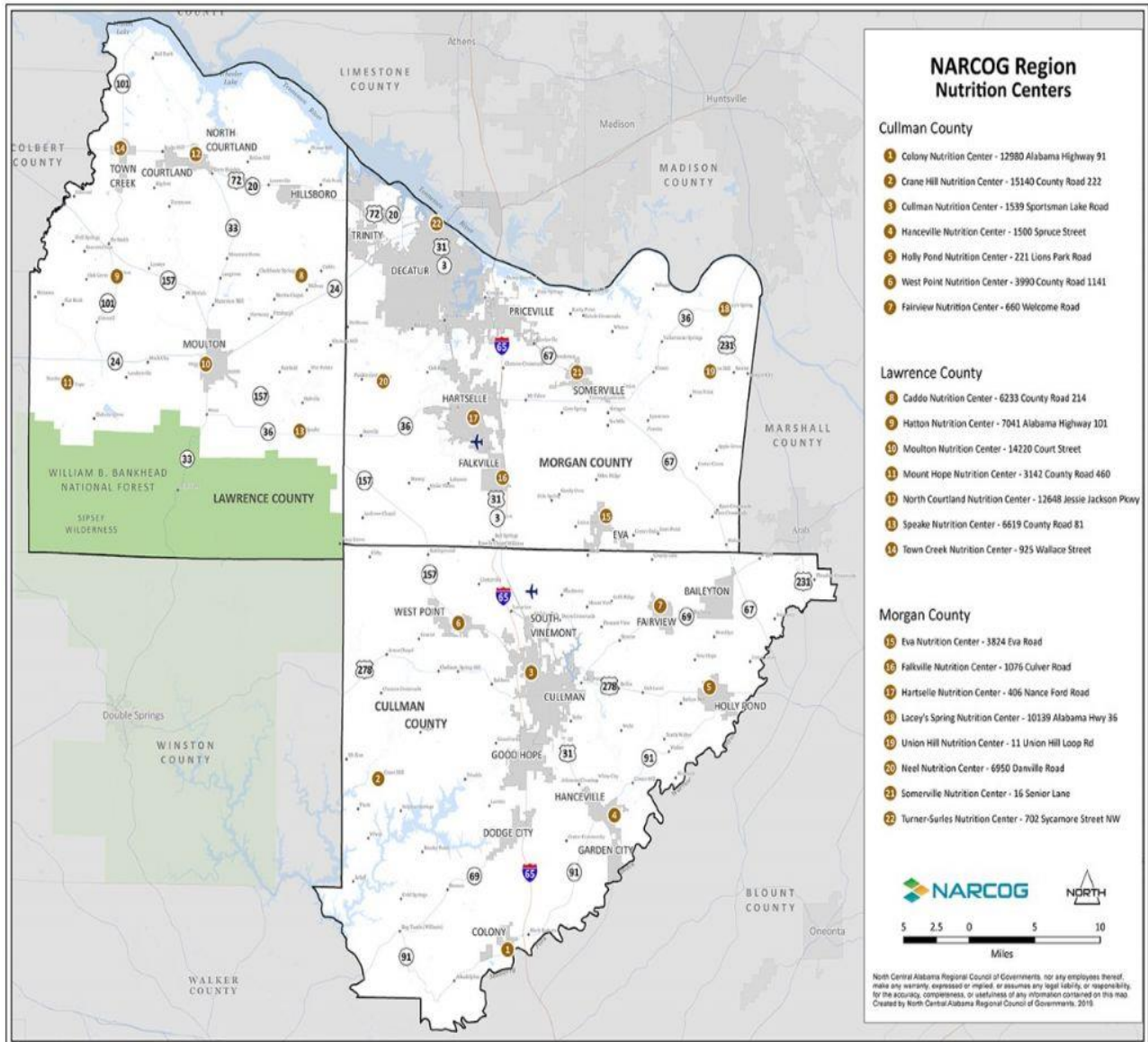
Employees are entitled to personal political opinions and are encouraged to exercise their right to vote

