

2014-2017
REGIONAL AREA PLAN

OF

UPPER SAVANNAH
AREA AGENCY ON AGING

For the Period
July 1, 2013 – June 30, 2014

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I. Introduction

a. Purpose

Under the Older Americans Act of 1965, as amended, each Area Agency on Aging (AAA) is charged with the responsibility of preparing an Area Plan to foster the development of a comprehensive, coordinated service system to meet the needs of older persons in the planning and service area. The development of the plan helps to establish the AAA as the focal point on aging services in each planning and service area.

The Area Plan has two principal purposes. First, the Area Plan serves as a document describing priority goals to be undertaken by the AAA on behalf of older persons during the Plan years. The Plan also sets forth the manner in which the AAA proposes to carry out certain functions which support implementation of the Area Agency's programs and which are mandated by the Older Americans Act and its regulations. The Area Plan can be viewed as a long-range blueprint for action, or a work plan, reflecting the objectives of advocacy on behalf of older persons. The second purpose of the plan is to represent a formal commitment made to the State Unit on Aging as to how the AAA intends to carry out its administrative responsibilities and to utilize Federal and State funds made available through the State Unit on Aging. The Area Plan represents a commitment by the AAA to its role as the planner-catalyst-advocate for programs for older persons in each planning and service area. The AAA and the programs it sponsors under the Area Plan, together with other public and private funds and providers of services for older persons, form the comprehensive, coordinated service system called for under the Older Americans Act.

The Area Plan is a tool throughout which the concept of advocacy for older persons is crystallized for those individuals and organizations which participate in plan development and implementation. It is also a mechanism through which coordinating and cooperative relationships may be initiated and structured with other agencies and organizations in the planning and service area. Through the development and implementation of the Area Plan, a mutuality of interest occurs among advocates on behalf of older persons.

**2014 – 2017 AREA PLAN
VERIFICATION OF ADMINISTRATION ON AGING'S (AoA'S) AND LIEUTENANT
GOVERNOR'S OFFICE ON AGING'S (LGOA'S) STANDARD ASSURANCES AND
GENERAL CONDITIONS**

ASSURANCE CATEGORIES

- A. PLANNING AND SERVICE AREA (PSA) AND AREA AGENCY ON AGING (AAA)/AGING AND DISABILITY RESOURCE CENTER (ADRC) GENERAL AND ADMINISTRATIVE ASSURANCES
- B. AAA/ADRC TRAINING RESOURCES ASSURANCES
- C. CLIENT DATA COLLECTION ASSURANCES
- D. FISCAL ASSURANCES
- E. MONITORING AND COMPLIANCE ASSURANCES
- F. PROCUREMENT AND CONTRACTUAL ASSURANCES
- G. COORDINATION, OUTREACH, AND INFORMATION AND REFERRAL ASSURANCES
- H. STATE PLAN ASSURANCES FROM THE ADMINISTRATION ON AGING (AoA)

2014 – 2017 AREA PLAN ASSURANCES

- A. **PLANNING AND SERVICE AREA (PSA) AND AREA AGENCY ON AGING (AAA)/AGING AND DISABILITY RESOURCE CENTER (ADRC) GENERAL AND ADMINISTRATIVE ASSURANCES**
 - 1. The Planning Service Area (PSA), Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC), and the AAAs'/ADRCs' providers/contractors must comply with the policies and procedures set by the Older Americans Act (OAA), the current South Carolina Aging Network's Policies and Procedures Manual, current Notices of Grant Award (NGA) Terms and Conditions, and any Program Instructions (PI) issued by the Lieutenant Governor's Office on Aging (LGOA) and the Administration on Aging (AoA) during the Area Plan period.
 - 2. The AAA/ADRC shall ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, shall include a focus on the needs of low income minority older individuals and older individuals residing in rural areas. (OAA 306(a)(4)(C))
 - 3. The PSA, AAA/ADRC, and the AAAs'/ADRCs' providers/contractors shall comply with all applicable Federal and State laws, regulations, and guidelines.

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4. The PSA and AAA/ADRC shall have a comprehensive, written policies and procedures manual for complying with all of its functions as prescribed by the OAA, the LGOA, and the South Carolina Aging Network's Policies and Procedures Manual. These written policies and procedures shall be available for inspection upon request and are subject to the South Carolina Freedom of Information Act (FOIA) requirements. The AAA/ADRC may not adopt the South Carolina Aging Network's Policies and Procedures Manual as a substitute for developing a regional manual, but may use it as a guide for what should be included in the regional manual. A summary of the written policies and procedures should be noted in the Area Plan.
5. The AAA/ADRC accepts the standards and programmatic requirements issued for all services authorized by the Lieutenant Governor's Office on Aging. All providers/contractors and/or vendors of services shall be monitored for compliance with such standards and carry out the standards and requirements in the delivery of each service to be reimbursed with funds awarded under this plan.
6. The PSA and AAA/ADRC shall maintain professional office policies and procedures which reflect effective (best) business practices in order to ensure the quality delivery of programs and services to South Carolina's aging population and adults with disabilities.
7. The AAA/ADRC shall provide a qualified full-time director of the aging unit and an adequate number of qualified staff to carry out the functions required under the Area Plan. (CFR 1321.55(b))
8. The AAA/ADRC shall maintain a Regional Aging Advisory Council (RAAC) whose purpose is:
 - a. to advise the AAA/ADRC on all matters related to the development of the Area Plan;
 - b. to advise on the administration of the plan; and
 - c. to advise on operations conducted under the plan.The RAAC shall have no decision-making authority that is binding on the AAA/ADRC staff or on the AAA/ADRC Executive Board. (OAA 306(a)(6)(D))
9. Through its Area Plan, the AAA/ADRC shall provide the LGOA information on how board members are selected, appointed, or elected; the established terms of office; and RAAC by-laws.
10. The PSA and AAA/ADRC directors shall be expected to be engaged and informed aging advocates who work to promote senior matters and educate the community on issues facing the aging network and their respective regional AAA/ADRC.
11. Each PSA is encouraged to have at least one (1) board meeting annually that is dedicated to aging issues and shall invite the LGOA Director and senior staff to attend.
12. All Planning Service Area (PSA) Directors are required to attend quarterly and scheduled PSA Directors' meetings at the LGOA, or to send an appropriate representative, approved by the LGOA Director.

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13. All AAA/ADRC Directors are required to attend monthly and scheduled ADRC meetings or to send an appropriate representative, approved by the LGOA Director.
14. PSA Directors and their governing board members shall be encouraged to provide a minimum of six (6) hours of community service annually in their region. Options for community service may be conducted through, but not limited to, working at a group meal site; delivering home-delivered meals; or volunteering in an adult day care, assisted living facility, or a multipurpose senior center. The desired goal of this community service is for the PSA leaders to see firsthand the many challenges and obstacles facing older persons, persons with disabilities, and their families and caregivers and to seek solutions in order to improve the aging network in their regions.
15. The PSA director shall ensure that all contact information for all respective PSA board members provided to the LGOA is accurate and up-to-date and comply with the South Carolina Freedom of Information Act (FOIA).
16. The AAA/ADRC shall use grants made under the Older Americans Act (OAA) to pay part of the cost of the administration of the Area Plan, including preparation of plans, evaluation of activities carried out under such plans, development of a comprehensive and coordinated system for delivery of services to older adults and caregivers, development and operation of multipurpose senior centers, and the delivery of legal assistance as required under the OAA of 1965, as amended in 2006, and in accordance with the regulations, policies, and procedures established by the LGOA, the Assistant Secretary of the AoA, the Secretary of the U.S. Department of Health and Human Services and State legislation. (OAA 303 (c) (1) and (2) and CFR 1321.11)
17. The AAA/ADRC shall assure through the Area Plan that it has protocols in place to provide technical and programmatic assistance and training opportunities for AAA/ADRC staff and providers/contractors as required by the South Carolina Aging Network's Policies and Procedures Manual.
18. The AAA/ADRC is responsible for designing and implementing a regional training and education plan. This plan should be comprehensive in nature and reflect the training requirements identified by the AAA/ADRC, address the service priorities in the Area Plan, and complement State efforts. The training should address geographical characteristics, demographics, infrastructure, GIS Mapping, and local and community partnering resources. The annual needs assessment is the blueprint necessary to identify the types of trainings necessary in the region. Regional training shall also address all required LGOA client data tracking systems, as well as any other fiscal or programmatic requirements of the LGOA.
19. The AAA/ADRC and providers/contractors shall not means test for any service under Title III. When contributions are accepted, or cost sharing implemented, providers/contractors shall not deny services to any individual who does not contribute to the cost of the service. (OAA 315(b)(3) and CFR 1321.61(c))

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20. The AAA/ADRC shall comply with Title VI of the Civil Rights Act of 1964 and shall require such compliance from all providers/contractors under the Area Plan. (CFR 1321.5(c))
21. The AAA/ADRC shall comply with all the appropriate Titles of the Americans with Disabilities Act of 1990, require such compliance from all contractors under the Area Plan, and assure that otherwise eligible older individuals shall not be subjected to discrimination under any program or activity under the Area Plan. (CFR 1327.5 and 1321.5 (c))
22. The AAA/ADRC shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.
23. The AAA/ADRC shall assess the level of need for supportive services including legal assistance, transportation, nutrition services, and multipurpose senior centers within the planning and service area. (OAA 306(a)(1))
24. The AAA/ADRC shall assure that the special needs of older individuals residing in rural areas are taken into consideration and shall describe in the Area Plan how those needs have been met and how funds have been allocated to services to meet those needs. (OAA 307(a)(10))
25. The AAA/ADRC shall utilize Geographic Information System (GIS) mapping in order to determine if Older Americans Act (OAA) targeted client populations are being served in its planning and service areas.
26. The AAA/ADRC shall establish effective and efficient procedures for coordination of entities conducting programs under the OAA and entities conducting other Federal programs for older individuals at the local level. (OAA 306(a)(12))
27. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the AAA/ADRC shall require outreach activities to such individuals and encourage such individuals to access the assistance available under the OAA. (OAA 306(a)(6)(G))
28. The AAA/ADRC shall assure the coordination of planning, identification and assessment of needs, and provision of services for older individuals with disabilities, (with particular attention to those with severe disabilities) with agencies that develop or provide services for individuals with disabilities. (OAA 306(a)(5))
29. The AAA/ADRC, in carrying out the State Long Term Care Ombudsman program, shall expend not less than the total amount of funds appropriated and expended by the agency in fiscal year 2000 in carrying out such a program under the OAA. (OAA 306(a)(9))
30. The AAA/ADRC, when seeking a waiver from compliance with any of the minimum expenditures for priority services, shall demonstrate to the LGOA that services furnished for such category within the PSA are sufficient to meet the need for those services and shall conduct a timely public hearing upon request. (OAA 306(b))

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31. The AAA/ADRC shall, to the maximum extent practicable, coordinate services under the Area Plan with services that may be provided under Title VI in the planning and service area. (OAA 306(a)(11)(B) and (C))
32. The AAA/ADRC shall ensure that clients receive an initial assessment and then reassess service recipients no less than annually, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and eligible individuals, as defined in the Older Americans Act of 1965 (OAA) §518, 42 U.S.C. §3056p, as amended in 2006. Assessments must be recorded on the LGOA Assessment Form. No reimbursements will be made without proper and current assessments.
33. Based on that assessment, the AAA/ADRC shall assure that services delivered with resources under the Area Plan are provided to individuals with the highest priority scores.
34. Assessed individuals who must be terminated because of low priority scores shall be provided an opportunity to continue to receive services as a private pay recipient or as a partial-pay recipient subsidized through local resources, if available.
35. The LGOA requires that the AAA/ADRC directly provide ombudsman, information and assistance, insurance counseling, and family caregiver services. (OAA 307(a)(8)(A)and(C))
36. The AAA/ADRC shall provide other direct services, only with a waiver approved by the State agency, and only when such direct provision is necessary to assure an adequate supply of such services, or where such services are directly related to the AAA's/ADRC's administrative functions, or where such services of comparable quality can be provided more economically by the AAA/ADRC. (OAA 307(a)(8)(A)and(C))
37. The AAA/ADRC shall administer the nutrition programs with the advice of a dietitian (or an individual with comparable expertise). Whenever the AAA/ADRC allows providers/contractors to purchase catered meals directly, or has providers/contractors who prepare meals on site, the AAA/ADRC shall assure that such providers/contractors have agreements with a registered dietitian who provides such advice. (OAA 339(G))
38. The AAA/ADRC shall conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who:
 - a. reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - b. are patients in hospitals and are at risk of prolonged institutionalization; or
 - c. are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. (OAA 307(a)(18))
39. The AAAs/ADRCs are responsible for developing emergency/disaster preparedness and response plans for their planning and service area regions that are updated and reviewed annually. These plans should incorporate all requirements of the South Carolina Aging Network's Policies and Procedures Manual regarding Emergency Management and Disaster Preparedness.

40. In addition, the AAA/ADRC shall ensure that each of its providers/contractors has a disaster preparedness plan that is reviewed and updated annually.
41. AAAs/ADRCs shall meet with county emergency management directors in their regions to ensure that there is a working relationship between the counties and the AAAs/ADRCs. AAAs/ADRCs are expected to maintain current and up-to-date emergency contact information for AAA/ADRC staff, directors of providers/contractors, and county emergency management officials in the event of a disaster or emergency, and submit this information with their Area Plans. The AAA/ADRC will designate staff to be on call throughout the duration of the declared disaster and this staff shall maintain communications with the LGOA Emergency Preparedness Coordinator.
42. The AAA/ADRC must ensure that lists of clients compiled under any programs or services are used solely for the purpose of providing or evaluating services. AAAs/ADRCs shall obtain written assurance from providers/contractors stating that they will comply with all LGOA confidentiality requirements, as well as any and all applicable Federal and State privacy and confidentiality laws, regulations, and policies. The AAA/ADRC shall provide the LGOA with confidentiality assurances through its Area Plan, annual Area Plan updates, or as changes are made.
43. The AAA/ADRC and its providers/contractors under the grant must have written procedures for protecting the identifying client information against unlawful distribution through any means, physical or electronic. All identifying client data must be protected through limited access to electronic records. Each employee with access to identifying client information must sign a notice prepared by the grantee specifying the requirement to maintain confidentiality and the penalty for failure to comply.
44. Individually identifiable health information is to be protected in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. No. 104-191, 110 Stat. 1936.
45. Each AAA/ADRC shall meet with its provider(s)/contractor(s) to discuss questions, concerns, obstacles, and/or technical assistance required to be successful, either in group or one-on-one sessions. A summary of these meetings shall be maintained on file. Issues raised, and any resolutions achieved, in these meetings shall be addressed in the quarterly AAA/ADRC and providers/contractors meetings.
46. Each AAA/ADRC shall host a quarterly regional meeting with its providers/contractors. At a minimum, each quarterly meeting shall address the following topics:

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<p>Quarter One:</p> <ul style="list-style-type: none"> • AAA/ADRC Area Plan; • Needs assessment; • Comparison of service delivery to GIS mapping to ensure that all clients with the greatest needs within the entire county are being served; • Challenges in business operations (what is working and what isn't working); • Training requests and topics for providers/contractors; • Best Practices; • AAA/ADRC goals and mission for the year; and • Other issues and concerns 	<p>Quarter Two:</p> <ul style="list-style-type: none"> • Career development; • Continuing education training or Continuing Education Units (CEU); • Educational workshops; and • Other issues and concerns.
<p>Quarter Three:</p> <ul style="list-style-type: none"> • Modernizing operations; • Community resources and new partnerships; • Aging focus; • Business development; and • Other issues and concerns 	<p>Quarter Four:</p> <ul style="list-style-type: none"> • End of year Area Plan review • Strategic planning and forecasting session for specific regional needs and concerns; • Analyzing end of the year data (comparing data to the GIS mapping that the AAAs/ADRCs are required to provide to the LGOA); and • Other issues and concerns

47. The following constitutes a substantial change in the approved Area Plan and requires an amendment to the Area Plan:
- a. change or termination of a service contractor;
 - b. reduction in the funding for priority services procured; and/or
 - c. loss or change in the services available in any county in the region.

B. AAA/ADRC TRAINING RESOURCES ASSURANCES

1. The AAA/ADRC shall appoint an AAA/ADRC Training Liaison for its planning and service area region. This liaison shall serve as the LGOA point of contact for AIM operations in its region. The liaison shall provide program overview information for AAA/ADRC providers/contractors for general aging network structure and operations. In addition, his/her primary role shall be to assure earned service units and client data are being captured, tracked, and reconciled in the AIM system for reimbursement.
2. The AAA/ADRC Training Liaison shall have a firm understanding of programmatic operations and overall knowledge of finance and accounting operations for the aging network. The AAA/ADRC shall appoint the person within the AAA/ADRC who provides quality assurance and reconciliation of the provider/contractor invoices for OAA services in the AAA/ADRC region. (Note: The best candidate may be the financial manager

and/or accounting reimbursement officer/manager. This person should have a strong working relationship with the person authorized to approve payment of funds to the provider/contractor for service units earned.) The liaison shall be responsible for assuring that the AAA's/ADRC's providers/contractors are appropriately tracking service units earned in the AIM system for all OAA funds.

3. The AAA/ADRC Training Liaison shall train new providers/contractors, field questions in the region, and provide assistance with challenges of the AIM tracking system. The liaison shall be the only person authorized to make contact with the LGOA AIM Coordinator. On the rare occasion that the liaison cannot assist the provider/contractor, he/she may contact the LGOA AIM Coordinator for assistance. The liaison shall be responsible for forwarding the information received from the AIM Coordinator to the providers/contractors. The liaison shall be the point of contact for providers/contractors needs and shall ensure accurate, quality tracking, and monitoring for reimbursement of OAA services, prior to billing the LGOA.
4. The AAA/ADRC shall assure on-going training within its region of operation for its providers/contractors. At a minimum, the AAA/ADRC shall do the following:
 - assure that a minimum one monthly e-mail is disseminated to their providers/contractors regarding a variety of aging issues, including but not limited to outreach opportunities, outreach events, national initiatives, activity development, resources, etc.
 - host an aging orientation meeting within the first thirty (30) days of a new contract agreement for all new providers/contractors in their region. Materials provided in the orientation shall include, but are not limited to, the following:
 - a general overview of the LGOA and ADRC network operations and roles;
 - a LGOA two-sided flyer;
 - a LGOA benefits guide;
 - a SC Access flyer;
 - a copy of the AAA/ADRC Area Plan;
 - a copy of the SC Aging Network's Policies and Procedures Manual;
 - a summary of structure of the aging network in South Carolina;
 - a copy of general AAA/ADRC goals for that operating year;
 - an AAA/ADRC staffing contact sheet; and
 - a copy of the AAA/ADRC Strategic Plan.
5. The AAAs/ADRCs shall assure that an Advanced Information Manager (AIM) training session is provided by the AAA/ADRC Training Liaison and an operation manual shall be given to the new provider/contractor within the first thirty (30) days of a new contract agreement.

C. CLIENT DATA COLLECTION ASSURANCES

1. The AAA/ADRC and its providers/contractors will utilize the Advanced Information Management (AIM) system to document and track units of services delivered. Reimbursements for service funds will be supported by client data correctly entered into AIM. The AAA/ADRC will assure that service providers/contractors are trained

- properly and monitored accordingly, and that AIM data is inputted monthly by the tenth (10th).
2. The AAA/ADRC shall ensure that each group dining site uses the LGOA approved LG-94 sign-in sheet and that each client sign his/her name or make a mark on the sign-in sheet daily. In addition, home-delivered meal drivers must sign and date a document daily listing their clients and certifying that the meals were delivered. The provider/contractor dining manager will sign and date that document after the driver has returned to the operational site.
 3. The AAA/ADRC shall utilize On-line Support Assistant (OLSA) to record contacts. The AAA/ADRC shall accurately input and monitor data, and provide training for appropriate AAA/ADRC staff and providers/contractors. All client contact data will be captured and immediately keyed into OLSA (preferably by an AIRS Certified Specialist) after a contact is made with a client, successfully ensuring accuracy and timeliness.
 4. The AAA/ADRC shall utilize the State Health Insurance Program (SHIP) Talk system to input insurance-related data after a contact is made with a client, successfully ensuring accuracy and timeliness.

D. FISCAL ASSURANCES

1. The PSAs and AAAs/ADRCs shall be good stewards of OAA and LGOA funding and be accountable for programmatic budgeting, monitoring, and operation. The AAA/ADRC shall assure in writing, through its Area Plan, that I&R/A funding is not being used to fund other programs outside of the I&R/A program area. Should the LGOA determine the AAA/ADRC is in violation of using I&R/A funds for other activities, then funding for I&R/A services may be withheld in the future.
2. The PSA and AAA/ADRC shall provide satisfactory assurance that such fiscal control and accounting procedures shall be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal and State funds paid under the Area Plan to the AAA/ADRC, including funds paid to the recipients of grants or contracts. (OAA 307(a)(7)(A))
3. The AAA/ADRC shall assure that funds received under the OAA shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. (OAA 321(d))
4. Each funding source shall have a distinct client population for the duration of the contract period or until the client's service is terminated. A new client, who is in need of the service and meets the eligibility criteria of that funding source, will be added when such vacancies occur.
5. The PSAs and AAAs/ADRCs shall include as part of their Area Plans, a breakdown of the components of the unit cost for each different unit of service and the methodology showing how the unit cost is determined. The cost justification shall include the assessment costs, activities costs, product costs, administrative costs, and any other relevant variable that contributes to the overall rate.

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6. The AAA/ADRC shall ensure that it has a process in place to verify how the provider's/contractor's unit costs are determined and that the units are being earned.
7. All invoices and financial and program reports must be submitted in the format provided by the LGOA and on the schedule(s) set by the LGOA. Invoices and financial reports shall be submitted to the Accounting and Finance Division, while program reports will be submitted to the appropriate program manager as stipulated by the LGOA.
8. The AAA/ADRC shall submit a total aging budget, disclose all sources and expenditures of funds that the AAA/ADRC receives or expends to provide services to older individuals, and the cost allocation plan, or approval of the indirect cost rate from the funding agency, used to prepare such budget. (OAA 306(a)(13)(E))
9. The AAA/ADRC shall expend all prior year's funds first, before expending any new funds.
10. Planning and Administration funds for Titles III-B, III-C, III-C-2, and III-E must be expended before any program development of III-E service funds are expended for subgrantee staff activities or internal operations.
11. The AAA/ADRC shall assure that any funds received under the Area Plan, or funds contributed toward the non-Federal share, shall be used only for activities and services to benefit older individuals and others specifically provided for in Title III of the OAA or in State legislation. This shall not be construed as prohibiting the AAA/ADRC from providing services by using funds from other sources. (OAA 301 (d))
12. The LGOA requires that AAAs/ADRCs shall maintain proper records with all necessary supporting documents. Such records must be in a form, approved by the LGOA, which provides an accurate and expeditious determination of the status of all Federal and non-Federal funds at any time; including the disposition of funds received and the nature and amount of all expenditures and obligations claimed against OAA and State allotments. The AAA/ADRC shall enter the liability for the local matching funds in the appropriate accounts when payment is requested from the LGOA. The AAAs/ADRCs shall assure the LGOA that all funds requested for payment shall be for service units and services actually provided and earned by the providers/contractors. The AAAs/ADRCs shall provide and maintain written assurances through their Area Plans and annual updates to monitor and audit the payment requests for accuracy and integrity purposes.
13. Any AAA/ADRC that expends a total of \$500,000 or more in Federal awards must monitor delivery and have an audit that complies with OMB Circular A-133. The audit shall be submitted to the LGOA within nine (9) months after the close of the organization's fiscal year.
14. The AAA/ADRC shall consult with relevant service providers/contractors and older individuals to determine the best method for accepting voluntary contributions that comply with the Cost Sharing policies of the LGOA and the OAA, as amended in 2006. (OAA 315(b)(2))

15. The AAA/ADRC shall assure that any revenue generated from voluntary contributions or cost sharing shall be used to expand the services for which such contributions or co-pays were given. (OAA 315(a)and(b))
16. The voluntary contributions system adopted shall be clearly explained to individuals who use the agency's services. The explanation shall be made both verbally and in writing at the time service delivery is arranged; and shall be posted in a conspicuous location accessible to clients within the site. The explanation shall include the voluntary nature of the contribution, confidentiality policies, and how contributions are collected and used. The AAA/ADRC shall ensure that this is included in procurement contracts and each provider's/contractor's policy shall be included in the AAA's/ADRC's Area Plan annual update.
17. The AAA/ADRC shall assure that amounts expended for services to older individuals residing in rural areas shall not be less than the amounts expended for such services in fiscal year 2000. (OAA 307(a)(3)(B))
18. The AAA/ADRC shall assure that the AAA/ADRC and all its providers/contractors meet all matching requirements for funds awarded under the Area Plan.
19. The AAA/ADRC shall assure that any funds received from the State for Cost of Living Adjustment shall be used for personnel costs only.
20. The AAA/ADRC shall submit an independent audit to the Lieutenant Governor's Office on Aging (LGOA), Division of Finance and Accounting, within 180 days after the close of the project year.
21. A final financial report for the grant period shall be submitted to the LGOA, within forty-five (45) days of the close of each State fiscal year in the grant period (August 14) or within forty-five (45) days of the last payment made, whichever occurs first.
22. The AAA/ADRC shall assure that funds received for Nutrition Services Incentive Program (NSIP) shall be used only for the purchase of United States agricultural commodities or commercially prepared meals served in the Title III-C services and that NSIP funds shall be distributed throughout the region based on the percentage of eligible meals served by each provider/contractor. (OAA 311(d)(2))
23. The AAA/ADRC shall not use funds received under the OAA to pay any part of a cost, including an administrative cost, incurred to carry out a contract or commercial relationship that is not carried out to implement the OAA. (OAA 306(a)(14))

E. MONITORING AND COMPLIANCE ASSURANCES

1. The PSA Director and AAA/ADRC Director shall ensure that providers/contractors are earning their units in accordance with the OAA and LGOA policies.
2. The AAA/ADRC shall ensure that anyone compensated by an AAA/ADRC or provider/contractor cannot be counted as a service unit earned. When monitoring aging

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services, the AAA/ADRC must match service clients with a list of AAA/ADRC and provider/contractor employees to ensure funding and programmatic integrity.

3. The AAA/ADRC shall assure that no group dining facility shall be funded unless an average of twenty-five (25) eligible participants attends daily. All group dining sites must serve at least twenty-five (25) clients per day or request a LGOA Group Dining Waiver.
4. The AAA/ADRC shall assure that an OAA III C-2 home delivered meal shall be delivered to a participant for no less than five days a week unless it is documented that the participant is receiving meal(s) from another source. Further, in addition to federal eligibility requirements, special consideration shall be given to those eligible clients living alone, those in isolated rural areas, and those seventy-five (75) years of age or older. (OAA 336)
5. Each AAA/ADRC shall be provided copies of the group dining site activity calendars from the group dining providers/contractors monthly for approval. The AAAs/ADRCs shall scan and forward by email copies of approved monthly site activity calendars to the LGOA Policy and Planning Manager by the close of business on the last business day of the month.
6. As a means of monitoring for quality assurance, the AAA/ADRC Director, or designated appointee, shall personally deliver a minimum of three (3) home-delivered meals from three (3) different home-delivered meal routes monthly. Any issues that arise from these monitoring visits shall be corrected within three (3) business days. A monthly report of these home visits, including the name of the staff member making the visit, shall be provided in writing to the LGOA during the monthly AAA/ADRC Directors' meeting. In the report, the AAA/ADRC Director shall guarantee that all services contracted with the provider/contractor, which are to be reimbursed by the LGOA, are in fact being provided according to OAA and LGOA standards. The AAA/ADRC shall use the Monthly Home-Delivered Meal Monitoring Form provided by the LGOA to report the home monitoring visits.
7. The AAA/ADRC Director, or their designee, shall visit at least three (3) group dining sites monthly and provide the LGOA with a written report summarizing each visit. In the summary, the AAA/ADRC Director shall assure that all services contracted by the provider/contractor, and being reimbursed by the LGOA, are being provided.

F. PROCUREMENT AND CONTRACTUAL ASSURANCES

1. Service procurement contracts must incorporate all components of the South Carolina Aging Network's Policies and Procedures Manual. Through the direction of the South Carolina Aging Network's Policies and Procedures Manual, each of the PSA's procurement contracts for aging services shall be based on meeting the unique regional needs of each planning and service area.
2. The PSA and AAA/ADRC shall require all programs funded under the Area Plan to be operated fully in conformance with the LGOA and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation. (CFR1321.75(a))

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3. The PSA and AAA/ADRC shall contract only with service delivery agencies that shall provide to the AAA/ADRC all program information and reports required by the Lieutenant Governor's Office on Aging. Provision of timely and correct data shall be in a format and contain such information as the LGOA may require the AAA/ADRC to submit. (OAA 307(a)(6))
4. All PSA and AAA/ADRC Requests for Proposal (RFP) shall provide direction, coordination, and planning in the fulfillment of contractual agreements with providers/contractors.
 5. All contractual agreements must include a procedure for the resolution of grievances or concerns between the Planning Service Area (PSA), AAA/ADRC, and provider/contractor.
 6. When there is grievance between the AAA/ADRC and a provider/contractor, all efforts shall be made by the AAA/ADRC to resolve the issue. Minimal contact should be made at the State level and only after all attempts have failed to resolve the issues locally. The Lieutenant Governor's Office on Aging (LGOA) shall serve only as a source of information to the AAA/ADRC regarding the resolution process. All grievances shall be handled by the AAA/ADRC and provider/contractor unless the grievance includes illegal, immoral, and/or unethical behavior, at which time the LGOA and proper authorities shall be notified. If the AAA/ADRC wants to include the LGOA, or cannot work out the issue, then the LGOA may be contacted to assist with the resolution process through guidance only.
 7. The PSA and AAA/ADRC must advertise the Request for Proposal (RFP) in legal ads in newspapers throughout the region and post information in a prominent spot on its website at least thirty (30) days before the release of the RFP. The AAA/ADRC shall notify the LGOA Policy Manager so that the RFP can be posted on the LGOA web site.
 8. The PSA and AAA/ADRC shall include in each solicitation for providers/contractors of any service under the OAA, a requirement that the applicant will:
 - a. Specify how the organization intends to satisfy the service needs of low income minority individuals and older individuals residing in rural areas;
 - b. Provide services to low income minority individuals in accordance with their need for such services;
 - c. Meet specific objectives set by the AAA/ADRC, for providing services to low income minority individuals; (OAA 306(a)(4)(A))
 - d. Make a good faith effort to obtain a client consent form from all service recipients to allow their information to be included in AIM for research and advocacy purposes.
 9. All contracts for the procurement of services or goods which are supported with financial assistance through the LGOA, must adhere to applicable Federal and State procurement codes (COG: OMB Circulars A102 and A-87) (PN-P: OMB Circulars A110 and A-122).
 10. The AAA/ADRC and providers/contractors shall have the Knowledge, Skills and Abilities (KSA) to use professional practices of performing, reporting, tracking, and administering their Older American Act (OAA) and State funding, and this should be reflected in all procurement contracts and RFPs.

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11. The PSA and AAA/ADRC shall have legal representation on their RFP (Request for Proposal) Board.
12. The PSA and AAA/ADRC shall host a pre-RFP application informational meeting for potential providers/contractors three weeks following the public release of the RFP to explain the RFP process and aging network policies/procedures and to answer questions about the RFP. The date, time, and location of the meeting shall be included in the RFP packet. This shall assure fairness in the bid process. Opportunities for submitting written questions shall be provided by the AAA/ADRC before the pre-application meeting.
13. Prior to engaging in a contract, the PSA and AAA/ADRC shall assure through the RFP bid and contract that the provider/contractor has the necessary equipment, technology, software, and trained staff to operate in a professional manner and to execute or administer the duties.
14. An AIM Operational Manual shall be provided at the start of the bid process so that providers/contractors know what is expected in advance if the provider/contractor gets the contract.
15. The PSA and AAA/ADRC shall provide all potential providers/contractors with an overview of the LGOA organization and procurement process before submitting a bid for contract in order that they understand the proper procedures and policies.
16. The AAA/ADRC shall encourage each group dining provider to be a member of the National Council on Aging (NCOA) / National Institute of Senior Centers (NISC) or to operate according to NISC's national standards for senior centers and group dining sites.
17. The AAA/ADRC shall require, through the procurement contract, that the provider's/contractor's representative attend quarterly regional meetings. This representative shall be required to take the information provided and disseminate it appropriately and incorporate it into his/her organization immediately.
18. If the AAA/ADRC finds that a provider/contractor under the Area Plan has failed to comply with the terms of the contract or with Federal or State laws, regulations and policies, the AAA/ADRC may withhold that portion of the reimbursement related to that failure to comply. The Regional Aging Advisory Council (RAAC) shall recommend appropriate procedures for consideration by the Governing Board of the AAA/ADRC. (OAA 306(e)(1))
19. In the event that the PSA and AAA/ADRC finds that a provider/contractor has failed to comply with the terms of the contract or is unable to deliver services as contracted, the AAA/ADRC should initiate a thirty (30) day Corrective Action Plan (CAP) to resolve the issue. If the issue cannot be resolved the AAA/ADRC may determine the provider/contractor high-risk, in accordance with the South Carolina Aging Network's Policies and Procedures Manual.

