SARCOA

Area Agency on Aging

AREA PLAN

FISCAL YEARS 2026-2029

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SARCOA
Area Agency on Aging

August 26, 2025

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, SARCOA is pleased to submit our Area Plan for the four-year period of October 1, 2025, through September 30, 2029.

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,

Kimberly Falkner

Kimberly Falkner
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, 2025, through September 30, 2028. 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.

OUR MISSION

Help people across southeast Alabama live more independent lives.

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 2024, over 15.139 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 have drastically reduced the waiting list since 2018, an accomplishment that will continue to greatly reduce the amount of time a person must wait to access these HCBS services. Because of this emphasis over the years, SARCOA remains to have 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. SARCOA continues to administer the case management platform implemented by SARCOA 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 remains to have 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 remain to have two ongoing care management contracts, one of which extends beyond our AAA service region. Our work with one of these contracts won the 2024 John A. Hartford Business Innovation Award.

Addressing COVID-19

SARCOA seamlessly transitioned to a nearly 90% remote workforce in March 2020, made possible because of our traditional 50% remote workforce. SARCOA remains to be responsive to ongoing changes in COVID and adjusts as needed to keep staff and consumers safe. We continue to have a flexible and variable work schedule for staff 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. SARCOA continues to monitor program participation to ensure that we are connecting people to resources. We acknowledge the fact that COVID-19 caused social isolation that was detrimental to both physical and mental health. SARCOA will continue to provide our efforts to reduce social isolation and loneliness. This Plan will address areas that may be or have been affected by the pandemic and will provide flexibility in carrying out programs, should this become necessary again.

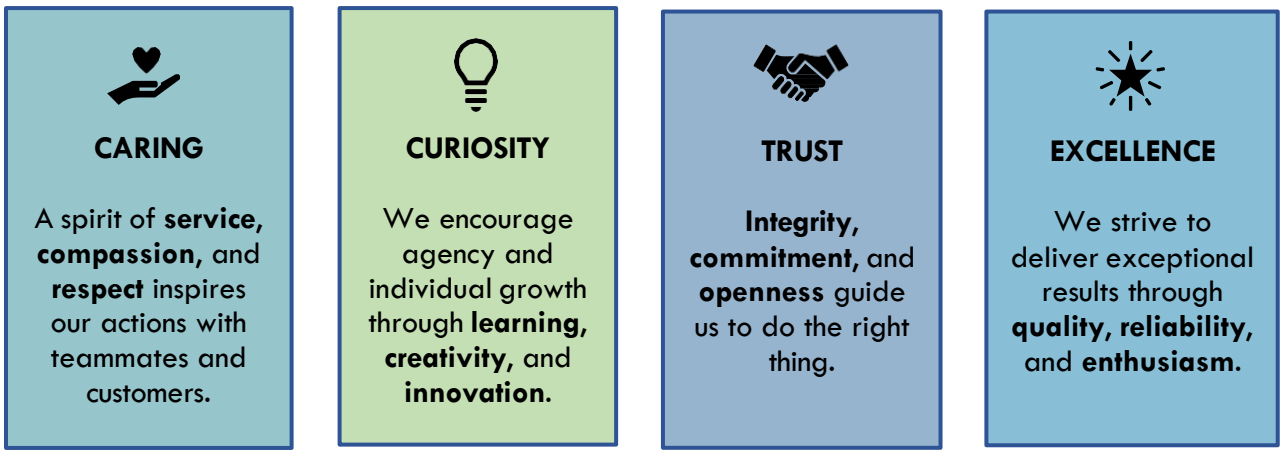
Looking Forward

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



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 ADSS public hearing in Andalusia. 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 Elderly and Disabled Waiver services and to food assistance, whether in the form of meals, Farmer's Market coupons, or assistance through SNAP. The next highest referrals are related to senior health insurance and fraud prevention. ADSS surveys and responses reinforced these needs but also highlighted others, including housing, home repairs, transportation, and information on emergency preparedness.

OAA Final Rule-New Regulations

Area Plan Required Information

Alabama's Area Agencies on Aging (AAAs) must include the following information in the organization's Area Plan:

Greatest Economic and Social Need

(2) That the area agency shall identify populations within the planning and service area at greatest economic need and greatest social need, which shall include the populations as set forth in the § 1321.3 definitions of greatest economic need and greatest social need.

Preference of services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities.

Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic factors, to include populations ADSS and its Area Agency on Aging (AAA) partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias) and living in rural locations throughout the state.

Assessment and Evaluation

(3) Assessment and evaluation of unmet need, such that each area agency shall submit objectively collected, and where possible, statistically valid, data with evaluative conclusions concerning the unmet need for supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers. The evaluations for each area agency shall consider all services in these categories regardless of the source of funding for the services; (4) Public participation specifying mechanisms to obtain the periodic views of older individuals, family caregivers, service providers, and the public with a focus on those in greatest economic need and greatest social need.

Alabama Department of Senior Services
2025-2028 State Plan on Aging
Needs Assessment

Make your voice heard by sharing what's important to you. We are seeking help from Senior Adults, People with Disabilities, Caregivers, and Others interested in people living at home for as long as possible. The information collected from this assessment will play an integral part in the development of the State Plan on Aging.

1. Please choose your race (Choose one by placing an X in the box of your choice)

American Indian or Alaska Native	☐	Native Hawaiian or Pacific Islander	☐
Asian or Asian American	☐	Native American	☐
Black or African American	☐	White	☐
Other	☐		

2. Please choose your ethnicity (Choose one by placing an X in the box of your choice)

Hispanic or Latino	☐	Not Hispanic or Latino	☐

3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

$1,255 or less	☐	Greater than $1,255	☐

4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	☐	60 or older	☐

5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	☐	Non-rural	☐

6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

7. Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

8. Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

9. Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

10. If you are not able to take care of yourself, is there a family member or friend who would take care of you? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐	Don't Know	☐

11. Using the number scale below, please tell us the importance of each item by placing an **X** in the box you choose:

1=Not Very Important, 2=Somewhat Not Important, 3=Somewhat Important, 4= Very Important

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				
Information about Emergency Preparedness				

Information about Alzheimer's and Other Dementias				
Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

SPANISH

Departamento de Servicios para Personas Mayores de Alabama
Plan Estatal sobre Envejecimiento 2025-2028
Necesita valoración

Haz oír tu voz compartiendo lo que es importante para ti. Buscamos ayuda de adultos mayores, personas con discapacidades, cuidadores y otras personas interesadas en que las personas vivan en casa el mayor tiempo posible. La información recopilada a partir de esta evaluación desempeñará un papel integral en el desarrollo del Plan Estatal sobre el Envejecimiento.

1. Por favor elige tu carrera (Elige una colocando una X en la casilla de tu elección)

Indio americano o nativo de Alaska	☐	Nativo de Hawái o de las islas del Pacífico	☐
Asiático o asiático americano	☐	Nativo americano	☐
Negro o afroamericano	☐	Blanco/blanca americano	☐
Otro	☐		

2. Por favor elija su origen étnico (Elija uno colocando una X en la casilla de su elección)

hispano o latino	☐	No Hispano o Latino	☐

3. Por favor elija su rango de ingresos mensuales (Elija uno colocando una X en la casilla de su elección)

$1,255 o menos	☐	Más de $1,255	☐

4. Por favor elija su rango de edad (Elija uno colocando una X en la casilla de su elección)

Menos de 60	☐	60 o más	☐

5. Por favor elija su ubicación (Elija una colocando una X en la casilla de su elección)

Rural	☐	No rural	☐

6. ¿Vives solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

7. ¿Se siente socialmente aislado y/o solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

8. ¿Es usted una persona que vive con una discapacidad? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

9. ¿Es usted un cuidador que cuida a otra persona? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

10. Si no puede cuidarse a sí mismo, ¿hay algún familiar o amigo que pueda cuidar de usted? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐	no lo sé	☐