## Attachment H

### NARCOG Planning and Service Area Map



# NARCOG Region Nutrition Centers



## Attachment I

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

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

|                | Census<br>2000 | Census<br>2010 |               |               |               |               |               | <i>2018 series</i>   |             |
|----------------|----------------|----------------|---------------|---------------|---------------|---------------|---------------|----------------------|-------------|
|                |                |                | 2020          | 2025          | 2030          | 2035          | 2040          | Change 2010-<br>2040 |             |
|                |                |                |               |               |               |               |               | Number               | Percent     |
| <i>Alabama</i> | 579,798        | 657,792        | 851,293       | 970,297       | 1,067,787     | 1,114,140     | 1,144,172     | 486,380              | 73.9        |
| Autauga        | 4,451          | 6,546          | 8,476         | 9,917         | 11,466        | 12,583        | 13,882        | 7,336                | 112.1       |
| Baldwin        | 21,703         | 30,568         | 47,034        | 56,876        | 66,159        | 72,875        | 78,769        | 48,201               | 157.7       |
| Barbour        | 3,873          | 3,909          | 4,820         | 5,087         | 5,260         | 5,056         | 4,795         | 886                  | 22.7        |
| Bibb           | 2,413          | 2,906          | 3,673         | 4,048         | 4,419         | 4,658         | 4,859         | 1,953                | 67.2        |
| Blount         | 6,558          | 8,439          | 10,800        | 11,922        | 13,003        | 13,766        | 14,275        | 5,836                | 69.2        |
| Bullock        | 1,543          | 1,469          | 1,897         | 2,137         | 2,237         | 2,141         | 2,050         | 581                  | 39.6        |
| Butler         | 3,506          | 3,489          | 4,088         | 4,431         | 4,619         | 4,577         | 4,460         | 971                  | 27.8        |
| Calhoun        | 15,872         | 16,990         | 19,886        | 21,657        | 22,710        | 22,709        | 22,405        | 5,415                | 31.9        |
| Chambers       | 5,928          | 5,706          | 7,043         | 7,778         | 8,181         | 8,352         | 8,330         | 2,624                | 46.0        |
| Cherokee       | 3,818          | 4,651          | 5,956         | 6,711         | 7,272         | 7,611         | 7,798         | 3,147                | 67.7        |
| Chilton        | 5,097          | 5,921          | 7,159         | 8,016         | 8,602         | 8,903         | 9,231         | 3,310                | 55.9        |
| Choctaw        | 2,332          | 2,519          | 2,889         | 3,040         | 3,111         | 3,021         | 2,895         | 376                  | 14.9        |
| Clarke         | 3,764          | 4,174          | 4,952         | 5,388         | 5,623         | 5,584         | 5,396         | 1,222                | 29.3        |
