

# AREA PLAN

**SARCOA**  
Area Agency on Aging

For The Period  
October 1, 2021  
Through  
September 30, 2025

## Table of Contents

Section 1 – Executive Summary.....	4
Area Agency on Aging.....	4
Accomplishments .....	5
COVID Response .....	5
SARCOA Mission, Vision, and Values.....	7
SARCOA’s Long-term Operational Goals .....	7
Section 2 - Needs Assessment and Priorities .....	8
Needs Assessments .....	8
ADSS Focus Areas .....	9
Priority Populations.....	9
Elders in Rural Areas.....	10
Section 3 – Area Profile .....	11
Service Area .....	11
Population Profile and Trends .....	11
Section 4 - SARCOA Programs, Services, and Projects .....	15
Older American’s Act Programs and Services .....	15
Other Federal and State Programs.....	17
Medicaid Waiver Programs .....	18
SARCOA Initiatives and Outreach Events .....	19
Section 5 - Goals and Objectives .....	21
Section 6- Quality Management and Compliance Activities .....	26
Appendix.....	27
Organizational Chart.....	27



1075 South Brannon Stand Road  
Dothan, Alabama 36305  
P: 334.793.6843 / 800.239.3507  
F: 334.671.3651 / [www.sarcoa.org](http://www.sarcoa.org)

September 10, 2021

Commissioner Jean Brown  
Alabama Department of Senior Services  
Post Office Box 301851  
Montgomery, Alabama 36130-1851

Dear Commissioner Brown:

As the Area Agency on Aging for southeast Alabama, we are pleased to submit our Area Plan for the four-year period of October 1, 2021, through September 30, 2025.

This plan of goals, objectives, and strategies will serve as a roadmap for our system of services and supports for older adults, people with disabilities and caregivers of our region. It will support both our mission of helping people across southeast Alabama live more independent lives and our vision of being a respected and valued resource for individuals and families seeking solutions to remain at home.

In this time of a growing older adult population, we must adapt by innovating and finding new resources, tools, and partners to meet the expanding needs and preferences of those we serve. We look forward to our partnership with the Alabama Department of Senior Services to help meet this challenge and build an enhanced system of quality services and supports.

Sincerely,

A handwritten signature in black ink that reads "Dana G. Eidson". The signature is written in a cursive style.

Dana G. Eidson  
Executive Director

## Section 1 – Executive Summary

This Area Plan is prepared to serve as a guide for the Area Agency on Aging over the next four-year period October 1, 2021, through September 30, 2025. It describes the objectives we plan to administer over this period to meet the needs of older adults, persons with disabilities, and caregivers. The plan will be reviewed and amended annually to better align with changes in trends or demands in the future.

### Area Agency on Aging

As an organization dedicated to serving the older adult and disabled individual community of southeast Alabama, the Southern Alabama Regional Council on Aging (SARCOA) is committed to finding ways to better serve the growing population of our region. In its designation as the Area Agency on Aging for the southeast corner of Alabama, SARCOA currently serves a region of seven counties with an older adult population of around 80,000 individuals aged 60 years and older. This Area Plan is presented to provide a profile of SARCOA, including the services and programs offered, as well as the challenges and strategies in addressing current and future needs.

As an Area Agency on Aging, SARCOA works under the guidance of the state unit on aging, which in Alabama is the Alabama Department of Senior Services, through the Administration on Community Living (ACL), the federal agency responsible for administering the Older American’s Act (OAA) programs. Over 600 Area Agencies on Aging exist within the nation, of which thirteen are located in Alabama. The AAAs serve as focal points for the delivery of social, nutrition, and caregiver services under the Older American’s Act.

SARCOA began in 1986 and since that time has grown to a staff of over 100. With a budget of \$19 million in local, federal, and state funding, SARCOA provides for direct case management services to long-term care clients and health-care patients/members and provides oversight to a network of contracted home and community-based service providers. SARCOA is governed by a Board of Directors, made up of 21 individuals appointed by the seven county governments. An Advisory Council of program participants, service providers, caregivers, and community members provide guidance on the current and future needs of the elderly community.



SARCOA operates the Aging and Disability Resource Center, providing information and assistance to older adults, adults with disabilities, caregivers, and the community. SARCOA’s largest program provides case management and services to individuals through the Elderly and Disabled Medicaid Waiver Program, an alternative to institutional level long-term care. SARCOA is also actively involved in leveraging its expertise in care management and the social determinants of health into supports for members and patients of health care entities. SARCOA subcontracts with 55 local service providers to

deliver a network of in-home and community-based services and supports including meals, transportation, senior centers, and home-care type services. In fiscal year 2020, over 12,731 older adults, people with disabilities, and caregivers received services through SARCOA.

## **Accomplishments**

For many years, SARCOA has been actively seeking to fill available Medicaid Waiver program slots. Since the implementation of the Integrated Care Network in October of 2018 and additional slots were made available, it became possible to aggressively enroll individuals from our extensive waiting list. We now anticipate the waiting list to be exhausted in FY 2022, an accomplishment which will greatly reduce the amount of time a person must wait to access these HCBS services. Because of this emphasis over the years, SARCOA currently has the largest E&D Medicaid Waiver program in the state.