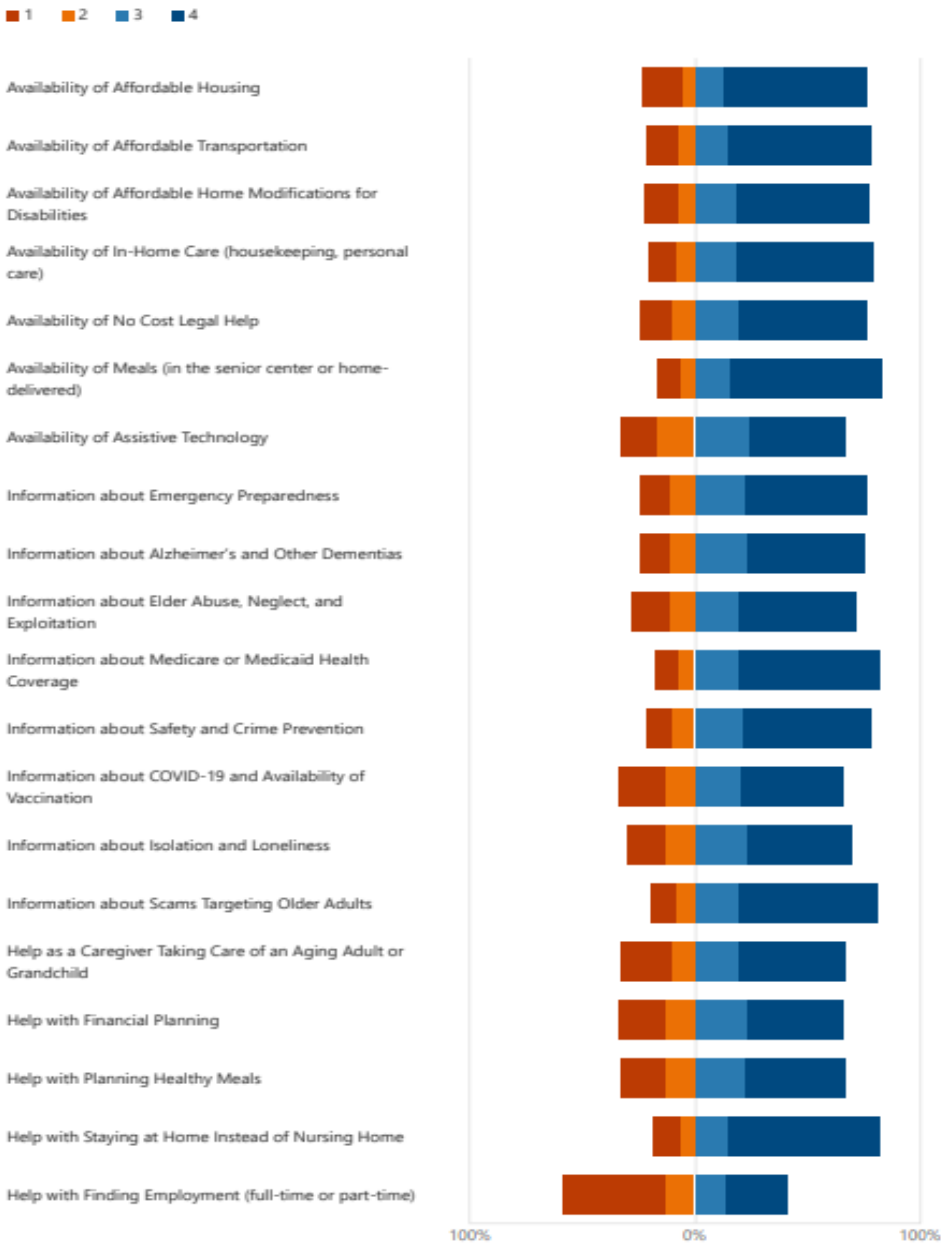
11. Usando la escala numérica a continuación, díganos la importancia de cada elemento colocando una **X** en la casilla que elija:

1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	1	2	3	4
Disponibilidad de viviendas asequibles				
Disponibilidad de transporte asequible				
Disponibilidad de modificaciones de viviendas asequibles para discapacitados				
Disponibilidad de atención domiciliaria (limpieza, cuidado personal)				
Disponibilidad de ayuda legal sin costo				
Disponibilidad de comidas (en el centro para personas mayores o entrega a domicilio)				
Disponibilidad de tecnología de asistencia				
Información sobre preparación para emergencias				
Información sobre el Alzheimer y otras demencias				
Información sobre el abuso, la negligencia y la explotación de personas mayores				
Información sobre la cobertura de salud de Medicare o Medicaid				

Needs Assessments Results			
			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	Greater than $1,255	2138
Age Range			
Under 60	414	60 or Older	2860

Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553
Are You a Person Living with a Disability?			
Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don’t Know	686		



Public Meetings		
Venue	**Date**	**Attendance**
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42

Public Meetings Comments		
Top 5 Needs/Unmet Needs		
Cullman Senior Center	1. Transportation 2. Increase in homemaker, chore, companion, and respite services 3. Increase in home-delivered meals	4. Mental health/isolation/grief support (reassurance/wellness check) 5. More in-home service providers
	Other comments: improve senior center rules (i.e., open containers), funding to pay transportation drivers, more funding for recreation/crafts (non-evidenced based), senior center field trips, increase legal assistance, larger senior centers (including larger bathroom stalls), improve Medicaid Waiver services (wait list, day programs, more respite hours), waiver expansion for middle class (cost share), more senior housing (specific only to 60+)	
Lanett City Hall	1. Mental health/isolation/grief support (reassurance/wellness check) 2. Increase in personal care and chore services 3. Technology training	4. Locating resources 5. Financial planning/budgeting/scam education
	Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)	
Andalusia Senior Center	1. Transportation (including list of private transportation resource) 2. Mental health/isolation/grief support (reassurance/wellness check) 3. Increase in homemaker and chore services	4. Increase in home-delivered meals (including service rural areas) 5. Cost effective Durable Medical Equipment (including home mods)
	Other comments: housing (homelessness assistance), 211 information (partnership/collaboration), more Adult Day Health providers, Project Lifesaver (ID bracelets for people with dementia), insurance benefits education, prescription drug assistance, improved cell/life alert coverage in remote areas (broadband access), senior adult visitation, senior neighborhood watch program	
McAbee Senior Center	1. Transportation (including VA transportation challenges) 2. Qualified homecare personnel (including overnight respite care) 3. Access to and understanding of available resources	4. Senior center programs in unreached areas 5. Chore services (specifically yard maintenance)
	Other comments: tax relief on pensions/retirement, rate of pay for homecare workers, cost of living for senior adults, transitional assistance for senior adults downsizing (financial)	

Services

(5) The services, including a definition of each type of service; the number of individuals to be served; the type and number of units to be provided; and corresponding expenditures proposed to be provided with funds under the Act and related local public sources under the area plan;

Service	Definition
Personal Care	Assistance (personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). Example: dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, continence, feeding, or walking to assist with personal care needs.
Homemaker	Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.
Chore	Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework.
Adult Day Care/Health	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. [OAA, Section 321(a)(5)(B)]
Case Management	Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as screening and assessing needs, providing options counseling, coordinating services, and providing follow-up as required. Short-term case management is used to stabilize individuals and their families in times of immediate need before they have been connected to ongoing support and services. It may involve a home visit and more than one follow-up contact.
Legal Assistance	Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the OAA, Sections 102(a) (23 and 24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling, or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law.
Information and Assistance (I&A)	A service that: provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are

	available; to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and serves the entire community of older individuals, particularly with greatest social and economic need and at risk of institutional placement.
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential participants or their caregivers and encouraging their use of existing services and benefits.
Public Education	Providing opportunities for individuals to acquire non-nutrition related knowledge, experience, or skills. This service may include workshops designed to increase awareness on various topics, such as crime or accident prevention, continuing education, or legal issues. Workshops may be designed to teach participants a specific skill in a craft, job, or occupation if the participant does not expect to receive wages or other stipends.
Marketing	An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach. <u>Examples</u>: Newspaper Ad/story – 1 unit / Estimated audience (Clients) = 1,500 Newsletter – 1 unit / Estimated audience (Clients) = 200 Billboard ad – 1 unit / Estimated audience (Clients) = Number of passerby's the billboard company estimates (number must not exceed 10,000 in MyADSS, i.e., if billboard company states passerby's = 50,000 please still enter only 10,000) Social Media Post – 1 unit / Estimated audience (Clients) = Number of followers of social media page
Congregate Meals (may include grab and go meals)	Congregate meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes … provided under Title III, part C–1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person, except where: (i) If included as part of an approved State plan … or State plan amendment … and area plan or plan amendment …and to complement the congregate meals program, shelf-stable, pick-up, carry- out, drive-through, or similar meals may be provided under Title III, part C–1; (ii) Meals provided .. shall: (A) Not exceed 25 percent of the funds expended by the State agency under Title III, part C–1, to be calculated based on the amount of Title III, part C– 1 funds available after all …are completed; (B) Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C–1, to be calculated based on the amount of Title III, part C–1 funds available after all transfers …are completed. (iii) Meals ...may be provided to complement the congregate meal program: (A) During disaster or emergency situations affecting the provision of nutrition services; (B) To older individuals who have an occasional need for such meal; and/or (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. §1321.87(a)(1)