| Clay           | 2,359          | 2,449          | 2,756         | 2,973         | 3,192         | 3,245         | 3,267         | 818                  | 33.4        |
| Cleburne       | 1,933          | 2,361          | 3,044         | 3,314         | 3,601         | 3,765         | 3,874         | 1,513                | 64.1        |
| Coffee         | 6,171          | 7,210          | 8,641         | 9,369         | 9,968         | 10,319        | 10,710        | 3,500                | 48.5        |
| Colbert        | 8,493          | 9,463          | 11,296        | 12,369        | 13,091        | 13,206        | 12,983        | 3,520                | 37.2        |
| Conecuh        | 2,223          | 2,362          | 2,929         | 3,199         | 3,399         | 3,342         | 3,217         | 855                  | 36.2        |
| Coosa          | 1,761          | 1,970          | 2,513         | 2,877         | 3,054         | 3,107         | 3,088         | 1,118                | 56.8        |
| Covington      | 6,740          | 6,939          | 8,176         | 9,070         | 9,679         | 9,714         | 9,652         | 2,713                | 39.1        |
| Crenshaw       | 2,338          | 2,210          | 2,657         | 2,955         | 3,229         | 3,277         | 3,382         | 1,172                | 53.0        |
| <b>Cullman</b> | <b>11,342</b>  | <b>12,810</b>  | <b>16,067</b> | <b>17,867</b> | <b>19,401</b> | <b>19,875</b> | <b>20,057</b> | <b>7,247</b>         | <b>56.6</b> |
| Dale           | 5,807          | 6,759          | 8,255         | 9,130         | 9,662         | 9,600         | 9,334         | 2,575                | 38.1        |
| Dallas         | 6,428          | 6,165          | 6,968         | 7,728         | 8,156         | 7,971         | 7,663         | 1,498                | 24.3        |
| DeKalb         | 8,882          | 9,875          | 12,818        | 14,368        | 15,566        | 16,624        | 17,376        | 7,501                | 76.0        |
| Elmore         | 7,071          | 9,436          | 13,651        | 16,262        | 18,850        | 20,389        | 21,757        | 12,321               | 130.6       |
| Escambia       | 5,236          | 5,812          | 6,802         | 7,324         | 7,529         | 7,404         | 7,405         | 1,593                | 27.4        |
| Etowah         | 16,560         | 16,508         | 19,670        | 21,388        | 22,404        | 22,982        | 23,404        | 6,896                | 41.8        |
| Fayette        | 2,976          | 3,084          | 3,587         | 3,779         | 3,909         | 3,838         | 3,675         | 591                  | 19.2        |
| Franklin       | 4,637          | 4,825          | 5,277         | 5,563         | 5,767         | 5,777         | 5,808         | 983                  | 20.4        |
| Geneva         | 4,203          | 4,674          | 5,705         | 6,289         | 6,799         | 7,096         | 7,157         | 2,483                | 53.1        |
| Greene         | 1,470          | 1,454          | 1,860         | 2,127         | 2,222         | 2,152         | 2,016         | 562                  | 38.7        |
| Hale           | 2,316          | 2,370          | 3,050         | 3,469         | 3,840         | 3,795         | 3,670         | 1,300                | 54.9        |