As our Medicaid Waiver program grew, SARCOA implemented a case management software to better manage quality, clients, and case managers. This technology was eventually adopted by the remaining Alabama AAA entities to help manage their programs as well. Today, SARCOA administers the case management platform for the AAA network through a shared services agreement, giving the network the ability to access its own data and the capability to share data with our administrative partners.

SARCOA achieved a second three-year NCQA Accreditation of Case Management for Long Term Services and Supports (LTSS) in September 2021. This achievement recognizes our case management processes as meeting a rigorous set of standards for person-centered planning, assessment, care transitions, quality improvement, and collection and measurement of data. As part of a network of accredited Alabama AAA's and case management organizations, this accomplishment demonstrates the exceptional quality of care management provided for LTSS clients in Alabama.

After participating in the CMS Community Care Transitions Program from 2013-2017, SARCOA has actively pursued partnerships with health care entities to demonstrate the ability and value of the work in care management and social determinants of health of the Area Agencies on Aging network. SARCOA's efforts include involvement in national committees focused on developing frameworks for collaboration and in participation in learning collaboratives to build competency. We currently have two ongoing care management contracts, one of which extends beyond our AAA service region.

## **COVID Response**

SARCOA seamlessly transitioned to a nearly 90% remote workforce in March 2020, made possible because of our traditional 50% remote workforce. In returning to the office over the last year, we have been responsive to ongoing changes in COVID and adjusted as needed to keep staff and consumers safe. We implemented a flexible and variable work schedule for staff in order to improve employee engagement, satisfaction, and work-life balance.

Early on, SARCOA saw great demand for groceries as people were hesitant to visit local grocery stores or were unable to purchase groceries because of economic reasons. We rapidly launched a grocery project, delivering \$85 worth of groceries and cleaning products through a volunteer network. This project evolved into a year-long partnership with the City of Dothan to serve lower income individuals affected by COVID. In all, almost 400 individuals were served. Shelf-stable meals were also delivered to 122 individuals. We also implemented the Hospital to Home program during COVID. This program allows individuals at risk of placement in a long-term care facility to be returned home with services. Our senior centers have continued operating throughout the pandemic, offering meals via drive-through service for center participants with continued home delivery for the homebound. We also began Phone-Pals, a volunteer telephone reassurance program. As an ongoing service, SARCOA is providing vaccine access by identifying individuals in need and connecting them with resources to facilitate vaccination.





### **Looking Forward**

As the population continues to age and the Baby Boomers begin wanting long-term services and supports, demand will grow for innovative solutions to meet their needs. SARCOA is looking for ways to serve this growing and changing population. We are utilizing our expertise in social services to help address the needs of the health care industry. We are seeking new ways to serve, whether it be serving veterans with home services, assisting fire departments and emergency responders with at risk patients, or helping older adults when they discharge from the hospital; there are many ways to help older individuals live healthier lives at home. To serve in new ways, we must adapt by finding new resources, tools, and partners and begin building capacity now to meet the expanding need of a growing and changing population.

## SARCOA Mission, Vision, and Values

SARCOA's mission is to **help people across southeast Alabama live more independent lives.** By achieving our work through our value framework, we want to realize **our vision of being a respected and valued resource for individuals and families seeking solutions to remain at home.**

### OUR VALUES

 <p><b>CARING</b></p> <p>A spirit of <b>service, compassion, and respect</b> inspires our actions with teammates and customers.</p>	 <p><b>CURIOSITY</b></p> <p>We encourage agency and individual growth through <b>learning, creativity, and innovation.</b></p>	 <p><b>TRUST</b></p> <p><b>Integrity, commitment, and openness</b> guide us to do the right thing.</p>	 <p><b>EXCELLENCE</b></p> <p>We strive to deliver exceptional results through <b>quality, reliability, and enthusiasm.</b></p>
--	---	---	---

## SARCOA's Long-term Operational Goals

1. Facilitate and foster learning; recruit and retain the most talented individuals.
2. Provide quality services and case management.
3. Establish a reputation for excellence, with a focus on mission critical tasks.
4. Achieve sustainable, long-term financial growth.

In addition to programmatic goals, SARCOA has developed operational goals designed to guide long-term strategies. Critical to our vision of being a respected and valued resource for our community is our goal for quality and excellence in everything we do. We believe a work environment that emphasizes learning and team development will support quality of services and process efficiency toward a goal of excellence. Finally, to achieve our goals, we must have a long-term financial strategy for sustainable capacity and infrastructure to support continued growth.



## Section 2 - Needs Assessment and Priorities



### Needs Assessments

For planning purposes for the Area Plan, SARCOA relied on these sources for understanding needs: the SARCOA ADRC top 12 list of most frequent referral types, ADSS needs assessment surveys, and the public input from the ADSS virtual town hall. Due to the pandemic, no in-person events were held this year. This information, along with data from population trends and analysis, will be used for planning, advocacy, and collaborating with community partners to identify ways to address needs.

The most frequent SARCOA ADRC referral types are related to food assistance, whether in the form of meals, Farmer’s Market coupons, or assistance through SNAP. The second highest referrals are related to supports in the home. ADSS surveys and responses reinforced these two needs but also highlighted others, including home repairs, housing, and protection from scams, fraud, and abuse.