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20. The AAA/ADRC shall afford providers/contractors due process, such as that described for AAAs/ADRCs in OAA Section 306(f)(2)(B) before making a final determination regarding withholding providers'/contractors' reimbursements.
21. Electronic copies of procurement contracts and all amendments thereto, shall be provided to the LGOA's Policy and Planning Manager within thirty (30) days of execution or as amended.
22. The AAA/ADRC agrees to comply with the "Debarment and Suspension" terms and conditions of 45 C.F.R. § 92.35 or 45 C.F.R. § 74.13 as applicable to the AAA/ADRC and/or provider/contractor.
23. The AAA/ADRC shall only purchase services from providers/contractors that will provide the LGOA with all requested data in the format necessary to document the outcome of services purchased.
24. The AAA/ADRC shall assure that any facility authorized for use in programs operated under the Area Plan shall have annual certification that the facility complies with the appropriate fire, safety and sanitation codes. (CFR 1321.17(4))
25. The AAA/ADRC shall assure that a facility purchased for use as a multi-purpose senior center with OAA or State Permanent Improvement funds, shall continue to be used for the same purpose for not less than ten (10) years after acquisition, or twenty (20) years after construction.
26. Prior to authorizing use of OAA or State Permanent Improvement funds for renovation, purchase or construction, the AAA/ADRC shall require assurance from the grantee that funding is, and shall continue to be, made available for the continued operations of these senior centers. (OAA 312)
27. The AAA/ADRC shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention shall be given to the use of multipurpose senior centers, churches, or other appropriate community facilities for such group dining service. (OAA 339(E))
28. When possible, the AAA/ADRC shall enter into arrangements and coordinate services with organizations that are Community Action programs and meet the requirements under section 675(c)(3) of the Community Services Block Grant Act. (42 U.S.C.9904(c)(3)) and (OAA 306(a)(6)(C))
29. The AAA/ADRC shall take into account, in connection with matters of general policy arising in the development and administration of the Area Plan, the views of recipients of services under the Area Plan. (OAA 306(a)(6)(A))
30. Where possible, the AAA/ADRC shall enter into arrangements with organizations providing day care services for children or adults, and respite for families, to provide

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- opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. (OAA 306(a)(6)(C))
31. The AAA/ADRC shall assure that demonstrable efforts shall be made to coordinate services provided under the OAA with other State services that benefit older individuals and to provide multi-generational activities involving older individuals as mentors to youth and support to families. (OAA 306(a)(23))
 32. The AAA/ADRC shall coordinate any mental health services provided with III B funds with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations. (OAA 306(a)(6)(F))
 33. The AAA/ADRC shall maintain the integrity and public purpose of services provided, and service contractors, under the OAA, in all contractual and commercial relationships. (OAA306(a)(13)(A))
 34. The AAA/ADRC shall demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and shall not result from such contracts or commercial relationships, but rather, shall be enhanced. (OAA 306(a)(13)(C) and (D))
 35. The AAA/ADRC shall not give preference in receiving services under the OAA to particular older individuals as a result of a contract or commercial relationship. (OAA 306(a)(15))
 36. The AAA/ADRC shall require nutrition service providers/contractors to reasonably accommodate the particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals and require caterers to provide flexibility in designing meals that are appealing to older individuals participating in the program. (OAA 339 (A) and (B))
 37. The AAA/ADRC shall enter into contract only with providers/contractors of legal assistance who can:
 - a. demonstrate the experience or capacity to deliver legal assistance;
 - b. assure that any recipient of funding for legal assistance shall be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act;
 - c. require providers/contractors of legal assistance to give priority to cases related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination; and
 - d. attempt to involve the private bar in legal assistance activities. (OAA 307(a)(11)(A) through (E))
 38. The AAA/ADRC shall make special efforts to provide technical assistance to minority providers/contractors of services whether or not they are providers/contractors of the AAA/ADRC. (OAA 307(a)(32))

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39. The AAA/ADRC is responsible for on-going contract management; establishing procedures for contract cost containment; reviewing and approving contracts; setting criteria for contract amendments; reviewing and analyzing provider/contractor fiscal and program reports; conducting quality assurance reviews; and reviewing meal vendor performance.
40. The AAA/ADRC shall collaborate with providers/contractors to develop an emergency service delivery plan for group dining and home-delivered meals, transportation, and home care. This emergency service delivery plan must be included in the Area Plan submitted to the LGOA by the AAA/ADRC, as well as included in each contract signed between the AAA/ADRC and an aging service provider/contractor. The emergency plan shall also cover general agency operations during periods of crisis, hazardous weather, emergencies, and unscheduled closings.
41. Providers/Contractors shall submit holiday schedules to their AAA/ADRC for approval and the providers/contractors shall adhere to their approved holiday schedule. The AAAs/ADRCs shall include their providers'/contractors' holiday schedules in their Area Plan. These scheduled closings shall be part of the contract established between the AAA/ADRC and providers/contractors. Any changes to the scheduled holiday closings must be noted in the Area Plan update.
42. The AAA/ADRC shall afford an opportunity for a public hearing upon request, in accordance with published procedures, to any agency submitting a plan to provide services; issue guidelines applicable to grievance procedures for older individuals who are dissatisfied with or denied services funded under the Area Plan; and afford an opportunity for a public hearing, upon request, by a provider/contractor of (or applicant to provide) services, or by any recipient of services regarding any waiver requested.
(OAA 307(a)(5) (A) through (C))

G. COORDINATION, OUTREACH, AND INFORMATION AND REFERRAL ASSURANCES

1. Coordination and outreach efforts should be detailed in the Area Plan, with particular emphasis on coordination with entities conducting Federal programs as outlined in Section 403 B-10 of the South Carolina Aging Network's Policies and Procedures Manual.
2. The AAA/ADRC shall have a visible focal point of contact where anyone can visit or call for assistance, information, or referrals on any aging and/or adults with disability issue.
3. The AAA/ADRC shall require providers/contractors to use outreach efforts that shall identify individuals eligible for assistance under the OAA, with special emphasis on
 - a. Older individuals residing in rural areas
 - b. Older individuals with greatest economic need
 - c. Older individuals with greatest social need
 - d. Older individuals with severe disabilities
 - e. Older individuals with limited English speaking ability
 - f. Older individuals with Alzheimer's disease or related disorders and caregivers

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- g. Low income minority individuals in each of the above populations. (OAA 306(a)(4)(B))
- 4. The AAA/ADRC and those with whom they contract must take adequate steps to ensure that persons with limited English language skills receive, free of charge, the language assistance necessary to afford them meaningful and equal access to the benefits and services provided under this grant award.
- 5. The AAA/ADRC shall provide for the identification of public and private resources in or serving persons in, the planning and service area as part of their overall outreach and coordination efforts. Local aging partners should be brought into the AAA's/ADRC's planning process in order to better serve the region's older population. The AAA/ADRC shall work to coordinate the programs funded under the Area Plan with such resources to increase older persons' access to quality services. Coordination and outreach efforts should be detailed in the Area Plan, with particular emphasis on coordination with entities conducting Federal programs as outlined in Section 403 B-10 of the South Carolina Aging Network's Policies and Procedures Manual. Where appropriate, the AAA/ADRC shall consider joint funding and programming to better serve older persons.
- 6. The AAA/ADRC shall employ a fulltime (or fulltime equivalent) Information and Referral/Assistance (I&R/A) Specialist as a requirement of receiving Title III-B and Title III-E funding.

H. ASSURANCES REQUIRED BY THE ADMINISTRATION ON AGING (AoA)
(Taken directly from the Program Instructions for the 2013 State Plan)

These assurances are required by the Administration on Aging (AoA) and the Lieutenant Governor's Office on Aging (LGOA) for the Planning Service Area (PSA) and AAA/ADRC (AAA)/Aging and Disability Resource Center (ADRC) as part of the 2013 State Plan submission. (The assurances below are from the 2013 State Plan Instructions provided by the AoA.) By signing this document, the PSA and AAA/ADRC have assured they shall adhere to these Older Americans Act requirements.

Section 306(a) of the Older Americans Act (OAA), AREA PLANS

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

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

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

(C) legal assistance; and assurances that the AAA/ADRC shall report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the AAA/ADRC shall—

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- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (I);
- (ii) provide assurances that the AAA/ADRC shall include in each agreement made with a provider/contractor of any service under this title, a requirement that such provider/contractor shall—
- (I) specify how the provider/contractor intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider/contractor;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the AAA/ADRC, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each AAA/ADRC shall
- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the AAA/ADRC met the objectives described in clause (a)(4)(A)(i).
- (4)(B)(i) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall use outreach efforts that shall identify individuals eligible for assistance under this Act, with special emphasis on
- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and
- (4)(C) Each AAA/ADRC shall provide assurance that the AAA/ADRC shall ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, shall include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.
- (5) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
- (6)(F) Each AAA/ADRC shall:
- in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and

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treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the AAA/ADRC with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each AAA/ADRC shall provide assurances that the AAA/ADRC, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), shall expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each AAA/ADRC shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

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

(B) an assurance that the AAA/ADRC shall, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the AAA/ADRC shall make services under the Area Plan available; to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall maintain the integrity and public purpose of services provided, and service providers/contractors, under this title in all contractual and commercial relationships.

(13)(B) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall disclose to the Assistant Secretary and the State agency

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

(ii) the nature of such contract or such relationship.

(13)(C) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and shall not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each AAA/ADRC shall provide assurances that the AAA/ADRC shall demonstrate that the quantity or quality of the services to be provided under this title by such agency shall be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each AAA/ADRC shall provide assurances that the AAA/ADRC will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each AAA/ADRC shall provide assurances that funds received under this title shall not be used to pay any part of a cost (including an administrative cost) incurred by the AAA/ADRC to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title shall be used-

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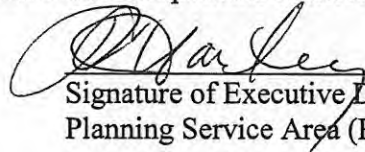
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.


The AAA/ADRC certifies compliance with all of these assurances and requirements of the OAA, as amended, the Federal regulations pertaining to such Act, and the policies of the LGOA throughout the effective period of this Area Plan. Should any barriers to compliance exist, the AAA/ADRC shall develop procedures to remove such barriers. Some assurances may be modified by Federal regulations issued or the OAA reauthorization during the plan period. In such event, a revised list of assurances shall be issued.

By signing this Assurances document, the Planning and Service Area (PSA) and Area Agency on Aging (AAA) and Aging and Disability Resource Center (ADRC) accept the assurances mandated by the Older Americans Act (OAA), Administration on Aging (AoA) and Lieutenant Governor's Office on Aging (LGOA), and will ensure that components of these assurances are included in the 2014 – 2017 Area Plan.

6/18/2013
Date



Signature of Executive Director
Planning Service Area (PSA)

6/12/2013
Date


Signature of Aging Unit Director

The Area Agency Advisory Council has reviewed and approved these Assurances.

6/12/2013
Date


Signature of Chair, Area Agency
Advisory Council

The Governing Board of Planning Service Area (PSA) has received and approved these Assurances.

Date

Signature of Chair, PSA Governing Board

2014 – 2017 VERIFICATION OF INTENT

The Area Plan submitted for the Upper Savannah Region for the period of July 1, 2013 through June 30, 2017, includes all activities and services provided by the Upper Savannah Planning Service Area (PSA) and Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC). The PSA and AAA/ADRC shall comply with applicable provisions of the Older Americans Act (OAA), as amended and other legislation that may be passed during this period identified. The PSA and AAA/ADRC will assume full authority to develop and administer this Area Plan in accordance with the Act and related State policy. In accepting this authority, the PSA and AAA/ADRC assumes responsibility to develop and administer this Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older persons in the planning and service area.

This Area Plan was developed in accordance with all rules, regulations, and requirements specified under the OAA and the Lieutenant Governor's Office on Aging (LGOA), including the South Carolina Aging Network's Policies and Procedures Manual and the LGOA Multigrant Notice of Grant Award's (NGA's) Terms and Conditions. The PSA and AAA/ADRC agrees to comply with all standard assurances and general conditions submitted in the Area Plan throughout the four (4) year period covered by the plan. This Area Plan is hereby submitted to the South Carolina Lieutenant Governor's Office on Aging for approval.

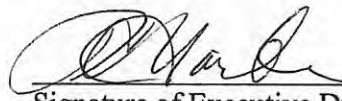
The Upper Savannah PSA and AAA/ADRC certifies that it is responsible for overseeing the provision of Aging Services throughout the Upper Savannah region. This responsibility includes, but is not limited to, the following functions:

1. Contract management
2. Programmatic and fiscal reporting activities
3. Oversight of contracted service delivery
4. Coordination of services and planning with the LGOA, service contractors, and other entities involved in serving and planning for the older population in the planning and service area
5. Provision of technical assistance and training to providers/contractors and other interested parties
6. Provision of public information and advocacy related to aging program activities and issues
7. Provision of all activities, programs, and services contained within the South Carolina Aging Network's Policies and Procedures Manual, and compliant with all Notice of Grant Award's (NGA's) Terms and Conditions, and assurances from the Administration on Aging (AoA) and Lieutenant Governor's Office on Aging (LGOA).

Date

6/18/2013

Signature of Executive Director
Planning Service Area (PSA)



Date

6/12/2013

Signature of Aging Unit Director



The Area Agency Advisory Council has reviewed and approved this Area Plan.

02/12/2013
Date

Norma A. Curtis
Signature of Chair, Area Agency
Advisory Council

The Governing Board of Planning Service Area (PSA) has received and approved this Area Plan.

Date

Signature of Governing Board Chair

II. EXECUTIVE SUMMARY

With the transition of the Upper Savannah AAA becoming the regional Aging and Disability Resource Center (ADRC), staff has worked very hard over the past four years to coordinate efforts to seamlessly provide services in our region. The AAA/ADRC staff has the advantage of cross-trained colleagues who can support each other and turn to each other in order to bridge needs and gaps in services.

Aging staff is working within partnerships to link older adults with other local resources realizing that Older Americans Act funds and programs alone cannot meet all the needs for all seniors. Upper Savannah Council of Governments relies on partnerships at many levels to leverage resources and to maximize the effectiveness in addressing needs. Our staff shares a vision for services for our senior adults and we are most familiar with adapting our scope to meet the needs of these seniors and their caregivers. We will continue to be diligent in assisting these individuals live healthy and independent lives, aging in place in their own homes and communities for as long as possible. With this in mind, staff will work to achieve this by continuously evaluating the services we plan and purchase as a part of this Area Plan, to ensure these services are addressing priority needs in a way that has the best potential for positive impacts and outcomes.

Upper Savannah is hopeful we will receive additional State funding in order to meet our region's needs for services. The Upper Savannah region does not have a waiting list for our congregate meal program, however, we currently have 160 older adults on a waiting list for home delivered meals. Thirty-nine of these seniors should be able to be served from the waiting list with the Title III-C2 funding allocated for the upcoming year. Therefore, we need an additional \$155,976 in State funds to remove the 121 seniors left on our waiting lists in order to serve them home delivered meals. Additionally, transportation continues to be a priority service nationally and certainly within our region. Without the ability to transfer any federal funds into our regional transportation program, the AAA/ADRC is gravely concerned with the level of transportation funding that is offered in the upcoming year for our rural seniors. For the 2012-13 year, our region had a little more than \$380,000 total funds available for transportation services, compared to only \$148,000 available for 2013-14 (without State funding). This represents a 61% reduction in transportation funding for the coming year. Our region needs an additional \$243,385 in State funds to meet the transportation need this coming year and, without it, our seniors are going to be significantly harmed.

The AAA/ADRC would be remiss if we did not discuss the other regional needs that were identified from our regional Needs Assessment. As our seniors continue to age in place, our homebound seniors need more in-home services. Caregivers indicate a great need for respite while our seniors state they need assistance in services to help in main-

taining independence, and they need personal and home care. Our region, therefore, would need an additional \$130,601 in State funds to meet these needs (Income Support and Material Aid, Minor Home Repair, and Home Care services). If funding is made available for these services, they will be managed/administered out of the AAA office as we tap into multiple contractors for these services in order to get the most cost-effective prices. The AAA has incorporated consumer choice in these service areas and has found it most beneficial to our seniors.

The AAA/ADRC is moving toward developing uniform unit rates for the upcoming Area Plan period. For this coming year, 2013-14, our transportation rate for all our contractors is \$.90; congregate meals for Edgefield, Saluda and Laurens Counties will be offered at \$5.80; congregate meals for Abbeville, Greenwood, and McCormick Counties will be at \$6.54; home delivered meals for Edgefield, Saluda, and McCormick will be \$5.90, while home delivered meals for Abbeville, Greenwood, and Laurens will be offered at \$5.15. Of the ten congregate meal sites operating in the Upper Savannah region, nine will need waivers in order to operate because they do not meet the SUA's requirement of serving 25 group dining participants per day. The declining participation in the congregate nutrition program has been an identified trend for the last fifteen years in the Upper Savannah region and continues to be addressed by the AAA and providers. As seniors age and leave the congregate program for one reason or another, the new influx of participants is only maintaining current attendance levels and no substantial growth is happening.

The Area Agency on Aging will continue to encourage seniors of all ages to attend and participate in senior center activities. AAA staff has promoted Chronic Disease and Self Management programs in our region, and the Saluda Senior Center has offered these classes this year with the expectation of continuing this effort for the next two years as well. Hopefully, other senior centers will initiate similar efforts in our region, as the AAA will continue to promote effective health and wellness programs.

The AAA partners with numerous other agencies in the planning of their projects. Staff provides assistance with many health fairs, support groups and the Senior Farmers Market project. So coordination efforts with others will continue to be a task for the AAA.

With the implementation of a newly revised assessment form, the AAA/ADRC looks forward to receiving appropriate training on it's use in our network. We will be diligent in communicating such training down to our provider staff to ensure that they are appropriately entering accurate data into the AIM database. We want to make sure AIM scores are indicative to the clients' needs for services. Contractors will be encouraged by the AAA to continue to use AIM reports to assist them with keeping assessments and other required paperwork up-to-date.

The Upper Savannah State Health Insurance Program (SHIP) continues to be a focus in our region. The Upper Savannah SHIP Coordinator and other AAA staff have earned a very favorable reputation in our region for positive outcomes and assistance for Medicare and Medicaid beneficiaries. Staff will continue to be quick to respond to these calls and will be heavily involved in providing outreach to Low Income beneficiaries with the continuation of the Medicare Improvements for Patients and Providers (MIPPA) grant.

Additionally, annual SHIP update training will be planned and implemented for our regional counselors.

Direct services to be continued by AAA staff include the Family Caregiver Support Program, the Ombudsman Program, and Information Referral and Assistance Program. Upper Savannah's Family Caregiver Advocate offers daily assistance to caregivers of senior adults or grandparents (who are caregivers) to children under the age of eighteen. This is an extensive program whereby the AAA strives to meet the needs of the caregiver. These needs could include respite, education, training, counseling, and supplemental services such as the need for incontinent supplies, nutritional supplements, durable equipment, etc. The Family Caregiver Program will continue to work in conjunction with the Alzheimer's Association, home care agencies, nursing homes and funding sources that can lead to coordination of care for persons with Alzheimer's and other dementia-related problems.

The Regional Long Term Care Ombudsman will continue to advocate for 2,220 residents in long term care facilities (13 nursing homes and 21 residential care facilities). The Ombudsman strives to protect the health, safety, welfare and rights of residents in accordance with State and Federal laws by providing investigations, advocacy, education, and grievance resolution. Advocacy may occur during the investigation process, during individual or facility consultations, or during presentations to facility staff or community education presentations. The number of cases opened for investigations in our region has slightly decreased, while the consultations have greatly increased. There has also been a change in the type of complaints being investigated. For example, from 2010-2012 the top complaints were abuse (physical and verbal), injuries of unknown origin, and resident property lost or stolen. However, from 2012-2013 the complaints are more involved and are more legal related to power of attorney and/or guardianship issues.

The Information, Referral and Assistance Program is constantly evolving as new resources and opportunities are discovered or suspended. The long term goal is to build a stronger base of valid referral resources in which to provide services, information and education to the growing senior population and other eligible recipients within our six county region, ensuring that each individual is met with respect and dignity. The Upper

Savannah AAA/ADRC serves as a vital link to callers needing information, referral and/or assistance with available services. Since becoming the regional Aging and Disability Resource Center, staff has raised public awareness of our role as Area Agency on Aging and of the service development and access services that we provide, as well as those provided through local contracts. Awareness of the need for continuing community collaboration on amenities and services for older adults, and advocacy for senior issues will be areas in which we will attempt to enhance our efforts.

With the support of the State Unit on Aging (SUA) through open discussion, training and technical assistance, the Upper Savannah AAA/ADRC expects monitoring, fiscal responsibility and service delivery will be improved in the region. Open communication between the AAA and the State Office will lead to more comprehensive knowledge of the needs of the seniors we are all striving to serve and help improve service delivery within the statewide aging network. The AAA/ADRC will recognize and measure the changes, activities, and services based on the level of participation by our targeted populations. The AAA/ADRC will ensure that all required activities of the Older Americans Act and the SUA are being followed and appropriated administered by the use of evaluating AIM data and reports, along with reports from SHIPtalk, OLSA, and SART. The AAA/ADRC will manage new data reports as they are established to improve efficiency and service delivery.

III. Overview of the AAA

- a. The **mission** of the Upper Savannah Area Agency on Aging is to enhance the quality of life for seniors and/or adults with disabilities by providing leadership, advocacy and planning. We strive for the efficient use of resources in partnership with state and local governments, non-profits and the private sector.
- b. The **vision** of the Upper Savannah Area Agency on Aging is to provide leadership, advocacy and collaboration to assure a full spectrum of services so that seniors in the Upper Savannah region can enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive the support necessary to age with choice and dignity.
- c. The **Organizational Structure** of the Upper Savannah Area Agency on Aging is that the AAA is housed with the regional planning council known as the Upper Savannah Council of Governments (COG). There are ten COGs located throughout the state. COGs are partnerships of—and provide resources to—the local counties cities and towns in their regions. The Councils are also partners with numerous Federal and state agencies, obtaining and administering grants for a variety of community-based programs and economic development initiatives.

COGs are recognized for their fiscal responsibility and outstanding capabilities in professional program management. As a result, thousands of state residents today depend on COG services and capabilities for a host of critical functions that affect quality of life and economic development. From extension of water and sewer lines in rural areas to providing ready transportation to the doctor and government offices to overseeing compliance with clean water standards, COG programs are filling vital community needs. In addition to the Aging Program administered by the Aging Unit, other major programs of the Upper Savannah COG include the Government Services Program, Community Development, and Workforce Development Program. *See Appendix A for agency organization chart.*

- d. **Staff Experience and Qualifications** are extensive. Patricia Hartung, Executive Director, is a 37-year veteran of Upper Savannah Council of Governments. She has a Master of Business Administration and extensive leadership experience in regionalism and economic development. While our Executive Director does not charge any of her salary and/or expenses to the Aging Program, she is responsible for the overall management and oversight of the area agency on aging.

The Executive Director certifies that the aging unit functions only as the area agency on aging for the purpose of carrying out the nine area agency functions specified in the Older Americans Act.

Vanessa Wideman, Aging Unit Director, is a 35-year veteran of Upper Savannah Council of Governments and has a Bachelor Degree in Human Resource Management. She has been employed with the Aging Unit since 1991 and has been Unit Director since 1998. During her tenure with the Aging Unit, the AAA has undertaken multiple program additions— Frozen Meal Pilot for the SC; Regional Long Term Care Ombudsman Program; Regional Family Caregiver Support Program; Regional State Health Insurance Program; Regional Information, Referral and Assistance Program; Upper Savannah Senior Sports Classic, Seniors Farmers Market Nutrition Program, and most recently the Title IIIB Cost Share Pilot Program. Vanessa has grant writing, fund raising and social entrepreneurial skills that have resulted in a number of partnerships and innovative community projects. She has been a Certified Long Term Care Ombudsman, Certified in the State Health Insurance Program since 1995, and received the Certification in Alliance of Information & Referral Systems (CIRS) in 2002. (Full Time)

Melissa Phillips, Finance Manager, is a 24-year veteran of the COG. She has a Bachelor Degree in Accounting, Master Degree in Business Administration, and is a candidate for CPA designation. Melissa oversees the agency's fiscal operation and provides technical support to new programs designed to improve the agency's financial self sufficiency. During her tenure, the agency has maintained an impeccable record of clean financial audits. None of Melissa's salary and/or expenses are charged to the Aging Program, yet she is responsible for the oversight of the financial management, budgeting and reporting. (Full Time)

Linda McAllister, Finance Assistant, is responsible for all aging draw downs, working on the budget, helping monitoring, and paying aging related vendors and contractors. She has a Bachelor's Degree and extensive fiscal management in the private sector. She is the lead staff for the AIM (Automated Information Management) system, providing data input and supervision of this program. She provides technical support to our service contractors with regard to any AIM reporting and she reviews and authorizes payment requests for reimbursement funding from the SUA. She has been working for USCOG for three years.

The Upper Savannah AAA/ADRC has terminated the employment of one of our Aging Staff members as of June 30, 2013, due to the lack of funding to support this staff position. Kathi Culbreath had been an employee for five years and was a certified SHIP counselor, as well as AIRS certified and had experience as the Regional Long Term Care Ombudsman. Kathi was serving as back-up for our Information, Referral and Assistance Program and was entering AIM assessments for the AAA for the direct services that we coordinate, i.e. Family Caregiver, home care, minor home repair, and Income Support and Material Aid clients.

- e. **Regional Aging Advisory Council Board** – The Upper Savannah Regional Aging Advisory Committee functions in an advisory capacity and not in a policy-making or decision-making capacity. The Advisory Committee is the mechanism through which older persons and other community leaders can provide input regarding the interests and the needs of the Upper Savannah region. The Advisory Committee members assist the Area Agency to understand and meet the interests and needs of the older persons in the Upper Savannah region. Total membership is fifteen and consists of two (2) individuals from each county and three (3) individuals, all appointed by the Council. No more than three members shall be from the same county unless their membership appointment represents an agency that covers multiple counties. Terms of the members shall be for three (3) years, established by the Council and on a staggered basis to ensure continuity. The Council will determine the term of the member. The role of the RAAC is to serve as the Advisory Aging planning body to the Upper Savannah Council of Governments. The RAAC therefore promotes and encourages local communities to recognize the needs and promote the establishment of programs for senior adults; establish service program priorities based on the needs of the local communities and region, and review the annual regional comprehensive Aging Area Plan
- f. **Funding Resources** - The AAA is awarded annual funding allotments based on the region's ratio of the population aged 60 and older. The funds that our region receives are provided by the Older Americans Act and State funds. Separate allotments for the following service programs are received by the Upper Savannah AAA to carry out a comprehensive delivery services for seniors and disabled adults:
- In-home and community-based services: Transportation Services, Adult Day Care Services, Chore/Housekeeping Services, Legal Assistance, Information and Assistance, Respite, Minor Home Repair, Income Support and Material Aid (Title IIIB) (Title IIIE) (State HCBS);
 - Long term care ombudsman program (Title IIIB and Title VII)

- Elder abuse prevention services (Title VII)
- Health insurance counseling and senior Medicare patrol (AOA and CMS)
- Congregate nutrition services (Title III-C-1)
- Home-delivered nutrition services (Title C-2) (State HCBS)
- Nutrition Services Incentive Program (USDA)
- Disease prevention and health promotion services (Title III-D)
- Family Caregiver Support Services (Title III-E)
- Legal Assistance Services (Title IIIB)

Other **funding resources** for AAA operations include the following.

Local Match for Federal Programs – The OAA requires that area agencies on aging provide matching funds in order to receive federal funds. Upper Savannah AAA is required to provide a 10% match for the following funding sources: Title IIIB Program Development, Title IIIB Ombudsman, Title IIIB Legal Assistance, Title IIIB IR&A and Title IIID Medication Management. Upper Savannah AAA is required to provide a 25% match for the following funding sources: Title IIIB Planning & Administration, Title IIIE Planning & Administration and Senior Medicare Patrol. Upper Savannah AAA is required to provide an 11.76% match for the Title IIIE-Family Caregiver Staff and I&A Services. It should be noted that Upper Savannah AAA overmatches the required match in order to provide a comprehensive aging program in the region.

The Medicare Improvements for Patients and Providers Act (MIPPA) grant funds are to be allocated to the Upper Savannah AAA in order that AAA staff can provide outreach to Low Income beneficiaries with regard to Medicare services. These funds are provided to the State by CMS.

AAA staff routinely engages in program coordination with other human services agencies in our region and receives input regarding program development in varied service areas, i.e. family caregiver support program, nutrition services, and health promotion programs. This input is then used as the area agency on aging and advisory committee makes decisions regarding programs changes and/or enhancements. The staff participation in community coalitions and events affords an opportunity for advocacy as AAA staff meets and interacts with senior participants.

The Executive Director certifies that the area agency on aging shall not use funds received under the Older Americans Act to pay any part of a cost incurred to carry out a contract or commercial relationship that is not necessary to implement Older Americans Act requirements.

- g. **Written Procedures** – The AAA has a comprehensive written Regional Policies and Procedures Manual that reflects the requirements outlined in the SUA Policies and Procedures Manual. With the recent update to the SUA’s Policies and Procedures Manual (to be effective July 1, 2013), Upper Savannah is currently in the process of updating our regional manual to coincide with the SUA’s new policies.
- h. **Sign-in Sheets** – The AAA requires that each group dining site uses the official AIM Report LG-94 for congregate participants to sign as a means to document their presence and receipt of the daily served congregate meals. These sign-in sheets must be kept on file and made available to the AAA and/or the State Unit on Aging upon request for a minimum of three (3) years.

With the new requirement outlined in the SUA’s Policies and Procedures Manual effective July 1, 2013, the AAA will be requiring that each home-delivered meal provider/contractor retain signed and dated home delivered meal routes by the daily meal deliverer, as well as the provider/contractor staff, as a means to document delivered meals. These documents will then be required to be scanned/copied and submitted to the AAA with the Monthly Units of Service Reimbursement (MUSR) report. The AAA will then in turn provide these copies to the SUA to provide accountability showing that the recipient received the meal and the service units were earned.

- i. **Activity Calendars** - The AAA will require group meal providers/contractors to submit monthly activity calendars to us by the 20th of each month reflecting the activity calendar for the following month. The AAA will approve these calendars in order to insure that a variety of ongoing recreational, informational, cultural, artistic, and musical activities are provided each month to congregate meal participants.
- j. **Service Units Earned** – In order to ensure the providers/contractors are earning their units in accordance with the OAA and LGOA policies, the Upper Savannah AAA reviews supporting documentation including group dining sign in sheets, transportation mileage logs, home delivered meal rosters and route sheets, meal certification reports, activity rosters, the caterer’s meal delivery vouchers, etc. The AAA also reviews AIM reports including LG45d, SC63, LG97c, HHS25, Monthly Units of Service Reports (MUSRs) and random samples of assessments. We compare AIM priority scores to service(s) being received by the clients. The AAA questions the providers regarding any noted discrepancies and we withhold

reimbursements for any failure to comply with contract requirements. Upper Savannah AAA checks and compares totals on MUSR's according to reimbursable amounts and spreadsheets maintained on each provider. The AA also completes an annual fiscal on-site monitoring of each provider/contractor.

- k. **Reimbursement For Services** – Components of the unit cost for each service varies. For core services such as transportation, congregate meals, home delivered meals and home care, the components are:

Transportation – gasoline costs; van repair/maintenance; vehicle insurance; mobile phone/vehicle lease, staff training, miscellaneous transportation costs; indirect/administrative; personnel costs

Congregate Meals – food costs; staff travel, staff training; site supplies, miscellaneous site expenses; utilities (electric/gas); kitchen supplies; repair of kitchen equipment/maintenance of equipment; social/educational activities; in-kind volunteer; indirect/administrative; personnel costs

Home Delivered Meals – food costs; staff training; site supplies, miscellaneous site expenses; utilities (electric/gas); kitchen supplies; repair of kitchen equipment/maintenance of equipment; social/educational activities; in-kind volunteer; indirect/administrative; personnel costs

Home Care – staff travel; supplies; staff training; indirect/administrative; personnel costs

Because the AAA has been working off of unit rates that was established for service providers from the procurement process of several years ago, we are unable to give a fixed assessment cost as this detail was not required at that time. Additionally, it will be quite difficult to ascertain fixed assessment costs because staff completing assessments have multiple job duties within service provider agencies. Site Managers complete assessments on congregate participants; however, they also have the other duties associated with running the congregate meal site. Personnel completing home delivered meal participants' assessments, in most cases, perform a variety of other jobs that have nothing to do with the home visits such as AIM data entry and running reports, assembling frozen or boxed meals, etc. Variables within the assessment cost include the number of required assessments and the travel costs to/from those home visits that may be necessary. Those variables are going to be different every month.

- l. **Client Data Collection** – The AAA provides regional and ongoing on-site individualized AIM data entry training to providers/contractors in order to ensure that data is accurately entered into the statewide database. The AAA requires that client assessments are entered before reimbursement is made for that client. The

AAA reviews a random sampling of data entry assessments as well as run AIM reports showing “null” or “irregular” client fields. The AAA provides fiscal on-site monitoring and we incorporate a random review of client files and compare the information to what is in the AIM file. We provide AIM operational manuals to providers/contractors as provided by the State Unit on Aging.

All Upper Savannah Aging Program staff are AIRS certified specialists. The AAA/ADRC staff assists clients during appointments, walk-ins, at face-to-face events and over the phone. During the time with the clients, as much information as possible is gathered and entered into the On-Line Support Assistant (OLSA) database as soon as possible. This information allows us to keep a record of information shared, given or mailed to the clients regarding their request and any additional resources that are helpful to the client. Data can be extracted or reports generated to show how many contacts have been completed by each staff member, what method was used for each contact, what information and/or referral was given and any needs that have not been met. Information is also entered when staff gives a presentation. Data pertaining to the presentation may include number in attendance, topic(s) covered, questions and materials distributed.

AAA/ADRC staff utilizes OLSA to also enter contacts pertaining to the SHIP program. In addition to using OLSA, SHIP Talk is also used to generate reports and data pertaining to the needs that have been met in the region. The data can also be used to assist the SHIP Coordinator during annual open enrollment periods to attempt to contact clients for assistance with the ever-changing Medicare Prescription Drug Plans. The Ombudsman inputs information in the Ombud 4.2 database regarding cases, contacts, consults and in-services provided in the region. This program allows the Ombudsman to track the number of contacts/cases per category; cases that have been opened and closed; the number of friendly visits made to facilities in the region; and the number of cases referred to other state agencies.

- m. **Client Assessments** – Initial client assessments are completed and entered into AIM as new clients contact our office for information and referral or with needs that our agency coordinates, i.e. legal, home care, minor home repair, income support and material aid, and family caregiver services. Assessments are completed for clients who phone in, walk-in, or who schedule appointments. Reports are run from AIM in order to determine which clients are due for re-assessments. As clients are re-assessed by service providers, AAA staff will review the assessment data and determine eligibility or denial for continued services. If clients need reassessments for services that the AAA/ADRC

coordinates, AAA staff will complete the reassessments, determine eligibility, and then coordinate that the service is provided by one of the AAA's vendors. When clients have been approved by the AAA for the requested service(s), a referral/approval will be sent to the appropriate provider/contractor. Particular attention will be given to target low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and eligible individuals, as defined in the Older Americans Act.

As the Lieutenant Governor's Office on Aging (LGOA) sets policy and program instructions that would cause senior clients to be terminated because of low priority scores, these clients will be provided an opportunity to continue to receive services as a private pay recipient.

- n. **General Fiscal Issues** - Upper Savannah AAA/ADRC will expend any prior year funds first, before expending any new funds. Planning and administration funds for Title III-B, III-C, and III-E of the Older Americans Act will be expended before any program development or OAA Title III-service funds are expended for AAA/ADRC staff activities. Service reimbursement is only provided by the AAA and the federal and state share is earned when the cost is incurred and the non-federal and state share of the cost has been applied. The AAA will ensure that all invoices and all financial and program reports will be submitted in the format provided by the LGOA and on the schedule(s) set by the LGOA. Also, the AAA will ensure that invoice and financial reports will be submitted to the Accounting and Finance Division, while program reports will be submitted to the appropriate program manager as stipulated by the LGOA. With technical assistance provided and new invoices/requests for reimbursement forms from the LGOA, the AAA will include a breakdown of the provider's unit costs, and the AAA's verification of the unit costs and units earned. In addition, with appropriate technical assistance provided by the LGOA, the AAA will provide methodology for calculating unit cost. Payment requests for both internal and contracted expenditures will be submitted monthly in accordance with the policies set by the LGOA. The AAA will keep invoices current in the event of mid-year budget cuts or reductions. Upper Savannah COG generally expends a total of \$500,000 or more in Federal funds and therefore is required to monitor delivery of those funds, and have an audit that complies with OMB Circular A-133. Such audit will be submitted to the LGOA within nine (9) months after the close of the organization's fiscal year.

- o. **General Provisions for AAA/ADRC** – The AAA will ensure through signed assurances and contracts that all applicable Federal and State Laws, regulations, and guidelines, as well as policies and procedures of the SUA and any Program Instructions (PI) issued during the grant period are adhered to and followed by both the AAA and its providers/contractors. Additionally, the AAA will communicate routinely (via meetings, emails, mail outs, and conversations) with providers/contractors in order to ensure that there is a clear understanding of the program expectations as outlined by laws, regulations, guidelines, policies and procedures and program instructions. Technical assistance, support, training, and monitoring by the AAA will be carried out to assure compliance as well. The AAA will tap into the resources of the COG’s Government Planning Division to utilize Geographic Information System maps in order target client populations according to the Older Americans Act. Upper Savannah does have a signed Agreement with a local Hispanic individual to provide interpretation services for the AAA/ADRC with non-English speaking seniors.
- p. **High Risk Providers & Corrective Action Plans** – The Upper Savannah AAA expects all providers to:
- have a fully constituted Board of Directors comprised of members from the county representing the full geographic area of the county and who have leadership experience;
 - have Board of Directors that will be expected to participate in Board Training as needed;
 - have a full-time Director—the Director will then be responsible for hiring adequate staff;
 - maintain volunteers and document volunteer hours provided to the agency;
 - have written job descriptions for staff;
 - have operating funds to cover two months of operating costs;
 - maintain full-time operating hours;
 - budget funds to have an annual audit completed from an outside independent source;
 - budget funds to insure that necessary state and federal taxes are paid timely;
 - provide ongoing fundraising events to help offset agency costs;
 - insure that staff and volunteers have appropriate initial and ongoing training;
 - insure marketing of the facility so that it is a fully functioning community center;
 - maintain compliance with State and Regional Policies and Procedures as well as quality assurance standards;
 - maintain compliance with Upper Savannah AAA contract.