Congregate Meals (may include grab and go meals)	Congregate meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes … provided under Title III, part C–1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person, except where: (i) If included as part of an approved State plan … or State plan amendment … and area plan or plan amendment …and to complement the congregate meals program, shelf-stable, pick-up, carry- out, drive-through, or similar meals may be provided under Title III, part C–1; (ii) Meals provided .. shall: (A) Not exceed 25 percent of the funds expended by the State agency under Title III, part C–1, to be calculated based on the amount of Title III, part C– 1 funds available after all …are completed; (B) Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C–1, to be calculated based on the amount of Title III, part C–1 funds available after all transfers …are completed. (iii) Meals ...may be provided to complement the congregate meal program: (A) During disaster or emergency situations affecting the provision of nutrition services; (B) To older individuals who have an occasional need for such meal; and/or (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. §1321.87(a)(1)
Home-Delivered Meals	Home-delivered meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes ... provided under Title III, part C–2 by a qualified nutrition service provider to eligible individuals and consumed at their residence or otherwise outside of a congregate setting, as organized by a service provider under the Act. Meals may be provided via home delivery, pick-up, carry-out, drive-through, or similar meals. § 1321.87 (2)
Liquid Nutrition Supplement	A Liquid Nutrition Supplement provided alone and not a part of the meal is considered “other nutrition services” under Title III-C. It can be reported on the State Program Report (SPR) under “consumable supplies.”
Transportation Subservice (Home-Delivered Meals)	This unit of transportation may apply to meals of any type delivered to the participant’s residence from the senior center or other drop-off point. If the AAA pays to deliver a frozen meal pack, it is one unit of transportation per delivery and per person, but not per meal.
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (§1321.87(a)(3). (SPR/OAAPS 2021)
Nutrition Counseling	Nutrition Counseling is a service provided under Title III, parts C–1 or 2 which must align with the Academy of Nutrition and Dietetics. Congregate and home-delivered nutrition services shall provide nutrition counseling, as appropriate, based

	on the needs of meal participants, the availability of resources, and the expertise of a Registered Dietitian Nutritionist. §1321.87(4)
Health Promotion: Evidence-Based	Evidence-based disease prevention and health promotion services programs are community-based interventions as set forth in Title III, part D of the Act, which have been proven to improve health and well-being and/or reduce risk of injury, disease, or disability among older adults. All programs provided using these funds must be evidence based and must meet the Act's requirements and guidance as set forth by the Assistant Secretary for Aging. See link under Notes. October 1, 2016, Title III-D funds will only be able to be used on health promotion programs that meet the highest-level criteria.
Health Promotion: Non-Evidence Based	Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined. These activities may include health risk assessments, routine health screenings, physical fitness or group exercise programs, art therapy, music therapy, counseling regarding social services and follow -up health services, or other non-evidence-based programming (recreation / i.e., games and crafts).

Caregiver Information & Assistance Non-Registered Caregiver Aggregate	A service that provides the individual with current information on opportunities & services available to the individuals within their communities; assesses the problems & capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults. **Note:** *PeerPlace interface will automatically capture one unit of Caregiver I&A in AIMS when a caregiver participant is screened & referred to the CARES program*
Public Information Services Non-Registered Caregiver Aggregate	A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is ***not*** tailored to the needs of the individual caregiver.
Caregiver Support Groups Non-Registered Caregiver Aggregate	A service led by an individual who meets requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purpose of Title III-E funding, caregiver support groups would **not** include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required.
*Caregiver Case Management Assistance Registered Caregiver	A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.
*Caregiver Counseling Registered Caregiver	A service designed to support caregivers & assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed trained to work with older adults and families and specifically to

	understand & address the complex physical, behavioral, and emotional problems related to their caregiver roles. Includes counseling to individuals or group sessions.
*Caregiver Training Registered Caregiver	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to caregiving. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line; and be provided in individual or group settings
*In-Home Respite Registered Caregiver/Care Recipient	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
*Out-of-Home Respite (Day) Registered Caregiver/Care Recipient	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps) where an overnight stay does not occur.
Out-of-Home Respite (Overnight) Registered Caregiver/Care Recipient	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
Other Respite Registered Caregiver/Care Recipient	A respite service provided using OAA funds in whole or in part, which does not fall into the previous defined respite service categories.
Supplemental Services Registered Caregiver/Care Recipient	Goods and Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, DME, emergency response systems, legal and/or financial consultation, transportation, and nutrition services. For caregiver age 60+, care recipient must be **unable** to perform two (2) ADLs.

Service	**FFY2026 Estimated Persons Served**	**FFY2026 Units**
Personal Care	5,197	904,397
Homemaker	7,365	1,204,600
Chore	80	773
Adult Day Care/Health	14	2,997
Case Management	35,031	111,824
Legal Assistance	4,863	11,738
Information and Assistance (I&A)		430,684
Outreach / Public Education / Marketing (Other Services)	2,558,427	
Congregate Meals (may include grab and go meals)	16,924	1,572,240
Home-Delivered Meals	22,393	4,899,322

Transportation		213,908
Nutrition Education		66,646
Nutrition Counseling	114	169
Health Promotion: Evidence-Based	9,006	
Health Promotion: Non-Evidence Based	1,071,585	
Caregivers of Older Adults		
Caregiver Information & Assistance	37,584	922
Public Information Services	119,159	2,220
Caregiver Support Groups		461
Caregiver Case Management Assistance	4,856	52,238
Caregiver Counseling	2,243	21,221
Caregiver Training	1,410	13,053
In-Home Respite	684	102,739
Out-of-Home Respite (Day)	113	20,177
Out-of-Home Respite (Overnight)	1	216
Other Respite		
Supplemental Services	483	
Older Relative Caregivers		
Caregiver Information & Assistance	10,845	2,189
Public Information Services	22,264	1,042
Caregiver Support Groups		400
Caregiver Case Management Assistance	383	3,770
Caregiver Counseling	267	1,727
Caregiver Training	248	1,341
In-Home Respite	21	2,412
Out-of-Home Respite (Day)	56	11,217
Out-of-Home Respite (Overnight)		
Other Respite		
Supplemental Services	134	

FY 26 Title III Estimated Expenditures

	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	222,548	34,545	273,653	**523,227**	**612,678**	61,157	381,881	-	35,363	2,145,051
West	242,180	40,040	553,352	**634,763**	**435,640**	24,507	320,426	7,879	38,110	2,296,898
M4A	167,185	29,995	1,085,623	**1,239,946**	**1,401,573**	118,902	540,802	7,315	61,415	4,652,756
United Way	380,905	65,877	971,070	**981,848**	**1,831,268**	84,886	573,338	16,023	89,280	4,994,494
East	325,231	67,758	1,857,735	**1,335,858**	**2,898,960**	95,511	507,897	17,963	8,363	7,115,276
South Central	192,022	20,376	254,255	**510,981**	**829,438**	23,076	117,511	5,258	14,737	1,967,654
Ala Tom	269,294	22,414	403,292	**752,413**	**854,742**	15,115	117,450	6,224	28,686	2,469,630
SARCOA	254,294	35,225	2,091,178	**1,359,015**	**1,920,535**	42,262	330,458	7,205	31,729	6,071,901
South Ala	322,406	63,550	1,326,978	**2,070,087**	**1,482,748**	116,946	717,335	7,748	14,033	6,121,832
Central	341,779	16,688	480,665	**999,878**	**1,061,948**	44,282	283,832	4,350	23,705	3,257,127
Lee Russell	228,782	24,690	514,841	**324,130**	**293,410**	2,863	110,491	3,091	13,499	1,515,797
NARCOG	138,651	10,229	851,304	**1,073,740**	**1,252,958**	38,047	304,217	5,969	16,414	3,691,530
TARCOG	612,755	85,265	2,209,739	**1,708,715**	**1,801,326**	85,645	518,285	8,685	38,117	7,068,532
	3,698,034	516,652	12,873,685	**13,514,600**	**16,677,224**	753,200	4,823,922	97,711	413,450	53,368,478

Funds Distribution

(6) Plans for how direct services funds under the Act will be distributed within the planning and service area, in order to address populations identified as in greatest social need and greatest economic need, as identified in § 1321.27(d)(1);
OAA funds allocations is completed utilizing the Intrastate Funding Formula (IFF). ADSS requires specific actions that each AAA partner must use to target services to meet the needs of those in greatest social and greatest economic need, and the following actions are recommended to meet these needs:

- Focus on serving those who are considered low-income, minority, especially low-income minority older individuals, and those residing in rural areas, especially those who may be most isolated.
- Focus outreach efforts and services on counties that are the most rural in each partner service area where older individuals may be the most isolated.
- Focus outreach efforts on topics that may be relevant to older individuals and caregivers with the greatest economic and social needs (as defined above).
- Focus on community partnerships with social and religious organizations (tribes for those identified as Native American) that specifically serve those with physical and mental disabilities, language barriers, Native American identity, and chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias).
- Ensure that the AAA partner governing board and/or advisory council consists of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs provided under the OAA, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' healthcare (if appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan.