|            |        |        |         |         |         |         |         |        |       |
|------------|--------|--------|---------|---------|---------|---------|---------|--------|-------|
| Henry      | 2,668  | 3,044  | 4,158   | 4,619   | 4,976   | 5,121   | 5,276   | 2,232  | 73.3  |
| Houston    | 12,162 | 14,675 | 19,276  | 22,069  | 24,424  | 25,591  | 26,598  | 11,923 | 81.2  |
| Jackson    | 7,210  | 8,773  | 10,962  | 12,081  | 12,800  | 12,960  | 13,089  | 4,316  | 49.2  |
| Jefferson  | 90,285 | 86,443 | 106,631 | 119,605 | 127,360 | 128,036 | 127,315 | 40,872 | 47.3  |
| Lamar      | 2,528  | 2,732  | 3,145   | 3,358   | 3,426   | 3,298   | 3,116   | 384    | 14.1  |
| Lauderdale | 13,241 | 15,553 | 19,412  | 21,599  | 23,261  | 23,953  | 24,038  | 8,485  | 54.6  |
| Lawrence   | 4,195  | 4,999  | 6,141   | 6,830   | 7,603   | 7,941   | 7,913   | 2,914  | 58.3  |
| Lee        | 9,337  | 12,716 | 21,095  | 26,082  | 30,877  | 34,466  | 37,539  | 24,823 | 195.2 |
| Limestone  | 7,271  | 10,187 | 15,911  | 19,704  | 23,867  | 26,994  | 29,199  | 19,012 | 186.6 |
| Lowndes    | 1,646  | 1,655  | 1,940   | 2,130   | 2,268   | 2,205   | 2,025   | 370    | 22.4  |
| Macon      | 3,367  | 3,031  | 3,352   | 3,669   | 3,855   | 3,795   | 3,698   | 667    | 22.0  |
| Madison    | 30,015 | 40,873 | 56,239  | 68,286  | 81,478  | 89,022  | 93,437  | 52,564 | 128.6 |
| Marengo    | 3,287  | 3,424  | 3,979   | 4,332   | 4,512   | 4,541   | 4,475   | 1,051  | 30.7  |
| Marion     | 4,934  | 5,645  | 6,595   | 7,054   | 7,394   | 7,497   | 7,470   | 1,825  | 32.3  |
| Marshall   | 11,717 | 13,862 | 16,495  | 18,118  | 19,526  | 20,007  | 20,485  | 6,623  | 47.8  |
| Mobile     | 47,919 | 53,321 | 68,695  | 78,836  | 86,072  | 88,252  | 88,908  | 35,587 | 66.7  |
| Monroe     | 3,363  | 3,618  | 4,308   | 4,751   | 5,075   | 5,141   | 5,076   | 1,458  | 40.3  |
| Montgomery | 26,307 | 27,421 | 33,914  | 38,302  | 41,547  | 42,493  | 43,423  | 16,002 | 58.4  |
| Morgan     | 13,708 | 16,871 | 21,327  | 23,823  | 26,066  | 27,042  | 27,382  | 10,511 | 62.3  |
| Perry      | 1,762  | 1,769  | 1,786   | 1,890   | 1,873   | 1,774   | 1,687   | -82    | -4.6  |
| Pickens    | 3,293  | 3,336  | 4,087   | 4,567   | 4,963   | 5,032   | 4,858   | 1,522  | 45.6  |
| Pike       | 3,727  | 4,211  | 5,188   | 5,769   | 6,094   | 6,207   | 6,178   | 1,967  | 46.7  |
| Randolph   | 3,564  | 3,888  | 4,847   | 5,393   | 5,820   | 6,016   | 6,032   | 2,144  | 55.1  |
| Russell    | 6,541  | 6,720  | 8,959   | 10,124  | 11,062  | 11,348  | 11,416  | 4,696  | 69.9  |
| St. Clair  | 7,578  | 10,909 | 15,078  | 17,612  | 20,438  | 22,577  | 24,651  | 13,742 | 126.0 |
| Shelby     | 12,179 | 20,627 | 34,714  | 43,182  | 51,263  | 57,471  | 63,447  | 42,820 | 207.6 |
| Sumter     | 2,056  | 2,063  | 2,537   | 2,933   | 3,117   | 3,055   | 2,908   | 845    | 41.0  |
| Talladega  | 10,655 | 11,591 | 14,373  | 15,957  | 16,911  | 17,283  | 17,519  | 5,928  | 51.1  |
| Tallapoosa | 6,872  | 7,193  | 8,694   | 9,556   | 9,991   | 10,037  | 9,889   | 2,696  | 37.5  |
| Tuscaloosa | 18,565 | 21,050 | 28,882  | 33,432  | 36,492  | 38,345  | 40,030  | 18,980 | 90.2  |
| Walker     | 10,453 | 10,894 | 13,418  | 14,409  | 14,821  | 14,581  | 14,006  | 3,112  | 28.6  |
| Washington | 2,246  | 2,590  | 3,227   | 3,589   | 3,854   | 3,936   | 3,872   | 1,282  | 49.5  |
| Wilcox     | 1,810  | 1,752  | 2,170   | 2,396   | 2,461   | 2,402   | 2,268   | 516    | 29.5  |
| Winston    | 3,533  | 4,333  | 5,363   | 5,812   | 6,260   | 6,407   | 6,309   | 1,976  | 45.6  |