Should a provider fail to meet the above-listed criteria, the AAA would issue a written report to the Director and agency Chairperson listing the specific corrective action needed in order to maintain compliance with the contract with a deadline for the Corrective Action Plan to be submitted to the AAA. If the agency fails to correct the deficiency(ies), the AAA would send written correspondence that the agency was being placed on High Risk Status with a specific timeline for corrections to be met. If adequate correction is not made, then the AAA would initiate de-designation of the agency as an aging provider/contractor.

Should the AAA find it necessary to de-designate a provider/contractor and the agency cease to be able to operate, the AAA would request at a minimum, the following:

- vehicle list including terms of vehicle leases and how many years are left
- employee salaries and what programs they are charged to and any other payroll information that may be necessary in order to file payroll tax information
- county appropriations received to date
- copy of the agency's current By-Laws
- copy of the agency's Board of Directors
- Building Information – who owns the building and has it been collateralized, did the agency receive PIP funds and if so, when
- Property Inventory list
- meal routes and descriptions of how meals are handled
- daily transportation routes and scheduling
- itemization of debt, including loan documents with terms of debts (IRS debt, bank loan debt, Title XIX debt, AAA debt, tax attorney debt, audit debt, SC Dept. of Revenue debt, insurance debt, and any other outstanding itemized debt)
- list of employees with addresses and phone numbers.

IV. Overview of the Planning and Service Area Region

- a. The **Service Delivery Area (SDA)** for the Upper Savannah region include the counties of Abbeville, Edgefield, Greenwood, Laurens, McCormick and Saluda.

Piedmont Agency on Aging as the Contractor of core services for Abbeville and Greenwood Counties has offices/satellite locations in the Town of Abbeville, the City of Greenwood, and the Town of Ninety Six. According to AIM Report LG28 clients served are from zip code areas that include Abbeville, Calhoun Falls, Donalds, Due West, Lowndesville, Iva, Honea Path, Greenwood, Hodges, Ninety Six, Ware Shoals, Bradley and Troy.

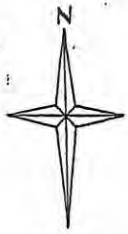
The Edgefield County Senior Citizens Council as the Contractor of core services for Edgefield has offices/satellite locations in the Town of Edgefield and in the Bettis Academy community. According to AIM Report LG28 clients served are from zip code areas that include Edgefield, Johnston, Trenton, Graniteville, and North Augusta.

Senior Options, Inc. as the Contractor of core services for Laurens County has offices/satellite locations in Clinton and Laurens. According to AIM Report LG28 clients served are from zip code areas that include Laurens, Clinton, Cross Hill, Joanna, Waterloo, Gray Court, Enoree, Mountville, Fountain Inn, Woodruff and Kinards.

The McCormick County Senior Center as Contractor for McCormick is located in the Town of McCormick. According to AIM Report 28 clients served are from zip code areas that include McCormick, Clarks Hill, Modoc, Plum Branch, and Mt. Carmel. Troy

The Saluda County Council on Aging as Contractor for Saluda County has offices/satellite locations in the Town of Saluda and in the Delmar community. According to AIM Report 28 clients served are from zip code areas that include Saluda, Ridge Spring, Batesburg, Leesville, Ward, Chappells, Newberry and Prosperity.

See the following maps for site and client locations.

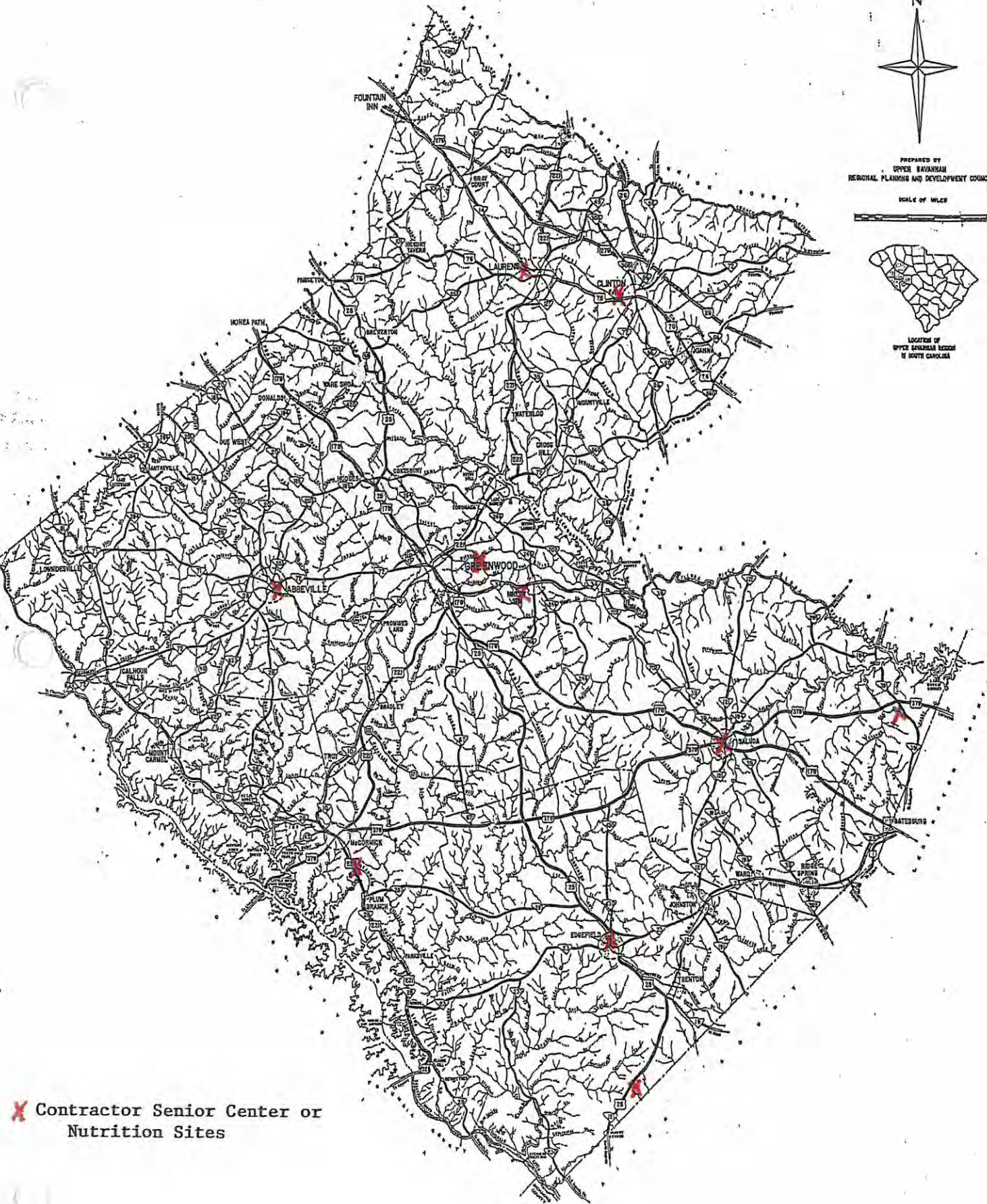


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REGIONAL PLANNING AND DEVELOPMENT COUNCIL

SCALE OF MILES



LOCATION OF
UPPER SAVANNAH REGION
IN SOUTH CAROLINA



X Contractor Senior Center or
Nutrition Sites

UPPER SAVANNAH

40

ABBEVILLE, EDGEFIELD, GREENWOOD, LAURENS, Mc CORMICK, & SALUDA COUNTIES
SOUTH CAROLINA



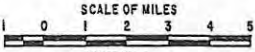
Contractor Senior Center or Nutrition Sites



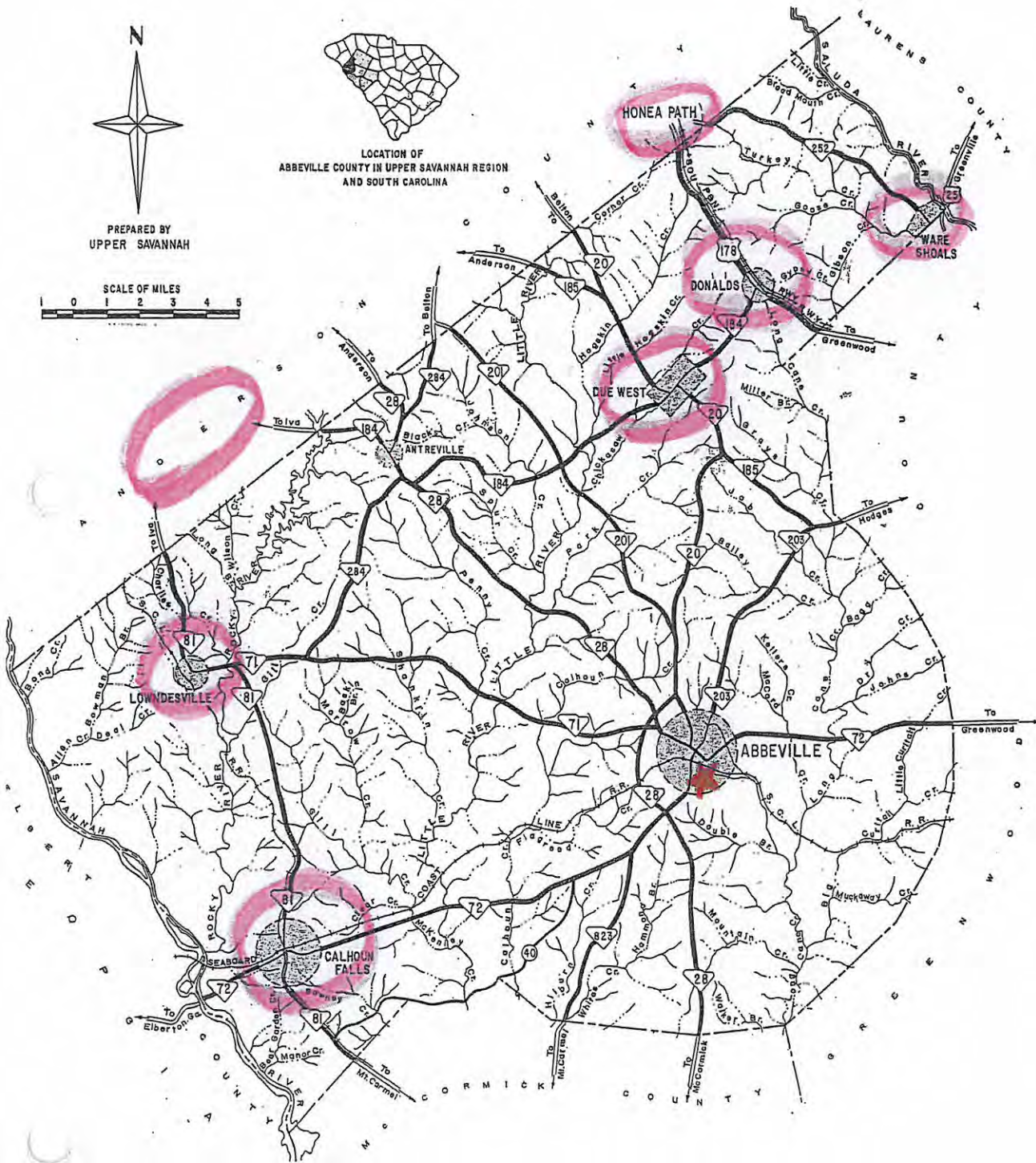
Outlying Zip Code Areas Served



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LOCATION OF
ABBEVILLE COUNTY IN UPPER SAVANNAH REGION
AND SOUTH CAROLINA



ABBEVILLE COUNTY

South Carolina
41



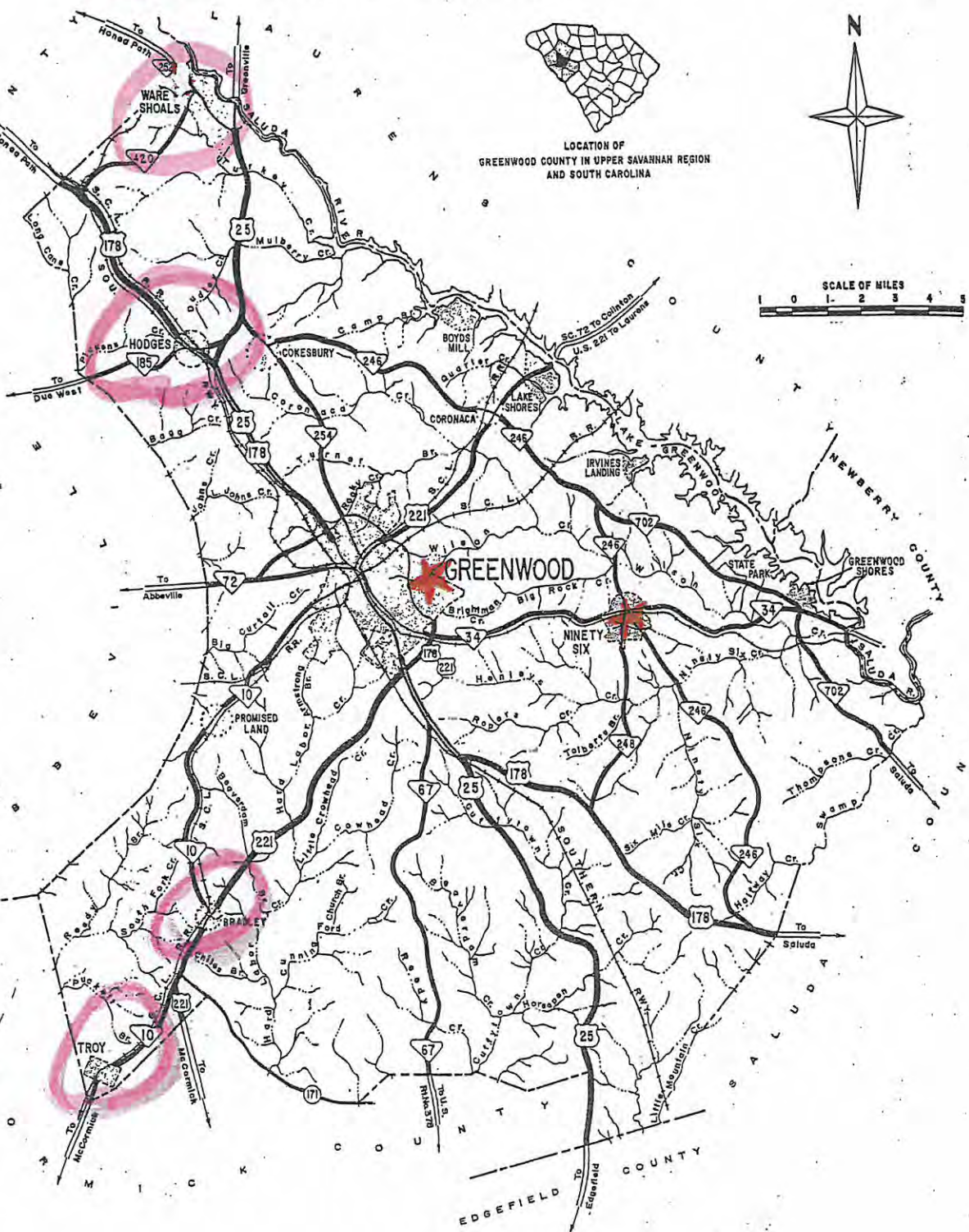
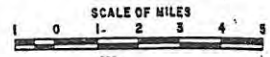
Contractor Senior Centers or Nutrition Sites



Outlying Zip Code areas served



LOCATION OF GREENWOOD COUNTY IN UPPER SAVANNAH REGION AND SOUTH CAROLINA



GREENWOOD COUNTY

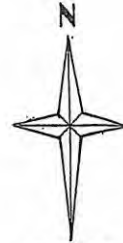
SOUTH CAROLINA



Contractor Senior Centers or Nutrition Sites

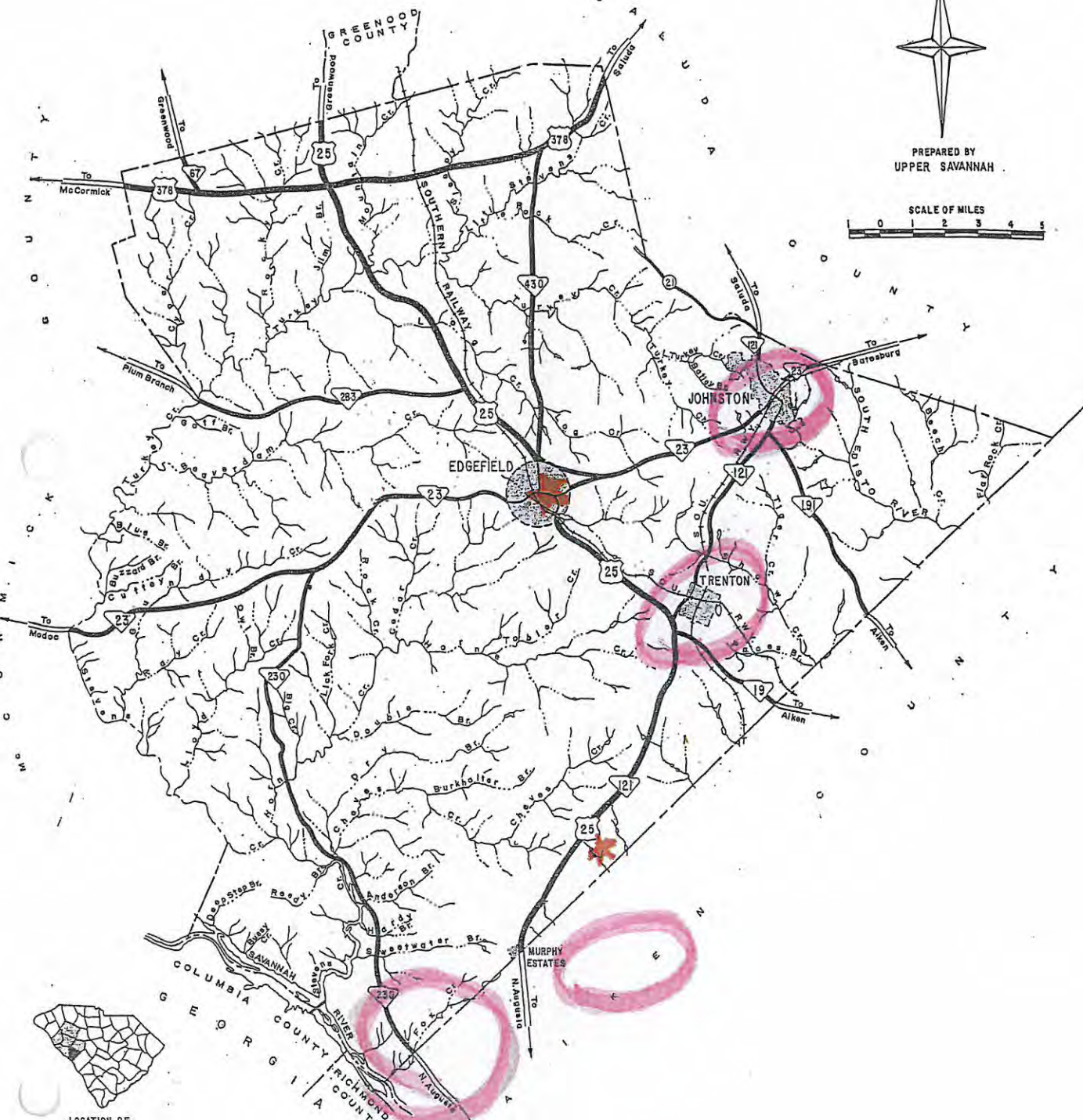


Outlying Zip Code areas served



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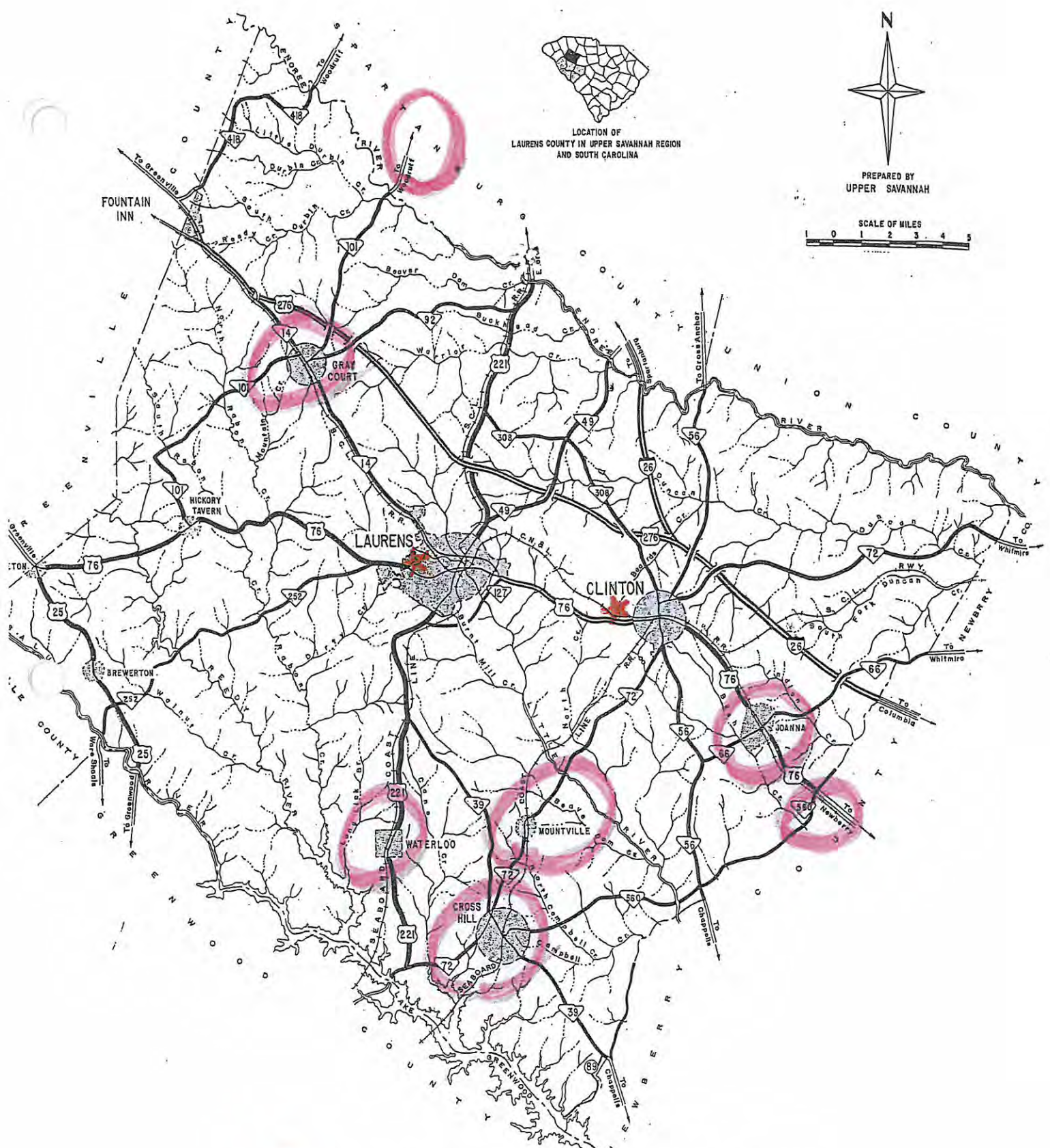
SCALE OF MILES



LOCATION OF
EDGEFIELD COUNTY IN UPPER SAVANNAH REGION
AND SOUTH CAROLINA

EDGEFIELD COUNTY

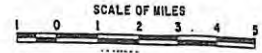
South Carolina
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LOCATION OF
LAURENS COUNTY IN UPPER SAVANNAH REGION
AND SOUTH CAROLINA

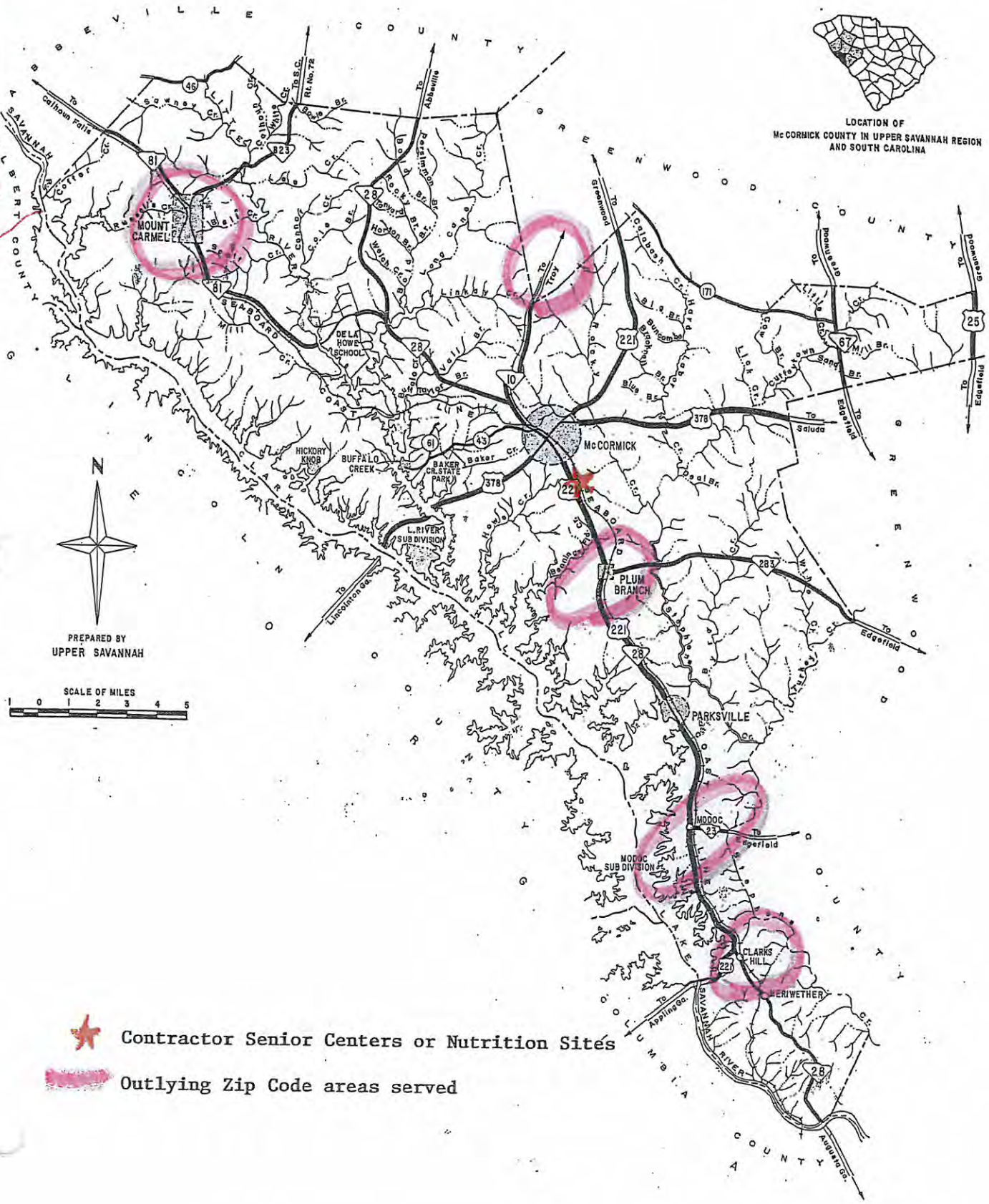


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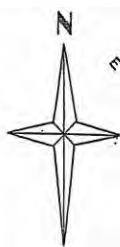


-  Contractor Senior Centers or Nutrition Sites
-  Outlying Zip Code areas served

LAURENS COUNTY



LOCATION OF
McCORMICK COUNTY IN UPPER SAVANNAH REGION
AND SOUTH CAROLINA



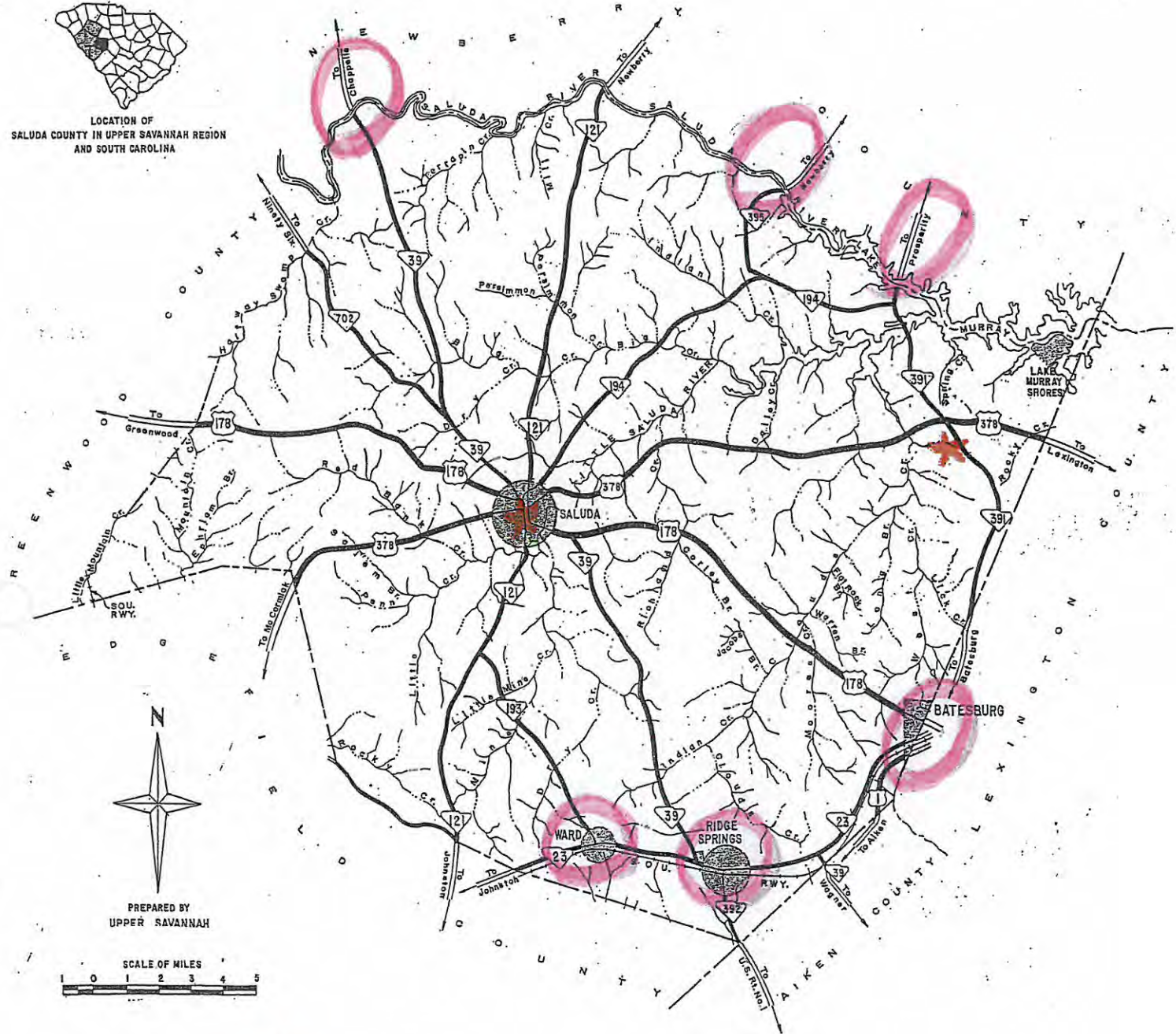
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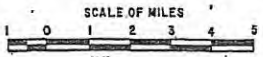
- Contractor Senior Centers or Nutrition Sites
- Outlying Zip Code areas served





LOCATION OF SALUDA COUNTY IN UPPER SAVANNAH REGION AND SOUTH CAROLINA



PREPARED BY
UPPER SAVANNAH



-  Contractor Senior Centers or Nutrition Sites
-  Outlying Zip Code areas served

SALUDA COUNTY

- b. **Objectives and Methods for Service to Targeted Populations** – Anyone aged 60 or over regardless of income is eligible for services. However, because funding is limited, we will target older individuals with the greatest economic and social need, focusing particularly on low-income minority older individuals and rural elders. AAA staff conducted a needs assessment and focused on input from three perspectives: consumers age 60+ (receiving and not receiving services), professionals, and family caregivers. The priorities for services in the Upper Savannah region revealed the continued need for home delivered meals, group dining meals, transportation, chore/housekeeping services, minor home repair, information and assistance, and explanation of benefits to those receiving Medicare, Medicaid and other health insurance programs. Historically, the AAA has met our targeting objective of providing services to minority and persons below poverty. This objective will continue to be met.
- c. **Ten Year Forecast** – Improved medical technology leading to longer life expectancies has already resulted in an increased the need for health professionals trained in geriatrics or gerontology to better serve the health care needs of seniors. Likewise we are seeing an increased number of seniors and disabled adults needing critical health care services for a longer period of time. While resources are diminishing, the population is growing. The AAA anticipates further limited Medicaid funds for health care and a decrease in the number of nursing home beds that will be available for seniors. Additionally, the AAA is aware that individuals who are diagnosed with Alzheimer’s disease continue to affect programs such as Medicaid and Older Americans Act Programs. The AAA works closely with the local Alzheimer’s Association and participates in trainings in an effort to meet the needs and resources for individuals and caregivers living with Alzheimer’s disease.

The top four (4) issues expected to have the most impact on older adults in the region:

❖ **Transportation Systems**

Transportation services continue to be a challenge in the Upper Savannah region which is rural in nature and limited in transportation access. Two of the six counties in our region have public transportation—Edgefield and McCormick Counties. Even with public transportation available in these two counties, the area agency on aging wants to ensure that ALL seniors (including low income seniors) have access to transportation services. Therefore, OAA funding for transportation is made available to all our service areas. It should be noted that in the other four counties, seniors must totally rely on the transportation services offered by the local senior

centers. The AAA therefore strives to set aside enough funds for transportation services to meet this growing need for access services to link our seniors with available community resources.

❖ Long Term Care Systems

With regard to long term care systems, the AAA feels more education and awareness for long term care planning needs to be addressed with the general public and an emphasis placed on families and caregivers. Seniors and caregivers are growing in numbers and the resources for assistance are not growing at a comparable rate to meet the increased needs.

The vision for ADRCs is to streamline access to long-term care information, options and resources. Both studies and local experience have shown that most of the general public has little to no understanding of long term care resources or financing. The Upper Savannah ADRC program provides an opportunity to offer the public one source for objective and accurate information, and assistance regarding the full range of long term supports and services. We help consumers to evaluate resources and offer options so that they are able to make informed choices and decisions. We believe this is the first step to address the need for long term care services to be organized into a single, coordinated system. The AAA/ADRC further feels that community education on planning for long term care needs is an effective way to help prepare for the influx of seniors in the future and to help individuals to plan to meet their own or their parents' long term care needs.

The AAA/ADRC has already held several public presentations for this very purpose. However, staff will continue to coordinate such education and training opportunities in the next four years as well. The information is often appealing to caregivers, and then they realize that much of the information can also apply to planning ahead for themselves.