SARCOA ADRC Most Frequent Referral Types			
1	Food Assistance	7	Senior Centers
2	Elderly & Disabled Waiver	8	SMP/Fraud Counseling
3	Farmers Market Coupons	9	SenioRx/Medication Management
4	Home-Delivered Meals	10	Alabama Cares – Caregiver Support
5	SNAP/AESAP	11	Veteran’s Administration
6	SHIP Counseling	12	Private Pay Home Health Agency



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

Public input regarding unmet needs was requested following an ADSS virtual town hall presenting the State Plan on Aging. Of the 52 responses, six areas of interest accounted for over 50% of the topics:

Top ADSS Virtual Town Hall Responses			
1	In-home services/caregiver support	4	Food or home-delivered meals
2	Home repairs and ramps	5	Affordable assisted living
3	Safe, affordable housing	6	Scams, fraud, and abuse protection

### ADSS Focus Areas

- Strengthening critically needed **services** for Alabama’s expanding senior population;
- Targeting **more caregivers** to receive support;
- Integrating and improving coordination between **programs and partners**;
- Participant-directed/**person-centered planning**; and
- Protecting the rights of **vulnerable adults** and preventing abuse.

### Priority Populations

As described in the Older American’s Act, in determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in the area, the Area Agency on Aging is to take into consideration the number of older individuals residing in the area: with low incomes; who have the greatest economic need; who have the greatest social need; are at risk for institutional placement; and who are American Indians. Of these, particular attention goes to low-income older individuals; low-income minority older individuals; older individuals with limited English proficiency; and older individuals residing in rural areas.

## Elders in Rural Areas

In Alabama, 45% of individuals aged 65 and older live in rural areas of the state. The national average is 22.9%. <sup>(1)</sup> The SARCOA 65+ region is calculated to be around 53%.

The SARCOA seven county region covers 4,878 square miles, which is larger than two U.S. states. Although “rural” may be defined in many ways, for the 2010 Census, all seven counties in the SARCOA region were considered rural areas. Rural is further defined by “level” of rurality by the categories of 1) completely rural, 2) mostly rural, and 3) mostly urban. Five of the SARCOA counties were defined as mostly rural, meaning the population is 50-99.9 percent rural. The remaining two counties were defined as mostly urban which means that the population is less than 50% rural.

Different federal agencies have differing definitions of rural. For Rural Health Grants through the Health Resource Services Administration (HRSA), 6 of the 7 area counties were considered rural. Barbour, Coffee, Covington, and Dale are considered entirely rural with only certain census tracts considered rural in Geneva and Henry counties. <sup>(2)</sup>

(1) Source: “The Older Population in Rural America: 2012-2016”; American Community Survey Reports, Sept 2019.

(2) Source: List of Rural Counties And Designated Eligible Census Tracts in Metropolitan Counties, [www.hrsa.gov/sites/default/files/hrsa/ruralhealth/resources/forhpeligibleareas.pdf](http://www.hrsa.gov/sites/default/files/hrsa/ruralhealth/resources/forhpeligibleareas.pdf)

US Census value note: Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

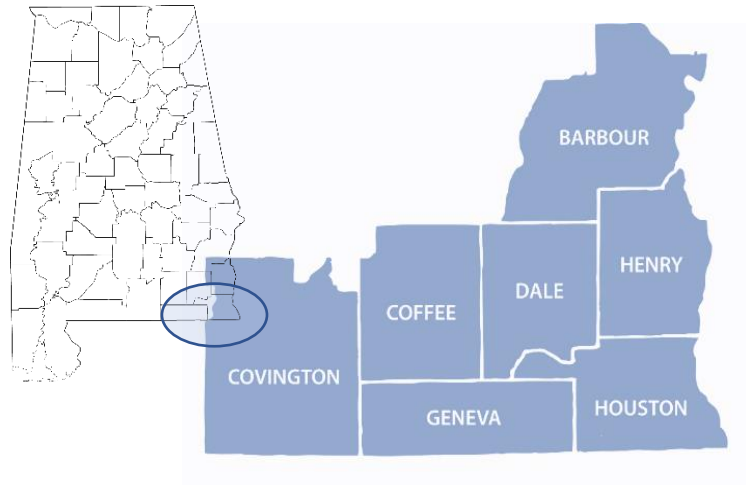
2019 Estimated Aged 65+ Population and Living in Rural Areas					
Region	Population	65+ Population	% of population over 65	% of 65+ Population Rural	65+ Rural Population*
Barbour	24,686	4,982	19.70%	100%	4,982
Coffee	53,230	9,371	17.30%	100%	9,371
Covington	26,411	8,095	21.40%	100%	8,095
Dale	48,959	8,733	17.30%	100%	8,733
Geneva	26,411	5,604	20.60%	15%	829
Henry	17,223	4,456	23.40%	-	-
Houston	106,580	18,382	18.10%	-	-
SARCOA Region	303,403	59,632	19.65%	54%	32,010
Alabama	4,903,185	848,000	17.30%	45%	381,600

Source: US Census Quick Facts, 2019 estimates: \* Estimate based on 45% of AL 65+ live in rural areas from "American Community Survey Report, The Older Population in Rural American 2012-2016"

## Section 3 – Area Profile

### Service Area

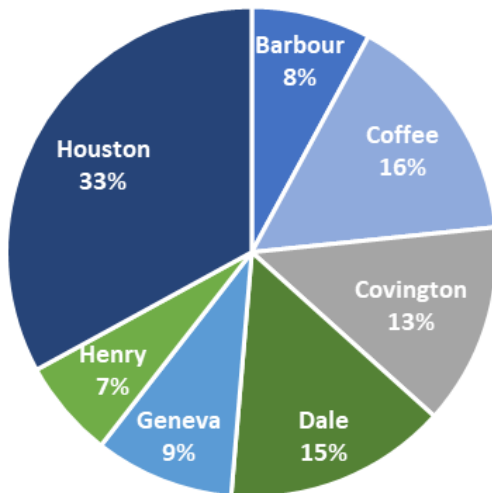
SARCOA serves the seven southeastern Alabama counties. The region borders on Georgia to the east and Florida to the south.