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

\*NARCOG Service Area data highlighted in yellow.

## Other NARCOG Area Demographics

|  | Cullman County,<br>Alabama |                      | Lawrence County,<br>Alabama |                      | Morgan County,<br>Alabama |                      | NARCOG REGION  |                      |
|--|----------------------------|----------------------|-----------------------------|----------------------|---------------------------|----------------------|----------------|----------------------|
|  | Total                      | 60 years<br>and over | Total                       | 60 years<br>and over | Total                     | 60 years<br>and over | Total          | 60 years<br>and over |
|  | Estimate                   | Estimate             | Estimate                    | Estimate             | Estimate                  | Estimate             | Estimate       | Estimate             |
| <b>Total population</b>  | <b>82,853</b>              | <b>20,624</b>        | <b>33,058</b>               | <b>8,328</b>         | <b>119,213</b>            | <b>28,271</b>        | <b>235,124</b> | <b>57,223</b>        |
| <b>SEX AND AGE</b>   |                            |                      |                             |                      |                           |                      |                |                      |
| Male   | 49.2%                      | <b>45.5%</b>         | 48.3%                       | <b>44.8%</b>         | 49.2%                     | <b>44.5%</b>         |                |                      |
| Female   | 50.8%                      | <b>54.5%</b>         | 51.7%                       | <b>55.2%</b>         | 50.8%                     | <b>55.5%</b>         |                |                      |
| Median age (years)   | 40.8                       | <b>70.4</b>          | 42.4                        | <b>69.4</b>          | 40.6                      | <b>69.8</b>          |                |                      |
| <b>RACE AND HISPANIC OR<br/>LATINO ORIGIN</b>                  |                            |                      |                             |                      |                           |                      |                |                      |
| One race   | 98.0%                      | <b>98.6%</b>         | 94.8%                       | <b>97.9%</b>         | 97.8%                     | <b>98.9%</b>         |                |                      |
| White  | 95.1%                      | <b>97.4%</b>         | 78.0%                       | <b>81.1%</b>         | 79.9%                     | <b>88.9%</b>         |                |                      |
| Black or African American                                      | 1.3%                       | <b>0.8%</b>          | 10.6%                       | <b>11.8%</b>         | 12.8%                     | <b>8.7%</b>          |                |                      |
| American Indian and<br>Alaska Native                           | 0.3%                       | <b>0.3%</b>          | 5.6%                        | <b>5.0%</b>          | 0.5%                      | <b>0.3%</b>          |                |                      |
| Asian  | 0.4%                       | <b>0.2%</b>          | 0.2%                        | <b>0.0%</b>          | 0.6%                      | <b>0.3%</b>          |                |                      |
| Native Hawaiian and Other<br>Pacific Islander                  | 0.0%                       | <b>0.0%</b>          | 0.1%                        | <b>0.0%</b>          | 0.1%                      | <b>0.0%</b>          |                |                      |
| Some other race  | 0.9%                       | <b>0.0%</b>          | 0.3%                        | <b>0.0%</b>          | 3.9%                      | <b>0.7%</b>          |                |                      |
| Two or more races  | 2.0%                       | <b>1.4%</b>          | 5.2%                        | <b>2.1%</b>          | 2.2%                      | <b>1.1%</b>          |                |                      |
| Hispanic or Latino origin<br>(of any race)                     | 4.4%                       | <b>0.8%</b>          | 2.2%                        | <b>0.0%</b>          | 8.4%                      | <b>1.7%</b>          |                |                      |
| White alone, not Hispanic<br>or Latino                         | 91.9%                      | <b>96.5%</b>         | 76.5%                       | <b>81.1%</b>         | 75.6%                     | <b>87.8%</b>         |                |                      |
| <b>RESPONSIBILITY FOR<br/>GRANDCHILDREN UNDER<br/>18 YEARS</b> |                            |                      |                             |                      |                           |                      |                |                      |
| Population 30 years and<br>over                                | 52,267                     | <b>20,624</b>        | 21,290                      | <b>8,328</b>         | 74,922                    | <b>28,271</b>        | 148,479        | <b>57,223</b>        |
| Living with grandchild(ren)                                    | 4.1%                       | <b>5.8%</b>          | 4.8%                        | <b>5.0%</b>          | 4.5%                      | <b>4.4%</b>          |                |                      |