Chronic conditions:

- Cardiovascular (heart disease, stroke)
- Metabolic and endocrine (diabetes, obesity, high blood pressure)
- Respiratory (asthma, chronic obstructive pulmonary disease (COPD))
- Musculoskeletal (arthritis, osteoporosis)
- Mental health (depression, anxiety, bipolar, schizophrenia)
- Neurological (Alzheimer's disease and other dementias, epilepsy, ALS, autism spectrum disorder)
- Other (cancer, chronic kidney disease, HIV/AIDS)

Minimum Proportion
(8) Minimum adequate proportion requirements, as identified in the approved State plan as set forth in § 1321.27;

ADSS requires each AAA to budget and spend using the following percentages of Title III B funding (plus required match) on priority services:

Title III-B Allotment	
Access	29.1%
In-Home	2.5%
Legal	6.7%

Expansion of Congregate Meals Program

(10) If the area agency requests to allow Title III, part C–1 funds to be used as set forth in § 1321.87(a)(1)(i) through (iii), it must provide the following information to the State agency:

(i) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor impact on congregate meals program participation;
(ii) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
(iii) Description of the eligibility criteria for service provision;
(iv) Evidence of consultation with nutrition and other direct services providers, other interested parties, and the general public regarding the need for and provision of such meals; and
(v) Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties.

ADSS intends to implement shelf-stable/pick-up meal flexibility at congregate meal sites in accordance with the regulatory updates recently issued by ACL and under the following policies and procedures:

Congregate (C-1) grab and go meals can be used on a limited basis for eligible participants who are determined by the Area Agency on Aging (AAA) to be unable to eat meals in a congregate setting.

Meals must complement the congregate meals program and can be shelf-stable, pick-up, carryout, drive-through, or similar meals provided under the ENP of Alabama.

The AAA has a choice of whether to use grab and go meals.

The AAA using grab and go meals must include this as a written part of their approved area plan or plan amendment. The AAA will monitor the use of grab and go meals and provide proof of monitoring to ADSS upon request.

Grab and go meals shall not exceed 25% of the Title III, part C-1 funds expended by ADSS and/or by any AAA according to ADSS fiscal records.

Special functions or trips where meals are consumed as a group away from the senior center are congregate meals and shall not count as grab and go meals.

Participants who pick up meals but congregate virtually and consume the meal together shall not count as a grab and go meal.

Grab and go meals are any C-1 meal (hot, picnic, shelf-stable, or frozen) that is not consumed in a congregate setting.

Ineligible people should not be served grab and go meals.

Criteria for assessing participants for grab and go meals: Eligible Congregate participants qualify for the grab and go meals service if any of the following exists:

A. During disaster or emergency situations affecting the provision of nutrition services. For example, a center must close for situations such as bad weather, water service disruption, public health emergency, and participants cannot congregate to eat.
B. Older individuals who have an occasional need for such a meal. For example, a participant who has a doctor's appointment and cannot stay to eat at the center, severe weather, local funeral, food bank pick-up days, providing childcare, or lack of transportation. Other examples include a congregate participant is sick, and a meal is picked up by the participant (or their agent) or delivered to the participant. Grab and go meals consumed offsite longer than three consecutive weeks by a congregate participant could be considered C-2 meals and funded with C-2 funds.
C. Older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. Consuming a meal in the congregate setting causes a socialization impairment. Example: A person may have swallowing, chewing, other medical, mental, or hygiene issues that would cause them difficulty eating with others. Participant with compromised immune system & needs to avoid crowds, participant with a rigid eating schedule with conditions like Crohn's disease, participant with chewing or swallowing problems.
D. Other unusual circumstances, approved by the SUA and AAA that would prevent a participant from eating in a congregate setting.

Procedure:

Eligible congregate participants with a regular need for grab and go meals will be assessed and pre-approved by the AAA before being served. (See Criteria for assessing participants for grab and go meals and check "Grab and Go" on the ENP Enrollment Form).

Eligible congregate participants with an occasional need for grab and go meals should be approved by the AAA prior to being served.

The senior center shall document the number of C-1 grab and go meals served each day on the item delivery ticket (IDT) under GNG (grab and go).

C-1 grab and go meals shall be documented on the meal accounting and reporting system (MARS) meal ticket each day under Served Grab N Go.

On the MARS meal ticket, (meals served congregate + meals served grab and go = people eligible congregate).

*If a AAA chooses not to use grab and go meals, any C-1 meal not consumed in a congregate setting will have to be paid with C-2 funds. Congregate clients who receive a grab-and-go meal paid for with C-2 funds may not necessitate the ADL/IADL requirement since they are not considered a home-bound participant.

Services Specific to Conditions

(c) Area plans shall incorporate services which address the incidence of hunger, food insecurity and malnutrition; social isolation; and physical and mental health conditions.

Each of Alabama's Area Agencies on Aging (AAA), through their Area Plans, provide OAA services that encompass the factors listed in the statute.

Self-Direction

(d) Pursuant to section 306(a)(16) of the Act (42 U.S.C. 3026(a)(16)), area plans shall provide, to the extent feasible, for the furnishing of services under this Act, through self-direction.
Each of Alabama's Area Agencies on Aging (AAA) provide a minimum of one (1) service program utilizing self-direction practices.

Coordination of Goals/Objectives

(e) Area plans on aging shall develop objectives that coordinate with and reflect the State plan goals for services under the Act.

ADSS engages in regular communications with the AAA Director's to ensure the Area Plans will mirror the goals and objectives of the State Plan with guidance detailing for the AAAs to create the strategies and projected outcomes for each goal and objective. Annually ADSS works with the AAAs through an Annual Operating Plan process to detail progress and next steps toward achieving the strategies developed in the Area Plans.

Title VI Coordination

*(a) For planning and service areas where there are Title VI programs, the area agency's **policies and procedures**, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the area agency's aging network, including service providers, will coordinate with Title VI programs to ensure compliance with section 306(a)(11)(B) of the Act (42 U.S.C. 3026(a)(11)(B)).*

*(b) The **policies and procedures** set forth in paragraph (a) of this section must at a minimum address:*
(1) How the area agency's aging network, including service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III;

(2) The communication opportunities the area agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
(3) The methods for collaboration on and sharing of program information and changes, including coordinating with service providers where applicable;
(4) How Title VI programs may refer individuals who are eligible for Title III services;
(5) How services will be provided in a culturally appropriate and trauma-informed manner; and
(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils as set forth in § 1321.63.

ADSS is committed to facilitating collaborative efforts between Title III and Title VI programs in Alabama to best serve all older adults in the state. Collaboration with Tribal Organizations and Title VI programs is woven throughout the administration of Older American Act programs. The needs assessment for the 2025 – 2028 State Plan was intentionally inclusive of older native Americans in to best understand the needs of all older adults on the state. ADSS will continue to support, encourage, and pursue strategies to increase these collaborations between Title III and Title VI programs. AAAs, the Alabama Indian Affairs Commission (AIAC), and Tribal Organizations will be provided with information about the updated Title VI requirements in Section 1322 of the OAA.

ADSS will work with the AAAs and AIAC to communicate these opportunities and program information and changes where applicable including:

- Strategies for outreach to elders and family caregivers;
- How title VI programs may refer individuals; and
- Opportunities to serve on advisory councils, workgroups, and boards, when applicable.

ADSS will work with the AAAs, AIAC, and Tribal Organizations to understand how Tribal Organizations define their targeted populations of greatest social and economic need, and how to provide collaborative Title III programming in a culturally appropriate and trauma-informed manner. Multiple strategies are added to Objective 1.1 Title VI. Coordination also includes preparation for emergencies and disaster management. Strategies are added to Objective 2.3 to enhance this collaboration.

SARCOA ADRC Most Frequent Referral Types			
1	Elderly & Disabled Waiver	7	SMP/Fraud Counseling
2	Food Assistance	8	Senior Rx/Medication Management
3	Farmers Market Coupons	9	Alabama Cares-Caregiver Support
4	Home-Delivered Meals	10	Senior Center
5	SHIP Counseling	11	VA
6	SNAP/AESAP	12	LIHEAP

ADSS Needs Survey Top Ten			
1	Availability of Affordable Housing	6	Help with Staying at Home Instead of Nursing Home
2	Availability of Affordable Home Modifications	7	Availability of In-Home Care
3	Availability of Meals(in the senior center or home-delivered)	8	Information about Medicare or Medicaid Health Coverage
4	Availability of Affordable Transportation	9	Information about Elder Abuse, Neglect, and Exploitation
5	Information about Emergency Preparedness	10	Availability of No Cost Legal Help

Public input regarding unmet needs was requested during the Andalusia ADSS public town hall meeting presenting the State Plan on Aging. Public comments were also requested for the 2026-2029 SARCOA area plan on our website.