❖ Service Expectations of Seniors and Caregivers

There has already begun to be a substantial impact on our current service delivery system. "Boomers" are still working or at the least remaining active and independent—not necessarily wanting to participate in the congregate meal program. Many are caring for aging family members, and in turn that is making them aware of their own upcoming "senior" years. The Family Caregiver Program continues to offer caregivers the needed flexibility in choosing services they most need to maintain their

roles as caregivers. The transition to competitive, consumer-driven services systems is allowing more autonomy over decision-making. The USCOG believes we will continue to see a shift toward competition from the private sector which will continue to affect traditional non-profit service agencies. The AAA/ADRC is prepared to move through these changes with a positive attitude to keep our older adults as the main focus at all times. These changes may be slow and subtle, but nonetheless, they will be achieved with forward-thinking goals in order to enhance or improve the quality of services made available to senior adults. Increased competition can positively influence quality and cost-effectiveness of available seniors. These goals will be achieved by allowing more flexibility in the services that clients receive. Upper Savannah has implemented tapping into the Income Support and Material Aid (ISMA) Program whereby we have been able to meet some unique needs of our seniors. Historically there has been limited or no resources to assist low income seniors with utility assistance. In extenuating circumstances, the AAA/ADRC has funded such utility assistance with ISMA. Another example has been to help our frailest and low income seniors pay for Lifeline assistance. This service often is the critical need that allows these seniors to remain in their homes. The AAA/ADRC will continue to offer ISMA services which have also included helping pay for incontinent supplies, nutritional supplements, pest eradication, dentures/tooth extractions when the health and nutrition of the senior is at risk.

❖ Policy Changes

The Upper Savannah AAA/ADRC continues to embrace policy changes at the federal, state and local levels. Many federal policy areas in which our AAA/ADRC has supported is Consumer Choice, Aging and Disability Resource Centers (ADRC), and Evidence Based Disease Prevention Programs. Additionally, Upper Savannah was certainly willing to participate in the pilot project of the State Unit on Aging Cost Share Program initiative undertaken during the last fiscal year. Experiencing a positive outcome, the Upper Savannah AAA has continued to earmark limited funds in order to propel seniors who can afford to share in the costs of their services to do so. This strategy has stretched these limited dollars in order that more people can be served in the region. At the local level, Upper Savannah AAA has encouraged the concept of Senior Center makeovers to enhance the basic congregate meal program into a modified Mather Lifeways Café Model “look”. Again, this effort has been an approach/effort to encourage “younger” seniors to visit our senior centers

and participate in the congregate meal program for socialization as well as participate in other offered activities.

With the newly revised South Carolina Policies and Procedures Manual, the Upper Savannah AAA/ADRC will continue to modify our regional policies to correlate to the State Unit on Aging's (SUA) expectations and policies. Additional policy changes will be adhered to as the AAA/ADRC receives Program Instructions from the SUA.

Previous community needs assessments have indicated that consumer choice on how services are delivered is a top priority need among senior adults in our region. Therefore, the Income Support and Material Aid Program is a consumer-focused service, offering flexibility and increased decision-making to the at-risk, older adult receiving this assistance. Upper Savannah AAA/ADRC will continue to fund and enhance the ISMA program and to encourage its improvement by offering new choices and options to meet the region's growing needs.

- d. **Emergency Preparedness** – Upper Savannah AAA has an Emergency Preparedness Plan which is reviewed and updated annually. The Role of the AAA/ADRC is: 1) to prepare staff and provider/contractors to meet the challenges of a disaster; 2) support the local emergency management division to ensure that the disaster-related needs of older individuals and persons with disabilities are included in overall community disaster planning; and 3) document and report information to South Carolina State Unit on Aging regarding the impact of the disaster on services recipients, and older individuals, the family caregivers and persons with disabilities within the provider service area.

The Upper Savannah Area Agency on Aging/ADRC serving Abbeville, Edgefield, Greenwood, Laurens, McCormick and Saluda counties recognizes the importance of planning for the Agency's response in the event of natural or man-made disaster(s) occurring within our six-county area. Specific authority must be designated, chains of command established, and functions defined in advance to assure that the Agency, contracted service providers and vendors can react properly when needed.

Upper Savannah AAA/ADRC is not a first responder in the event of a county, region or state-wide disaster event. Financial restrictions inhibit the resources the Upper Savannah AAA/ADRC can allocate to aid seniors in distress. The agency will engage in activities which can be conducted in the initial stages of a disaster.

Along with support from contracted service providers, these activities can include: expanded Information and Referral Services, expanded Outreach, and County, Region and State EMD Emergency Operation Center representation. US AAA/ADRC will also aid in the recovery process of any disaster event. All disaster coordination will be under the direction of Upper Savannah's AAA/ADRC Executive Director Vanessa Wideman. Mrs. Wideman's contact information is as follows:

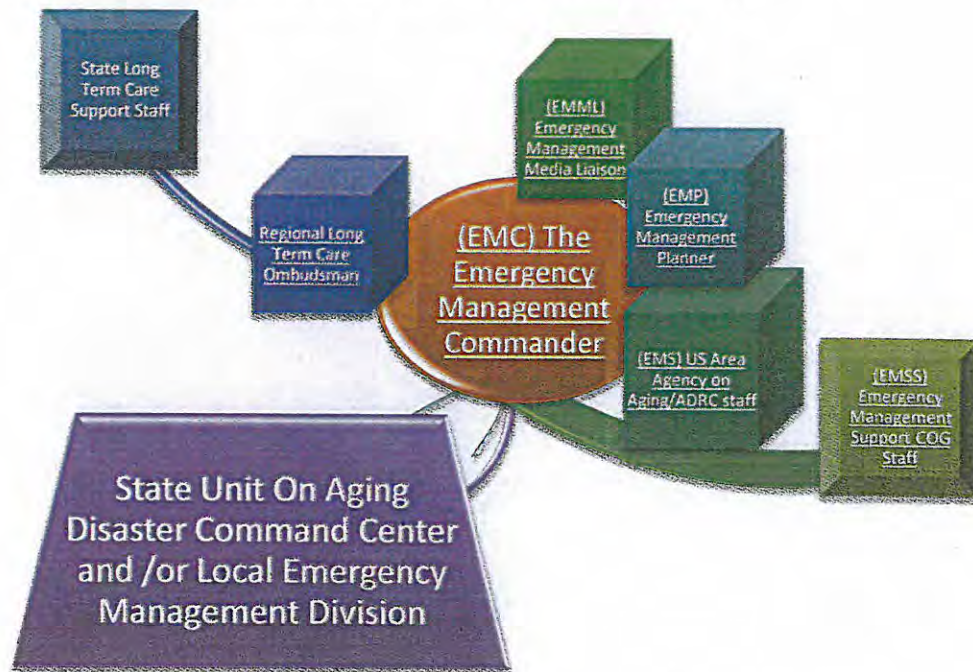
Mrs. Vanessa Wideman, Aging Director
Upper Savannah Area Agency on Aging/Aging & Disability Resource Center
PO Box 1366
222 Phoenix St., Suite 200
Greenwood, SC 29646.
Office: 864-941-8053
Fax: 864-941-8090
vwideman@uppersavannah.com
www.uppersavannah.com
Home: 864-227-1006
Cell: 864-993-3860
Email: sc_shag@yahoo.com

- (EMC) The Emergency Management Commander for Upper Savannah Council of Governments Area Agency on Aging Program will be the current AAA Director. (currently Vanessa Wideman)
- (EMP) Emergency Management Planner for Upper Savannah Council of Governments Area Agency on Aging is designated by the Area Agency on Aging Program Director (currently Kathy Dickerson).
- Long Term Care Ombudsman will be the current State Long Term Care Ombudsman for the Upper Savannah Council of Governments. Area Agency on Aging will serve as the Commander(s) for any long term care facilities affected by disaster in their service area. (currently Cindy Glanton)
- US AAA/ADRC staff will be responsible for maintaining and providing a database list of client names, addresses, possible family contacts, etc., to deliver to proper authorities for emergency assistance in the event a disaster occurs and names are requested by proper authorities to locate, assist, evacuate, and rescue elderly and disabled US AAA/ADRC clients. This list will be provided through the program data base resources provide by Barbara Wright (FCSP), Susu Wallace (IR&A Specialist), Linda McAllister (Finance Director –AIM), and Kathy Dickerson (Regional ADRC/SHIP Coordinator).
- Emergency Management Media Liaison: will be David Hays, Public Relations Manager for USCOG. Emergency Management Media Liaison will work closely with the Upper Savannah

AAA/ADRC EM Commander to relay information to local EMD Officer and media as needed.

- (EMSS) Emergency Management Support Staff: will be made up of LGOA staff if needed, local volunteers, and other USCOG staff.

Command and Authority Chart



Since Upper Savannah AAA/ADRC is not a first responder, we can only offer auxiliary support when requested/needed. Annually, Upper Savannah's Emergency Manager Planner (Kathy Dickerson) contacts the local EMD offices to update our region's emergency contact information and annually she requests to be involved in county and regional meetings to discuss how the AAA/ADRC could offer support if there were an emergency/disaster in our region. Routinely we are not invited to the table to discuss protocols with the local and regional EMD offices.

Upper Savannah Aging staff have participated and will continue to participate in statewide and regional demonstrations/workshops when we are invited, i.e. touring of State Emergency Command Center and presentation of 'special' emergency shelters for the disabled and frail seniors and the Regional Pandemic Flu Planning Exercise held several years ago.

In the event that a disaster should render the current AAA/ADRC site inoperable, The (EMC) Emergency Management Commander and agency staff will relocate according to assigned locations. AAA/ADRC staff will set up "Headquarters" and coordinate operations at an alternate site where facilities and communication capabilities are available and not affected by the disaster condition. "Headquarters" may relocate to the most appropriate Local Service Provider site not affected by the disaster; or to where emergency power is available with computers and phones. Upper Savannah staff all have cell phones (if tower coverage is available) and laptop computers are available for staff use.

If necessary, the following will occur:

- Activate AAA/ADRC and Local Service Provider personnel available for disaster relief.
- Activate plans for coordination with established disaster agencies and call into action AAA/ADRC personnel to areas affected by disaster. (APPENDIX E)
- Identify exact location of disaster damaged areas and the extent of emergency services required, geographic scope of disaster, number and names of counties involved and number of older persons homeless, evacuated, or type of other loss sustained due to the disaster.
- Report destruction/damage of centers, congregate meal sites, assisted living facilities, nursing homes and other aging facilities to LGOA and local EMD Officer.
- Describe status of services to homebound elder persons and/or community-based service recipients, including short-term and long-term needs of the affect elderly, current basic services curtailed or destroyed and anticipated reinstatement of services.
- Activate coordination with community resources for the implementation of emergency services.
- Inform Emergency Management Division (EMD) /SUA and other disaster agencies of availability of existing aging network resources suitable for disaster relief.
- Identify Senior Centers open for use as temporary shelter (and/or churches).
- Identify possible Meal Sites open for emergency meal service and distribution, both prior to and after declaration of disaster, as needed.
- Transportation resources, i.e. buses, vans, volunteer vehicles and drivers available for evacuation of elderly and other emergency transport.
- Upper Savannah AAA requires each provider/contractor to have an emergency service delivery plan for group dining, home delivered meals, transportation, and other critical services until any declared emergency has ended and normal operations are back up. These emergency service delivery

plans are implemented to ensure that seniors continue to receive food, transportation, and other critical services until normal delivery systems resume operations.

- In a wide spread or local disaster, AAA/ADRC and "State Unit on Aging" staff will assist in receiving and disseminating information to and from outlying areas.

Additionally, Upper Savannah AAA will provide Information and Referral services to elderly disaster victims and other affected residents by offering 24 hour basis alternately using AAA/ADRC staff provider Elder Helpline and/or answering machines as available. The Agency will coordinate with United Way 211 to extend helpline coverage.

Since the new AIM client assessment includes criteria delineating seniors who need assistance during emergencies/disasters, the Upper Savannah AAA will extract this critical information (once the SUA provides a report to accomplish this task) and be ready to share it with the local and state EMDs as situation(s) arise that would require this data.

Upper Savannah's computer records are back-up every fifteen (15) minutes by our network server. Additionally, all network server data is backed up and stored via off-site server weekly.

The Upper Savannah AAA/ADRC EMC-Emergency Management Commander (Vanessa Wideman) /EMP- Emergency Management Planner (Kathy Dickerson) will inform disaster officials of the aging services available throughout the planning and service area and transmit resource directories, as appropriate. The resources/contacts that would be shared include the following:

- Civil Defense Directors,
- SC DHHS,
- American Red Cross,
- Salvation Army,
- Community Action Programs,
- Department of Mental Health,
- Department of Social Services,
- South Carolina Baptist Convention Disaster Relief organization,
- County Emergency Management Division
- SC DHEC
- Medicaid
- Community Long Term Care
- US AAA/ADARC Contractors and Providers
- United Ways (Abbeville, Greenwood, and Laurens counties)
- Local Food Banks

- Social Security Offices
- Burton Center
- Local churches

Upper Savannah Council of Governments is a part of a statewide network of COGs. The ten regional COGs have memoranda of understanding among themselves to help any COG(s) that sustain damage due to a disaster or emergency that disrupts their operation for any sustained period of time.

- e. **Holiday Closings** – The following are the scheduled holiday closings for Upper Savannah’s providers/contractors:

- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- 2 Christmas Holidays
- New Year's Day
- Martin Luther King
- President's Day
- Good Friday
- Memorial Day

V. AAA/ADRC OPERATIONAL FUNCTIONS AND NEEDS

Assessment of Regional Needs – The Upper Savannah AAA contracted with System Wide Solutions, Inc. (SWS) to conduct a regional needs assessment mid to late 2012. Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by Insurance Counseling and Referral for the Elderly (ICARE), caregiving services, senior center activities, services to help in maintaining independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is slightly more than a little important, with the most important being help with paying for prescriptions or prescription drug coverage and dental care or dentures. Personal and home care is viewed to be the least important, with the most important being home repairs and modifications (for both upkeep and for safety) and transportation for errands.

The AAA used information from the needs assessment in order to allocate. See Appendix B for Needs Assessment.

Program Development – The growing demand for consumer choice will continue to increase as the baby boomers continue accessing aging services. Therefore, home and community-based services will continue to grow. We will work with community leaders and contractor agencies to develop private pay service options as LGOA implemented policies will limit services/programs that can be reimbursed with federal and state funds. The AAA will continue to stress the importance of this issue with service provider agency's Board of Directors to educate them and assist them in looking for outlets to implement varied programs and fee-for-service programs.

If funds are available, the AAA will continue to encourage and develop Cost Share initiatives within programs that we coordinate, i.e. Minor Home Repair, Home Care services, and Income Support and Material Aid. Piedmont Agency on Aging has successfully initiated a Meals to Go program whereby once a month the agency offers a different "take out meal" to daycare parents and the community as a means of bringing in additional financial resources. Additionally, PAOA has a very successful childcare program that helps offset their overhead expenses.

The AAA will provide program development through the implementation of changes that are ongoing from year to year with budget cutback/limitation and/or new funding opportunities.

Program Coordination – The Upper Savannah AAA works very closely with other service delivery agencies as well as our contractors to develop a comprehensive service delivery area. AAA staff works with the local Alzheimer’s Association, Community Long Term Care, Abbeville Coalition, and home health agencies in order to provide coordination and/or referrals for respite services. By the mere fact that the AAA/ADRC is housed within the regional Council of Governments (COG) office, we obviously have very close program coordination with the COG staff that includes Workforce Investment Act, Community Development including HUD programs and Law Enforcement Assistance programs with emphasis on Crime Control and Safe Streets, and Government Services that works with Department of Transportation and MAP-21 programs. COG/AAA staff has a working relationship with our regional Community Service organization that administers the Low-Income Home Energy Assistance and weatherization programs for low-income persons.

Other partners of the AAA include the Edgefield Adult Protective Services committee, local hospitals, the Salvation Army, Veterans Affairs offices, local DSS offices, Social Security, Medicaid offices, Department of Mental Health, YMCAs, Clemson Extension, Chambers of Commerce offices, United Way offices, free medical clinics, and local utility companies in order to locate reduced or free services for our clients. The coordination with these other agencies (Alzheimer’s Association, CLTC, Abbeville Coalition) have afforded the AAA input and participation into local projects, events and grants. The coordination with Edgefield APS, local hospitals, local DSS offices, Social Security, Medicare and Medicaid offices, Clemson Extension, free medical clinics and local utility companies and Department of Mental Health has afforded the AAA favorable relationships and links when the AAA has needed to advocate for specific individuals. The AAA/ADRC has written memoranda of understanding with the American Red Cross, Lakeland Cares, the Burton Center, SC Department of Health and Human Services, United Way of Abbeville/ Greenwood Counties, Community Long Term Care, Mental Health America, Upper Savannah Care Services, Healthy Greenwood Neighborhoods, Inc., Greenwood Veterans Affairs Office, The United Way of Laurens County, The Greenwood Food Bank, Abbeville/Greenwood Davita Dialysis Center, and Edith Pineda (for Spanish interpretation services).

ADRC and Long Term Care – The Upper Savannah AAA has transitioned to being recognized as the regional Aging and Disability Resource Center (ADRC). As such Aging Unit staff provides a one stop services shop for the seniors and disabled

individuals that contact us. While discussing a particular need of callers, staff can evaluate the client for other eligible services such as Meals on Wheels, minor home repair issues, and LIS/extra help assistance and refer them to local agencies or assist them in the office, online with forms and paper work. The AAA will continue to adapt our involvement in the local system of long term care to better respond to the needs and preferences of older individuals and family caregivers and to target services to seniors at risk for institutional placement. This will permit them to remain in home and community-based settings.

This inclusion of the AAA being the regional ADRC and increasing community partnerships has improved accessibility to services for our callers. The AAA/ADRC will continue to seek out and understand the new managed care systems that participate in our state in order to assist aging and disabled clients tap available resources.

Advocacy – AAA/ADRC staff keep the Regional Aging Advisory Committee apprised of the need to build capacity in our region to meet the needs of seniors. Primarily the areas covered and chosen for advocacy efforts include services identified through the needs assessment which include monetary assistance programs, transportation, home care services, and senior meals programs, as well as health and human services, housing, caregiving, and emergency preparedness. AAA staff routinely discusses these issues with COG Board members who include local community leaders, local elected officials, and State Senate and House members. AAA/ADRC staff annually participates and offers input for grant reviews regarding transportation needs. Hopefully, these advocacy efforts lean toward systems changes, program expansions, and more funding.

Priority Services – Legal assistance service funds have been set by the LGOA’s office at 4% of the regional III-B funding level. Since the LGOA has determined that legal service funds cannot be used to pay for wills and durable powers of attorney for seniors (which is the greatest requests that we receive for legal assistance), Upper Savannah feels that this 4% should be more than enough to cover potential requests that we may receive from area seniors. If at all possible, Upper Savannah would entertain moving some of these legal funds to our priority service—transportation—as our regional allocation for transportation is well below meeting our regional need.

Since Upper Savannah was unable to transfer funds from III-C1 or C2 into our III-B program, there are not enough funds to appropriately fund our Access services. Our region is only receiving \$148,084 in III-B funding, so we are utilizing all these funds to pay for transportation services in our six counties. By equally distributing these funds to our six counties for transportation services, only one county will have enough IIIB funds to appropriately fund their transportation service. So State HCBS funds are critical to

make up the difference in the transportation programs in the five other counties. Additionally, State HCBS will be critical to fund In-Home Services for our region.

It should be noted that the AAA will allocate State HCBS funds if available for Minor Home Repair, Income Support and Material Aid, and Adult Day Care. These services are not priority services under the Older Americans Act, although they are needed services based on the inquiries the AAA receives for these services and based on needs assessment data.

Priority Service Contractors – The transportation providers/contractors in our region have appropriate experience in providing senior transportation services. With regard to legal assistance, the Upper Savannah AAA utilizes a rotating pool of local attorneys who have agreed to provide reduced rates to senior adults meeting the criteria for the legal assistance program. Priority in our regional program includes public benefit cases, landlord/tenant housing problems, guardianship/commitment issues, and age discrimination cases.

Transportation – As previously mentioned, the transportation providers/contractors in our region have appropriate experience in providing senior transportation services. Although our transportation providers/contractors will continue to complete assessments on seniors requesting transportation services, the AAA will review these assessments and determine eligibility for service. Once transportation is provided to the eligible client and appropriately documented, the AAA/ADRC will reimburse the provider based in accordance with the OAA and LGOA policies.

Nutrition Services – Historically, Upper Savannah AAA has had to consistently request a transfer of funds out of the Congregate Meal Program and increase funds to both Home Delivered Meals and Transportation Programs. In moving these funds, the Upper Savannah Congregate Meal Program has seen a drop in requested federal funds and yet the meals served have basically remained the same. This has been accomplished with negotiated lower unit rates with our contractors.

Compared to four years ago, this plan year for the Congregate Program equates to 38% less in funds [from \$469,100 in 2009-10 to \$292,501 projected for 2013-14], 33% less in Congregate units [from 71,520 in 2009-10 to 47,653 projected for 2013-14], and with 5.93% less in the region-wide unit rate [from \$6.5591 to \$6.17 projected for 2013-14]. We have no seniors on a waiting list for congregate meals. Instead of having six different unit rates, the AAA is moving to more uniformed unit rates for our providers—the Congregate unit rate for Edgefield, Saluda and Laurens Counties this coming year is \$5.80 while the Congregate unit rate for Abbeville, Greenwood, and McCormick

Counties is \$6.54. One meal site has closed during the past four years, so the region now has ten (10) congregate meal sites. Once nutrition services (meals) are provided to the eligible client(s) and appropriately documented, the AAA/ADRC will reimburse the provider based in accordance with the OAA and SUA policies.

Upper Savannah AAA continues to put a strong emphasis on our providers/contractors to boost attendance and participation at the congregate nutrition sites. AAA staff has met with both Directors and Site Managers of the senior centers and nutrition sites to offer ideas for promoting/improving activity programming and marketing. The AAA will continue to host quarterly Site Manager meetings to bring senior center staff together with AAA staff in order to assist in providing information and activity programming. However, only three of our ten congregate sites typically serve a minimum of 25 congregate nutrition participants a day. Those three sites are Greenwood with an average of 35, McCormick with an average of 31, and Saluda with an average of 25. Upper Savannah will be requesting waivers for nine of our sites when the LGOA makes the Waiver Request Form available. With Senior Center older adult staff being ineligible to participate in the congregate meal program, only the Greenwood center will meet the SUA's policy for serving 25 congregate meals a day.

In order to offer the LGOA assurance that group dining sites have appropriate planned activities, each provider/contractor will be required to submit their site activity calendars to the AAA by the 20th of the month preceding the subject calendar month. These calendars must depict that activities are available at least four (4) hours daily at the sites and offer a variety of programs.

In the past, federal funds for Home Delivered Meals have consistently needed to be increased to meet the growing demand for this service. Compared to four years ago, funding and units for HDM is slightly down (4.79% and 3.5%, respectively) while the region-wide unit rate for HDMs has increased by only 1.2%. Again, the AAA is moving to more uniformed unit rates for our providers—the HDM unit rate for Edgefield, Saluda and McCormick Counties this coming year is \$5.90 while the HDM unit rate for Abbeville, Greenwood, and Laurens Counties is \$5.15.

For both congregate and home delivered meal service the targeted population by the providers/contractors shall be low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, along with those seniors with the greatest need as defined in the OAA. According to the Older Americans Act, Subpart 1—Congregate Meal Program, Section 330 PURPOSES state:

The purposes of this part are—

- (1) To reduce hunger and food insecurity;
- (2) To promote socialization of older individuals; and
- (3) To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Upper Savannah AAA/ADRC understands that for congregate participants those seniors with the greatest need may be those in jeopardy of isolation, and those individuals who are coming to the group dining site for socialization as specifically outlined above.

If meal participants fail to qualify for nutrition services due to the SUA policies for reimbursement, providers/contractors must offer potential meal recipients the opportunity to private pay for meals. Any client being served with State funds will be encouraged to cost share.

All meals served in the Upper Savannah region have been developed in accordance with the State Minimum Bid Specifications. For meals provided in our region by Senior Catering, AAA staff participates in menu review meetings and menus are approved by a registered dietician. For meals that are prepared and cooked by Piedmont Agency on Aging, these menus are also approved by a registered dietician. All menus are posted in accessible and visible locations at each group dining center, as well as at the Greenwood Nutrition Kitchen. Any request for menu changes are sent to the AAA for prior approval. Currently, the AAA does not coordinate meal programs with local retail food businesses, school districts, or hospitals. The only intergenerational meal program in our region is with Piedmont Agency on Aging's intergenerational meal program between the senior adults and the children from their Lifetime Discoveries child care program.

Training and Technical Assistance – The AAA/ADRC is committed to providing technical and programmatic assistance and training for both AAA staff and providers. On-going technical assistance continues to be needed by contractor staff with regard to the AIM system. The AAA AIM Manager is in contact with AIM database entry clerks to discuss appropriate reports that can assist them with ensuring that they maintain complete assessment data. The AAA will provide AIM orientation training as new staff is hired by contractors. Additionally, AIM data entry personnel and staff who complete client assessments will be invited to participate in AIM update training to be provided by the AAA. AAA staff will continue to provide quarterly Site Manager Training to assist with resources and activity programming training. The Upper Savannah SHIP Coor-

dinator has been providing training to SHIP volunteers/counselors through the use of CMS modules in order to keep these counselors updated with the latest changes and to have an opportunity to discuss concerns and issues. Also, the Upper Savannah SHIP Coordinator will annually organize the logistics and promotion of new recruits and retention of current ICARE volunteers for the region's participation in the State's SHIP curriculum.

The AAA turns to and uses the State Unit on Aging Policy and Procedures manual in the provision of effective technical assistance. Specifically, the AAA has looked at the State funded program guidelines and the Grant Related Income guidelines to assist contractors with needed services. With new SUA Policy and Procedures Manual Update, our AAA has already hosted one training with our local contractors in order to make sure the changes that are effective July 1 are identified so that both the AAA and contractors will remain in compliance with the SUA's expectations and guidelines. The AAA will continue to host annual training with contractors as policy's are updated and changed. Contractors are most interested in receiving training of the Standards for the SUA's programs and in receiving AIM training. Linda McAllister, Finance Assistant, is Upper Savannah AAA/ADRC's regional Training Liaison. She will serve as the point of contact for AIM operations and provide program overview information for providers for general aging network structure and operations. She will be responsible for assuring that the AAA's/ADRC's providers are appropriately tracking service units earned in the AIM system for all Older Americans Act funds (OAA).

The Training Liaison along with the AAA Director will train any new provider(s), field questions in the region, and provide assistance with challenges of the AIM tracking system. The Training Liaison will be responsible for forwarding information from the SUA AIM Coordinator to our local providers. The liaison will ensure accurate, quality tracking, and monitoring for reimbursement of OAA services, prior to billing the SUA based on running the appropriate AIM reports.

At least monthly e-mail correspondence from the AAA/ADRC will be disseminated to providers regarding a variety of aging issues. The AAA/ADRC will host an aging orientation meeting within the first thirty (30) days of a new contract agreement for any new provider(s) in the region. Also the Training Liaison will provide an AIM training session and an operation manual to any new provider(s) within the first thirty (30) days of a new contract agreement.

Monitoring – The AAA monitors contractors for service delivery each year to ensure contract compliance and program efficiency. Unannounced site visits are made to the congregate nutrition sites and, if necessary, recommended improvements are made to the

site managers and distributed to the agency's executive director through a written report. Announced fiscal and program monitoring will be conducted during the winter and early spring with any recommendations made to the agency's executive director (with copy sent to Board President and/or Chairman) through a written report. If notable deficiencies are found, the AAA informs the State Unit on Aging of concerns, as well as service provider's Board members. In some instances, the local city and county government officials can be made aware of concerns as well. Disallowance of earned units and/or withholding of funds have been undertaken by the Upper Savannah AAA when necessary. The AAA will maintain proper accounts with all necessary supporting documents in the manner required by the SUA. The AAA will make programs and financial records, as well as service delivery sites open to representatives of the SUA, the US Government Accountability Office, the State Auditor, the State Attorney General's Office, the US Department of Health and Human Services, and/or any designees of the above.

Contract Management – The AAA shall purchase services only from providers that provide the SUA with all requested data in the format necessary to document the outcome of services purchased. If a contractor has notable deficiencies in fiscal or programmatic areas, the AAA will determine if it is appropriate to extend a contract, provide a provisional contract for a limited amount of time to enable the contractor to come into compliance, or to terminate the contract. The AAA has provisions in each contract which describes the criteria for each action. The AAA will provide electronic copies of contracts and amendments to the SUA's Policy and Planning Manager in the Programs Services Division within thirty (30) days of execution. These contracts for services that are supported with financial assistance through the SUA shall adhere to applicable Federal and State procurement codes (OMB Circulars A102 and A-87). The AAA will ensure that all nutrition providers and senior centers provide monthly calendars that accurately reflect the social activities mandated through the Older Americans Act (OAA). Activity calendars shall show innovation and provide multiple services that meet the needs of the seniors in that community.

Grievance Procedures – The Upper Savannah AAA has a grievance procedure that allows older persons who are dissatisfied with or denied services to file a grievance with the AAA and have their grievance heard. A written complaint must first be filed with the director of the contractor agency and appropriate grievance procedures must be followed from that level.

Complainants who voice or otherwise indicate dissatisfaction with the disposition of their complaints shall be referred immediately to the Upper Savannah Area Agency on Aging. Upon receipt of such a grievance, the AAA will review the outcome given by the

contractor with regard to compliance of state and/or federal law. If necessary to review the grievance further, the AAA will schedule a review of the complaint with the Advisory Committee Grievance Sub-Committee within forty-five days (45) days of receipt of the complaint.

Grievances that fall within the boundaries for review by the AAA include the following:

1. Residency or citizenship imposed as a condition for the provision of service.
2. By reason of handicap, be excluded from participation in, be denied benefits of, or be discriminated under any program or activity.
3. On the basis of race, color, or national origin be excluded from participation in, be denied benefits of, or be discriminated under any program or activity.
4. A means test shall not be used to deny or limit an older person's receipt of service.
5. Payment of fees for service (beyond a free and voluntary opportunity to contribute to the cost of the service) shall not be used as a condition to deny or limit an older person's receipt of service.

If the AAA determines that acceptance of the complaint falls within its boundaries for review, the AAA will acknowledge in writing within three (3) working days of receipt of the complaint. Immediate contact will then be made with the Contractor named in the complaint requesting a written summary of the agency's involvement with the senior who is the subject of the complaint. The AAA may make follow-up or investigative contacts as deemed appropriate. The AAA will schedule a complaint review, if necessary, and advise all parties concerned of the time, date and location. Again, reviews will be scheduled within forty-five (45) days of receipt of the complaint. Once the Grievance Committee holds a review and makes a determination, the AAA will advise the complainant of the outcome. If the complainant and/or the subject of the complaint is not satisfied with the resolution reached by the AAA, a referral will be made to the State Unit on Aging of the outcome and the complainant will be advised to appeal to the next level, which is the State Unit on Aging.

Performance Outcome Measurement – The Upper Savannah AAA historically conducts informal interviews with recipients of aging services when monitoring the providers/contractors. Also, during monitoring reviews of contractors, the AAA reviews the documentation of provider satisfaction surveys which the providers share with agency Board members. The AAA conducts satisfaction surveys in several program areas and shares those results as well with the Regional Aging Advisory Committee members. Through client discussions and the documented satisfaction surveys, the Upper Savannah AAA has found that recipients share positive results from program participation and state that the services received helps sustain a better quality of life for them.

Resource Development – Through the encouragement of the Upper Savannah AAA, the Saluda Senior Center agreed to participate in DHEC’s evidenced-based Chronic Disease Self Management Program. This is a three year grant whereby the Edgefield/Saluda agency will receive \$5,000 annually to offer CDSMP training to community seniors. The AAA directly assisted with this implementation by paying the expenses for **two volunteers** to take the necessary four day training. Now these volunteers are bringing these valuable classes to the community and the agency will be receiving reimbursement based on DHEC’s guidelines.

AAA staff has discussed initiatives to increase grant related income or cost sharing for allowable services with the service contractors. Each county is unique to another and what seems to be effective in one county is oftentimes ineffective in another. One provider marketed throughout the community the benefits of the senior transportation program in hopes of expanding resource development and volunteers for that program. Piedmont Agency on Aging has had great success with initiating a Direct-Mail Campaign twice a year. Usually the first mail-out for assistance is in the fall each year around Thanksgiving and Christmas. People are in the mindset of “giving back to the community” and mailing letters (with return envelopes included) asking for assistance has brought in great financial assistance to the agency. PAOA has shared their letters and outline for garnering community mailing lists with both Edgefield County and with Laurens County Directors. The AAA has promoted these initiatives at regional contractor meetings and encouraged each contractor to share their experience with the group.

Regional Grant Related Income that has been documented for July 1, 2012 – May 31, 2013 is as follows:

		<u>Units Provided</u>
Transportation	\$ 1,804.11	1,976
Home Care	2,297.77	135
Congregate Meals	16,967.34	3,287
Home Delivered Meals	<u>21,134.03</u>	4,740
	\$42,203.25	

Cost-Sharing and Voluntary Contributions – The Upper Savannah AAA/ADRC has already mentioned our coordination efforts with the Workforce Investment Act program, Community Development including HUD programs and Law Enforcement Assistance programs with emphasis on Crime Control and Safe Streets, Department of Transportation and MAP-21 programs, Social Security, and our regional Community Service organization that administers the Low-Income Home Energy Assistance and weatherize-

tion programs for low-income persons. This coordination allows AAA/ADRC staff through information, assistance and referrals to share guidelines of these federal programs, with both public and private resources to our region's older population. The AAA/ADRC also works with the United States Department of Agriculture to provide coordinated services and outreach to low-income seniors eligible to participate in the Senior Farmers Market Program in our region (participating counties include Abbeville, Greenwood, and Saluda).

Voluntary contribution is defined as a gift or a donation, freely given, without persuasion, coercion, or legal obligation. Through contract requirement the AAA/ADRC requires each provider agency to provide each older person with an opportunity to voluntarily contribute to the cost of the service; protect the privacy of each older person with respect to his or her contribution; establish appropriate procedures to safeguard and account for all contributions; and develop a suggested contribution schedule for services provided under the Older American's Act program. In developing a contribution schedule the contractor must consider the income ranges of older persons in the community and other sources of income. The provider's Board of Directors must approve such schedules and changes. Agencies funded by the AAA/ADRC are mandated not to deny any older person a service funded under the Older American's Act because the older persons will not or cannot contribute to the cost of service. Additionally, funded agencies shall not bill, request, demand or solicit fees for Title III services from a client, family member, relative or organization.

Contributions made by older persons who are recipients of services are considered grant related income (GRI) that is generated by an agency while carrying out the scope of work defined in the contract and must be reported to the AAA/ADRC. For example, donations received from seniors participating in programs at a nutrition site would be considered Congregate Nutrition Grant Related Income; or contributions collected by a van driver from persons being transported would be Transportation Grant Related Income. Federal regulations state that Grant Related Income must be used to expand the program from which it was collected and must be expended in the year in which it is collected. The AAA/ADRC requires providers/contractors to use all Grant Related Income to purchase additional service units, and Grant Related Income shall be used in the fiscal year in which it is collected.

The Upper Savannah AAA requires that providers/contractors clearly explain to individuals both verbally and in writing of the voluntary contributions system. This explanation must be posted in a conspicuous location accessible to clients within the site and shall include the voluntary nature of the contribution, confidentiality policies, and how contributions are collected and used.