### Population Profile and Trends

This section includes data on the population of older adults aged 60 and older in the SARCOA region and by county. Most of the 2020 data presented is from projections. When available, information is presented by the county level.

Age 60+ Population Distribution by County 2010



Age 60+ Population by County		
County	2020	%
Barbour	6,478	8%
Coffee	12,647	15%
Covington	10,836	13%
Dale	12,015	15%
Geneva	7,503	9%
Henry	5,272	6%
Houston	26,920	33%
<b>Total Region</b>	<b>81,671</b>	<b>100%</b>

Source: US Census, Vintage Population Estimate

An analysis of the geography and demographics for southeast Alabama demonstrates a largely rural area with a growing aging population. The SARCOA region covers 4,878 square miles with a 2020 estimated population of 310,977, with 25% of the total population being 60 years of age or older. The 85+ population makes up about 2.2% of the total population at around 6,751 individuals. Growth of the 60+ population is projected to grow by 23% with the 85+ population growth slightly higher at 23.8%.

Age 60+ Population Growth by County SARCOA Region 1990-2020						
County	1990	2000	2010	2020	Change between 2010 and 2020	
					#	%
Barbour	4,852	5,013	5,708	6,478	770	13.5%
Coffee	7,118	8,248	10,138	12,647	2,509	24.7%
Covington	8,183	8,737	9,397	10,836	1,439	15.3%
Dale	6,415	7,916	9,595	12,015	2,420	25.2%
Geneva	5,212	5,601	6,521	7,503	982	15.1%
Henry	3,276	3,447	4,405	5,272	867	19.7%
Houston	13,737	15,981	20,658	26,920	6,262	30.3%
<b>Total Region</b>	<b>48,793</b>	<b>54,943</b>	<b>66,422</b>	<b>81,671</b>	<b>15,249</b>	<b>23.0%</b>

Source: US Census 1990-2010: US Census Vintage Population Estimates 2020

Age 85+ Population Growth by County SARCOA Region 1990-2020						
County	1990	2000	2010	2020	Change between 2010 and 2020	
					#	%
Barbour	334	512	443	516	73	16.5%
Coffee	505	762	824	1,025	201	24.4%
Covington	561	883	905	1,032	127	14.0%
Dale	489	651	685	942	257	37.5%
Geneva	359	553	508	595	87	17.1%
Henry	211	375	412	432	20	4.9%
Houston	850	1,489	1,678	2,209	531	31.6%
<b>Total Region</b>	<b>5,299</b>	<b>7,225</b>	<b>5,455</b>	<b>6,751</b>	<b>1,296</b>	<b>23.8%</b>

Source: US Census 1990-2010: US Census Vintage Population Estimates 2020

### Estimated 2020 Population Aged 60+ by Age, Sex, Race, and Hispanic Origin

Gender #	Barbour	Coffee	Covington	Dale	Geneva	Henry	Houston	Region
Male	2,902	5646	4,870	5,464	3,437	2,350	11,849	36,518
Female	3,576	7001	5,966	6,551	4,066	2,922	15,071	45,153
<b>Gender %</b>	<b>6,478</b>	<b>12,647</b>	<b>10,836</b>	<b>12,015</b>	<b>7,503</b>	<b>5,272</b>	<b>26,920</b>	<b>81,671</b>
Male	45%	45%	45%	45%	46%	45%	44%	45%
Female	55%	55%	55%	55%	54%	55%	56%	55%
<b>Race #</b>								
White	3,964	10,231	9,703	9,780	6,762	3969	21,292	65,701
Black	2,458	1,999	1,032	1,905	630	1264	5,246	14,534
Am Indian	59	309	163	234	155	54	357	1,331
Asian	38	251	42	225	32	21	265	874
<b>Race %</b>								
White	61%	80%	89%	81%	89%	75%	78%	80%
Black	38%	16%	9%	16%	8%	24%	19%	18%
Am Indian	0.9%	2.4%	1.5%	1.9%	2.0%	1.0%	1.3%	1.6%
Asian	0.6%	2.0%	0.4%	1.9%	0.4%	0.4%	1.0%	1.1%
<b>Hispanic</b>								
Hispanic #	387	128	335	104	43	378	1,450	2,825
Hispanic%	6%	1%	3%	1%	1%	7%	5%	3%

Source: US Census 1990-2010: US Census Vintage Population Estimates 2020

### Estimated % of Persons in poverty and Median Household Income 2019 by County Level

Age	Barbour	Coffee	Covington	Dale	Geneva	Henry	Houston	Alabama	US
% in Poverty	27.1%	15.0%	17.2%	18.1%	16.1%	17.2%	19.4%	15.5%	10.5%
Median Household Income	\$ 32,525	\$ 55,637	\$ 42,189	\$ 47,214	\$ 41,732	\$ 50,017	\$ 47,580	\$ 50,536	\$ 62,843