Top ADSS Virtual Town Hall Responses			
1	Transportation(including a list of private transportation resources)	4	Increase in home-delivered meals(including service to rural areas)
2	Mental health/isolation/grief support(reassurance/wellness check)	5	Cost effective Durable Medical Equipment
3	Increase in homemaker and chore services	6	Cost effective home modifications

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%. (1) 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 2020 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. (2)

(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
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

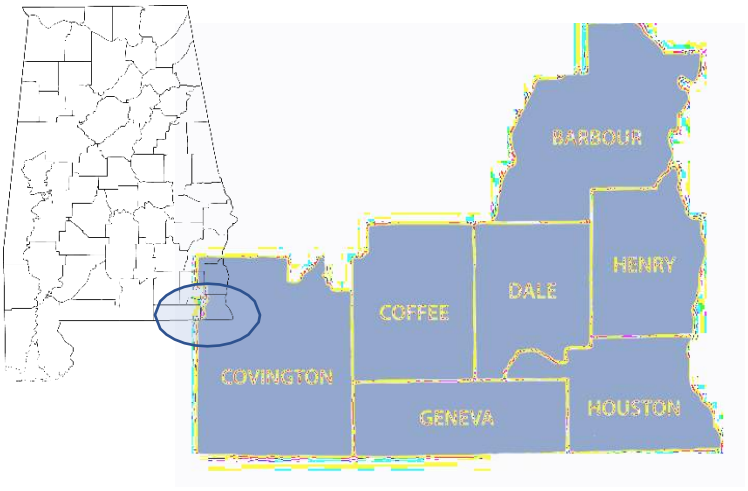
Region	Population	65+ Population	% of population over 65	% of 65+ Population Rural	65+ Rural Population*
Barbour	24,686	4,982	19.70%	100%	4,982
Coffee	53,230	9,371	17.30%	100%	9,371
Covington	26,411	8,095	21.40%	100%	8,095
Dale	48,959	8,733	17.30%	100%	8,733
Geneva	26,411	5,604	20.60%	15%	829
Henry	17,223	4,456	23.40%	-	-
Houston	106,580	18,382	18.10%	-	-
SARCOA Region	303,500	59,623	19.65%	54%	32,010
Alabama	4,903,185	848,000	17.30%	45%	381,600

Source: US Census Quick Facts, 2019estimates: * 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

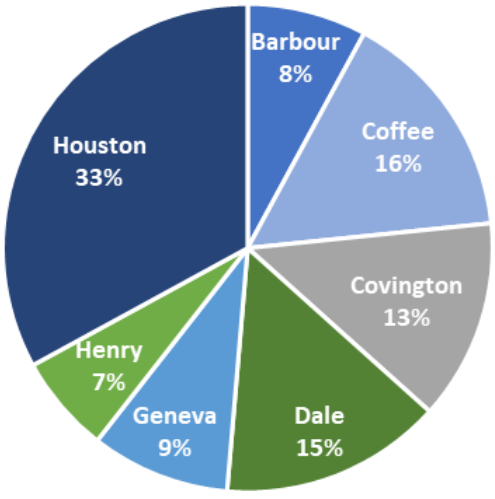
SARCOA serves the seven southeastern Alabama counties. The region borders on Georgia to the east and Florida to the south.



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%
Total Region	81,671	100%

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%
Total Region	48,793	54,943	66,422	81,671	15,249	23.0%
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%
Total Region	3,309	5,225	5,455	6,751	1,296	23.8%
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
Gender %	6,478	12,647	10,836	12,015	7,503	5,272	26,920	81,671
Male	45%	45%	45%	45%	46%	45%	44%	45%
Female	55%	55%	55%	55%	54%	55%	56%	55%
Race #								
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
Race %								
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%
Hispanic								
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
Sex								
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								

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.**alabama**publichealth.gov/ruralhealth/assets/MUAPMap*

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 – Seven 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, Grab and Go 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 the congregate setting, grab and go from the congregate setting for those with medical needs that prevent dining in a 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 TRIO Community Meals. The TRIO Community Meals 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 **Drums Alive, Walk with Ease, and BINGOcize** programming in senior centers. We will continue to offer these programs in FY2026. We will also continue to search for additional health promotions programs that will benefit our seniors.

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 38 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.

OAA Core Formula-Based & Other Non-Formula Based Programs

GOAL 1: Provide strong and effective core OAA and other home-and community-based services programs while strengthening oversight and quality management

Objective 1.1: Structure Title III and V services to help older adults stay at home and in their communities and explore coordination of programs within Title VI

	STRATEGY	PROJECTED OUTCOME
III-B	Ensure senior center staff are aware of legal advice and representation available to seniors at no cost and promote this to seniors in need.	Seniors are better prepared for unexpected events. Promote healthy and active aging.
	Offer information and education opportunities, recreation activities, and social support via congregate dining sites.	
III-C	Implement Grab and Go policy to ensure congregate members with medical needs that prevent dining in a congregate setting receive a nutrition meal.	Promote socialization and nutrition.
III-D	Bring evidence-based health promotion programs directly into rural communities via pop-up sites (churches, senior centers, libraries).	Increase participation in rural areas with limited resources. Help seniors remain active, engaged, and connected, ultimately enhancing their quality of life and ensuring they feel valued and included.
	Seek out evidence-based programs that will attract seniors and engage them in physical and cognitive activities.	
Title V	N/A	
	N/A	

Objective 1.2: Strengthen Alabama's State Long-Term Care Ombudsman program that strives to serve residents in all facility settings

	STRATEGY	PROJECTED OUTCOME
VII	Conduct routine visits and visits as needed when complaints are made. Conduct in-services for staff and new employees. Conduct regularly resident council meeting.	The outcome should align with the planned strategy to make residents more secure and feel safe in their place called home. To educate the staff and

	Organize and conduct an Interagency meeting designed to identify areas of improvement through education or attention Conduct community outreach and education with various organizations, churches, senior centers, and medical facilities Work with the media to advertise the ombudsman program and advocate for residents' rights and quality of care. Work with local law makers to identify laws or policies that impact long-term care residents.	community on resident's rights, establish agency relationships, and provide agency information to contact who can advise, educate, investigate, and attempt satisfactory resolution, or report to appropriate agencies, complaints, abuse, exploitation, and neglect of long-term care residents.
Objective 1.3: Work to continue assisting Alabama's population with high quality non-formula-based services while integrating these services with OAA core programs		
	STRATEGY	**PROJECTED OUTCOME**
ADRC	Hold regular meetings with ADRC staff to ensure they are up to date on services available.	Increase staff knowledge to connect individuals with services, programs, and resources to enhance their living.
	Meet with service agencies regularly to increase knowledge of ever-changing resources available in our region.	
SHIP/MIPPA	Work on establishing relationship with other entities to provide education regarding legal, SMP/SHIP programs.	Reach out to other entities to schedule a presentation to their community members, employees, etc.
SMP	Attend at a minimum of two senior centers to education participants on SMP/SHIP and the importance of having power of attorney for finances/health care, advance directives, and simple will in place in case of mental decline or other issue that may arise causing you to be unable to handle your own affairs.	Speak with Senior Center participants and allowing them to ask questions and provide information/documentation if needed.
SenioRx	Distribute information to physicians, pharmacies, and hospitals to target those in need.	Reduce exacerbation of medical ailments by providing needed medication. Increase knowledge of program eligibility.
	Educate clients on procedures of SenioRx to ensure they continue receiving the medications needed or to secure a new medication.	
Objective 1.4: For prevention and detection, strengthen responses to elder abuse, neglect, and exploitation through Title VII, Adult Protective Services, legal services, law enforcement, health care professionals, financial institutions, and other partners		
	STRATEGY	**PROJECTED OUTCOME**