This sliding scale is a recommendation as to the cost sharing of in home and community based services. With every situation, there can be modifiers as to how much income a person actually has to use for payment for help to remain in the home, and with the new assessment and individual case consideration, the guidelines must be flexible and responsive to current situations. There are always unexpected expenses and times when things can drastically change on short notice especially with our senior and disabled population.

Poverty Percent	HH1	HH2	Contribution %
125%	\$1,197	\$1,616	10
150-175	\$1,442-\$1,682	\$1,938-\$2,261	20
175-200	\$ 1,683-\$1,992	\$2,262-\$2,584	30
200-225	\$1,993-\$2,162	\$2,585-\$2,907	40
225-250	\$2,163-\$2,402	\$2,908-\$3,230	50
250-300	\$2,403-\$2,883	\$3,230-\$3,876	60
300-400	\$2,884-\$3844	\$3,877-\$5,168	70

By the same token, when requesting client cost share, the client should be asked what they feel they can afford to pay in the case that they are able to exceed the guidelines. It is beneficial to give specific examples of what an hourly, weekly and monthly cost share contribution would actually be so the client can think about it in real terms. When listing expenses, it gives an opportunity for clients themselves to prioritize what is most important to them.

At each service level and service type, voluntary contributions are always solicited. There are people well below the poverty guidelines that are contributing a share in their struggle to remain at home as independently as possible.

Confidentiality Assurances – The AAA/ADRC requires that providers/contractors must ensure that lists of clients compiled under any programs/services are used solely for the purpose of providing or evaluating services. This assurance is provided to the AAA in writing from the providers stating that they will comply with all LGOA confidentiality requirements, as well as any and all applicable Federal and State privacy and confidentiality laws, regulations and policies, and that they comply with the policies and procedures of the SUA. The AAA/ADRC requires that providers/contractors have written procedures for protecting identifying client information against unlawful distribution through any means, physical or electronic. All identifying client data must be protected

through limited access to electronic records. Each employee with access to identifying client information must sign a notice prepared by the AAA/ADRC stipulating the requirement to maintain confidentiality and the penalty for failure to comply. Additionally, providers/contractors must give written assurance to the AAA/ADRC that individually identifiable health information is protected in accordance with the Health Insurance Portability and Accountability Act of 1996 and falls under the same guidelines required of confidentiality. Appropriate procedures for maintaining such confidentiality for hard copies would include either keeping client information in locked file cabinets and/or locked offices, with minimal access to the information while staff is working with the client information. Electronic access should be limited with only necessary staff having password-protected access.

VI. AAA/ADRC DIRECT SERVICE DELIVERY FUNCTIONS

Staff Experience and Qualifications – There are currently no anticipated turnover in the Aging Unit due to retirement or reduction in force of direct service staff.

Barbara Wright, Family Caregiver Advocate, is an 11-year veteran of the Aging Unit. She has a Bachelor Degree and extensive business experience working in the long term care industry. She has a very strong background in administration and budgeting and her professional skills have resulted in a number of partnerships and collaborative projects. Barbara has been certified in the State Health Insurance Program since 1998 and received Certification in Alliance of Information & Referral Systems (CIRS-A) in 2003.

Kathy Dickerson, Regional State Health Insurance Program Coordinator, is a 10-year veteran of the Aging Unit. She has over 20 years experience in business and customer relations. She has a vast knowledge of local and state resources and public benefits. Her communication skills and professionalism has linked the AAA to a good solid working rapport with CMS, Medicare, Social Security, and local community leaders and agencies. She received Certification in Alliance of Information & Referral Systems (CIRS-A) in 2003 and has been certified in the State Health Insurance Program since 2004.

Cindy Glanton, Regional Long Term Care Ombudsman, has been employed with the AAA for almost three years in the LTC Ombudsman Program. She has a Bachelor degree in Psychology and Sociology and a Master's degree in Health Care Administration. She worked in the nursing home industry for four years as Social Services Specialist. Prior to the nursing home employment, she worked for the Greenwood Adult Day Care Center for a year and a half as the Activities Coordinator. Cindy brings a great wealth of experience and knowledge to the Long Term Care Ombudsman Program. She received Certification in Alliance of Information & Referral Systems (CIRS-A) in 2011 and has been certified in the State Health Insurance Program since 2011 as well.

Susan Wallace, Regional Information, Referral and Assistance Specialist, has been an employee of Upper Savannah for four years. She has extensive background with a non-profit children's home, as well as being director of a local non-profit United Way affiliated agency and brings a wide-array of talent and resources to her position. She possesses the knowledge, skills and ability needed to effectively and efficiently assist seniors and people with disabilities to access needed services. She worked part-time with the AAA during Medicare Annual Open Enrollment, prior to being hired full-time. She received Certification in Alliance of Information & Referral Systems (CIRS-A) in 2010 as well as being certified in the State Health Insurance Program.

Long Term Care Ombudsman Services – The Upper Savannah Regional Long Term Care Ombudsman Program (LTCOP) presently serves 2,220 residents residing in 13 nursing homes (1,339 beds) and 21 residential care facilities (881 beds) located within the Upper Savannah region.

Over the next four years (2014-2017) the Upper Savannah Regional LTCOP will strive to promote and protect the health, safety, welfare, and rights of residents in accordance with State and Federal laws via the following service areas: investigations, advocacy, education, and grievance resolution.

A major strength of the Regional LTCOP is that it strives to promote the quality of life of those individuals living in long term care facilities throughout all aspects of the program rather it is through investigation, education, and/or advocacy. Another strength of the Regional LTCOP is the ability to refer and follow up with issues of concern that require the attention of the South Carolina regulatory agencies such as the Department of Health and Environmental Control Health Licensing and Certification and the Attorney General's Office.

The following are challenges seen within the Upper Savannah Region:

- Health Care Power of Attorney/Guardianship: For example, many of the consultations done within the Upper Savannah region deal with residents who have no one to make decisions for them when the resident cannot voice their wishes nor does the physician feel the resident has the ability to make decisions. Even with the Adult Health Care Consent Act, family members who would be by law able to make the decisions are not willing to make the decisions nor does the facility or physician want to take the liability of making the decisions.
- Medicaid Bed Availability: Many CRCFs are having difficulty securing placement for those residents who no longer meet the level of care requirements for CRCFs. The main reason for this challenge stems from the fact that the resident has Medicaid as a pay source and there are no nursing home Medicaid beds available.
- Gap in mental health services for the elderly: The mental health or psychiatric facilities will take a person for evaluation as long as there are no medical issues that need treatment. Behaviors in the elderly population within long term care facilities have also become a challenge in that the facility can no longer care for the resident because that resident has become a threat to self and others including residents and staff.
- Funding: As the funds for services are cut the quality of care as well as type of care services available are greatly affected.

Advocacy services for residents in long term care facilities will occur during all aspects of the investigation process, as well as during facility visits (routine and friendly), consultations, in-service trainings, and community education events.

The Upper Savannah Regional LTCOP will continue to conduct investigations in accordance with SC Code of Laws Chapter 35 and in adherence to the policies and procedures of the SC Lieutenant Governor's Office on Aging Policies and Procedures as well as the SC Long Term Care Ombudsman Program. Every effort will be taken to prevent a backlog of open cases; however precedence will be given to allegations of abuse, neglect, and exploitation. The Upper Savannah LTCOP will also continue to strive to close each case within 60 days.

Further, the Upper Savannah Regional LTCOP will provide information and assistance in as many areas of the ombudsman program as possible. During contact with the residents, family members, and facility staff, the Upper Savannah Regional LTCOP will continue to provide pertinent information and assistance referrals to programs of service that will meet the resident's specific need. The regional ombudsman is currently certified by the Alliance of Information & Referral System (AIRS) as a Certified Information & Referral Specialist for Aging (IR&A). The LTCO will strive to keep this certification up to date in order to maintain a working network of services for those residents living in long term care facilities.

The Upper Savannah Regional LTCOP desires to increase the awareness of the role of the Long Term Care Ombudsman via educational opportunities. The Upper Savannah Regional LTCOP will continue to reach out to the community as well as the facilities within the Upper Savannah Region for opportunities to educate the residents on topics such as resident's rights, abuse/neglect/exploitation and prevention, sensitivity trainings, and the long term care ombudsman program. The regional ombudsman is currently a participant in the Edgefield County Interagency Council, Lakeland Network of Health Care Professionals, and Edgefield County Adult Protective Services Advisory Committee. The Upper Savannah Regional LTCOP participates in community health fairs and events in which education material is available on an array of topics that include elder abuse prevention, Resident's Rights, Advance Directives, long-term care planning, personal and/or household budgeting, emergency preparedness. The Regional LTCO will provide at a minimum two trainings per year.

In-service training is a vital aspect of the LTCOP. Through trainings such as educating facility staff on topics such as resident's rights, abuse/neglect/exploitation and prevention, sensitivity training, and the long term care ombudsman program increases the awareness of what is like for the residents to live in facilities. The Upper Savannah LTCOP will continue to conduct in-service trainings within the facilities throughout the region and will provide at least three in-services annually.

Visits to residents in facilities will aid in bringing awareness to the topics previously mentioned. The Upper Savannah Regional LTCOP will continue to conduct facility (friendly) visits reaching out to the residents educating them on the LTCOP. The Long term care ombudsman will strive to make visits to at least half of the facilities within the Upper Savannah Region during each fiscal year.

Currently 11 of the 13 skilled nursing facilities have residents' councils, and only five of those facilities have a family council. The Upper Savannah Regional LTCOP will strive to connect with the facilities within the region which do not have resident and/or family councils in an effort to assist the facility residents and families in establishing both resident and family councils. The Regional LTCO will strive to establish at least one resident or family council per year.

With regards the volunteer program development, the Upper Savannah Regional LTCOP will not be moving forward with the volunteer program until funding is made available.

The Long Term Care Ombudsman Service Report is included as *Appendix C*.

Information and Referral Services – The Upper Savannah AAA/ADRC Information & Referral/Assistance program is constantly evolving as new resources and opportunities are discovered or dissolved. The long term goal is to build a stronger base of valid referral resources in which to provide services, information and education to the growing senior population and other eligible recipients within our six county region.

The AAA/ADRC recognizes the difficulties in attaining this broad goal.

Several of these are:

- lack of financial resources overall
- lack of a variety of dependable agencies/services for referrals
- limited information on faith based programs
- needed improvement in marketing the I&R/A program
- the need for an expansion of working partnerships
- lack of training and continuing education opportunities within the I&R/A field
- finding the best method for follow-up on referrals
- the absence of scheduled I&R/A meetings at the state level

The current IR&A program does possess many strong features. The program is focused on providing reasonable choices to our clients. Dignity and respect of each individual are the cornerstones of the program.

Other strengths are:

- each staff member holds a current AIRS certification
- each staff member is I-CARE trained
- all staff members are trained and participate in the use of SC Access
- IR&A program is closely associated with the I-CARE and Family Caregiver Program at the AAA/ADRC
- regular presence in the county Senior Centers and nutrition sites
- willingness to provide and present educational programs at the request of the public
- strong support from the Upper Savannah Council of Governments
- hold partnerships with key local agencies
- active in service coalitions in surrounding counties
- participate in local health fairs and regional job fairs
- IR&A staff utilizes the Benefits Bank
- staff has referral capability with statewide IR&A programs

SC Access is a vital component in the delivery of services for the IR&A Program. Staff members enter all data in OLSA, thus giving one who receives a call the basic information on a caller. This knowledge allows the Specialist, or a back-up staff member, to discern the needs of a repeat caller, as well as to document the effort of the AAA in finding a solution to the needs. SC Access provides the IR&A Specialist the ability to instantly locate service programs and resources available to the caller.

Not all resources tapped are found in SC Access. The Greenwood/Abbeville United Way distributes a booklet listing all service agencies in the two counties. Likewise the Laurens United Way has a resource directory for that county. AAA staff refers to these resource directories as the occasion arises. The AAA/ADRC has a presence on the Abbeville County and Laurens County Coalitions, and Edgefield County Inter-Agency Council, providing for shared knowledge of resources. This membership also serves as a marketing tool.

Currently, the AAA/ADRC provides a small percentage of follow-up telephone calls with regard to referrals that are made. A more structured process is needed for follow-ups and therefore, the AAA/ADRC has plans to develop a brief survey that can be mailed out with self-addressed envelopes that can be returned to the IR&A program, so that we have documented follow-up available. The AAA plans to implement this within the upcoming year.

Within the four year plan period the Upper Savannah IR&A will address the challenges of marketing by forming closer relationships with religious, civic and professional entities. Not only should this allow for positive exposure of available I&R/A services,

but also create a trusting and confidential atmosphere in which to interact for the good of the eligible population.

The funding for IR&A for the current 2012-13 year has not been enough to cover the costs of the efforts provided by the AAA/ADRC staff. The designated FT IR&A staff member has charged all of her time to the IR&A program. Yet ALL aging unit staff provide information, referral and/or assistance to any caller that they receive. The AAA director and aging finance assistant has charged their time to Planning and Administration. The program coordinator has charged some of her time to P & A (when she visits meal sites, senior centers for monitoring and AIM data entry for contract management) and some of her time to IR&A (when she has served as the back-up to the IR&A program).

The Upper Savannah AAA/ADRC has maintained a FT IR&A worker since the inception of the program. Our current IR&A staffer (Susan Wallace) has been on staff since January 2010 and prior to her taking over this role, the previous IR&A staffer was still employed and merely moved into the Ombudsman FT position. All AAA staff is cross-trained and ALL are AIRS certified. Therefore, if there were an unexpected vacancy, other staff could step in and provide appropriate coverage until another person were hired. We have no history of having unfilled positions within our aging unit and vacancies would be filled within 30 days.

The Upper Savannah AAA assures that no IR&A funds are being used to fund other programs outside of the IR&A program. Again with the concept that an ADRC has all staff trained to be a one-stop shop for the senior and disabled population, all Upper Savannah aging unit staff (being AIRS certified) routinely provides information to callers, referrals to callers, and assistance as well. Upper Savannah has a standing record of good accounting practices and a highly regarded reputation for fiscal stewardship and program knowledge in all aspects of the agency's programs throughout our region and state.

At this point, the success of the IR&A program can be measured by the referral calls from former clients, as well as the requests for presentations and visits to the Senior Centers. Currently we are developing a follow-up plan and/or survey.

A stronger marketing plan is being investigated. The cross-trained staff possesses common knowledge of the program and is able to provide requested information to the client. This spreads the message instantly. Also, the directors and site managers of the meal sites are an asset in connecting the people in need with the IR&A Specialist. Additional strategies may include presenting the program in the rural newspapers and possibly on the local radio stations. The AAA appearance at the different community health fairs has generated interest in the IR&A Program, and this will remain in the plan.

An extensive list of partnerships has already been formed throughout our region between the AAA/ADRC and many non-profits and for profits. However, the AAA/ADRC will be diligent to continue to seek groups, agencies and individuals who would be willing to partner with Upper Savannah in order to expand our information and services to our callers.

The Upper Savannah AAA/ADRC has a formal Memorandum of Agreement with Edith Pineda a local volunteer in our region for Spanish interpretation. She is available during normal business hours as well as in the event of a disaster. Upper Savannah has made contact with Lander University for assistance, if the need arises, for other non-English speaking interpretation. Additionally, aging staff has called on a sign language interpreter in the past when a non-speaking senior needed assistance.

At the request of a caller, an office or telephone appointment can be scheduled. I&R/A services are also available to walk-in clients who are in search of the resources available for their need. The I&R/A Specialist and backup staff enter client intake information into OLSA daily. All return calls are attempted within 24 hours after being received.

The AAA/ADRC Director is the supervisor for the IR&A staff. The Director is available at all times during business hours and can be reached by cell phone when out of the office. Since all aging unit staff is AIRS certified, any other aging staff member can assist the IR&A Specialist as needed. Whenever, the IR&A Specialist is out of the office, other aging unit staff serves as back-up and calls are answered.

Aging unit staff have weekly meetings to stay abreast of the varying programs. During these meetings, IR&A data is discussed and staff shares unique situations involving specific callers so that we can all provide input and offer feedback for assistance. Call volume is discussed as well as specific topics from time to time. No actual monthly report is given. The Upper Savannah AAA/ADRC needs appropriate training from the SUA if this is considered an expectation.

The IR&A staff manage to control crisis calls by using the methods expressed in AIRS training.

The IR&A Program Report is included as *Appendix D*.

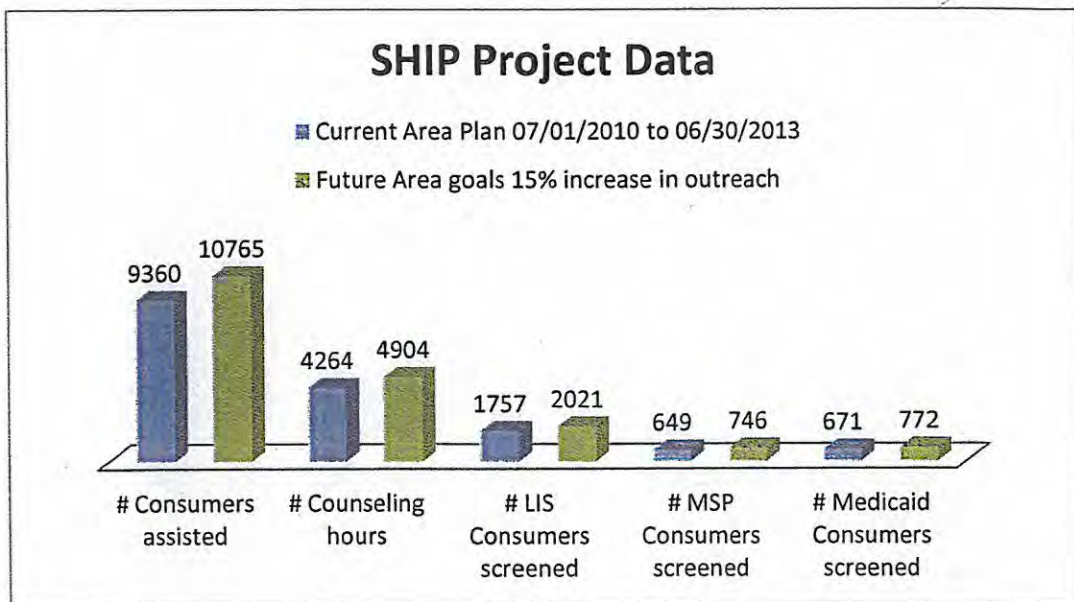
Insurance Counseling and Referral for the Elderly and Senior Medicare Patrol – CMS funds a nationwide network of State Health Insurance Assistance Programs (SHIPs). SHIP is responsible for outreach, education, and one-on-one counseling to Medicare beneficiaries in order to assist them with their health insurance choices. SHIP's provide a much needed resource. The Area Agencies on Aging/Aging and Disability Resource Centers are utilized as single points of entry for services and

encouraged to provide outreach and education through presentations, health fairs, and media exposure.

This vital counseling program, aides many seniors in navigating their way through the health insurance programs and Medicare coverage options. It also helps them access privately administered Prescription Assistance Programs. The SHIP program is free to seniors and provides a reliable, confidential, and unbiased source of information.

The Upper Savannah SHIP program uses the nationwide Medicare call center, the South Carolina Lt. Governor’s Office on Aging State call center, the Upper Savannah Regional Office and trained volunteers in each county to provide information, assistance, and counseling to Medicare beneficiaries in their communities. The Upper Savannah SHIP team has also established partnerships with many community-based organizations and agencies to provide services to people with Medicare and Medicaid.

Our regional SHIP program has been a leading forefront of efforts to educate Medicare beneficiaries in Upper Savannah region about their new Medicare options since the passage of the Medicare Modernization Act in 2003. Since July of 2010 to date, the Upper Savannah AAA/ADRC has spent nearly 4,264 hours helping more than 9,360 Medicare beneficiaries. As indicated in the chart below, Upper Savannah has a 15% outreach increase for future planning year.



Please note the above chart is based on current staff assistance numbers. The increase percentages could be more if more funding was given to hire more SHIP only staff.

SHIP Program weaknesses include the fact that Medicare Health Coverage continues to be a complex program for seniors and individuals with disabilities. The Upper Savannah SHIP programs will continue to assist beneficiaries in understanding their options and selecting plans of their choice. However, the demand to increase our outreach and contact numbers from CMS and the local state SHIP program creates a huge hardship on regional programs.

Our limited staff and partner agencies are feeling budget cuts and cannot afford to have other staff members assist with outreach events and counseling sessions. Employment issues and gas prices have made it difficult to acquire and maintain volunteers from the public. The complexity of the Medicare Health coverage has also deterred volunteers. Volunteers no longer assist consumers with just simple A and B explanations. Most volunteers feel they are taking on too large a role in assisting people to make health care choices for their future. They feel compensation is needed for the detailed line of work that is required for some many of these cases.

Local SHIP offices need additional SHIP staff to aide in the assistance of the continuing growth of seniors and disabled community. SHIP's also need additional funding to aide in the outreach of the rising numbers of seniors and disable populations. Health coverage is massive. The new Health care law is rolling out new programs that all people need assistance to understand. The Health Care Law is not just for seniors and the disabled anymore. The length of time with our consumers has increased, the complexity of consumer needs is challenging, and new fraud issues are coming out daily as a result of the new Health Care laws. Other local staff responsibilities (as seen in the requirements of this current area plan procedures manual) have tightened and we see restricted assistance from aging programs.

With budget cuts and increased consumer needs, IR&A staff will be focusing on resources for the Aging and Disabled. Due to the demand of contact "numbers" in the SHIP program all AAA/ADRC's have utilized all aging programs such as Family Caregiver Support Program, Information Referral & Assistance to help capture the "number(s)" needed to satisfy the state/CMS funding. It's not about numbers; it's about assisting seniors and the disabled with quality services and resources. These are real people—who have real needs—who want real face to face people who can offer guidance/assistance and options for complex, life bearing decisions. The Upper Savannah AAA/ADRC is a highly visible, trusted place in the community, for seniors and disabled persons to seek options, resources and assistance. The SHIP program is a strong, vital and a much needed program for this country's aging and disabled population. But the SHIP program is made weak by lack of funding for local office assistance. In September of 2012, the Henry J Kaiser foundation reported

(<http://kff.org/medicare/state-indicator/total-medicare>) South Carolina as having 820,947 consumers on Medicare. That number grows daily. Under the Aging Program of South Carolina we have ten (10) Regional SHIP Coordinators at the AAA/ADRC's level. At most, each region would probably have twenty five (25) counselors per COG (25 X 10=250 counselors in SC). With this number we are looking at serving 3,284 consumers per counselor, or 82,100 per COG, or 274 monthly per counselor. Most of us are fortunate to have ten (10) counselors per region and even then we are utilizing staff from other aging programs. It is a phenomenal challenge that we all want to do, but is impossible to do with no more funding/assistance than we have. Contact numbers should not be the factor that determines our funding pots. The contact numbers are out there, the weakness of the program lies in the funding ... not at the local service level.

Upper Savannah's SHIP staff has taken a lead role in helping beneficiaries resolve problems with their Part D coverage. Our staff will continue to provide education and counseling about Part D; the new preventive benefits available under Medicare; the Low Income Subsidy/Medicare Savings plans that can help beneficiaries with prescription costs; and give options for the new Market place Insurance plans arriving in the fall of 2013 and assist with long-term care insurance options.

SC ACCESS Data Entry Protocols:

Do to the extra cost in hiring a data entry person, each staff member at the Upper Savannah AAA/ADRC staff enters their own SHIP contact/call directly in to SC ACCESS on a daily basis. We have found that this saves time, personnel cost and cuts down on error. Our staff builds the data entry time into the appointment time with a consumer. We have found that this procedure cuts down on data entry time and error as the counselor is already familiar with the consumer and can remember immediately any fact that needs to be included in the sc access data entry. Taking the time to fill out a data entry sheet for someone else is time consuming, opens the door for misinterpretation as to what was done at the counseling session and takes longer for the contact to show up in the sc access system as compared to if the counselor enters immediately, it is recorded and uploaded in real time.

12 Hour Annual Medicare/Medicaid up-date training:

In September 2012, Upper Savannah SHIP office noted that many of the volunteers were not signing up to attend Annual I-CARE training as they have done in the past. The COA directors stated due to budget cuts, gas price increases and less staffing they could not afford for their volunteers to attend the annual events. The USAAA/ASDRC SHIP Coordinator, Kathy Dickerson talked with State SHIP Director, Gloria McDonald about another option for the annual up-date trainings. Each year CMS gives the SHIP Coordinator a disk of new the new changes and training modules to bring home from the

required annual CMS Coordinator training conference each year. The modules contain all new information for the upcoming year. There are 10 modules on the disk. Normally the CMS training is equal to the required 20 hours of updated training required for each SHIP counselor. The suggestion was that any new volunteer would continue to attend the SHIP/I-CARE training required for new certification. After that, all SHIP certified counselors would participate in the online training module course from the office eliminating travel and time out of the office. The Regional SHIP Coordinator sends out modules to each SHIP volunteer/counselor every month for 10 months. Each module contains a small test at the end of the module. The volunteer can save the modules to their desktop for future reference and guidance when talking with a consumer. Each module counts as 2 hour training credit. The volunteer counselor reports to SHIP Coordinator when they have finished the training module to get credit for the training. The SHIP Coordinator tracks of all volunteer training and reports as needed to those who need additional training or fail to keep in line with policy certification.

“High Call” season:

Normally all Medicare calls are routed to the Regional SHIP Coordinator. In the event of annual enrollment or “high call” season, all SHIP trained Upper Savannah AAA/ADRC staff will have calls routed to them for back up and appointments. During Annual Enrollment, we usually reach a booked office close to December and we have to advise the State SHIP Coordinator that our office staff is full and we are unable to take any further calls. We also conduct several open enrollment events in each county during Annual Enrollment, so this requires staff to be away from office. Our phone messages are changed to advise the consumers that they can also call 1-800-MEDICARE in the event we cannot assist them if we are full and the Annual Enrollment deadline is coming near. We make every effort to be in office after December 1 to handle calls, appointments and walk-ins.

The AAA/ADRC partners with the Social Security Office, Medicaid, and Mental Health offices in our region. These agencies contact us when they need assistance with LIS/MSP enrollees. All AAA/ADRC/SHIP marketing resources state that our agency can assist consumers with applying for assistance with medications, extra help and all other needs. The US AAA/ADRC also provides quarterly staff training with a “Lunch and Learn” Event where community agencies such as Mental Health present an in-service to our aging staff. We share our AAA/ADRC programs and services to form partnerships referrals between our agencies. We also share brochures and newsletters with consumers and staff from the Mental Health facilities.

The Upper Savannah AAA/ADRC has maintained a FT SHIP-only worker for years. Our current SHIP Coordinator (Kathy Dickerson) has been on staff for ten years. All AAA

staff is cross-trained and ALL are SHIP certified. Therefore, if there were an unexpected vacancy, other staff could step in and provide appropriate coverage until another person were hired. We have no history of having unfilled positions within our aging unit and any vacancies are usually replaced within 30 days.

The Upper Savannah AAA assures that no SHIP and SMP funds are being used to fund other programs outside of the SHIP and SMP program. Again with the concept that an ADRC has all staff trained to be a one-stop shop for the senior and disabled population, all Upper Savannah aging unit staff (being SHIP certified) provides SHIP and SMP assistance on an as needed basis.

Privacy and Security:

The SHIP intake form contains a sheet in which the consumer reads and signs concerning our procedure for the consumer's privacy/security. All documents that are contained in our office are under lock. The Upper Savannah SHIP Coordinator routinely enters data into SHIPtalk. While other aging unit staff enter data into SC ACCESS, the Regional SHIP Coordinator is the staff person responsible for SHIPtalk data. She has been appropriately trained and pulls data out of SHIPtalk for data integrity review and quality.

Senior Medicare Patrol

The Upper Savannah Senior Medicare Patrol will continue to educate Medicare and Medicaid beneficiaries about health care error, fraud, and abuse. Together with partner organizations, our Upper Savannah SMP staff creates a regional network of fraud counselors who educate beneficiaries about identifying and reporting health care errors, fraud, and abuse. We all see the need to educate our consumers on the waste and loss of dollars through our Medicare and Medicaid programs that takes place in our nation. The money recovered from these abuse programs could assist in funding the above SHIP programs. But again, we are forced to deliver numbers and volunteers with no funding assistance. SMP is massive program which needs to be addressed. The same methods used for SHIP training are used for SMP except for data entry. The regional Coordinator enters data into Smart Facts on a monthly basis.

FY 2011 SHIP Year End Progress Report & FY 2012 Basic Grant Program Application is included as *Appendix E*. SMP Progress Report Guidelines for 7/1/2012 thru 12/31/2012 is included as *Appendix F*.

Family Caregiver Support Program - The goals of the FCSP are as follows;

1. Serve the greatest number of caregivers and their loved ones with the 5 service areas of the FCSP with an emphasis on options counseling—what are the options and how do I achieve what will be the best situation for me and my loved one?

2. Reenergize the support groups for the Seniors Raising Children (SRC). Often-times, support groups do run their course, members age out, and things change in their lives. After several SRC Support Group meetings with very low attendance, we conducted a short survey of the Greenwood Group, and we are going to try quarterly meetings at first, and hopefully expand, if possible, in the future years.
3. Continue fostering more and more community network partnerships and associations
4. Continue outreach into all counties
5. Raise awareness of the booming aging population and the rise of the incidence of Alzheimer's disease
6. Continue to use volunteer interns from the local colleges to help in the program, also promote the need for services for older people to the younger generation as a business opportunity for example, the newspaper had an article about a new real estate specialty—that of senior directed realtors
7. Be an advocate for care receivers and caregivers when they are in need
8. Promote the 5 Care Points web site and materials to help reduce re-hospitalizations, and on a broader scale, promote future planning whenever there is opportunity.

One of the strengths of the program: the network of professional that work together to help people get care without duplicating services. We communicate daily with other agencies and service providers to help our caregivers.

Another strength is that help with prioritization that the new assessments will bring. Also the trainings we have had on person centered problem solving and interviewing skills will help in how we empower people to find resolution even if all the needs are not met.

A weakness is that one person has a large and rural area to cover. In home assessments by the Family Caregiver Advocate are rarely feasible. By utilizing social workers and professionals already in rural and remote areas, it is possible to cope.

Another weakness is that, along with the success and high visibility for the agency with the Medicare assistance that we provide, comes a time period in the year when data may not be entered in a timely manner. Knowing the correlation between numbers and funding, we all try to do as much as possible with SHIP. The other program data is there and services are continuing—but time is a barrier to input all Medicare data along with other data. We can get the data in but would like to be able to have more time to do so especially this coming year with the Affordable Health Care Act and longer assessments.

The FCSP has an allocated budget. The total budget is the base for figuring the 20% requirement for supplemental services. This 20% includes SRC which has to be at minimum 5% and at most 10%. The service dollar allocation minus that 20% gives the

remaining dollars for respite. We plan to allocate a small portion for the Grandparent budget to provide a stipend for the new quarterly support group we are trying to establish. The training budget will also have a small allocation—usually we do events that are no charge, but there may be funds needed for a speaker or an event. For training and special seminars, we will partner with the SC Bar, the Alzheimer's Association and others. The outreach for all or programs is usually done by an in-house newsletter which is mailed and e-mailed, health fairs, and speaking events which do not have associated expenses. Medicare outreach is also a major avenue to promote the FCSP and also has no service dollar cost.

Salary is divided into four categories. Most of the time for the FCSP (70%) is accessing assistance and helping the caregivers through the journey. Salary is equally allocated to outreach, training and counseling, and the SRC part of the program.

The time line for the FCSP would be as follows:

The first quarter, we would begin outreach and plan the year calendar as much as possible. The first SRC event will be held. We will continue using the new assessments and evaluating how that is working—seeing what works best for the amount of calls and potential clients. We also will be trying to keep up with the new Health Care information and any changes in Medicare Part A, B, D, and C.

In the second quarter we will plan another SRC event. Medicare is always a huge factor with open enrollment beginning October 15 and ending December 7. We have built a client base through the years that just keeps growing. We do expect calls about the Affordable Health Care Act to increase as well. In all the outreach to senior centers, churches, fairs and others, we do bring brochures and talk about all the different aging programs.

The third quarter we will continue to reassess people that reapply for the program and begin to even more closely monitor if funds are being used and if not, why not. Have there been unreported changes? Also we will have SRC event.

In the fourth quarter, we will hold another SRC event. We will balance all budgets and do reallocations if necessary. We will also compile waiting lists if needed.

The FCSP will continue to send surveys to document the satisfaction level of our services to caregivers. We will also include vignettes in our annual report of how the program makes a difference.

Our policies and procedures allow responsive use of the caregiver funds in that the program is managed all year long. We may help above a standard award, for instance, if someone needs respite and some supplies depending on the availability of funds. Any

large or unusual variations would be submitted to the AAA director for approval; for more complex issues, we would go through the Regional Aging Advisory Council (RAAC) for their input.

The FCS provides information and referral daily as well as helping caregivers and others access assistance. Examples include referrals to the Food Bank, to the Alzheimer's Association, and to CLTC. We go out to the Senior Centers for training as well as to health fairs and church groups. We identify support groups within the region and do referrals as well as fund respite and supplemental services to those caregivers in need. In many instances, respite is used to provide care for a loved one while the main caregiver has a medical procedure, and sometimes the caregiver just needs a vacation. Supplemental services mainly consist of incontinent supplies and assistive technology. However, we do ask the question "what would help the most?", and consumer choice plays a tremendous role in both respite and supplemental services. Making choices gives the caregiver some control in a situation which is oftentimes out of their control.

The service gaps will occur in that the caregivers need more money. One restriction is the \$500 limit for private caregivers, but it is so important not to lose that option. Having a caregiver that is familiar with the situation and knows the care receiver, can make care easier and respite a better fit for everyone. Perhaps we could award private and agency awards to those in need and give more hours per year. Another gap is that we have a need for ramps, which are very expensive depending on the size. The minor home repair helps with some, but the need is great. Ramps can cost upwards of \$1,200 so with the limits on supplemental services, it is hard to do very many in a year.

In keeping with the idea of consumer choice, the FCA is constantly looking for new resources. We always offer to contact any service provider who a client may want to use for services, and we are expanding our relationship with providers through the years. We try to be up to date on assisted living communities, as well as nursing home options for respite. We coordinate with the Alzheimer's Association as well as CLTC, Home Health and Hospice in order to provide the best, most cohesive and unduplicated services as possible. We keep open communication and work with the best interest of the client at the fore front. Our RAACC is a great opportunity to get the message out about our agency and also to find agencies with whom we may wish to partner. We do outreach all year with speaking engagements such as a church groups, as well as Medicare, Farmer' Market, seminars and health fairs. Kmart has been a great resource for SRC as they take our vouchers without a lay away fee. The client chooses the merchandise, brings the receipts, and then it is approved. The check goes to Kmart directly, and they may pick up their orders.

For the next four years, we will use the newly developed assessment which was one of the goals from the previous area plan to help prioritize clients. We will continue to do

surveys about needs and how to improve the program. We hold clients served on the previous year. Upper Savannah has several other funding sources to help defray some of what may have been caregiver so we do not usually have a long waiting list. We usually have funding through the year. As we see that change, we will prioritize as much as possible using the assessments taking into consideration any emergency or dire situations.

The FCA will help other agencies in any way possible to coordinate activity and help the clients. The ADRC has opened up new partnerships and networking opportunities. We are constantly going to events promoting our agency and introducing our services.

The different ways for caregivers to access information about the FCSP will be the continued promotion of SC Access and Learn About, as well as searches. We have a newsletter that we mail and email to agencies as well as clients. We provide information for individual callers and disseminate material at every event. We will outreach to the medical offices also to augment our great relationship with CLTC, Home Health, and Hospice.