Source: US Census Quick Facts; <https://www.census.gov/quickfacts/fact/table/>

### Estimated 2020 Veterans Aged 65+ by County Level

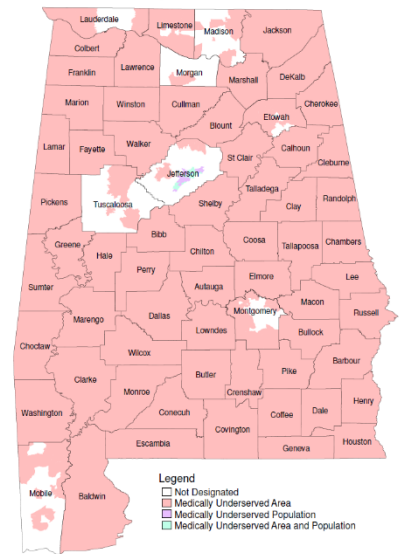
Age	Barbour	Coffee	Covington	Dale	Geneva	Henry	Houston	Region
65-84	736	1932	1,445	1,968	937	515	3,199	10,732
85+	98	283	195	261	161	80	690	1,768
<b>Sex</b>								
Male	96%	97%	97%	94%	94%	97%	94%	95%
Female	4%	3%	3%	6%	6%	3%	6%	5%

Source: US Dept of Veterans Affairs National Center for Veterans Analysis and Statistics; [https://www.va.gov/vetdata/Veteran\\_Population.asp](https://www.va.gov/vetdata/Veteran_Population.asp)

**Alabama Medically underserved Areas/populations** MUA/P designations signify a shortage of primary care services as reflected through a shortage of health professionals and certain health status indicators.

<https://www.alabamapublichealth.gov/ruralhealth/assets/MUAPMap>

Medically Underserved Areas/Populations (MUA/Ps)



## Section 4 - SARCOA Programs, Services, and Projects

---

SARCOA's focus on services and supports centers around three pillars:

- Living Healthy
- Keeping Active, and
- Staying at Home.

We believe that a focus in these areas leads to the best outcomes for individuals wishing to remain independent. Our programs, services, and projects are as follows.



### Older American's Act Programs and Services

Older American's Act (OAA) programs are established and funded by the Administration on Community Living through the Alabama Department of Senior Services. State and local resources complete the funding. Program eligibility requires that an individual be over 60 years of age or older or the spouse of someone 60 years of age or older. Family Caregiver eligibility differs from other OAA programs.

**Title III-B Supportive Services and Senior Centers:** Services to support older adults living in the community under this part vary, but all provide connection, which helps reduce isolation. Most of the supportive services happen through one of the 36 area multi-purpose senior centers that coordinate services like transportation, recreation, education, outreach, volunteer opportunities and of course, meals. The county in-home service programs and legal assistance program are also valuable resources



for the older community. Senior centers and services are all provided through contracts with sub-grantees or service providers.

County In-Home Service Programs – Five counties offer limited in-home services to local homebound individuals.

Legal Assistance: Limited services include group education and limited assistance such as powers of attorney and advanced directives

### **Title III-C Nutrition Services (Senior Center Congregate Meals and Home-Delivered Meals):**

The senior center meals program offers an excellent opportunity for socialization, nutrition education and better health. Meals are offered through the 36 area senior centers in both the congregate setting and as a home-delivered option. Meals are provided through a statewide meal contract between the Alabama Department of Senior Services and the meal provider, currently GA Foods. The GA Foods local kitchen delivers the prepared food daily to the senior centers where it is then served or packaged for delivery. Hot meals are delivered to homebound participants from the senior center. Besides hot meals, frozen meals are also available for delivery and are a good option for individuals living outside the delivery area of a senior center. Picnic meals, shelf-stable and other meal types are also available for special occasions and emergencies. Nutrition counseling services are also available.

**Title III-D Evidence-Based Disease Prevention and Health Promotion:** AAAs receive limited funding to offer evidence-based programs to support healthy lifestyles and promote healthy behaviors. Priority is given to older adults living in medically underserved areas of the state, which includes all counties in the SARCOA region. Health promotion activities generally require that we train a trainer, who then conducts the program in keeping with the guidelines of program. SARCOA is focusing on fall prevention activities. We currently offer **TaiChi for Arthritis and Fall Prevention** programming in a virtual format and in some senior centers. We plan to again offer **A Matter of Balance** beginning in 2022.

**Title III-E National Family Caregiver Support Program (NFCSP):** Caregivers are a vital part of our long-term care system. In recognition of this, the National Family Caregiver Support Program (Alabama CARES) was designed to support family and informal caregivers in their role of caring for their loved ones at home. Services include information and assistance, counseling, training, support groups, respite care and supplemental services. The program has expanded in recent years to include support for older relatives in caring for grandchildren or another relative. SARCOA offers “Caregiver College” to teach caregivers ways to better care for themselves and their loved one. Lifespan Respite assists SARCOA is expanding support services to caregivers. This program has an extensive waitlist for respite services.

The following specific populations of family and informal caregivers are eligible to receive services under the funding provided by this program:

- Adult family members or other informal caregivers aged 18 and older providing care to individuals 60 years of age and older;
- Adult family members or other informal caregivers aged 18 and older providing care to individuals of any age with Alzheimer’s disease and related disorders;
- Older relatives (not parents) age 55 and older providing care to children under the age of 18; and
- Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities.