|   |        |               |        |              |         |               |         |               |
|---|--------|---------------|--------|--------------|---------|---------------|---------|---------------|
| Responsible for grandchild(ren)                             | 1.4%   | <b>1.8%</b>   | 2.3%   | <b>1.7%</b>  | 2.5%    | <b>2.2%</b>   |         |               |
| <b>VETERAN STATUS</b>                                       |        |               |        |              |         |               |         |               |
| Civilian population 18 years and over                       | 64,133 | <b>20,624</b> | 25,853 | <b>8,328</b> | 91,806  | <b>28,271</b> | 181,792 | <b>57,223</b> |
| Civilian veteran  | 8.0%   | <b>15.0%</b>  | 5.9%   | <b>13.0%</b> | 8.1%    | <b>15.4%</b>  |         |               |
| <b>DISABILITY STATUS</b>                                    |        |               |        |              |         |               |         |               |
| Civilian noninstitutionalized population                    | 81,979 | <b>20,208</b> | 32,793 | <b>8,213</b> | 117,389 | <b>27,652</b> | 232,161 | <b>56,073</b> |
| With any disability   | 17.7%  | <b>38.2%</b>  | 21.3%  | <b>43.6%</b> | 16.6%   | <b>37.3%</b>  |         |               |
| No disability   | 82.3%  | <b>61.8%</b>  | 78.7%  | <b>56.4%</b> | 83.4%   | <b>62.7%</b>  |         |               |
| <b>LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH</b> |        |               |        |              |         |               |         |               |
| Population 5 years and over                                 | 77,738 | <b>20,624</b> | 31,279 | <b>8,328</b> | 112,032 | <b>28,271</b> | 221,049 | <b>57,223</b> |
| English only  | 96.0%  | <b>99.2%</b>  | 98.2%  | <b>98.9%</b> | 91.9%   | <b>97.8%</b>  |         |               |
| Language other than English                                 | 4.0%   | <b>0.8%</b>   | 1.8%   | <b>1.1%</b>  | 8.1%    | <b>2.2%</b>   |         |               |
| Speak English less than "very well"                         | 1.6%   | <b>0.3%</b>   | 0.8%   | <b>0.0%</b>  | 3.8%    | <b>0.7%</b>   |         |               |
| <b>EMPLOYMENT STATUS</b>                                    |        |               |        |              |         |               |         |               |
| Population 16 years and over                                | 66,350 | <b>20,624</b> | 26,684 | <b>8,328</b> | 95,022  | <b>28,271</b> | 188,056 | <b>57,223</b> |
| In labor force  | 54.4%  | <b>20.2%</b>  | 49.3%  | <b>20.4%</b> | 57.6%   | <b>22.0%</b>  |         |               |
| Civilian labor force  | 54.4%  | <b>20.2%</b>  | 49.2%  | <b>20.4%</b> | 57.5%   | <b>22.0%</b>  |         |               |
| Employed  | 51.6%  | <b>20.0%</b>  | 46.6%  | <b>19.9%</b> | 54.6%   | <b>21.4%</b>  |         |               |
| Unemployed  | 2.8%   | <b>0.2%</b>   | 2.6%   | <b>0.6%</b>  | 2.9%    | <b>0.6%</b>   |         |               |
| Percent of civilian labor force                             | 5.1%   | <b>1.2%</b>   | 5.3%   | <b>2.7%</b>  | 5.1%    | <b>2.8%</b>   |         |               |
| Armed forces  | 0.0%   | <b>0.0%</b>   | 0.1%   | <b>0.0%</b>  | 0.0%    | <b>0.0%</b>   |         |               |
| Not in labor force  | 45.6%  | <b>79.8%</b>  | 50.7%  | <b>79.6%</b> | 42.4%   | <b>78.0%</b>  |         |               |