We will ensure consumer choice by offering the option of private pay as well as that of choosing an agency. We will listen to what the caregivers are saying that they need, and they will tell us what will help them the most.

Our entire region is rural so we will continue to go out to different communities. Each of our staff takes information on all services and programs at our outreach events. We will continue to look for SRC and will reestablish the Support Group.

Overall, we will continue to educate, raise awareness, and recognize caregiving throughout the region. We will give practical, usable information and assistance to caregivers as well as try to empower them with choices and help them with respite and solutions to needs.

Disease Prevention/Health Promotion – Disease Prevention and Health Promotion Service funding has been allocated to only the McCormick County Senior Center because that was the only agency that offered a proposal on this evidenced-based program when the AAA put out our previous Request for Proposals. For the next year, 2013-14, the Upper Savannah AAA will again earmark funds to McCormick County, but the funds will be reduced. The AAA will explore setting aside some of the remaining funds in order that evidence-based programs can be established in other county. Since Senior Options has a very successful physical fitness program, the AAA is exploring how we can coordinate funds with that agency in order to establish an approved program. Also, since the Edgefield County Senior Citizens Council (that serves both Edgefield and Saluda Counties) has been awarded a Chronic Disease Self Management grant from

DHEC, the AAA will work to set up an evidenced-based program in conjunction with them as well during the next four years.

VII. CHANGING DEMOGRAPHICS IMPACT ON AAA EFFORTS

Intervention vs. Prevention - The Upper Savannah AAA/ADRC is committed to educating seniors and caregivers on the importance of planning for long term care needs and to educate them on all options that are available. All of the aging unit staff is very educated on the array of options available in the long term care delivery system in South Carolina and the region. Staff is able to educate seniors and caregivers either in group settings or in one-on-one settings, whichever venue presents itself to staff.

The AAA has placed an emphasis on educating the community of all ages that aging is a lifelong process and that everyone will have to be increasingly responsible for their own welfare. And even when the AAA has a Lunch and Learn training for our staff, we in turn, present this concept back to the agencies with whom we are coordinating, so the message can get shared back with their staff.

Upper Savannah plans to bring “Planning for Your Long Term Care Needs” and “Planning for the Future for Yourself and Your Disabled Child” presentations to our communities during the next four years. This is such valuable information and hopefully this effort will continue to make the services of the AAA and ADRC more wide-spread among the region.

Information provided through Chronic Disease Self Management Programs can also augment the awareness of prevention. If consumers can be better educated to implement prevention measures to offset or alleviate the onset of diseases, then hopefully the need for more government-sponsored (and funded) programs can be decreased. Obviously the challenge with this issue, is people can be educated on what prevention efforts would be beneficial, but they may not put such practices in place.

Senior Center Development and Increasing Use – Each of the Upper Savannah counties has a recognized and established senior center in their county. These centers provide the core services for older adults, i.e. transportation, congregate and home delivered meal programs, as established by the Older Americans Act. Seniors in each community are made aware of what resources are available through senior center efforts and are offered assistance to link them with the help they need. Communication and sharing of information is very important and the AAA will advertise area senior centers as much as possible as well.

During the past four years, the AAA participated in a regionwide strategic meeting to discuss the challenge of attracting younger seniors to our senior centers. It was discussed

that many seniors in the community feel that senior centers are a “place for old people” and don’t think of themselves as a potential “customer” for their programs and services. In an effort to seek a change to this issue, “café makeovers” were completed in each of our senior centers and marketing efforts have been geared to change the perception of “that’s just a place where old people go.” This has been a first step in trying to change that age-old perception. To launch further change in this thinking, the AAA will encourage our senior centers to explore the benefits of the National Institute of Senior Centers. The AAA will provide information to our senior center directors on the NISC as a way of helping expand creative programming, effective fund-raising and the development of a long-range business plan.

Alzheimer’s Disease – The Upper Savannah AAA/ADRC through the caregiver program, IR&A, Ombudsman and SHIP programs all have working relationships with the professionals dealing with Alzheimer’s as well as with their families. Aging unit staff routinely coordinates what services we provide, along with sharing information about the Alzheimer’s Association, and the Alzheimer’s Task Force in the state. The Upper Savannah AAA/ADRC arranged and participated in a regional training on Dementia Dialogues during the past year. The AAA staff has a close working association with the Alzheimer’s Association and has agreed to partner through the SUA with providing/ coordinating services for Alzheimer’s clients/caregivers as funding is made available.

Legal Assistance Services – In the past, the Upper Savannah AAA/ADRC has had the greatest request for legal assistance as seniors in need of wills and durable powers of attorney. However, the AAA/ADRC is not providing for these types of legal assistance since the SUA’s has determined that referrals should be made to the SC Bar Association to meet those requests. With limited resources available for legal assistance services, the AAA will refer callers for legal assistance to our local South Carolina Legal Services office. If the senior does not qualify and is denied their services/assistance, the AAA will provide services through our rotating panel of attorneys if the need is for a priority service.

Attorneys throughout the region were asked to participate in the Upper Savannah Legal Services Program. Referrals are made on a rotating basis to those attorneys who responded to the outreach for participation, unless the client requests a particular attorney who has not previously participated. In keeping with consumer choice, if someone would like an attorney that is not already participating, that attorney is invited to be part of the program, at least for that particular legal service. The provisions made for homebound are on an individual basis. We do have attorneys that are willing to visit in the home or facility in order to assist seniors with legal services. With the very limited funding that is available, the attorneys will conduct consultations at no charge or a minimal charge to ascertain whether the case is an option. The documentation the AAA requires is a

completed questionnaire that tells what action was taken and whether the referral was an appropriate one. No senior is denied access to the legal services if funding is available.

Legal assistance service funds have been set by the LGOA's office at 4% of the regional III-B funding level. Upper Savannah feels that this 4% should be more than enough to cover potential requests that we may receive from area seniors. If at all possible, Upper Savannah would entertain moving some of these legal funds to our priority service—transportation—as our regional allocation for transportation is well below meeting our regional need.

The factors outlined in the Older Americans Act for priority services—income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination—is what the AAA considers appropriate for our funding. These legal services are marketed through the brochure, outreach is achieved when conducting presentations, attending health fairs, and through networking and contacts with attorneys and probate court.

VIII. REGION SPECIFIC INITIATIVES

Saluda County Senior Center – For over a year, the Saluda County Senior Center has been operated and administered by staff of the Edgefield County Senior Citizens Council. It seems that the time has come that the Board of Directors of the Edgefield agency will need to expand and include citizens from Saluda County. The AAA will be working with this agency during the next year to see that this is accomplished. With the Saluda County Council on Aging (as the legal owner of the facility) which is no longer operational, the AAA Director will work with the former Board of Directors and with a local Saluda attorney to get IRS tax penalties and interest abated, so that the property can be transferred out of the name of Saluda County Council on Aging. Upper Savannah AAA/ADRC is pleased that a neighboring agency has taken over the Saluda operation as no other viable entity from Saluda seemed to be willing to step in.

Home Care Services – The AAA coordinates Home Care services in all counties of our region with the exception of Edgefield. With the budget that is submitted by the Area Agency on Aging for the 2013-2014 year, many home care services in the Upper Savannah region may have to be suspended if State HCBS funding is not made available. The AAA simply will not have enough funding to maintain the level of need for home care services.

Minor Home Repair – Just as with Home Care services, the AAA coordinates the Minor Home Repair Program. Currently there are several area churches that assist or provide free labor with the Minor Home Repair Program. Private individuals also help contribute with their time and personal resources to assist this program.

Our biggest challenge is funding this much needed Minor Home Repair Program. The region currently has 44 people on a waiting list for this services and who are in need of ramps, have leaking roofs, rotting floors, plumbing issues, window replacements, porch repairs, handrails, etc. The majority of these seniors do not have savings or resources to make necessary repairs until the situation is beyond their control. One bad storm, wind or freezing weather and they are usually in worse shape.

With the budget that is submitted by the Area Agency on Aging for the 2013-2014 year, the Minor Home Repair program in the Upper Savannah region may have to be suspended if State HCBS funding is not made available.

Income Support and Material Aid (ISMA) – More and more seniors are in need of ISMA services to remain independent. We have requests for lifelines, briefs, dental assistance, respite, and emergency utility assistance. ISMA funds are used to fund gaps

in services or meet needs when there is no funding available. AAA staff administers this program and searches for the best price/cost for the needed service based on the location of the consumer. No one contractor is utilized for ISMA due to the individual requests the AAA receives for this service. If State HCBS funding is not made available, this program will be greatly restricted and/or possibly suspended totally.¹

Outreach – Upper Savannah aging unit staff looks for opportunities to assist with outreach efforts targeting the senior population. Even though Clemson Extension takes the lead role in Greenwood County for the distribution of the Senior Farmer’s Market Nutrition program, AAA staff volunteers each year to assist with this effort and disseminate information to these low income seniors about the AAA/ADRC’s programs and services. The AAA has also volunteered in both the Abbeville and Saluda Senior Farmer’s Market programs. Also AAA staff volunteers twice a year at local Job Fairs that are coordinated by the Workforce Investment Act staff to target and reach older adults and their caregivers. AAA staff has volunteered with initiatives coordinated by the local museum and Healthy Neighborhood Association as a means of making our programs and services available to seniors and caregivers.

Assistive Technology Distribution – The Upper Savannah AAA/ADRC is proud of the partnership with the United Way in reference to the equipment closet whereby staff has been able to link needed devices to senior adults in need. Additionally, AAA staff has tapped into the SC Assistive Technology Exchange through referrals that we have made, along with AAA staff personally coming to Columbia and picking up a hospital bed for a needy senior who did not have the means to transport it.

MIPPA Outreach – The Upper Savannah AAA has received Medicare Improvements for Patients and Provider ACT (MIPPA) grant funds in order to conduct outreach to Low Income beneficiaries with regard to Medicare services. This funding (provided by CMS) has allowed the AAA to target outreach efforts to this specific population in order for Low Income Medicare beneficiaries to take advantage of the benefits Medicare has to offer. AAA staff has had successful experience with accomplishing this goal and hopes to receive new MIPPA funding to continue to provide this valuable program.

BUDGET NARRATIVE

The Upper Savannah Comprehensive Operating Budget includes on Line 15 what the Upper Savannah COG/AAA has been allocated from the State Unit on Aging.

Please review Line 12 which is in GREEN and depicts what is actually needed in order to fully meet the region's needs, both in administration and in direct services provided by the AAA. You will note that the AAA needs an additional \$73,444 according to our submitted budget.

In the Summary Program Budget – Computation of Grants, please notice that for State Home and Community Based Services, the region has indicated in GREEN that we need an additional \$505,817 to meet our contracted service needs.

UPPER SAVANNAH REGION) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY14													Page 1
IN-HOME & COMMUNITY-BASED SERVICES													NUTRITION SERVICES
NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)	Transportation	Chore or House-keeping	Homemaker with Some Personal Care	Grndprts/ Support/ Training	INCOME SUPPORT MATERIAL AID	Adult Day Services See NOTE Upper Left	Legal Assistance	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	MINOR HOME REPAIR	TOTAL Supportive Services	Congregate Meals	Home Delivered Meals
CONTRACTED UNITS	437,191	1,247	5,936	0	50,230	1,514	62	0	1,776	297	N/A	47,653	107,087
Title III Federal B, C	\$125,872	\$0	\$0	\$0	\$0	\$0	\$5,245	\$0	\$0	\$0	\$131,117	\$216,069	\$403,367
Title III Federal E	\$7,404	\$0	\$0	\$0	\$0	\$0	\$309	\$0	\$0	\$0	\$7,713	\$12,710	\$23,727
State 5% Match B and C	\$4,936	\$0	\$0	\$0	\$0	\$0	\$617	\$0	\$0	\$0	\$5,553	\$25,420	\$47,455
Local:Cash match	\$9,872	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,872	\$0	\$0
Local:in-kind match	\$14,808	\$0	\$0	\$0	\$0	\$0	\$617	\$0	\$0	\$0	\$15,426	\$25,420	\$47,455
ACE-Bingo	\$243,385	\$21,184	\$48,671	\$0	\$50,230	\$16,647	\$0	\$0	\$94,000	\$6,274	\$54,945	\$0	\$0
State H&C-B Services (ACE-CS)	\$0	\$0	\$40,371	\$0	\$0	\$0	\$0	\$0	\$0	\$40,000	\$505,817	\$0	\$0
Restricted State Revenue (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
NSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,000	\$82,959
Cost Share/GRI -State Services	\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	\$0	\$22,300
GRI for Title III (Estimate)	\$393,469	\$21,184	\$89,042	\$0	\$50,230	\$16,647	\$6,170	\$0	\$94,000	\$46,274	\$717,017	\$292,501	\$579,808
Total Contracted Funds	\$0,9000	\$16,9948	\$15,0003	#DIV/0!	\$1,0000	\$10,9954	\$100,00	#DIV/0!	\$52,9279	\$155,8047	N/A	\$6,1381	\$5,4144
Contracted Rate													
NOTE: Contracted rate includes Local Match													
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE													
Net Contracted (AIM) Rate	\$0,9000	\$16,9948	\$15,0003	#DIV/0!	\$1,0000	\$10,9954	\$100,00	#DIV/0!	\$52,9279	\$155,8047	NA	\$6,1381	\$5,4144
AIM Units: ACE-BINGO	0	0	3,245	#DIV/0!	0	0	0	#DIV/0!	0	40	0	0	0
AIM Units:State H&C Svs	270,430	1,247	2,691	#DIV/0!	50,230	1,514	0	#DIV/0!	1,776	257	0	0	0
AIM Units: Restricted State Revenue (if applicable)	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0	0	0	0	0
AIM Units: State Cost Share/GRI	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0	0	0	0	0
NSIP Share of Meal Unit Cost												\$0,4197	\$0,7747
AIM Title III Meal Rate	2,222	0	0	#DIV/0!	0	0	0	#DIV/0!	0	0	0	\$5,7184	\$4,6397
AIM Units: Title III GRI (Estimate)	164,540	0	0	#DIV/0!	0	0	62	#DIV/0!	0	0	0	3,201	4,806
AIM Units:Title III (F+S+L)	437,192	1,247	5,936	#DIV/0!	50,230	1,514	62	#DIV/0!	1,776	297	N/A	47,653	107,087
TOTAL CONTRACT UNITS													
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income													
Total of All Other Resources by Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	NA	\$0	\$0
Total of Units Served with those Other Resources	0	0	0	0	0	0	0	0	0	0	NA	0	0
TOTAL SERVICE BUDGET	\$393,469	\$21,184	\$89,042	\$0	\$50,230	\$16,647	\$6,170	\$0	\$94,000	\$46,274	N/A	\$292,501	\$579,808
Total Unit Cost	\$0,9000	\$16,9948	\$15,0003	#DIV/0!	\$1,0000	\$10,9954	\$99,9852	#DIV/0!	\$52,9279	\$155,8047	NA	\$6,1381	\$5,4144

* Figures/Amounts in GREEN are not allocated by the SUA, but are needed in order to meet the needs of the Upper Savannah Region.

(UPPER SAVANNAH REGION) SUMMARY PROGRAM BUDGET-COMPUTATION OF GRANTS SFY14

PREVENTION AND WELLNESS SERVICES

CONTRACTED FUNDS	PREVENTION AND WELLNESS SERVICES										INSURANCE COUNSELING		TOTALS
	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Cost Share Income Support Material Aid	Medication Management	Cost Share Minor Home Repair	TOTAL Wellness	Medicare Fraud (SMP)	I-CARE SHIP and MIPPA	All Sources (Both Pages)		
CONTRACTED UNITS	0	0	2,501	0	0	91	0	N/A	196	719	N/A		
Title III B, D, SMP, I-CARE	\$0	\$0	\$18,758	\$0	\$0	\$4,194	\$0	\$22,952	\$7,707	\$39,190	\$820,402		
Title III Federal E	\$0	\$0	\$1,103	\$0	\$0	\$247	\$0	\$1,350			\$45,500		
State 5% Match D	\$0	\$0	\$2,207	\$0	\$0	\$494	\$0	\$2,701	\$2,569		\$83,698		
Local:Cash match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$9,872		
Local:in-kind match	\$0	\$0	\$2,207	\$0	\$0	\$493	\$0	\$2,700	\$2,569		\$93,570		
Total Local Match	\$0	\$0	\$2,207	\$0	\$0	\$493	\$0	\$2,700	\$2,569		\$54,945		
ACE-Bingo	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$505,817		
State H&C-B Services (ACE-CS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0		
Restricted State Revenue (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$102,959		
NSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0		
Cost Share/GRI -State Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$42,602		
GRI for Title III (Estimate)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$1,685,794		
Total Contracted Funds	\$0	\$0	\$22,068	\$0	\$0	\$4,935	\$0	\$27,003	\$10,276	\$39,190	\$1,685,794		
Contracted Rate	#DIV/0!	#DIV/0!	\$8.8238	#DIV/0!	#DIV/0!	\$54.2275	#DIV/0!	N/A	\$52.4286	\$54.5063	N/A		

NOTE: Contracted rate includes Local Match

COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE

Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	\$8.8238	#DIV/0!	#DIV/0!	\$54.2275	#DIV/0!	NA	\$52.4286	\$54.5063	NA
AIM Units: ACE-BINGO	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!				
AIM Units:State H&CB Svs	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!				
AIM Units: Restricted State Revenue (if applicable)	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!				
AIM Units: State Cost Share/GRI	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!				
NSIP Share of Meal Unit Cost	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!				
AIM Title III Meal Rate	#DIV/0!	#DIV/0!	0	#DIV/0!	#DIV/0!		#DIV/0!				
AIM Units: Title III GRI (Estimate)	#DIV/0!	#DIV/0!	2,501	#DIV/0!	#DIV/0!	91	#DIV/0!	NA			
AIM Units:Title III (F+S+L)	#DIV/0!	#DIV/0!	2,501	#DIV/0!	#DIV/0!	91	#DIV/0!	NA	196	719	N/A
TOTAL CONTRACT UNITS	#DIV/0!	#DIV/0!	2,501	#DIV/0!	#DIV/0!	91	#DIV/0!	NA	196	719	N/A
NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees											
Total of All Other Resources by Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	NA	\$0	\$0	NA
Total of Units Served with those Other Resources	0	0	0	0	0	0	0	NA	0	0	NA
TOTAL SERVICE BUDGET	\$0	\$0	\$22,068	\$0	\$0	\$4,935	\$0	NA	\$10,276	\$39,190	NA
Total Unit Cost	#DIV/0!	#DIV/0!	\$8.8239	#DIV/0!	#DIV/0!	\$54.2340	#DIV/0!	NA	\$52.4286	\$54.5063	NA

* Figures/Amounts in GREEN are not allocated by the SUA, but are needed in order to meet the needs of the Upper Savannah Region.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
REGION: UPPER SAVANNAH Worksheet for Staffing Budget and NAPIS Staffing Profile for SFY 2013-2014 Enter the names of staff involved in each service or activity. If an individual is considered a member of a racial or ethnic minority put "(M)" after the name. Enter the number of hours in the SFY the staff in this position devotes to the specified activity. Then follow the instructions for completing the worksheet.															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Annual Hours Budgeted to these Activities or Services	Hours Charged to P&A	Hours Charged to PD	Hours Charged to Ombudsman Services	Hours Charged to I&A III-B	Hours Charged to III-E	Hours Charged to I-CARE/SMP	Hours Charged to Other Title III Services (III-B) or Local Funding	Hours Charged to Discretionary Grants	Annual Payroll Hours All Sources	Enter Staff Names	AGENCY'S FTE	1950	1950	1950	1950
Enter Each Staff Name Only Once - Beside Their Primary Duty	Hours Charged to P&A	Hours Charged to PD	Hours Charged to Ombudsman Services	Hours Charged to I&A III-B	Hours Charged to III-E	Hours Charged to I-CARE/SMP	Hours Charged to Other Title III Services (III-B) or Local Funding	Hours Charged to Discretionary Grants	Annual Payroll Hours All Sources	Enter Staff Names	AGENCY'S FTE	1950	1950	1950	1950
Planning and Administration	3,349	216	1,791	2,313	1,183	1,306	0	1,160	1,950	VANESSA WIDEMAN	1	0	0	0	0
Aging Unit Director	1,950	0	0	0	0	0	0	0	1,950	VANESSA WIDEMAN	1	0	0	0	0
Program Manager	0	0	0	0	0	0	0	0	0	VANESSA WIDEMAN	0	0	0	0	0
Program Developer	0	0	0	0	0	0	0	0	0	VANESSA WIDEMAN	0	0	0	0	0
Aging Fiscal Accounting	975	0	0	0	0	0	0	0	975	LINDA MCALLISTER	1	0	0	0	0
Aging Fiscal Accounting	0	0	0	0	0	0	0	0	0	MELISSA PHILLIPS	1	0	0	0	0
Aging Fiscal Accounting	0	0	0	0	0	0	0	0	0	MELISSA PHILLIPS	1	0	0	0	0
Clerical Support Staff	0	0	0	0	0	0	0	0	0	SANDRA MOORE	1	0	0	0	0
FTEs by AAA ACTIVITIES	1,83	1,72	0,11	0,92	1,19	0,67	0,00	0,59	0	SANDRA MOORE	1	0	0	0	0
Ombudsman	1,791	0	1,791	0	0	0	0	0	1,791	CINDY GLANTON	1	0	0	0	0
Senior Ombudsman	1,950	0	1,950	0	0	0	0	0	1,950	CINDY GLANTON	1	0	0	0	0
Backup Ombudsman	0	0	0	0	0	0	0	0	0	CINDY GLANTON	0	0	0	0	0
Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	CINDY GLANTON	0	0	0	0	0
Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	CINDY GLANTON	0	0	0	0	0
Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	CINDY GLANTON	0	0	0	0	0
Other Ombudsman Staff	0	0	0	0	0	0	0	0	0	CINDY GLANTON	0	0	0	0	0
FTEs	0,92	0,05	0,92	0,03	0,00	0,00	0,00	0,00	0,00	CINDY GLANTON	1	0	0	0	0
I & A	2,313	264	0	1,686	0	0	0	0	0	SUSAN WALLACE	1	0	0	0	0
Primary I&A and R	1,950	0	0	1,686	0	0	0	0	0	SUSAN WALLACE	1	0	0	0	0
Backup I&R	0	0	0	0	0	0	0	0	0	SUSAN WALLACE	0	0	0	0	0
FTEs	1,19	0,14	0,00	0,90	0,00	0,00	0,00	0,00	0,00	SUSAN WALLACE	1	0	0	0	0
Insurance Counseling/SMP	1,306	0	0	526	0	1,306	0	0	0	SUSAN WALLACE	1	0	0	0	0
Primary Counselor	1,950	0	0	526	0	1,306	0	0	0	SUSAN WALLACE	1	0	0	0	0
Backup Counselor	0	0	0	0	0	0	0	0	0	SUSAN WALLACE	0	0	0	0	0
FTEs	0,67	0,00	0,00	0,27	0,00	0,67	0,00	0,00	0,00	SUSAN WALLACE	1	0	0	0	0
Family Caregiver Program	1,183	125	0	33	1,183	0	0	0	0	KATHY DICKERSON	1	0	0	0	0
Caregiver Advocate	1,950	0	0	33	1,183	0	0	0	0	KATHY DICKERSON	1	0	0	0	0
Backup Advocate	0	0	0	0	0	0	0	0	0	KATHY DICKERSON	0	0	0	0	0
FTEs	0,67	0,22	0,00	1,19	0,67	0,00	0,00	0,09	0,09	KATHY DICKERSON	1	0	0	0	0
Other AAA Direct Services	118	0	0	0	0	22	0	0	0	KATHY DICKERSON	1	0	0	0	0
Medication Management	118	0	0	0	0	0	0	0	0	KATHY DICKERSON	1	0	0	0	0
FTEs	0,06	0,00	0,00	0,00	0,00	0,00	0,00	0,59	0,59	KATHY DICKERSON	1	0	0	0	0
COMBINED SERVICE DELIVERY	67,11	0	0	0	0	0	0	0	0	KATHY DICKERSON	1	0	0	0	0
Intern Hours	314 hrs. @ \$12/hr.	0	0	0	0	0	0	0	0	KATHY DICKERSON	1	0	0	0	0
Volunteer Hours	0	0	0	0	0	0	0	0	0	KATHY DICKERSON	1	0	0	0	0
TOTAL PAID HOURS	10,219	0	0	0	0	0	0	0	0	KATHY DICKERSON	1	0	0	0	0
TOTAL PAID FTEs	5,27	0	0	0	0	0	0	0	0	KATHY DICKERSON	1	0	0	0	0
It is understood that I&A, Caregiver, and Insurance Counseling staff are back up to each other. The amount of staff hours allocated to backup should cover the primary staff's allowed hours of paid annual leave, sick leave and time for mandatory trainings.															
Only staff designated by the State Ombudsman may provide Ombudsman backup.															

UPPER SAVANNAH

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Transportation Contracted Funds	Transportation Contracted Units	Transportation Contracted Unit Cost	Chore, Housekeeping Funds	Chore, Housekeeping Units	Chore, Housekeeping Unit Cost	Homemaker Limited Personal Care Funds	Homemaker Limited Personal Care Units	Homemaker Limited Personal Care Unit Cost	Personal Care Limited Med. Assistance Funds	Personal Care Limited Med. Assistance Units	Personal Care Limited Med. Assistance Unit Cost	ISMA FUNDS	ISMA UNITS	Home Living Support Unit Cost
2012-2013	Edgefield SCC	\$29,853	37,423	\$0.7977	\$26,434	1,555	\$16.9994			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Edgefield SCC	\$33,708	37,453	\$0.9000	\$21,184	1,247	\$16.9880			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	Edgefield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	Edgefield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Senior Options	\$97,603	109,667	\$0.8900			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Senior Options	\$98,809	109,790	\$0.9000			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	McCormick CSC	\$36,494	41,560	\$0.8777			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	McCormick CSC	\$51,272	56,969	\$0.9000			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Piedmont AOA	\$194,489	217,200	\$0.8954			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Piedmont AOA	\$185,000	205,556	\$0.9000			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Saluda CCOA	\$21,923	25,199	\$0.8700			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Saluda CCOA	\$24,680	27,423	\$0.9000			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	ECSCC FOR SALUDA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	ECSCC FOR SALUDA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE	\$380,362	431,069	\$0.8824	\$26,434	1,555	\$16.9994	\$86,042	4,620	\$18.6238	\$0	0	#DIV/0!	\$45,231	2,214	\$20.4295
2013-2014	REGIONWIDE	\$393,469	437,191	\$0.9000	\$21,184	1,247	\$16.9880	\$89,042	5,936	\$15.0003	\$0	0	#DIV/0!	\$50,230	2,459	\$20.4270
2014-2015	REGIONWIDE	\$0	\$0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
2015-2016	REGIONWIDE	\$0	\$0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!

REGION

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Legal Assistance Funds	Legal Assistance Units	Legal Assistance Unit Cost	Adult Day Service Contracted Funds	Adult Day Service Contracted Units	Adult Day Service Contracted Unit Cost	Respite Care Contracted Funds	Respite Care Contracted Units	Respite Care Contracted Unit Cost	I, R and A ADRC Funds	I, R and A ADRC Units	I, R and A ADRC Unit Cost	Care Management Contracted Funds	Care Management Contracted Units	Care Management Contracted Unit Cost
2012-2013	Edgefield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Edgefield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	Edgefield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	Edgefield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Senior Options			#DIV/0!	\$16,647	1,514	\$10.9954			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Senior Options			#DIV/0!	\$16,647	1,514	\$10.9954			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	USCOG	\$11,000	110	\$100.0000			#DIV/0!	\$76,112	1,438	\$52.9291	\$79,088	1,900	\$41.6253			#DIV/0!
2013-2014	USCOG	\$6,170	62	\$99.5161			#DIV/0!	\$94,000	1,778	\$52.9279			#DIV/0!			#DIV/0!
2014-2015	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE	\$11,000	110	\$100.0000	\$16,647	1,514	\$10.9954	\$0	0	#DIV/0!	\$79,088	1,900	\$41.6253	\$0	0	#DIV/0!
2013-2014	REGIONWIDE	\$6,170	62	\$99.5161	\$16,647	1,514	\$10.9954	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2014-2015	REGIONWIDE	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2015-2016	REGIONWIDE	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	#VALUE!	\$0	#VALUE!	\$0	\$0	#DIV/0!

REGION

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Congregate Meals Contracted Funds	Congregate Meals Contracted Units	Congregate Meals Contracted Unit Cost	Home Delivered Meals Contracted Funds	Home Delivered Meals Contracted Units	Home Delivered Meals Contracted Unit Cost	Health Screening Contracted Funds	Health Screening Contracted Units	Health Screening Contracted Unit Cost	Nutrition Risk Assessment Contracted Funds	Nutrition Risk Assessment Contracted Units	Nutrition Risk Assessment Contracted Unit Cost	Health Promotion Contracted Funds	Health Promotion Contracted Units	Health Promotion Contracted Unit Cost
2012-2013	Edgefield SCC	\$55,552	6,571	\$6,4814	\$72,373	11,905	\$6,0792			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Edgefield SCC	\$46,852	8,078	\$5,8000	\$72,285	12,251	\$5,9003			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	Edgefield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	Edgefield SCC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Senior Options	\$57,536	9,972	\$5,7698	\$94,933	20,700	\$4,5861			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Senior Options	\$50,617	8,726	\$5,8007	\$133,921	26,004	\$5,1500			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	Senior Options			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	McComick CSC	\$39,786	6,074	\$6,5502	\$53,996	9,204	\$5,8666			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	McComick CSC	\$36,441	5,572	\$6,5400	\$64,096	10,863	\$5,9004			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	McComick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	McComick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Piedmont AOA	\$106,069	16,222	\$6,5386	\$221,069	42,994	\$5,1423			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	Piedmont AOA	\$105,897	16,192	\$6,5401	\$236,983	46,016	\$5,1500			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	Piedmont AOA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	ECSCC FOR SALUDA	\$60,265	11,800	\$5,1072	\$79,167	14,765	\$5,3618			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	ECSCC FOR SALUDA	\$52,694	9,085	\$5,8001	\$70,524	11,953	\$5,9001			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015	ECSCC FOR SALUDA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	ECSCC FOR SALUDA			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE	\$319,208	52,639	\$6,0641	\$521,558	99,568	\$5,2382	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2013-2014	REGIONWIDE	\$292,501	47,653	\$6,1381	\$577,809	107,087	\$5,3957	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2014-2015	REGIONWIDE	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2015-2016	REGIONWIDE	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!

REGION

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2012, July 1, 2013, July 1, 2014, and July 1, 2015

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Evidence Based Disease Prevention Contracted Funds	Evidence Based Disease Prevention Contracted Units	Evidence Based Disease Prevention Contracted Unit Cost	Senior Games Contracted Funds	Senior Games Contracted Units	Senior Games Contracted Unit Cost	Minor Home Repair Contracted Funds	Minor Home Repair Contracted Units	Minor Home Repair Contracted Unit Cost	Medication Management Contracted Funds	Medication Management Contracted Units	Medication Management Contracted Unit Cost
2012-2013	McCormick CSC			#DIV/0!	\$22,068	2,500	\$8.8272			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014	McCormick CSC			#DIV/0!	\$22,068	2,501	\$8.8237			#DIV/0!			#DIV/0!	\$7,346	2,791	\$2.6320
2014-2015	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	McCormick CSC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	USCOG			#DIV/0!			#DIV/0!			#DIV/0!	\$34,467	221	\$155.9593	\$4,391	1,462	\$3.0034
2013-2014	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	\$4,936	1,600	\$3.0850
2014-2015	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016	USCOG			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2013-2014				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2014-2015				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2015-2016				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE	\$0	\$0	#DIV/0!	\$22,068	\$2,500	\$8.8272	\$0	\$0	#DIV/0!	\$34,467	\$221	\$155.9593	\$4,391	\$1,462	\$3.0034
2013-2014	REGIONWIDE	\$0	\$0	#DIV/0!	\$22,068	\$2,501	\$8.8237	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$12,282	\$4,391	\$2.7971
2014-2015	REGIONWIDE	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	\$0	#DIV/0!
2015-2016	REGIONWIDE	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	\$0	#DIV/0!

SUMMARY OF SERVICE FUNDING, CONTRACTED UNITS and AVERAGE UNIT COST			
UPPER SAVANNAH		SFY 2013-14	
SERVICE	TOTAL AAA FUNDING PER SERVICE	TOTAL UNITS FOR REGION	REGIONAL AVERAGE UNIT COST
Transportation	148084 243385	164025 269584	\$0.9000
Housekeeping or Chore	\$21,185	1,247	\$16.9956
Homemaker with Limited Personal Care	48671 40371	3245 2691	\$15.0003
Personal Care with Limited Medical Assistance			#DIV/0!
Home Living Support			#DIV/0!
Legal Assistance	\$6,170	62	\$100.0000
Adult Day Care	\$16,647	1,514	\$10.9954
Respite Care	\$94,000	1,776	\$52.9279
Information, Referral & Assistance	\$96,972	2,330	\$41.6189
Care Management			#DIV/0!
Group Dining	\$292,501	47,653	\$6.1381
Home Delivered Meals	\$579,808	107,087	\$5.4144
Health Screening			#DIV/0!
Nutrition Risk Follow-Up			#DIV/0!
Minor Home Repair	6274 40000	40 257	\$155.8047
Preventive Health	\$22,068	2,501	\$8.8237
Home Injury Prevention			#DIV/0!
Medication Management	\$4,936	91	\$54.2418
ISMA	\$50,230	2,459	\$20.4270
I-Care Calls/Contacts	\$39,190	719	\$54.5063
SMP Calls/Contacts	\$10,276	196	\$52.4286
All entries must include both AAA delivered services and contracted services			
NUMBER OF MINORITY PROVIDERS			6
NUMBER OF RURAL PROVIDERS			6
TOTAL NUMBER OF PROVIDERS			6

REGION: UPPER SAVANNAH**EXPENDITURES FOR PRIORITY SERVICE CATEGORIES**

As required by the Older Americans Act and State policy, an adequate amount of Title III-B shall be expended for the delivery of each of the categories of service identified on this form.

The AAA shall determine the "adequate amount" based upon the most recent needs assessment data, I&A reports, FCSP reports, and AIM data. The percentages set by the Area Agency on Aging for each priority service category, after careful analysis of the identified data and discussion with the legal services program manager at LGOA, shall be entered on line 5.