**Title VII Long-Term Care Ombudsman Program:** The purpose of the local Long-term Care Ombudsman program is to investigate and resolve problems faced by residents of long-term care facilities. This includes nursing facilities, assisted living facilities, and specialty care facilities. The certified Ombudsman works to protect the rights of residents by reinforcing their right to receive fair treatment and quality of care. They work with families, provide information and education about resident rights, and provide training to facilities related to the care of residents. The local Ombudsman works under the direction of the Office of the State Long-Term Care Ombudsman. There are 37 facilities in the seven-county area.

**Title VII Prevention of Elder Abuse, Neglect, and Exploitation:** This program supports outreach and education campaigns to increase public awareness of elder abuse and how to prevent it.

**Title II Aging and Disability Resource Center:** The Aging and Disability Resource Center (ADRC)/No Wrong Door System (NWD) facilitates access to and provides information about, the range of public and private long-term services and supports (LTSS) options available to consumers. SARCOA’s AIRS certified Information Specialists offer person-centered options counseling and provide information and assistance about benefits, services, and LTSS through Medicaid, the Older Americans Act, and VA programs. The ADRC is funded through multiple sources including OAA, State, Medicaid, MIPPA, and local appropriations.

## **Other Federal and State Programs**

**State Health Insurance Program (SHIP)** The State Health Insurance Assistance Program (SHIP) is funded by ACL through ADSS and offers one-on-one counseling and assistance to Medicare beneficiaries and their families on how to best choose and use their health insurance. Medicare health and drug plans Open Enrollment Period (OEP) occurs from mid-October until early December each year and during this time, people can change their coverage for the following year. The SHIP program is most in demand during the open enrollment period. A MIPPA grant supports applications of low-income Medicare beneficiaries for the Medicare Part D Extra Help/Low Income Subsidy and the Medicare Savings Programs.

**Senior Medicare Patrol (SMP):** The purpose of the Senior Medicare Patrol is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse. The SMP is funded through a grant from the Administration for Community Living through ADSS. The work of the SMP is accomplished by 1) engaging volunteers, 2) conducting outreach and education, and 3) receiving beneficiary complaints. When fraud or abuse is suspected, referrals are made to the Alabama Department of Senior Services.

**SenioRx:** This state funded program began in 2002 as a way to support older Alabamians in obtaining prescription drugs for a reduced price or for free. SenioRx assists individuals with completing the applications needed to access prescription drugs through pharmaceutical companies' Patient Assistance Programs (PAPs). Each company has different eligibility criteria and application processes.



## **Medicaid Waiver Programs**

Home and community-based services through the Medicaid Waiver program are available to eligible individuals who are at risk of needing care in a nursing facility. Eligible persons must meet financial requirements, medical needs, and be willing to receive services in their homes. Program enrollment is limited, and a waiting period may be necessary.

**Elderly and Disabled Medicaid Waiver (E&D):** The E&D Waiver Program provides person-centered care in the home for elderly and disabled low-income individuals who, without assistance, would require care in a nursing facility. Services include: case management; homemaker services; personal care services; adult day health services; respite care services (skilled and unskilled); companion services; and home delivered meals (frozen, shelf-stable and breakfast meals).

### **Alabama Community Transition Medicaid Waiver (ACT) and Gateway to Community Living:**

Alabama Medicaid's initiative to expand home and community-based services includes the Alabama Community Transition (ACT) Waiver and the Gateway to Community Living. These programs help individuals who wish to transition from nursing homes and institutional settings back to community living. Besides transitional assistance and person-centered case management, available services include: personal care; homemaker services; adult day health; home delivered meals; skilled/unskilled respite; skilled nursing; adult companion services; home modifications; assistive technology; personal emergency response systems (PERS); medical equipment supplies and appliances.

**Personal Choices:** Alabama Medicaid's "Personal Choices" program is a consumer-directed option for individuals who are part of the Elderly and Disabled Medicaid Waiver program. Under Personal Choices, individuals are provided a monthly allowance from which they will determine what services they need. They may choose to hire someone to help with their care or they may wish to save money for equipment purchases. Financial counselors are available to guide them through the process which includes developing a budget to help manage the funds designated for their care.

**Technology Assisted Medicaid Waiver (TA):** The TA Waiver is designed for individuals 21 or older who have had a tracheostomy or who are ventilator dependent and require skilled nursing services. The TA Waiver allows Medicaid-approved participants' continuation of Private Duty Nursing services to enable the participant to remain at home. Services include: private duty nursing; personal care/attendant service; medical supplies and appliances; assistive technology; and respite care services (skilled and unskilled).

**Hospital to Home:** This new program is designed to assist hospitalized individuals facing a pending admission into a nursing facility upon discharge. The program assists these individuals by diverting their transition to a nursing facility into a transition back to their homes by offering services through an enrollment into the E&D Medicaid Waiver or the ACT Waiver program.

## **SARCOA Initiatives and Outreach Events**

**Care Management Support for Health Care Organizations:** Opportunities exist for Area Agencies on Aging to assist health care entities in providing care management solutions to support patients and members toward better health outcomes. SARCOA is utilizing its experience with care transitions, case management and social determinants of health to contract with provider practices, hospitals, and health plans to assist patients and members with supports to improve their health and quality of life.