| <b>INCOME IN THE PAST 12 MONTHS (IN 2019 INFLATION-ADJUSTED DOLLARS)</b> |        |               |        |               |         |               |         |               |
|--|--------|---------------|--------|---------------|---------|---------------|---------|---------------|
| Households   | 31,034 | <b>12,363</b> | 12,677 | <b>5,022</b>  | 45,918  | <b>17,604</b> | 89,629  | <b>34,989</b> |
| With earnings  | 68.7%  | <b>37.4%</b>  | 64.4%  | <b>35.1%</b>  | 71.1%   | <b>39.1%</b>  |         |               |
| Mean earnings (dollars)  | 66,026 | <b>50,678</b> | 65,938 | <b>47,072</b> | 69,640  | <b>53,661</b> |         |               |
| With Social Security income  | 39.5%  | <b>82.7%</b>  | 38.6%  | <b>81.8%</b>  | 36.1%   | <b>80.6%</b>  |         |               |
| Mean Social Security income (dollars)                                    | 19,569 | <b>20,605</b> | 18,650 | <b>19,410</b> | 20,310  | <b>21,118</b> |         |               |
| With Supplemental Security Income  | 5.8%   | <b>6.2%</b>   | 8.5%   | <b>9.2%</b>   | 6.8%    | <b>8.3%</b>   |         |               |
| Mean Supplemental Security Income (dollars)                              | 10,818 | <b>10,855</b> | 11,019 | <b>11,370</b> | 10,138  | <b>9,976</b>  |         |               |
| With cash public assistance income                                       | 1.3%   | <b>0.5%</b>   | 1.9%   | <b>0.5%</b>   | 1.6%    | <b>1.2%</b>   |         |               |
| Mean cash public assistance income (dollars)                             | 2,892  | <b>6,297</b>  | 2,406  | <b>1,079</b>  | 2,717   | <b>2,600</b>  |         |               |
| With retirement income   | 21.1%  | <b>43.0%</b>  | 27.1%  | <b>52.0%</b>  | 25.1%   | <b>52.1%</b>  |         |               |
| Mean retirement income (dollars)   | 18,082 | <b>18,504</b> | 17,686 | <b>16,717</b> | 26,073  | <b>27,604</b> |         |               |
| With Food Stamp/SNAP benefits  | 11.4%  | <b>6.7%</b>   | 16.5%  | <b>11.4%</b>  | 12.6%   | <b>7.7%</b>   |         |               |
| <b>POVERTY STATUS IN THE PAST 12 MONTHS</b>                              |        |               |        |               |         |               |         |               |
| Population for whom poverty status is determined                         | 81,597 | <b>20,208</b> | 32,753 | <b>8,213</b>  | 117,005 | <b>27,652</b> | 231,355 | <b>56,073</b> |
| Below 100 percent of the poverty level                                   | 14.9%  | <b>9.8%</b>   | 18.0%  | <b>11.1%</b>  | 14.6%   | <b>11.2%</b>  |         |               |
| 100 to 149 percent of the poverty level                                  | 10.0%  | <b>13.3%</b>  | 10.5%  | <b>14.2%</b>  | 10.5%   | <b>8.6%</b>   |         |               |
| At or above 150 percent of the poverty level                             | 75.2%  | <b>76.9%</b>  | 71.5%  | <b>74.7%</b>  | 74.9%   | <b>80.2%</b>  |         |               |
| No telephone service available   | 1.3%   | <b>1.3%</b>   | 4.5%   | <b>5.4%</b>   | 3.5%    | <b>2.5%</b>   |         |               |

Source: Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates  
<https://api.census.gov/data/2019/acs/acs5/subject>