Access Services 90% In-Home Services 5% Legal Assistance 1% ADC 4%

Enter Total III B after Transfers for SFY 2011-2012		\$435,427	and SFY 2012-2013		\$208,297
ACCESS SERVICES	FUNDS EXPENDED 7/1/12-5/31/13	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B	
A. Transportation	\$293,189	67.33%	\$125,871	60.43%	
B. Information & Assistance (III-B funding Only)	\$70,588	16.21%	\$82,426	18.93%	
C. Case Management	\$0	0.00%		0.00%	
D. Outreach	\$0	0.00%		0.00%	
TOTAL ACCESS EXPENDITURES	\$363,777	83.54%	\$208,297	47.84%	
IN-HOME SERVICES	FUNDS EXPENDED 7/1/12-5/31/13	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B	
A. Level I Housekeeping and Chore	\$14,953	3%	\$0	0.00%	
B. Level II Homemaker with Limited Personal Care	\$0	0%	\$0	0.00%	
C. Level III Personal Care with Limited Medical Assistance	\$0	0%	\$0	0.00%	
TOTAL IN-HOME EXPENDITURES	\$14,953	3%	\$0	0.00%	
LEGAL ASSISTANCE	FUNDS EXPENDED 7/1/12-5/31/13	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B	
LEGAL ASSISTANCE EXPENDITURES	\$6,800	1.56%	\$5,245	1.20%	
ADULT DAY CARE	FUNDS EXPENDED 7/1/12-5/31/13	% OF III - B	FUNDS BUDGETED FY 2013-2014	% OF III - B	
TOTAL ADC EXPENDITURES	\$13,750	3.16%	\$0	0.00%	

UPPER SAVANNAH REGION
GEOGRAPHIC DISTRIBUTION OF PURCHASED SERVICES

	Abbeville	Edgefield	Greenwood	Laurens	McCormick	Saluda	Totals
Transportation	\$ 35,150	\$ 33,708	\$ 149,850	\$ 98,809	\$ 51,272	\$ 24,680	\$ 393,469
Chore/Housekeeping		\$ 21,184					\$ 21,184
Group Dining	\$ 32,720	\$ 46,852	\$ 73,177	\$ 50,617	\$ 36,441	\$ 52,694	\$ 292,501
Home Delivered Meals	\$ 40,857	\$ 74,285	\$ 196,126	\$ 133,921	\$ 64,096	\$ 70,524	\$ 579,809
Evidence Based Health Promotion				\$ 11,034	\$ 11,034		\$ 22,068
Adult Day Care				\$ 16,647			\$ 16,647
Legal Services	\$ 1,028	\$ 1,028	\$ 1,029	\$ 1,029	\$ 1,028	\$ 1,028	\$ 6,170
Home Care/Personal Care	\$ 14,987	\$ 2,013	\$ 21,846	\$ 22,154	\$ 18,012	\$ 10,030	\$ 89,042
Minor Home Repair	\$ 5,500	\$ 5,484	\$ 13,229	\$ 13,571	\$ 3,531	\$ 4,959	\$ 46,274
Income Support and Material Aid	\$ 6,020	\$ 6,247	\$ 13,971	\$ 13,424	\$ 4,327	\$ 6,241	\$ 50,230
Respite	\$ 15,953	\$ 2,211	\$ 27,836	\$ 28,143	\$ 10,348	\$ 9,509	\$ 94,000
Family Caregiver	\$ 12,867	\$ 3,133	\$ 30,401	\$ 29,577	\$ 7,022	\$ 7,467	\$ 90,467
Totals	\$ 165,082	\$ 196,145	\$ 527,465	\$ 418,926	\$ 207,111	\$ 187,132	\$ 1,701,861

Client Demographics - Target Populations Served Shown as % of Total Persons Served

REGION: UPPER SAVANNAH		YTD Data From AIM SFY2012-13											
		Total Unduplicated People Served (a)	Number of Unduplicated Minority Served (b)	Of Total Unduplicated Persons Served % Who Are Minority	Unduplicated Number in Rural Areas Served (c)	Of Total Unduplicated Persons Served % Who Live in Rural Area	Unduplicated Number at or Below Poverty Served (d)	Of Total Unduplicated Persons Served % Who Are Below Poverty	Unduplicated Number of Minority Poor Served (e)	Of Total Unduplicated Minority Served % Who Are Poor	Unduplicated Number of Non-Minority Poor Served (f)	Of Total Non-Minority Served % Who Are Poor	Unduplicated Number of Clients Served for First Time in SFY12 (g)
Service Delivery Contractors													
ABBEVILLE	213	142	66.67%	209	98.12%	91	42.72%	55	38.73%	36	50.70%	43	20.19%
EDGEFIELD	272	135	49.63%	272	100.00%	88	32.35%	55	40.74%	33	24.09%	64	23.53%
MCCORMICK	169	98	57.99%	167	98.82%	143	84.62%	90	91.84%	53	74.65%	30	17.75%
GREENWOOD	557	376	67.50%	509	91.38%	238	42.73%	160	42.55%	78	43.09%	114	20.47%
SALUDA	169	58	34.32%	112	66.27%	77	45.56%	35	60.34%	42	37.84%	25	14.79%
LAURENS	371	185	49.87%	266	71.70%	104	28.03%	45	24.32%	59	31.72%	36	9.70%
USCOG FC	197	89	45.18%	158	80.20%	10	5.08%	5	5.62%	5	4.63%	0	0.00%
USCOG PROVIDER	294	138	46.94%	266	90.48%	147	50.00%	77	55.80%	70	44.87%	45	15.31%
	0	0	#DIV/0!	0	#DIV/0!		#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Regionwide	2242	1221	54.46%	1959	87.38%	898	40.05%	522	42.75%	376	36.83%	357	15.92%

(a) This is the number of unduplicated persons in the region served directly by the AAA or under AAA purchase of service contracts in SFY12.

(b) Of total persons served, this is the number who were minority (Show breakout of minority population on next page.)

(c) Of the total persons served this is the number that reside in rural areas (outside incorporated cities and towns.)

(d) Of the persons served, this is the number whose self reported income was at or below the 2011 poverty level established by the Bureau of the Census.

(e) Of those whose self reported income was below the 2011 poverty level cited above, this is the number who were minority

(f) Of those whose self reported income was below the 2011 poverty level cited above, this is the number who were not minority

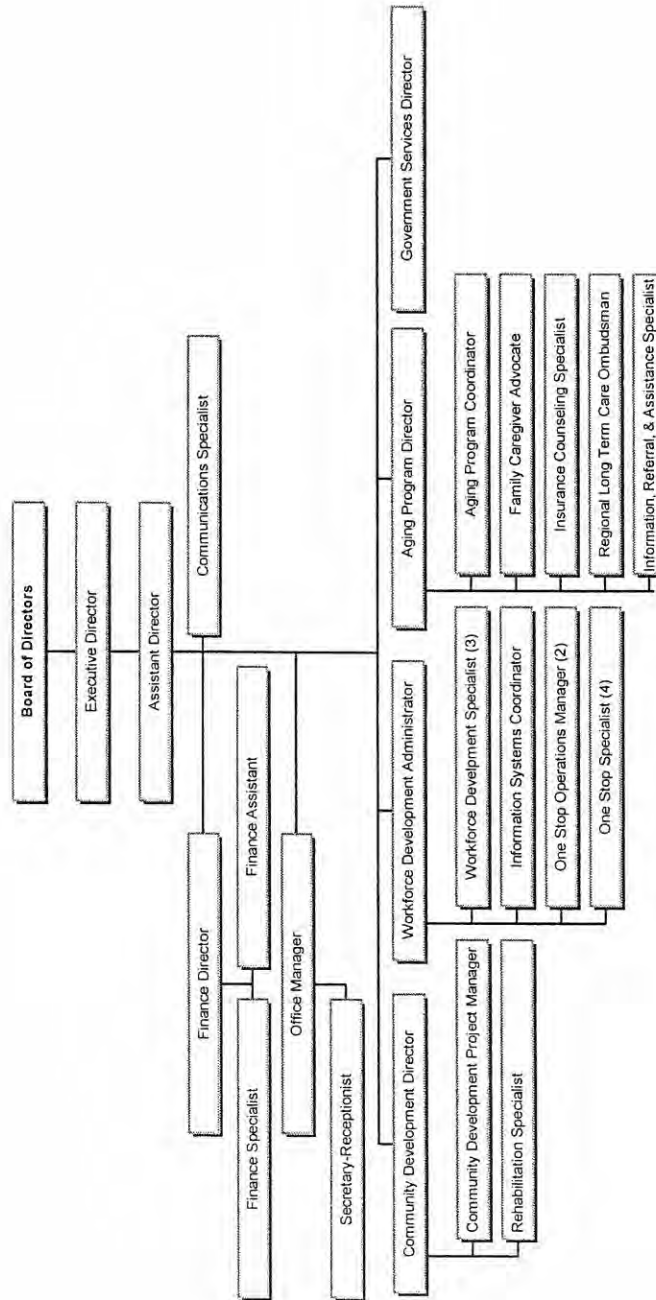
(g) Of the total number served, this is the number who received services for the first time in SFY 2012 or who had not received any contracted service since June 30, 2010

SUPPLEMENTAL DETAIL - Breakout of the ethnicity of the Minority Population SERVED in SFY 2012-2013 UPPER SAVANNAH						
Service Delivery Contractors	African-American	Hispanic	Native American or Alaskan Native	Asian/ Pacific Islander	Unknown Ethnicity	
ABBEVILLE	142	0	0	0	0	
EDGEFIELD	135	0	0	0	0	
GREENWOOD	376	0	0	0	0	
LAURENS	185	0	0	0	0	
MCCORMICK	98	0	0	0	0	
SALUDA	58	0	0	0	0	
USCOG FC	89	0	0	0	0	
USCOG PROVIDER	137	0	1	0	0	
	0	0	0	0	0	
Regionwide	1220	0	1	0	0	0

UPPER SAVANNAH DESIGNATED AND UNDESIGNATED FOCAL POINTS IN THE PSA IN 2013-2014						At a
minimum include all Contractors, all Senior Centers in the region and all Congregate Dining Centers not located in a Senior Center						
County	Focal Point Organization	Focal Point Street Address	AAA Designated Focal Point	Type of Facility	Owner of Facility	
Abbeville	Center Street Café (part of Piedmont Agency on Aging)	Center Street, Abbeville SC 29620	Yes	Multipurpose Senior Center	PAOA	
Edgefield	Edgefield County Senior Citizens Council	15 Center Spring Rd., Edgefield, SC 29824	Yes	Multipurpose Senior Center	Edgefield Co. Sr. Citizens Council	
Greenwood	Sunrise Café (part of Piedmont Agency on Aging)	808 S. Emerald Rd., Greenwood, SC 29646	Yes	Multipurpose Senior Center	PAOA	
Laurens	Senior Options, Inc.	512 Professional Park Rd., Clinton, SC 29325	Yes	Multipurpose Senior Center	Senior Options	
McCormick	McCormick County Senior Center	1800 South Main Street, McCormick, SC 29835	Yes	Multipurpose Senior Center	McCormick County Senior Center	
Saluda	Saluda Senior Center (currently administered by Edgefield Co Senior Citizens Council)	403 West Butler Avenue, Saluda, SC 29138	Yes	Multipurpose Senior Center	Saluda County Council on Aging (legal owner, but defunct)	
Congregate Meal Sites --						
	not Senior Centers					
	Ninety Six Nutrition Center in Greenwood County	99 Main Street, Ninety Six 29666 (864) 543-4999	No	meal site	Town of Ninety Six	
	Bettis Academy Meal Site in Edgefield County	76 Nicholson Rd., Trenton 29847 (803) 663-6121	No	meal site	Mt. Canan Assoc.	
	Laurelwood Diner's Club in Laurens County	301 Reedy Ford Rd., Laurens 29360 (864) 984-0771	No	meal site	Laurelwood Apartment Complex	
	Delmar Nutrition Site	Highway 391, Leesville 29070 (803) 532-2156	No	meal site	Delmar Community Center Association	
USE MULTIPLE PAGES IF NECESSARY						

INSTRUCTION: In addition to any focal points officially designated by the Area Agency, include those community facilities and programs that are considered by older adults to be their community's source of information or access to services, activities and programs as undesigned focal points.

Upper Savannah Council of Governments Organizational Chart June 2013



FINDINGS: REGION 2 – UPPER SAVANNAH

Representation of the Population

A total of 265 surveys were completed in Region 2. Respondents were asked a series of questions to determine if the respondent is a senior receiving services, a senior not receiving services, a caregiver, or an individual with a disability (ADRC target population). These categories are not mutually exclusive and an individual could fall into more than one of these categories or none at all. Of the 265 surveys completed, 133 (50.2%) were categorized as a senior receiving services, 87 (32.8%) were categorized as a senior not receiving services, 103 (38.9%) were categorized as being a caregiver, and 160 (60.4%) were categorized as an individual with a disability.

For Region 2, the confidence interval for the sample of seniors receiving services is 8.33 points at a 95% confidence level assuming 50% agreement on the item in question. For items where there is greater agreement, the likelihood that the responses are representative of the population increases. Therefore, there is a fair probability that the findings represent the responses that can be expected from seniors receiving services (plus or minus 8.33 percentage points). The confidence interval for seniors not receiving services is higher (10.49 points at a 95% confidence level assuming 50% agreement), which indicates the sample of these seniors is less representative of the population of seniors not receiving services and presents the possibility that responses to the survey may vary greatly from the population of seniors not receiving services in the region. The representation of caregivers is also subject to variability (9.21 points at a 95% confidence level assuming 50% agreement), and the representation of individuals with a disability who have received services through the ADRC is fair (7.48 points at a 95% confidence level assuming 50% agreement). (See Table 2-1.)

TABLE 2-1: SAMPLE REPRESENTATION OF POPULATION

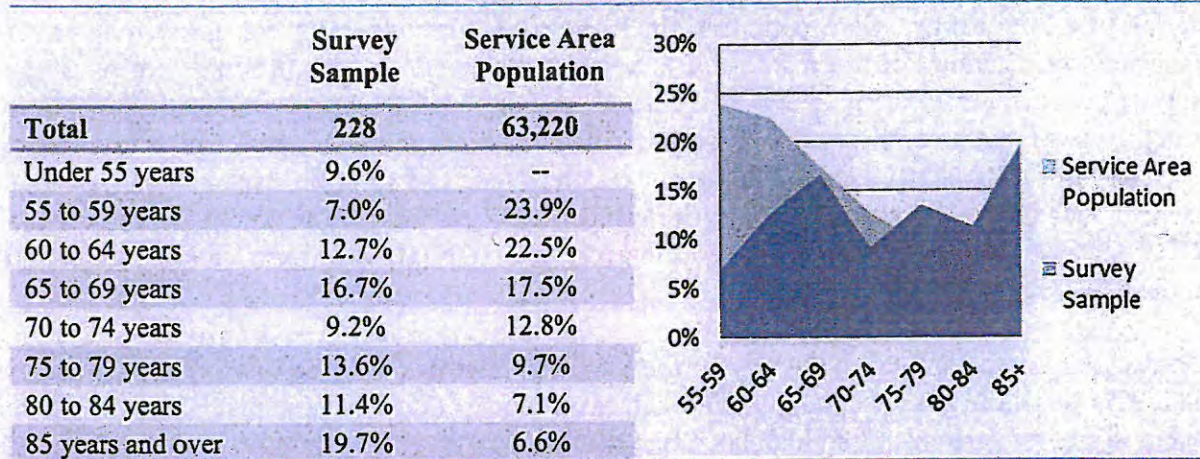
	Population Size	Sample Size	Representation
Seniors Receiving Services	3,317	133	8.33
Seniors Not Receiving Services	30,586	87	10.49
Caregivers	1,130	103	9.21
ADRC	2,376	160	7.48

Demographic Characteristics of Seniors

Compared to the service area senior population, the survey respondents are older and the distribution has several spikes and dips. A small percentage of survey respondents are under 55 (n=22, 9.6%), 55 to 59 years old (n=16, 7%), or 60 to 64 years old (n=29, 12.7%), whereas 23.9% and 22.5% of the service area population is between these ages, respectively. However, where the percentage of individuals in the service area senior population gradually decreases until it reaches 85 years and over, the percentage of survey respondents peaks three times at 65 to

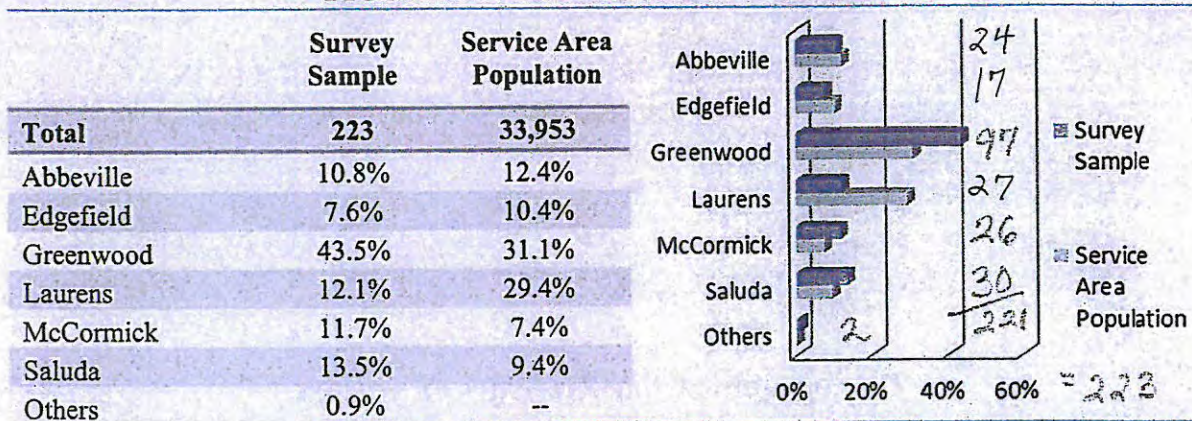
69 years (n=38, 16.7%), 75 to 79 years (n=31, 13.6%), and 85 years and over (n=45, 19.7%). (See Figure 2-2.) For this reason, further population figures only include seniors ages 65 and older.

FIGURE 2-2: AGE GROUP



Similar proportions of the survey sample reside in Abbeville (n=24, 10.8%), Edgefield (n=17, 7.6%), McCormick (n=26, 11.7%), and Saluda (n=30, 9.4%) counties as in the service area senior population (12.4%, 10.4%, 11.7%, and 13.5%, respectively). A smaller proportion of the survey sample resides in Laurens (n=27, 12.1%) than in the service area senior population (29.4%), and a larger proportion of the survey sample resides in Greenwood (n=97, 43.5%) than in the service area senior population (31.1%). (See Figure 2-3.)

FIGURE 2-3: COUNTY OF RESIDENCE

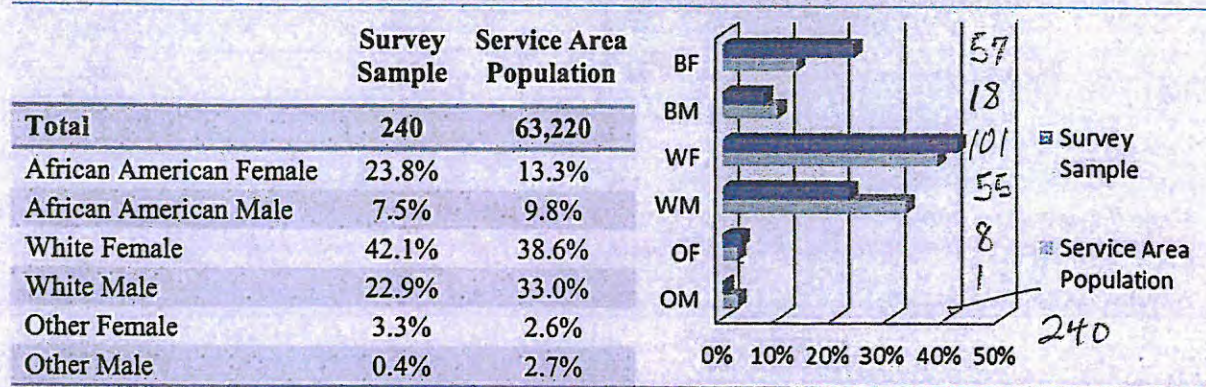


265 Survey

The race and gender of survey respondents very similarly resembles that of the service area senior population. African American males comprise 7.5% of the sample (n=18) compared to 9.8% of the population; White/Caucasian females comprise 42.1% of the survey sample (n=101) compared to 38.6% of the population; and respondents of other races (females: n=8, 3.3%; males: n=1, 0.4%) comprise approximately the same percentage in the population (other females:

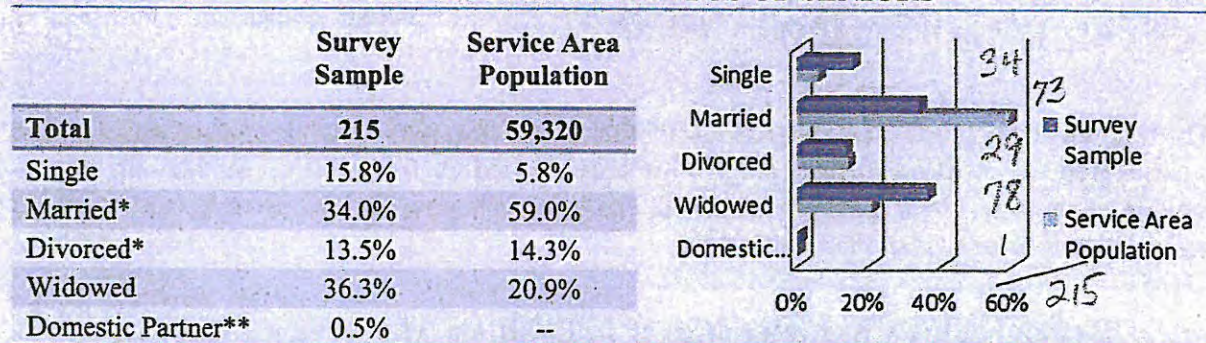
2.6%; other males: 2.7%). However, African American females (n=57, 23.8%) are slightly over-represented (13.3% of the service area senior population), and White/Caucasian males (n=55, 22.9%) are under-represented (33% of the service area senior population). (See Figure 2-4.)

FIGURE 2-4: RACE AND GENDER OF SENIORS



The survey sample has a much larger percentage of individuals who are single (n=34, 15.8%) or widowed (n=78, 36.3%) than exist in the service area senior population (5.8% and 20.9%, respectively). Conversely, there is a much smaller percentage of individuals who are married (n=73, 34% of the sample compared to 59% of the population). A similar percentage of respondents are divorced (n=29, 13.5%) as are in the service area senior population (14.3%). (See Figure 2-5.)

FIGURE 2-5: MARITAL STATUS OF SENIORS



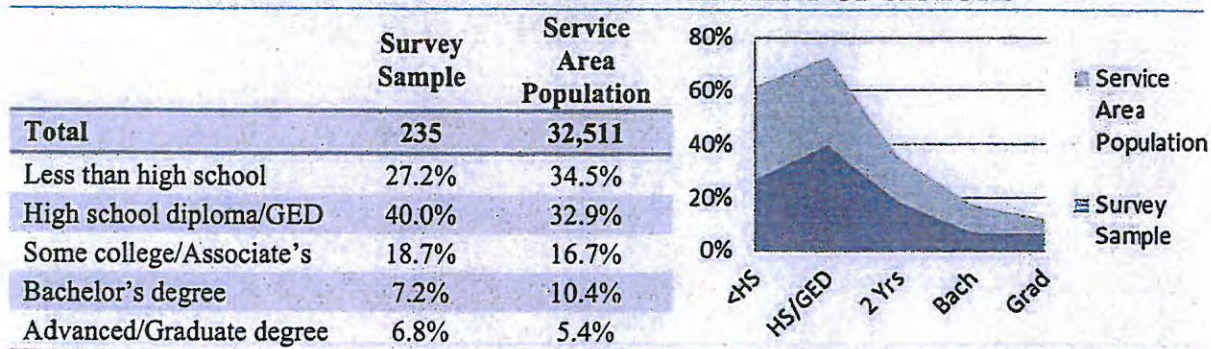
*Individuals in the service area population categorized as "Married, spouse absent, not separated" were excluded from the counts.

**Individuals who are in a domestic partnership were not included in the population counts as the Census does not include this category in the marital status calculation. Inclusion of this category in the population counts could lead to a duplication of individuals currently classified as single ("never married").

The level of educational attainment of the survey sample is very similar to the educational attainment of the service area senior population. More than half of the respondents completed less than high school (n=64, 27.2%) or received a high school diploma or GED (n=94, 40%), compared to 34.5% and 32.9% of the service area senior population, respectively. Similar percentages of respondents attended some college or earned an Associate's degree (n=183, 27.6%), earned a Bachelor's degree (n=17, 7.2%), or earned an Advanced/Graduate degree

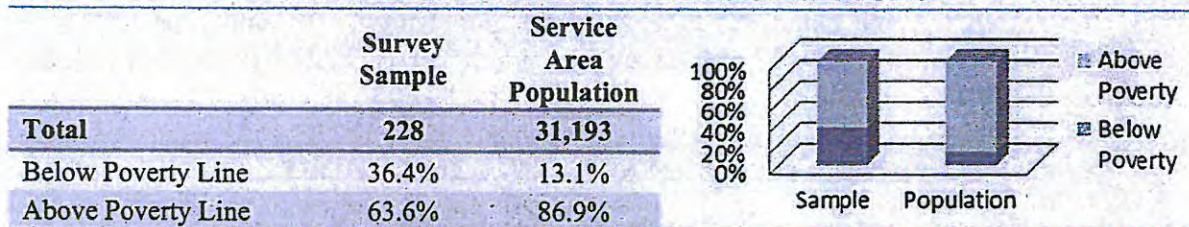
(n=16, 6.8%) as in the service area senior population (16.7%, 10.4%, and 5.4%, respectively). (See Figure 2-6.)

FIGURE 2-6: EDUCATIONAL ATTAINMENT OF SENIORS



In comparison to the service area senior population, respondents to the survey are estimated to more likely be below the poverty line (n=83, 36.4% compared to 13.1% of the service area senior population). (See Figure 2-7.)

FIGURE 2-7: POVERTY STATUS OF SENIORS



Overall, the demographic characteristics of the survey sample are not representative of the general population of seniors residing in the areas served by the AAA's. Rather, the survey sample tends to be older, single or widowed, and below the poverty line, as well as more likely to be African American and female.

Demographic Characteristics of Individuals who have a Disability

Only 18 survey respondents from this region are considered to be disabled and under the age of 65. Therefore, the characteristics of these individuals are not compared to the service area senior population.

Reclassification into Mutually Exclusive Categories

For purposes of analysis, the respondents were re-classified into mutually exclusive categories of each type of targeted population in order to compare responses by targeted group. Seniors receiving services are now those who are over the age of 55, reported that they were receiving

services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 32.5% (n=86) of the sample. Seniors not receiving services are those who are over the age of 55, did not report that they were receiving services, are not caring for another individual, and most often were answering the survey for themselves. This group comprises 21.5% (n=57) of the sample. Caregivers are caring for another individual (senior, person with disability, or child under 18), and may or may not be over the age of 55. This group comprises 37.4% (n=99) of the sample. Persons with disabilities are the smallest group (n=18, 6.8%) and represent those who have a disability, are between the ages of 18 and 64, and are not caring for another individual.

Four clusters of individuals were identified previously and are described under the statewide analysis. Cluster 1 is comprised of 55 respondents (20.8% of the sample and 32.9% of those classified). Cluster 2 is comprised of 31 respondents (11.7% of the sample and 18.6% of those classified). Cluster 3 is comprised of 27 respondents (10.2% of the sample and 16.2% of those classified). Cluster 4 is comprised of 54 respondents (20.4% of the sample and 32.3% of those classified). The remaining 98 (37%) of respondents did not report one or more demographic variables and could not be included in the cluster analysis.

Service Needs by Targeted Group

A principle components factor analysis was conducted previously to determine if respondents responded similarly to certain groups of items. The solution identified five components that explained most of the variance among the variables. The five components are classified as: Personal and Home Care, Senior Center Activities, Maintaining Independence, Information Referral and Assistance, and Monetary Assistance.

Personal and Home Care

The Personal and Home Care component is comprised of the following nine items: Transportation to the grocery store, doctor's office, pharmacy, or other errands; Having someone bring a meal to me in my home every day; Help keeping my home clean; Help with repairs and maintenance of my home or yard; Help with personal care or bathing; Help with washing and drying my laundry; Having someone help me with my prescription medicine; Keeping warm or cool as the weather changes; and Modifications to my home so that I can get around safely. Scores for items are approximately 92% consistent among cases. The composite was calculated by averaging each individual's responses to the nine items.

On average, seniors receiving services view personal and home care needs to be a little important (*mean*=2.39, *median*=2.17, *n*=84, *sd*=1.03). The most important of these needs are household chores (*mean*=2.59, *median*=3.0, *n*=81, *sd*=1.35), home repairs/maintenance (*mean*=2.65, *median*=3.0, *n*=82, *sd*=1.25), and home modifications to improve safety (*mean*=2.51, *median*=2.0, *n*=79, *sd*=1.35). The least important services to seniors who are already receiving services are home delivered meals (*mean*=2.12, *median*=1.0, *n*=77, *sd*=1.35), personal care

(*mean=1.96, median=1.0, n=79, sd=1.26*), and housekeeping (specifically laundry) (*mean=2.1, median=1.0, n=80, sd=1.28*). (See Figure 2-8.)

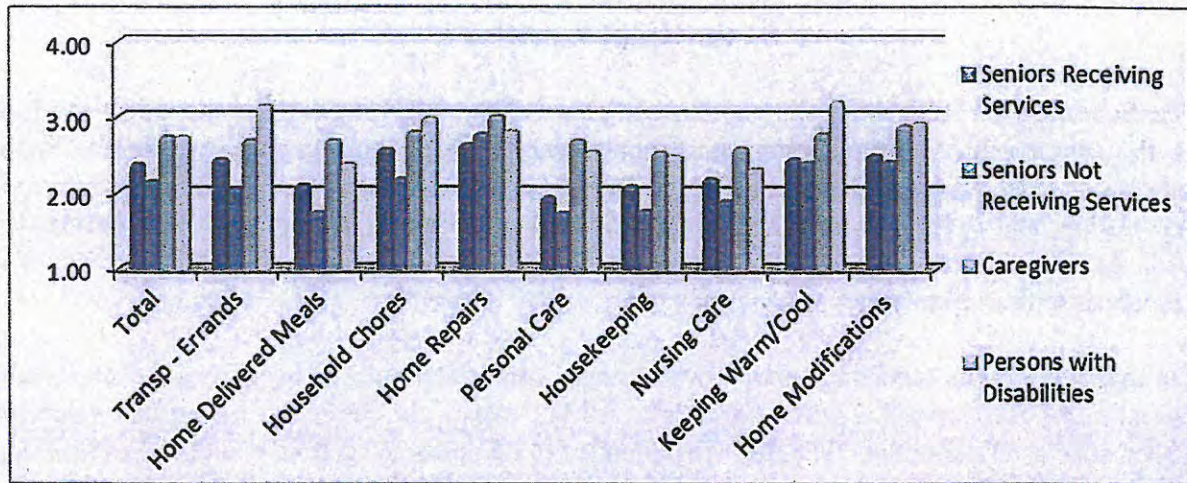
Seniors who have not received services view personal and home care needs to be a little important (*mean=2.17, median=2.0, n=56, sd=0.92*). The only service deemed to be quite a bit important by most of the respondents is home repairs and maintenance (*mean=2.8, median=3.0, n=55, sd=1.21*). The least important services to seniors who are not already receiving services are home delivered meals (*mean=1.76, median=1.0, n=54, sd=1.1*), personal care (*mean=1.75, median=1.0, n=53, sd=1.09*), and housekeeping (specifically laundry) (*mean=1.78, median=1.0, n=51, sd=1.06*). (See Figure 2-8.)

Caregivers view personal and home care needs to be quite a bit important (*mean=2.76, median=2.78, n=98, sd=1.02*). All but one of the services are deemed to be quite a bit important by most of the respondents (*median score=3.0, sd=1.2-1.4*). The most important service to caregivers are home repairs and maintenance (*mean=3.03, median=4.0, n=96, sd=1.16*). (See Figure 2-8.)

Persons with disabilities view personal and home care needs to be quite a bit important (*mean=2.76, median=2.78, n=18, sd=0.7*). The most important services to persons with disabilities are transportation for errands (*mean=3.17, median=4.0, n=18, sd=1.15*) and household chores (specifically keeping home clean) (*mean=3.0, median=4.0, n=17, sd=1.23*). Other important services to persons with disabilities are home repairs and maintenance (*mean=2.83, median=3.0, n=18, sd=1.15*), keeping warm or cool as the weather changes (*mean=3.22, median=3.5, n=18, sd=0.88*), and home modifications for safety (*mean=2.94, median=3.0, n=17, sd=1.2*). (See Figure 2-8.)

FIGURE 2-8: PERSONAL AND HOME CARE NEEDS BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Personal and Home Care Composite	2.39	2.17	2.76	2.76
Transportation for Errands	2.46	2.07	2.71	3.17
Home Delivered Meals	2.12	1.76	2.71	2.39
Household Chores	2.59	2.20	2.82	3.00
Home Repairs/Maintenance	2.65	2.80	3.03	2.83
Personal Care	1.96	1.75	2.71	2.56
In-Home Housekeeping	2.10	1.78	2.55	2.50
Nursing Care/Prescription Assistance	2.20	1.91	2.61	2.33
Keeping Warm/Cool	2.46	2.42	2.80	3.22
Home Modifications	2.51	2.43	2.90	2.94

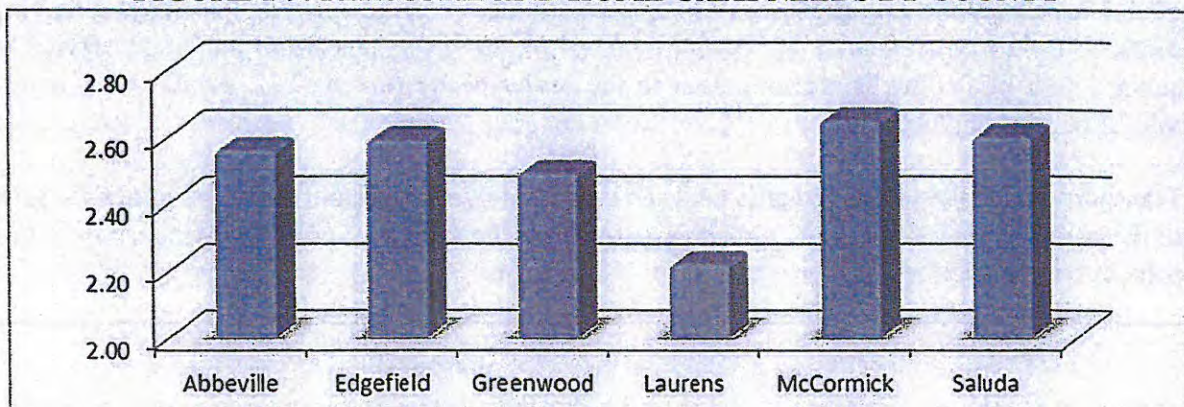


The difference in the personal and home care needs composite is significantly different between the targeted groups ($F=5.09$, $df=3$, $p=0.002$). Therefore, caregivers and persons with disabilities view personal and home care needs to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 5.7% of the variability in this composite ($r^2=0.057$).

Females, African Americans, and those with less than high school education rated these services as being of greater importance to them ($F=10.08$, $df=1$, $p=0.002$, $F=9.16$, $df=1$, $p=0.003$, and $F=2.61$, $df=4$, $p=0.036$, respectively). Those who are single or widowed rated these services as being of greater importance to them than individuals who are divorced or married ($F=3.1$, $df=3$, $p=0.028$). For seniors, those who have a disability have a significantly greater need ($diff=0.47$, $t=2.86$, $df=138$, $p=0.005$). There were no significant differences by county ($F=0.587$, $df=8$, $p=0.788$) and the means for all counties were between 2.22 and 2.65. The only county with a median score above 3.0 (quite a bit important) is McCormick.

Individuals in Cluster 1 (white males, above the poverty line, mostly married with a high school diploma or GED) expressed significantly less need than individuals in any other demographic cluster ($F=4.04$, $df=3$, $p=0.008$).

FIGURE 2-9: PERSONAL AND HOME CARE NEEDS BY COUNTY



Senior Center Activities

The Senior Center Activities component is comprised of the following eight items: transportation to the senior center; group dining; recreation/social events; getting exercise; exercising with others; counseling (specifically having someone to talk to when feeling lonely); nutrition counseling; and having a senior center close to home. The scores for items are approximately 90% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view senior center activities to be quite a bit important (*mean*=2.64, *median*=2.71, *n*=83, *sd*=0.95). All but two of the items have a median value of either quite a bit important. The most important of these needs are getting exercise (*mean*=3.04, *median*=3.0, *n*=81, *sd*=1.01), and nutrition counseling (*mean*=2.86, *median*=3.0, *n*=81, *sd*=1.12). The least important services to seniors who are already receiving services are transportation to the senior center (*mean*=2.26, *median*=1.0, *n*=78, *sd*=1.42) and having a senior center close to home (*mean*=2.56, *median*=2.0, *n*=79, *sd*=1.29). (See Figure 2-10.)