	Educate all Agency staff on Mandatory Report Regulations/ Law to ensure suspicion of abuse, suspicion of neglect, and suspicion of exploitation is addressed per State and Federal mandates.	Ensure our population are afforded the opportunity to remain in their preferred setting (i.e. the community), safely, with all available services and supports, without fear of abuse, neglect, and exploitation.
	Conduct annual Fraud Summit to encourage the public to attend and receive valuable information on how to protect, prevent, and report any scam, fraud or abuse. Provide legal services to include powers of attorneys, advanced health care directives, Last Wills and Testaments, general legal consultation and referrals, as deemed needed and appropriate. Services provided to seniors and the disabled at no cost.	To work with ACL and ADSS and other partners in educating seniors and family/caregivers on the prevention, protection, and reporting of fraud, abuse, scam, or errors. Assist with estate and end-of-life planning needs before physical and/or mental health of clients makes it more challenging.
Objective 1.5: Expand Alabama's dementia and Alzheimer's education and direct service efforts promoting prevention, detection, and treatment		
	STRATEGY	**PROJECTED OUTCOME**
Dementia Services	Continue to plan and establish Community-Based Dementia Education Programs: Partner with local senior centers and healthcare providers, as well as other community organizations, to offer brain health education programs, transition training and basic caregiver resource and training. These include workshops that focus on dementia prevention, early detection, research/trials and treatment options, as well as self-care and advocacy for caregiver.	Increase awareness about dementia and brain health so people get help earlier, care improves, and stigma is reduced. Educate caregivers, professionals, and the public on early signs and ways to support brain health, while building a community that understands and supports those living with dementia.
	Create a Dementia-Friendly Network: This network empowers local businesses, organizations, and individuals to better understand dementia and to make accommodations that enhance quality of life.	
Objective 1.6: Improve quality management and accountability of all programs by improving data collection through the information technology (IT) infrastructure, increasing training and technical assistance opportunities with partners, and strengthening desk review and monitoring processes.		
	STRATEGY	**PROJECTED OUTCOME**

Data Reporting (IT)	Maintain a system of record/truth with a "Best Practices" approach to quality improvement, compliance, data collection and warehousing, and task monitoring (performance metrics) for HCBS Medicaid Waiver workflow. Case Management System of Record/ truth to be utilized as one spoke in the Community Care Hub/network model.	High level of confidence in data extraction that fully aligns with purchaser needs which include, but are not limited to cost containment, utilization review and resource allocation focused on high utilizers/need as well as performance/quality metrics.
Training	Develop and maintain a comprehensive training schedule fully aligned with Federal, State, Purchaser, and local AAA/COG/PC/DC requirements for content and type/level of trainer/trainee engagement.	Better and more relevant training to staff. Improve overall awareness of the needs of the target population while addressing oversight entity regulations and requirements.
Monitoring	Implement strategies to monitor, analyze, and trend/forecast task completion to ensure threshold dates for completion are met. Goal to meet or exceed purchaser's deliverable requirements.	Efficient and agile monitoring of programs and staff. Provision of quality care focused on the needs of the individual served as well as the needs and expectations of the purchaser of the services provided by the agency.

Preparedness, Response, & Recovery

GOAL 2: Plan for future emergencies, encouraging healthy and independent lives

Objective 2.1: Increase education and access to services to combat the negative health effects associated with social isolation

	STRATEGY	**PROJECTED OUTCOME**
	Provide outreach to inform of support groups, Evidence-based health promotion programs, and senior center activities.	Educating seniors on the impacts of social isolation and giving them ways to combat isolation will combat negative health effects and improve health overall.
	Educate on the negative physical and mental effects of isolation and promote social connection.	

Objective 2.2: Assist target population with accessing assistive technology through services and partnerships to combat falls and increase independence

	STRATEGY	**PROJECTED OUTCOME**
	Provide Personal Emergency Response Systems (PERS) to help seniors and those with health needs stay safe and independent at home, with 24/7 access to emergency support.	By offering 24/7 access to emergency assistance, including fall detection, mobile support, and caregiver alerts,

		this program helps promote safety at home and in the community while preventing unnecessary hospitalizations or institutional care.

Objective 2.3: Revisit the ADSS emergency preparedness planning processes to properly plan for future disasters

	STRATEGY	PROJECTED OUTCOME
	Partner with local Emergency Management Agency to support the needs of at-risk participants during a disaster.	EMA will help locate resources in areas affected by emergencies. Individuals will be better prepared when a disaster hits limiting detrimental effects. Provision of supportive LTSS during a systemic crisis. Lessen hardship placed on the target population due to unforeseen circumstances beyond the control of the AAA.
	Ensure all necessary HCBS program workflow is cloud based and functional in the event of an emergency. Regularly review and maintain IT and Cloud based supports in the event of a critical event.	

Equity

GOAL 3: Reach and serve individuals with the greatest economic and social need

Objective 3.1: Ensure all OAA and other grant programs target those with the greatest economic and social needs

	STRATEGY	PROJECTED OUTCOME
	Focus outreach efforts in underserved areas, partnering with local faith-based groups and agencies to extend reach.	Reach those that wouldn't be served and inform of resources to better support their lives.
	Conduct outreach benefits screenings across the region	
	Provide outreach and education to community partners, older Americans, and individuals residing in various settings and individuals working in the LTSS sector to ensure all individuals are educated on the financial eligibility requirements of OAA and Soc. Security Act programs, are aware of the inherent risks (social isolation, impoverishment, limited community resources) associated with the target population, and can connect individuals to the services they may benefit from.	Reduce Social Isolation and SDOH related risk factors to support health, active, life in the community setting.

Objective 3.2: Ensure all LTSS participants are assessed in a person-centered manner while services to be implemented are driven by the participant

	STRATEGY	PROJECTED OUTCOME

	Continue to ensure all staff are trained in person-centered thinking concepts	Empower clients to make decisions regarding own care.
	Ensure all LTSS case management and Lead staff are educated on core domains of person-centered strategies to provide the individual opportunity to actively participate and have a voice in the services provided to them. Maintain a case management system of record to document PCCP development and support ongoing monitoring of client focused care planning.	Increase awareness of PCCP concepts to better support Federal and State requirements in support of person-centered thinking and action at the AAA LTCC Case Management level.

Objective 3.3: Use No Wrong Door collaborations to address social determinants of health

	STRATEGY	PROJECTED OUTCOME
	Ensure that every ADRC intake includes standardized screening for social determinants, such as food insecurity, housing, and transportation, with referrals to appropriate community resources.	All needs are identified, and resources are given to address them. Increase immediate rapport building resulting in more accurate screenings.
	Ensure staff maintains multicultural competence and understanding of varying backgrounds to positively impact screening outcomes.	
	Through our Hospital To Home/ H2H program, we provide comprehensive medical/social and SDOH screening to individuals in the acute facility setting as well as transition assistance to qualified individuals to aid them in returning to their preferred setting. Community living, when safety risks are identified and mitigated, is the preferred setting. Through our Gateway to Community Living program/GCL program, provide comprehensive medical/social and SDOH screening and transition assistance to qualified individuals wishing to discharge from skilled care and return to the community setting. Community living, when safety risks are identified and mitigated, is the preferred setting.	Address needs of individuals to best support transitions of care and return to community living. Through the H2H and GCL, Money Follows the Person and ADRC No Wrong Door process, SARCOA has a formalized process for receiving, screening, assessing and transitioning individuals from the acute and skilled setting back to the community setting.

Expanding Access to HCBS

GOAL 4: Coordinate and maintain strong and effective HCBS for older adults and people with disabilities

Objective 4.1: Work to increase access to transition services from facility and hospital settings to allow the best scenario for aging in place

	STRATEGY	PROJECTED OUTCOME

	Through our H2H, Hospital to Home program and GCL Gateway to Community Living program, we ensure all individuals referred to the HCBS Medicaid Waiver programs have access to all relevant and available Medicaid services and supports that may aid them in transitioning from the acute care and long-term care settings.	Support access to Federally funded programs to ensure that no barriers are present. Fully align with the Settings Rule to empower individuals to remain in the least restrictive and preferred, safe setting.
	Increase enrollment in the Consumer Direction: Personal Choices program to empower older adults and those with disabilities to hire and manage their own direct care worker. Educate HCBS Medicaid Waiver and ADRC staff on all aspects of HCBS and Alabama Medicaid reimbursed services and supports available to individuals in the community and residents of LTC facilities, acute care settings and other relevant settings, to support community living with an emphasis on transitions of care and return to community.	Through education and outreach at ADRC level, maintain a strong pathway and direct care channel to ensure program growth up to market saturation or Purchaser limitations.

Objective 4.2: Better coordinate aging network services with Alabama's Medicaid Waiver services

	STRATEGY	PROJECTED OUTCOME
	Promote, educate, support and integrate a direct pathway referral process via H2H and GCL programs to strengthen advocacy for individuals seeking transition to community services and supports with the end goal of value-based care coordination for individuals seeking community care.	Transition eligible individuals to the least restrictive, safest, most supportive and preferred setting.
	Increase number of individuals enrolled in the HCBS Medicaid Waiver program. Maintain high utilization of the one out/one in slot allocation methodology resulting in additional HCBS Program enrollee slots for our region.	