**Santa for Seniors:** Santa for Seniors is an annual grassroots volunteer project to bring Christmas joy to Wiregrass seniors who are in need of basic items for everyday living. SARCOA case managers chose the neediest seniors in the area as Santa for Seniors recipients. All have low income and most are

homebound and alone. There are typically over 400 clients with requests on the wish list each year. Santa serves as our biggest outreach event of the year.

**Neighbors for Seniors:** As part of our mission to help individuals maintain their independence and remain at home, SARCOA developed the Neighbors for Seniors project. This project seeks to provide access ramps and minor, safety or health-critical home repairs for homebound persons in the Wiregrass area by matching projects with volunteer groups seeking such projects. SARCOA receives requests from clients and the community which are then assessed for eligibility and project scope. Descriptions of eligible projects are placed on the SARCOA website for selection by volunteer groups. We strongly encourage recipients to share in the project cost.

**Fans for Life:** This long running partnership with local radio station Joy FM helps seniors in the Wiregrass stay cool through donations of box fans and air conditioners. Volunteers purchase the items and drop off them off at several drop locations in the area. SARCOA distributes to older adults in need.

**Valentine's Concert and Dance:** Every February (except during COVID) older adults from throughout the region gather to dance and listen to the music of The Moonlighters, a popular local orchestra featuring big-band music.



## Section 5 - Goals and Objectives

In preparing to meet the future needs of our community, SARCOA has developed the following programmatic Goals, Objectives and Strategies in alignment with ADSS statewide goals.

<b>Goals and Objectives #1</b>		
<b>Goal:</b> Help older individuals and persons with disabilities live with dignity and independence.		
<b>Objective:</b> Promote and support service provision and sustainability of Older Americans Act (OAA) Programs.		
<b>Area</b>	<b>Strategy</b>	<b>Projected Outcome</b>
III B - Supportive Services	1. Provide programming to support healthy, active lifestyles through nutritious meals, information and education opportunities, recreation activities, and building social supports by staying connected.	More active senior centers with more engaged participants
	2. Add 2 additional senior centers over the next 2 years, in rural, minority or underserved areas, replacing two recently retired programs.	More senior centers and participants
	3. Promote Senior Center participation and volunteerism through monthly social media posts.	More senior center volunteers and participants.
	4. Add agency capacity for coordinating, promoting, and expanding center activities.	
	5. Expand agency capacity for recruiting, training, and retaining volunteers to provide services to older individuals including meal delivery, center volunteers, Phone Pals volunteers.	More senior center volunteers and participants; More home-delivered meals; More social connectivity.
III C	6. Increase number of frozen meals served in areas not served by senior centers.	More home-delivered meals
III D	7. Continue evidence-based programs focused on fall prevention: Tai-Chi virtual and on-site format.	More older adults participate in program.
	8. Add an evidence-based fall prevention program.	
III E	9. Increase the number of caregivers receiving respite services, dependent on funding.	More caregivers served
	10. Offer Caregiver College twice per year.	Better informed, supported caregivers
VII Omb	11. Secure state funding for a 2 <sup>nd</sup> LTC Ombudsman to serve growing number of facilities and needs.	Sufficient capacity to meet needs of LTC residents



## Goals and Objectives #2

**Goal:** Ensure access to services to assist with daily living

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

Area	Strategy	Projected Outcome
ADRC	1. Publish a monthly newsletter for consumers and providers.	Better informed community on SARCOA solutions and how to access those solutions
	2. Offer benefit enrollment events throughout region	
	3. Publish a biannual Senior Resource Directory in virtual and hard copy	
	4. Develop a SARCOA media package	
	5. Promote SARCOA programs through monthly social media posts.	
	6. Provide speakers at community outreach events	
MIPPA SHIP	7. Conduct outreach events in rural, underserved areas.	Provide outreach and better access for rural communities
	8. Conduct virtual enrollment activities during open enrollment periods.	
Disaster Preparation	9. Participate in local VOAD group(s)(Volunteer Organizations Active in Disaster)	Improved response by AAA and EMA in the event of disaster involving clients or older adults
	10. Provide dementia training for EMA staff	
	11. Identification of vulnerable HCBS clients within nuclear plant radius for disaster preparedness	
HCBS/ Medicaid	12. Increase # of MW Clients enrolled in Personal Choices to serve 50%	Improved access to services in the home
	13. Increase the number of successful HCBS referrals	Improved enrollment
	14. Increase HCBS client enrollment by at least 8% annually.	Improved access to services

## Goals and Objectives #3

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

	Strategy	Projected Outcome
	1. Add a new PC trainer locally.	More timely staff training
	2. Train all case management and ADRC staff in person-centered thinking concepts.	Improved client engagement



<b>Goals and Objectives #4</b>		
<b>Goal :</b> Advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation.		
<b>Objective:</b> Continue to address issues of elder abuse, neglect and exploitation by supporting systems change and promotion of innovative practices in the field of elder justice.		
	<b>Strategy</b>	<b>Projected Outcome</b>
	1. Provide annual dementia training to two first responder organizations through virtual and in-person sessions.	Better response during emergency events
	2. Publish a monthly scam alert for center directors, service providers, and staff to share with participants and clients	Awareness and scam prevention for the older adult population
	3. Conduct an annual Fraud Summit along with the Alabama Securities Commission.	Training and awareness for older adults, and service provider network