Objective 4.3: Attempt to create new support services, increase funding/access to existing services, or partner/collaborate with existing resources for better resource coverage

	STRATEGY	PROJECTED OUTCOME
	Funding for direct service provider reimbursement falls well below acceptable levels to ensure adequate coverage by qualified providers in our region. Advocacy for DSPs for equitable reimbursement for provider services. Continue to advocate for adequate funding to compensate the direct care/ provider-based workforce at acceptable levels.	Improved DSP coverage by qualified providers in support of all LTSS program enrollees.

Caregiving (Title III-E (Alabama CARES)) and Alabama Lifespan Respite (ALR))

GOAL 5: Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama

Objective 5.1: Work to address the needs of caregivers by implementing, to the extent possible, the recommendations from the RAISE Family Caregiver Advisory Council		
	STRATEGY	**PROJECTED OUTCOME**
	Encourage communities to develop and implement caregiver support programs, including in-person support groups in rural areas and accessible virtual options, to reduce isolation and provide emotional, educational, and practical support to family caregivers	Caregivers across Alabama, including those in rural areas and older relative caregivers, will have greater access to support groups, training, and resources—leading to reduced stress, increased knowledge of caregiving rights, and improved ability to care for their loved ones at home.
	Support and educate older relatives raising children by offering local and virtual support groups, caregiver education, and easy access to resources.	
Objective 5.2: Work to strengthen and support the direct care workforce		
	STRATEGY	**PROJECTED OUTCOME**
	Expand training and career pathways by offering accessible, high-quality training and continuing education for direct care workers to improve skills, build confidence, and promote career advancement. Include dementia-specific care, communication, and caregiver rights as core topics.	Expand training opportunities and promote use of the Active Daily Living online tool to equip caregivers and direct care workers with practical, expert-informed strategies for supporting older adults with mobility, safety, and independence at home. This helps address functional challenges while enhancing caregiver knowledge and confidence.
	Provide the Active Daily Living online tool to equip direct care workers with practical, expert-backed tips on caregiving, home safety, and aging in place—helping them better support clients with mobility and health challenges using no- or low-cost strategies.	
Objective 5.3: Utilize the National Technical Assistance Center on Grandfamilies and Kinship Families to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children		
	STRATEGY	**PROJECTED OUTCOME**
	Strengthen local service coordination for Kinship Families by partnering with NTAC to access training and tools to improve coordination of services like financial assistance, legal aid, mental health, and education support, ensuring kinship caregivers know where to turn for help and are connected to a full network of community resources.	Kinship caregivers will have improved access to comprehensive support services and resources through strengthened service coordination and increased community awareness.
	Use NTAC's free webinars, toolkits, and policy guides to train SARCOA staff and community partners on the unique needs of grandfamilies. Develop culturally responsive outreach materials to raise awareness and reduce stigma, especially in underserved communities.	Build staff and community capacity through training and outreach
Objective 5.4: Continue work in coordinating Alabama CARES with ALR objectives		

	STRATEGY	PROJECTED OUTCOME
	Promote Alabama Lifespan Respite (ALR) through our resource directory, providing information on accessing training, events, and respite assistance.	Connect caregivers with practical resources.
	Meet regularly and attend all the required trainings with ALR staff to discuss the needs of the caregiver population and respite opportunities and to keep them aware of local events in our region.	Ensure funding is being utilized properly for caregivers and resources are shared across both agencies.

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.