<b>Goals and Objectives #5</b>		
<b>Goal:</b> 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.		
<b>Objective:</b> Work with partners to improve the health and well-being of those we serve, and address areas of need identified in needs assessments.		
	<b>Strategy</b>	<b>Projected Outcome</b>
Dementia	1. Increase the number of successful enrollments into the Medicaid Waiver program.	Better supports for persons with dementia
	2. Partner with the Alzheimer’s Resource Center for resources and training	Trained workforce; program referrals
	3. Continue to offer virtual Dementia Friendly training to First Responders via SARCOA website	Better response during emergency events
DSP Workforce	4. Advocate for better pay for direct service workers.	Improved service worker options, particularly in rural areas.
	5. Expand consumer directed option for services through Personal Choices to 50%	
Caregivers	6. Offer Caregiver College semi-annually.	Better support for caregivers.
	7. Promote Lifespan Respite as an option for caregivers.	Expanded service worker options for caregivers

	8. Promote and partner with Respite Care program.	Expanded options for caregivers
Opioid Abuse	9. Partner with SpectraCare for staff training to address needs of their target population enrolled in our programs	Trained workforce on addressing opioid abuse in clients
	10. Partner with Council on Substance Abuse (COSA) for staff training.	
Growing Population	11. Continue to collaborate with community partners to better identify local resources, and better understand community needs and issues.	Improved support for older adults, caregivers, and individuals with disabilities
	12. Expand our Veteran’s Directed Care enrollments.	Support for area veterans
Home Repairs	13. Continue to collaborate with faith-based and civic organizations to perform minor home modifications and construct ramps through Neighbors for Seniors	Improved support for older adults, caregivers, and individuals with disabilities
Food and Quality of Life	14. Continue partnership with local radio station for Fans for Life to collect fans and air conditioners for the elderly and disabled.	Improved support for older adults, caregivers, and individuals with disabilities
	15. Continue community collaboration for Santa For Seniors to address basic needs of seniors at Christmas and throughout the year	Improved support for food needs at holidays and throughout the year.
	16. Increase number of frozen meals served in areas not served by senior centers.	
SDOH and Improved Health Outcomes	17. Continue to contract with health care partners to help improve the health of patients and members through case management and social determinants of health resulting in improved health and outreach opportunities.	Opportunities to increase and diversify revenue, outreach opportunities, and exposure to new and innovative practices.
	18. Expand network lead entity role to facilitate and manage regional or statewide health care contracts.	
	19. Establish an ACOM partnership to teach medical students about the social determinants of health (SDOH)and the elderly population	Increased knowledge of SDOH, the elderly population, and the value of the AAA network

## Goals and Objectives #6

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

**Objective:** Provide high quality, efficient services.

	Strategy	Projected Outcome
Quality	1. Maintain 3-year NCQA Accreditation for LTSS Case Management	Quality, standardized person-centered case management
	2. Maintain AIRS certification for staff working in the ADRC	Quality, person-centered information & assistance
	3. Establish agency-wide survey procedures for measuring client satisfaction	Identify and address problem areas to improve quality
	4. Monitor quality of meals and offer feedback to state and meal vendor by frozen meal sampling and routine client meal satisfaction surveys	Improved meal quality
	5. Increase the % of successful HCBS referrals	Reduce delays to enrollment
Compliance	6. Strengthen compliance program by integrating all agency policy into cloud-based application	Improving policy efficiency and accessibility
	7. Establish a Compliance Department to centralize compliance functions	Centralize all compliance functions for efficiency
	8. Annual review of complaint logs to review patterns, responses, and follow-up	Identify and address problems to improve quality compliance
Train	9. Encourage staff development through monthly training including leadership & technology	Improve efficiency and quality of staff performance
Technology	10. Implement new productivity tools for collaboration, communication and sharing	Improve communication and collaboration among remote workers and supervisors
	11. Identify and implement new technologies & tools to support staff efficiency	Improve ways to accomplish routine, repetitive tasks
	12. Publish monthly technology security bulletin	Increase security awareness
Capacity	13. Expand remote workforce by implementing new tools to enhance remote productivity	Increased # of remote workers.
	14. Expand current SARCOA facility to include additional office and community meeting space	Add workspace capacity for present and future staff and accessible meeting space
Monitoring	15. Continue ongoing Title III financial compliance monitoring processes	Perform ongoing review through monthly reports. On-site frequency based on risk
	16. Continue ongoing Title III programmatic compliance monitoring processes	Perform on-site monitoring visits semi-annually and PRN
	17. Continuing Direct Service Provider monitoring	Perform on-site monitoring visits annually

## Section 6- Quality Management and Compliance Activities

---

SARCOA works with a network of 55 organizations to provide direct services to individuals receiving services through agency sponsored programs. In order to provide assurance that these services, and our own case management and information and assistance services, meet certain quality and compliance requirements, SARCOA has the following systems in place to monitor, promote and achieve quality and compliance. Goal 6 addresses specific strategies to address quality and compliance.

Monthly reporting

On-site program assessment

Data collection and monitoring

Client satisfaction surveys

Process improvement

Accreditation Specialist

Compliance program

Accreditation

Certifications

Training Programs

# Appendix

## Organizational Chart