Monthly reporting

On-site program assessment

Data collection and monitoring

Client satisfaction surveys

Process improvement

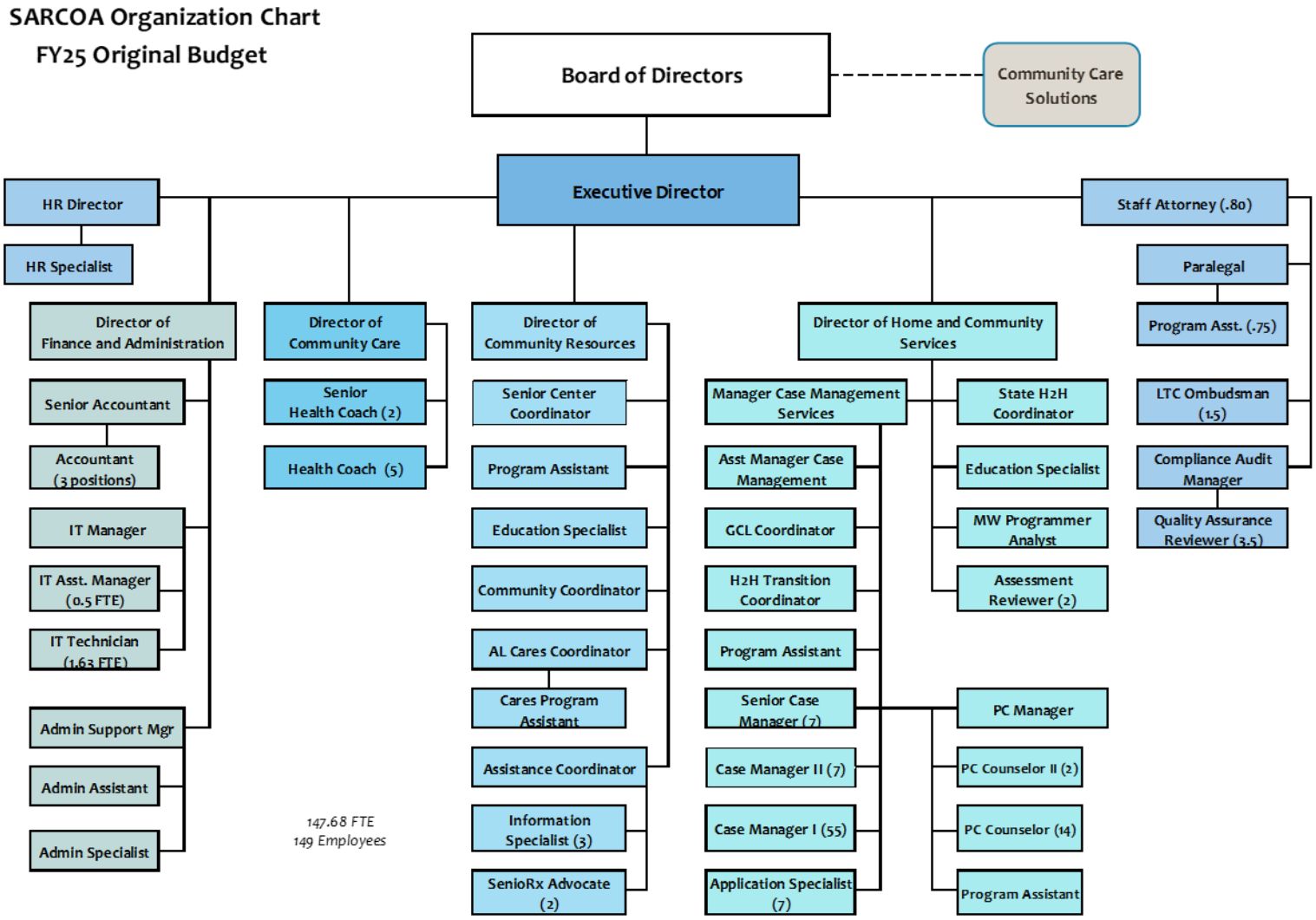
Compliance program

Certifications

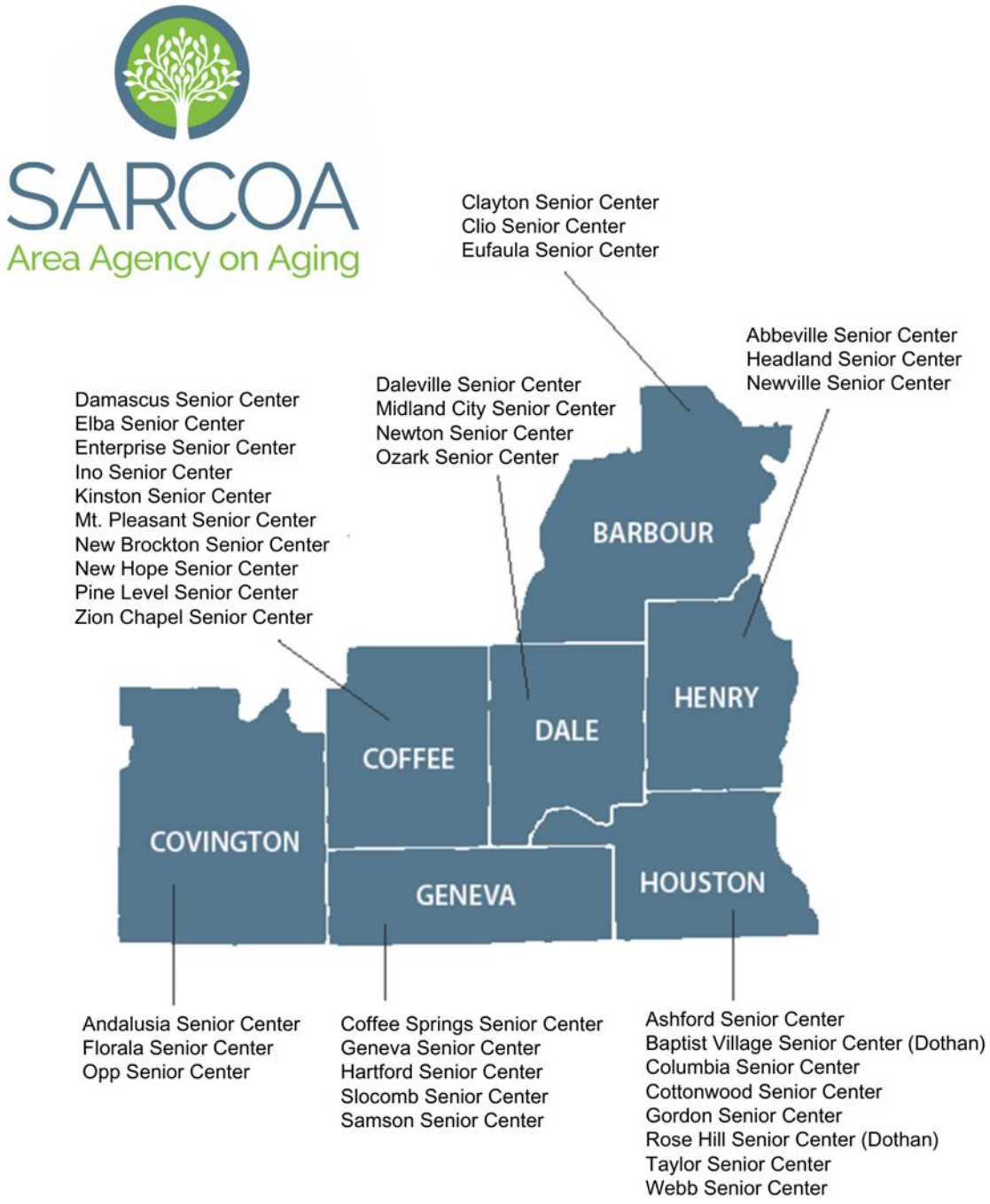
Training Programs

Appendix

Organizational Chart



Region Map with Senior Center list



SARCOA Senior Centers R- July 2025

	HOURS	CENTER	MAILING ADDRESS	EMAIL ADDRESS	TELEPHONE - 334-
1	8:00-1:00	ABBEVILLE	P.O. Box 427 Abbeville, AL 36310 215 E Washington St.	abbevilleseniorcenter@gmail.com	585-5900
2	7:30-4:00	ANDALUSIA	P.O. Box 427, Andalusia, AL 36420 401 Walker Ave.	amber.vanderryt@cityofandalusia.com	222-4608
3	9:00-2:00	ASHFORD	409 County Road 33 North, Ashford, AL 36312	ashsc@graceba.net	899-5716
4	8:00-1:00	BAPTIST VILLAGE	4426 West Main St.,Box A, Dothan, AL 36305	BVSeniorCenter@outlook.com	792-4367
5	7:30-3:30	CLIO	21 College Street, Clio, AL 36017	grobinson@barbourcountyal.gov	397-2586
6	8:00-2:00	CLAYTON	51 N. Midway Ave. P.O. Box 195	ksingleton@barbourcountyal.gov	621-5004
7	9:00-1:00	COFFEE SPRINGS	P.O. Box 8, Coffee Springs, AL 36318 195 Spring St.	coffeespringssc@troycable.net	684-9876
8	9:00-1:00	COLUMBIA	P.O. Box 339, Columbia, AL 36319 301 S. Main St.	cholland@columbiaal.org	696-4529
9	8:00-1:00	COTTONWOOD	P.O. Box 447, Cottonwood, AL 36320 1336 Metcalf St.	cottonwd@graceba.net	949-0590
10	7:00-3:00	DALEVILLE	18 Old Newton Road, Daleville, AL 36322	dalesc@dalevilleal.com	598-9197
11	8:00-2:00	DAMASCUS*	129 County Road 514, Elba, AL 36323	damascus.sc@coffeecounty.us	894-5211
12	7:00-3:00	ELBA	200 Buford Street, Elba, AL 36323	seniorcenter@elbaal.gov	897-3019
13	7:30-4:30	ENTERPRISE	PO Box 311000, Enterprise AL 36331 2401 Neil Metcalf Rd	alane@enterpriseal.gov	347-3513
14	8:00-2:00	EUFAULA	P.O. Box 219, Eufaula, AL 36027 14 Community Dr	eufaulaseniorcenter@gmail.com	232-7813
15	8:00-2:00	FLORALA	1338 Fourth Street, Florala, AL 36442	floralaseniorcenter@gmail.com	858-3310
16	7:00-3:00	GENEVA	105 N. Washington St., Geneva, AL 36340	robbiegenevasc@gmail.com	684-3626
17	8:30-3:30 M,Tu,Wed	GORDON	708 Tifton Rd., Gordon AL 36343 P.O. Box 181	townofgordonseniors181@gmail.com	790-4977
18	7:30-2:00	HARTFORD	301 S. 3rd Ave., Hartford, AL 36344	seniorcitizens@cityofhartfordal.org	588-3115
19	8:00-1:00	HEADLAND	107 Boynton Street, Headland, AL 36345	headlandseniorcenter@gmail.com	693-5070
20	8:00-2:00	INO*	6264 Hwy. 134, Kinston, AL 36453	ino.sc@coffeecounty.us	565-9196
21	8:00-12:30	KINSTON	P.O. Box 26, Kinston, AL 36453 104 Suzanne St.	toks@centurytel.net	565-3349
23	8:00-2:00	MIDLAND CITY	P.O Box 69, Midland City, AL 36350 1338 Hinton Waters Ave	midcitysc1@gmail.com	983-4121
24	9:00-2:00	MT. PLEASANT*	388 County Rd. 650, Enterprise, AL 36330	mtpleasant.sc@coffeecounty.us	393-7874
25	7:30-12:30	NEW BROCKTON	P.O. Box 70, New Brockton, AL 36351 130 Vester Cole Dr.	newbsc@troycable.net	894-2028
26	8:30-1:30	NEW HOPE*	2192 County Road 124, Brundidge, AL 36010	newhope.sc@coffeecounty.us	735-5433
27	8:00-1:00	NEWTON	25 E. King Street, Newton, AL 36352	crichburg@townofnewtonal.com	299-3861
28	8:00-3:00	NEWVILLE	P.O. Box 64, Newville, AL 36353 481 Bowden St.	newvillesc@gmail.com	889-2250
29	7:00-3:00	OPP	P.O. Box 610 Opp, AL 36467 107 Main St.	oppsc@cityofopp.com	493-7121
30	7:30-3:30	OZARK	P.O. Box 1987, Ozark, AL 36361 502 Carroll Ave.	scc@ozarkal.gov	774-0038
31	8:30-1:30	PINE LEVEL*	63 County Road 355, Elba, AL 36323	pinelevel.sc@coffeecounty.us	897-2621
32	8:00-4:00	ROSE HILL	401 S. Appletree St., Dothan, AL 36302	jpritchett@dothan.org	615-3740
33	7:00-4:00	SAMSON	P.O. Box 33, Samson, AL, 36477 200 N. Johnson St.	samsonsc@panhandle.rr.com	898-2163
34	8:00-2:00	SLOCOMB	P.O. Box 1147, Slocomb, AL 36375 134 W. Bateman St.	joe.newsome@slocombal.org	886-3115
35	8:00-12:00	TAYLOR	1457 S State Hwy 605 Taylor, AL 36301	taylorseniorcenter@gmail.com	677-5536
36	8:30-1:30	WEBB	P.O. Box 127, Webb, AL 36376 4095 Enon Rd	webbsc@graceba.net	702-8449
37	8:00-1:00	ZION CHAPEL*	28742 Highway 87, Jack, AL 36346	zionchapel.sc@coffeecounty.us	897-1500

*Coffee County Commission(6)