Seniors who have not received services view senior center activities to be slightly less than quite a bit important (*mean*=2.42, *median*=2.5, *n*=56, *sd*=0.83). The most important of these needs are getting exercise (*mean*=3.04, *median*=3.0, *n*=54, *sd*=1.01) and nutrition counseling (*mean*=2.74, *median*=3.0, *n*=53, *sd*=1.16). The least important service to seniors who are not already receiving services is transportation to the senior center (*mean*=1.75, *median*=1.0, *n*=52, *sd*=1.01). (See Figure 2-10.)

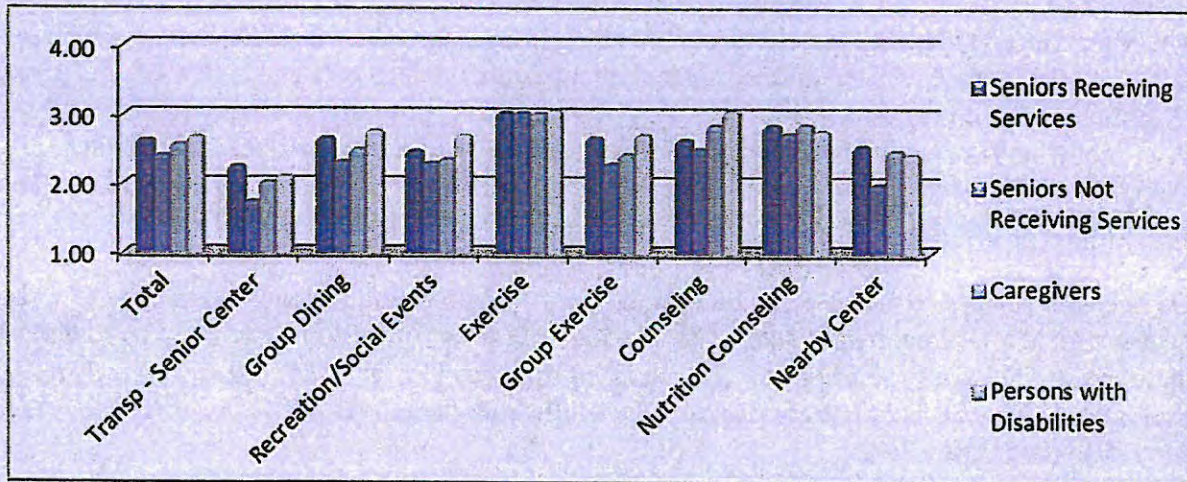
Caregivers view senior center activities to be between a little and quite a bit important (*mean*=2.58, *median*=2.5, *n*=97, *sd*=0.85). The most important of these needs are getting exercise (*mean*=3.03, *median*=3.0, *n*=96, *sd*=0.96), counseling (having someone to talk to) (*mean*=2.86, *median*=3.0, *n*=96, *sd*=1.12), and nutrition counseling (*mean*=2.87, *median*=3.0, *n*=95, *sd*=1.09). The least important service to caregivers is transportation to the senior center (*mean*=2.03, *median*=1.0, *n*=95, *sd*=1.28). (See Figure 2-10.)

Persons with disabilities view senior center activities to be between a little and quite a bit important (*mean*=2.69, *median*=2.69, *n*=18, *sd*=0.86). The most important services to persons with disabilities are getting exercise (*mean*=3.06, *median*=4.0, *n*=17, *sd*=1.14) and counseling (having someone to talk to) (*mean*=3.06, *median*=3.0, *n*=18, *sd*=1.0). The least important service to persons with disabilities is transportation to the senior center (*mean*=2.11, *median*=2.0, *n*=18, *sd*=1.23). (See Figure 2-10.)

Transportation to the senior center is the least important of all the senior center activities for each of the targeted groups. Of these groups, it is the most important to seniors receiving services and persons with disabilities.

FIGURE 2-10: SENIOR CENTER ACTIVITIES BY TARGETED GROUP

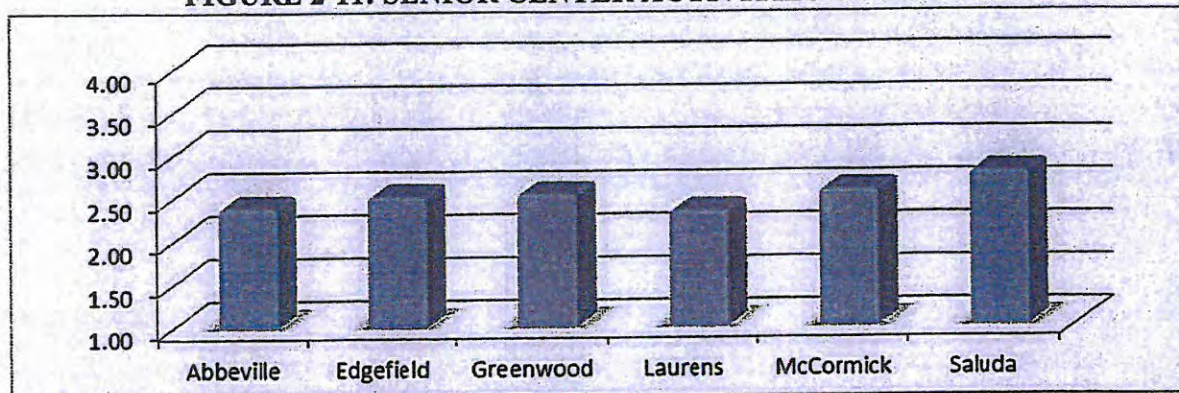
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Senior Center Activities Composite	2.64	2.42	2.58	2.69
Transportation to the Senior Center	2.26	1.75	2.03	2.11
Group Dining	2.67 ✓	2.33	2.51	2.78 ✓
Recreation/Social Events	2.48	2.31	2.36	2.71
Exercise	✓ 3.04	✓ 3.04	✓ 3.03	✓ 3.06
Group Exercise	2.68	2.30	2.44	2.72
Counseling (someone to talk to)	2.65	2.52 ✓	2.86 ✓	✓ 3.06
Nutrition Counseling	✓ 2.86	✓ 2.74	✓ 2.87	2.78 ✓
Nearby Senior Center	2.56	2.00	2.49	2.44



The difference in the senior center activities composite is not significantly different between the targeted groups ($F=0.88$, $df=3$, $p=0.450$, $r^2=0.010$). African Americans and females rated these services as being of greater importance to them ($F=6.0$, $df=1$, $p=0.015$, $F=10.51$, $df=1$, $p=0.001$, respectively). There were no significant differences by county ($F=0.85$, $df=8$, $p=0.560$); however, the means for all counties ranged between 2.4 and 2.78. The county with the highest median score was Saluda ($mean=2.78$, $median=2.71$, $n=29$, $sd=0.79$).

Overall, the demographic clusters of respondents who reported that these services are of greatest importance to them are Cluster 2 (white females above the poverty line, mostly widowed with a high school diploma/GED) ($mean=2.86$, $median=2.69$, $n=30$, $sd=0.86$) and Cluster 4 (black females above the poverty line, with a high school diploma or GED) ($mean=2.53$, $median=2.63$, $n=53$, $sd=0.86$) ($F=5.52$, $df=3$, $p=0.001$, $r^2=0.094$).

FIGURE 2-11: SENIOR CENTER ACTIVITIES BY COUNTY



Maintaining Independence

The Maintaining Independence component is comprised of the following four items: preventing falls and other accidents; help making choices about future medical care and end of life decisions (Healthcare Directives); someone to protect my rights, safety, property or dignity (Ombudsman – Protection); and someone to call when I feel threatened or taken advantage of (Ombudsman – Complaint). The scores for items are approximately 88% consistent among cases. The composite was calculated by averaging each individual’s responses to the four items.

On average, seniors receiving services view services to help in maintaining independence to be between quite a bit important (*mean=2.76, median=3.0, n=84, sd=1.01*). The most important of these needs is having someone to protect rights (*mean=2.91, median=4.0, n=79, sd=1.27*). Preventing falls is the only one considered to be a little important (*mean=2.48, median=2.0, n=81, sd=1.31*). (See Figure 2-12.)

Seniors who have not received services view services to help in maintaining independence to be between a little and quite a bit important (*mean=2.52, median=2.88, n=54, sd=1.07*). All except one of the services were deemed to be a quite a bit important (preventing falls: *mean=2.66, median=3.0, n=53, sd=1.22*; healthcare directives: *mean=2.28, median=2.0, n=53, sd=1.22*; protection of rights: *mean=2.59, median=3.0, n=54, sd=1.31*; having someone to call if feeling threatened or taken advantage of: *mean=2.54, median=3.0, n=54, sd=1.22*). (See Figure 2-12.)

Caregivers view services to help in maintaining independence to be quite a bit important (*mean=2.96, median=3.25, n=97, sd=1.01*). The most important is having someone to call if feeling threatened or taken advantage of (*mean=2.99, median=4.0, n=96, sd=1.21*). The remainder of the services were deemed to be quite a bit important (healthcare directives: *mean=2.94, median=3.0, n=95, sd=1.1*; protection of rights: *mean=2.88, median=3.0, n=96, sd=1.21*; and preventing falls: *mean=3.06, median=3.0, n=96, sd=1.11*). (See Figure 2-12.)

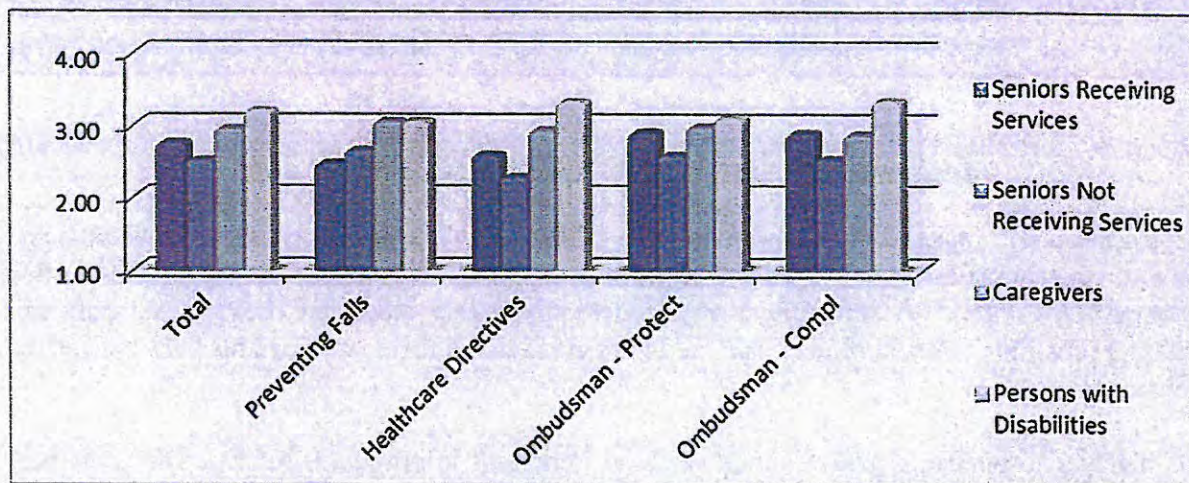
Persons with disabilities view services to help in maintaining independence to be quite a bit important (*mean=3.21, median=3.25, n=18, sd=0.85*). All of the services were deemed to be

quite a bit or very important (preventing falls: *mean*=3.06, *median*=4.0, *n*=18, *sd*=1.16; healthcare directives: *mean*=3.33, *median*=4.0, *n*=18, *sd*=0.97; protection of rights: *mean*=3.11, *median*=3.5, *n*=18, *sd*=1.08; and someone to call if feeling threatened or taken advantage of: *mean*=3.35, *median*=4.0, *n*=17, *sd*=1.06). (See Figure 2-12.)

Preventing falls is most important to caregivers; whereas having someone to protect their rights, safety, property or dignity of is most important to seniors (both those receiving services and those not receiving services). Persons with disabilities perceive all of these services to be important.

FIGURE 2-12: MAINTAINING INDEPENDENCE BY TARGETED GROUP

	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Maintaining Independence Composite	2.76	2.52	2.96	3.21
Preventing Falls	2.48	2.66	3.06	3.06
Healthcare Directives	2.60	2.28	2.94	3.33
Ombudsman - Protection	2.91	2.59	2.99	3.11
Ombudsman - Complaints	2.90	2.54	2.88	3.35



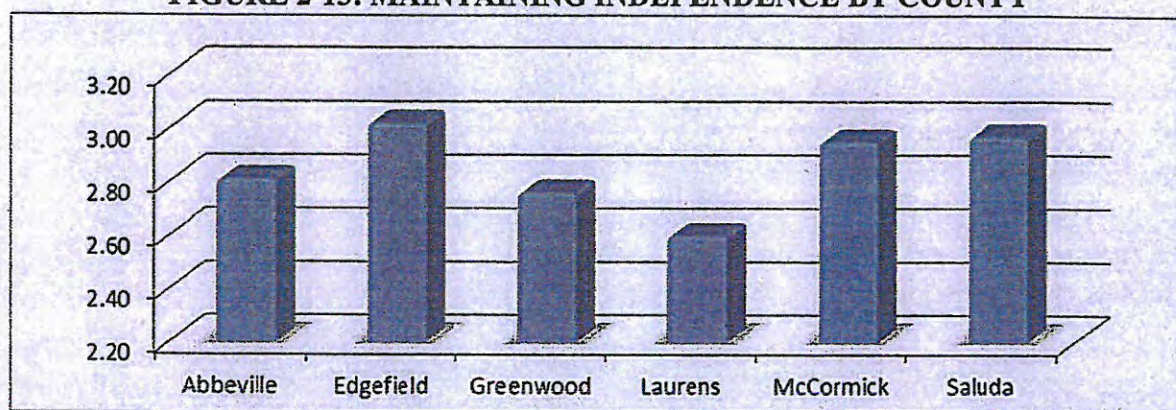
The difference in the maintaining independence composite is significantly different between the targeted groups ($F=3.18$, $df=3$, $p=0.025$). Therefore, caregivers and persons with disabilities view services to help maintaining independence to be more important than do seniors receiving services and seniors who have not received services. However, the target group categorization only accounts for 3.7% of the variability in this composite ($r^2=0.037$).

The age of the respondent has a significant impact on their perceived need for personal and home care needs ($F=2.77$, $df=3$, $p=0.028$). This indicates that respondents who are in most need of these services are those who are greater than 75 years old and those who are disabled and under 55. Females and African Americans also rated these services as being of greater importance to them

($F=7.25$, $df=1$, $p=0.008$; $F=11.19$, $df=1$, $p=0.001$, respectively). For seniors, those who have a disability have a significantly greater need ($diff=0.51$, $t=2.97$, $df=136$, $p=0.004$). Individuals who reside in Edgefield, McCormick, and Saluda County expressed a greater need for these services than those residing in Greenwood and Laurens County; however the difference is not significant ($F=0.56$, $df=8$, $p=0.810$).

The demographic cluster of respondents who reported that these services are of greatest importance to them is Cluster 2 (white females above the poverty line, mostly widowed with a high school diploma/GED) ($mean=3.29$, $median=3.5$, $n=31$, $sd=0.88$; $F=6.42$, $df=3$, $p<0.001$, $r^2=0.108$).

FIGURE 2-13: MAINTAINING INDEPENDENCE BY COUNTY



Information, Referral & Assistance and I-CARE

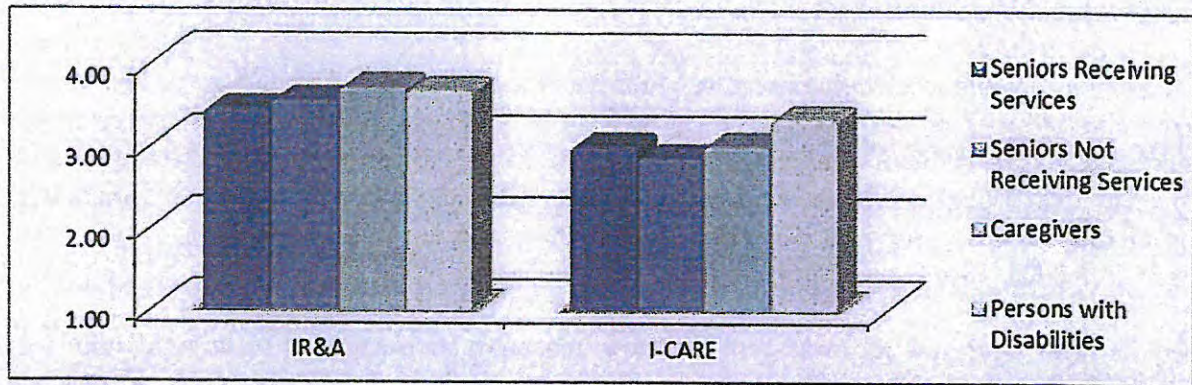
This section is comprised of the following two items: Knowing what services are available and how to get them (IR&A); and Information or help applying for health insurance or prescription coverage (I-CARE). A reliability analysis determined that these two items have only fair internal reliability. Therefore, a composite is not created and these two variables are considered separately.

Of the 265 respondents, 250 reported on how important information, referral and assistance services are to keeping them where they are now. All of the targeted groups view IR&A to be very important ($mean=3.44-3.71$, $median=4.0$). The results of the Kruskal Wallis test indicate that there are no significant differences between the target groups ($X^2_{K-W}=4.43$, $df=3$, $p=0.219$). (See Figure 2-14.)

Of the 265 respondents, 248 reported on how important information or help applying for health insurance or prescription coverage (I-CARE) is to keeping them where they are now. All of the targeted groups view this service to be quite a bit important (seniors receiving services: $mean=2.99$, $median=4.0$, $n=83$, $sd=1.19$; seniors not receiving services: $mean=2.85$, $median=3.0$, $n=52$, $sd=1.13$; caregivers: $mean=3.0$, $median=3.0$, $n=95$, $sd=1.11$; and persons with disabilities: $mean=3.33$, $median=4.0$, $n=18$, $sd=1.03$). There are no significant differences between the target groups ($X^2_{K-W}=2.69$, $df=3$, $p=0.442$). (See Figure 2-14.)

FIGURE 2-14: IR&A AND I-CARE BY TARGETED GROUP

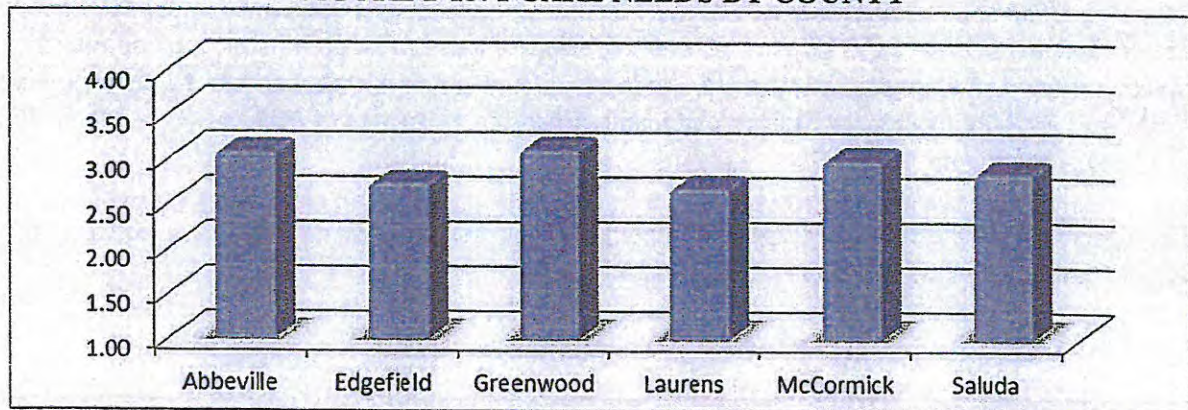
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Information, Referral & Assistance	3.44	3.55	3.71	3.67
Insurance Counseling (I-CARE)	2.99	2.85	3.00	3.33



Since most of the respondents viewed this service to be quite a bit to very important, there are no significant differences by demographics; however, the individuals in Cluster 2 (White females, widowed, with a high school education, who are above the poverty line) had a significantly higher mean rank than individuals in any other cluster ($X^2_{K-W}=14.03$, $df=3$, $p=0.003$).

The age of the respondent has a significant impact on their perceived need for I-CARE ($X^2_{K-W}=11.09$, $df=4$, $p=0.026$). This indicates that respondents who are in most need of these services are those who are between 75-84 years old and persons with disabilities who are less than 55 years old. There are no other significant differences by demographic. Individuals residing in Abbeville and Greenwood expressed the greatest need for this service; however, these differences are not significant ($X^2_{K-W}=7.75$, $df=6$, $p=0.257$).

FIGURE 2-15: I-CARE NEEDS BY COUNTY



Monetary Assistance

The Monetary Assistance component is comprised of the following eight items: help paying for utilities or an unexpected bill; dental care and/or dentures; hearing exam and/or hearing aids; paying for an eye exam and/or eyeglasses; health insurance; help paying for healthy food; medical care; prescriptions or prescription drug coverage. The scores for items are approximately 93% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

On average, seniors receiving services view monetary assistance to be slightly more than a little important (*mean*=2.32, *median*=2.29, *n*=83, *sd*=1.02). The most important of these needs are for medical care (*mean*=2.35, *median*=2.5, *n*=80, *sd*=1.26) and prescriptions or prescription drug coverage (*mean*=2.48, *median*=3.0, *n*=81, *sd*=1.26). The least important service to seniors who are already receiving services is hearing exams and/or hearing aids (*mean*=1.84, *median*=1.0, *n*=75, *sd*=1.13). (See Figure 2-16.)

Seniors who have not received services view monetary assistance to be a little important (*mean*=2.18, *median*=2.06, *n*=56, *sd*=1.01). The most important of these needs is for dental care and/or dentures (*mean*=2.44, *median*=2.0, *n*=55, *sd*=1.3). The least important services to seniors who are not receiving services are hearing exams and/or hearing aids (*mean*=1.83, *median*=1.0, *n*=54, *sd*=1.0), health insurance (*mean*=1.98, *median*=1.0, *n*=52, *sd*=1.23), and help paying for healthy food (*mean*=2.0, *median*=1.5, *n*=54, *sd*=1.18). (See Figure 2-16.)

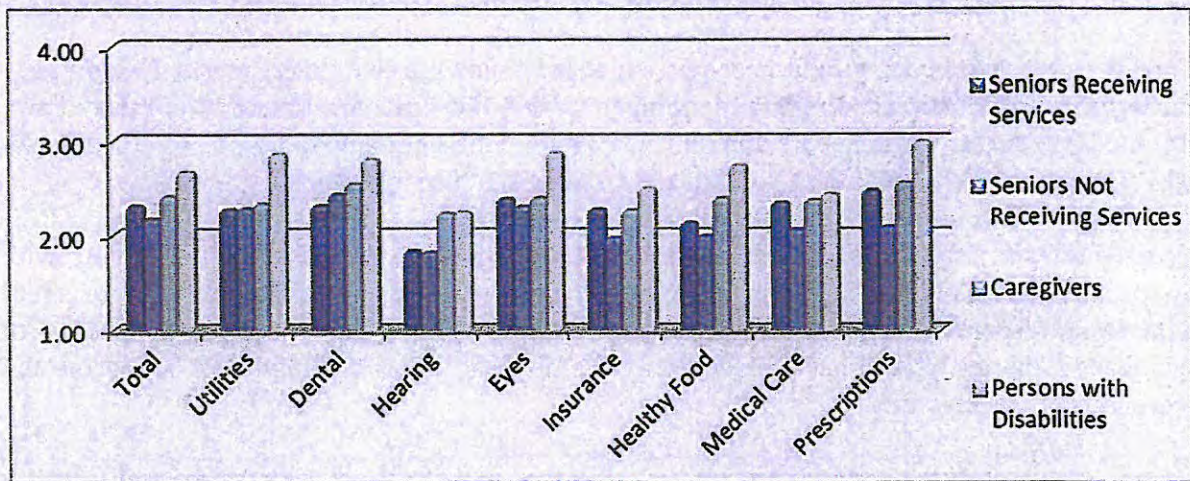
Caregivers view monetary assistance to be between a little and quite a bit important (*mean*=2.42, *median*=2.5, *n*=97, *sd*=1.08). The most important of these needs are for dental care and/or dentures (*mean*=2.55, *median*=3.0, *n*=94, *sd*=1.27) and prescriptions or prescription drug coverage (*mean*=2.56, *median*=3.0, *n*=95, *sd*=1.29). The least important service for caregivers is paying for hearing exams and/or hearing aids (*mean*=2.24, *median*=2.0, *n*=90, *sd*=1.25). (See Figure 2-16.)

Persons with disabilities view monetary assistance to be slightly less than quite a bit important (*mean*=2.68, *median*=2.88, *n*=16, *sd*=0.99). The most important of these needs are for dental care and/or dentures (*mean*=2.81, *median*=4.0, *n*=16, *sd*=1.47) and prescriptions or prescription drug coverage (*mean*=3.0, *median*=4.0, *n*=16, *sd*=1.32). The least important services to persons with disabilities are help paying for hearing exam and/or hearing aids (*mean*=2.25, *median*=2.0, *n*=16, *sd*=1.34). (See Figure 2-16.)

The difference in the monetary assistance composite is not significantly different between the targeted groups ($F=1.21$, $df=3$, $p=0.307$, $r^2=0.014$).

FIGURE 2-16: MONETARY ASSISTANCE BY TARGETED GROUP

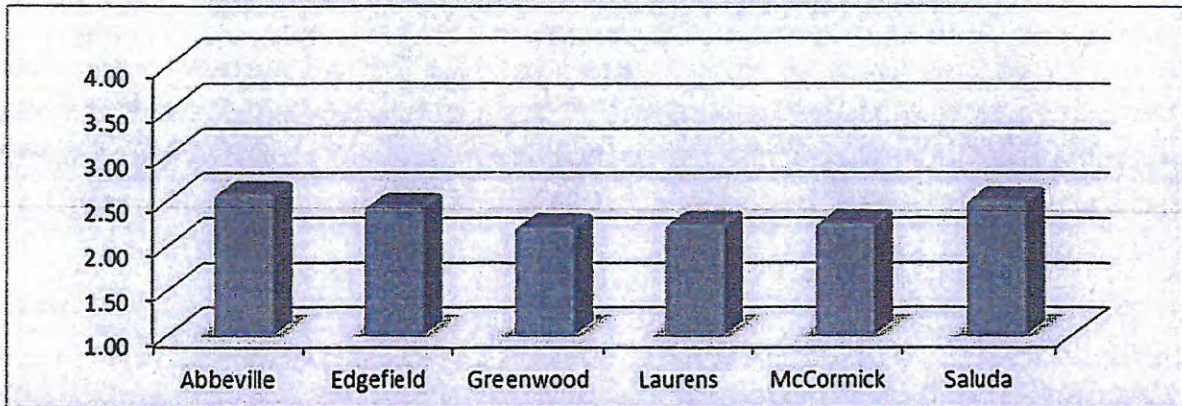
	Seniors Receiving Services	Seniors Not Receiving Services	Caregivers	People with a Disability
Monetary Assistance Composite	2.32	2.18	2.42	2.68
Utilities or an unexpected bill	2.28	2.29	2.34	2.87
Dental Care and/or Dentures	2.32	2.44	2.55	2.81
Hearing Exam and/or Hearing Aids	1.84	1.83	2.24	2.25
Eye Exam and/or Eyeglasses	2.39	2.31	2.40	2.88
Health Insurance	2.28	1.98	2.27	2.50
Healthy Food	2.14	2.00	2.40	2.75
Medical Care	2.35	2.06	2.38	2.44
Prescriptions or Prescription Drug Coverage	2.48	2.09	2.56	3.00



African Americans, females, those who have a high school diploma/GED or less, and individuals below the poverty line also rated these services as being of greater importance to them ($F=16.6$, $df=1$, $p<0.001$; $F=5.76$, $df=1$, $p=0.017$, $F=6.83$, $df=4$, $p<0.001$, and $F=19.36$, $df=1$, $p<0.001$, respectively). Individuals who are single rated these services as being of greater importance to them than individuals who are divorced or married ($F=5.97$, $df=3$, $p=0.001$). For seniors, those who have a disability have a significantly greater need ($diff=0.54$, $t=3.23$, $df=125.9$, $p=0.002$).

Individuals residing in Abbeville, Edgefield, and Saluda expressed the greatest need for this service; however, these differences are not significant ($F=0.703$, $df=8$, $p=0.689$). There are no differences by demographic cluster.

FIGURE 2-17: MONETARY ASSISTANCE BY COUNTY



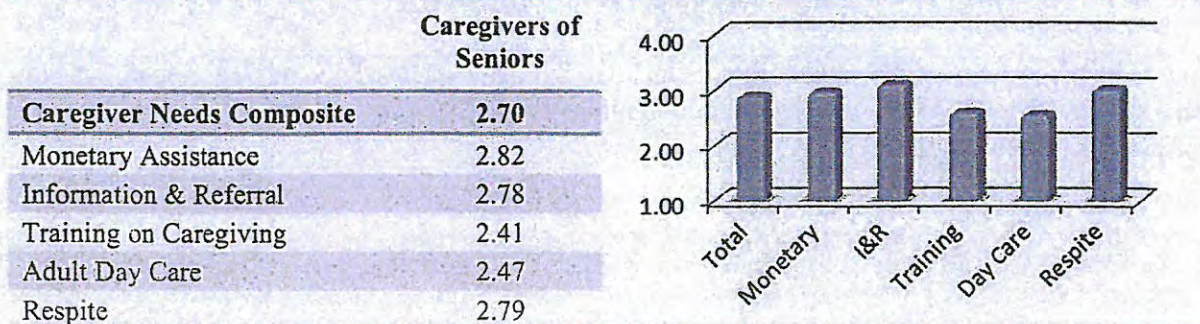
Caregiver Needs

The Caregiver Needs component is comprised of the following five items: monetary assistance for services; information and referral; training on caring for someone at home; Adult Day Care; Respite. The scores for items are approximately 84% consistent among cases. The composite was calculated by averaging each individual's responses to the eight items.

Caregivers were asked to report the number of seniors, persons with disabilities, seniors with disabilities, and children for whom they care. Analyses determined that there were small numbers of respondents in each category and the differences were therefore not significant. For this reason, the analysis is not broken out by the different types of individuals for whom the respondent is a caregiver.

Caregivers agree that caregiver services are necessary to help them care for the individual(s) (*mean=2.89, median=3.0, n=96, sd=0.89*). The most important of these needs are for information and referral for services (*mean=3.1, median=3.0, n=89, sd=1.1*) and temporary relief from caregiver duties (respite) (*mean=3.02, median=3.0, n=87, sd=1.12*). (See Figure 2-18.) Caregivers of African Americans and individuals below the poverty line expressed the greatest need for these services ($F=6.63, df=1, p=0.011$; $F=4.55, df=1, p=0.035$).

FIGURE 2-18: CAREGIVER NEEDS



Partner/Professional Survey

Three composites were created from the questions on the partner survey related to preserving services. These three composites are: Personal and Home Care (which consists of items related to home delivered meals, in-home care, minor home repairs/property upkeep, transportation for errands, adult day care, ombudsman, and minor home repair/maintenance/home safety), Senior Center Activities (which consists of items related to group dining services, activities and exercise, nutrition counseling, and opportunities to socialize), and Other Supports (which consists of items related to insurance counseling, information on service eligibility, legal assistance, and caregiver supports).

Only three partners in Region 2 responded to the partner/professional survey, although the region had indicated a desire to have this sector as part of their needs assessment. These three partners reported that most of the services are either quite a bit or very essential to helping seniors and those with disabilities in the region remain independent. Two of the services were reported to be very essential by all three respondents. These are: in-home care (housekeeping, laundry, and personal care) and Adult Day Care. One service (legal assistance) is reported to be less than quite a bit essential.

Overall, partners' perceptions of how their organization interacts with the AAA are positive. Most or all are knowledgeable of the services offered (n=3, 100%), aware of the AAA's strategic plan (n=2, 66.6%), know who is eligible to receive services (n=2, 66.6%), understand how the AAA/ADRC sets priorities for which clients receive services (n=2, 66.6%), believe that the AAA is a critical partner for their organization (n=3, 100%), refer clients to the AAA/ADRC (n=3, 100%), believe services offered by the AAA/ADRC are easily accessible (n=3, 100%), and disagree that there are unmet needs for caregivers (n=2, 66.6%) and seniors (n=2, 66.6%). Of concern is that 100% (n=3) believe there are unmet needs for persons with disabilities. None of the partners (out of the 2 who responded) stated that the clients are able to pay part of the cost of their services, and 100% (n=3) agreed that the AAA/ADRC should offer providers the opportunity to contract for fixed reimbursement rates.

Only one partner responded to the open-ended questions at the end of the survey. No underserved geographic regions were noted by the partner. The partner stated that:

The services most needed by seniors are:

- Adult Day Service
- In home care
- Home delivered meals

The services most needed by persons with disabilities are:

- Help in [the] home
- Insurance counseling,
- Access to medical care before [reaching eligibility for] Medicare

Service Priorities Recommended To Address the Needs Identified and a Timeline for Implementation

Using a principle components factor analysis, SWS identified five components that classify the service needs of the target groups it was asked to conduct a needs assessment with. What was found was that the priorities placed on service needs vary among the target groups served by Region 2. Furthermore, priorities vary within the target groups in many instances depending upon demographic variables. Given this variation, service priorities need to follow priorities established by the staff and board of Region 1 following the needs identified as most important within each of the five components. This, in part will depend on where the planners wish to place their emphasis. The needs assessment for the Region provides a great deal of evidence of what is important to each target group and to the demographic groups presently being served. It would be presumptuous of SWS to make recommendations to those responsible for the planning in the Region of which services and target populations should be emphasized. However, what the target groups believe is important is presented in the report.

Timelines for implementation are dependent upon the planning process, oversight of those conducting that process and availability of funds. SWS proposes the following timeline.

1. SWS prepare a 15-20 minute PowerPoint presentation of the findings for the Region's needs assessment after completion of the report.
2. The regional director notify SWS by October 26 if the Region would like to have a Webinar presentation of the PowerPoint.
3. The presentation be scheduled.

Discussion and Summary

As might be expected, the population in need is more poor, more African American, more female, less likely to have a spouse and older than the general senior population in the region. These demographic characteristics are often connected.

Overall, respondents viewed Information, Referral, and Assistance to be the service most important to helping them stay where they are, followed by I-CARE (Insurance Counseling), caregiver services, senior center activities, services to help them maintain independence, and personal and home care. The most important service to caregivers is respite care, followed by monetary assistance in obtaining services. Within senior center activities, respondents viewed exercise and counseling (having someone to talk to) to be the most valuable. Services to help in maintaining independence came in fifth, with the most important services being those of the Ombudsman. Monetary assistance is only slightly more than a little important, with the most important being help with payments for medical care and prescriptions or prescription drug coverage. Personal and home care is viewed to be the least important, with the most important of these being transportation for errands and home repairs and modifications (for both upkeep and for safety).

However, these are generalizations. There is a great deal of variation within categories. For example, service needs of caregivers vary depending upon whom they are caring for and the age of the person(s) for whom they are caring. Personal and home care, which is viewed as the least important to seniors who are already receiving services, is viewed as very important to caregivers and persons with disabilities. Needs within categories vary according to age, race and gender. Mean scores, therefore, for the sample as a whole, are not necessarily a good guide for planning. Rather, the needs perceived by each group should be examined separately and in detail. This is a segmented market and should be approached as one, as Region 2 is doing. It is strongly recommended that the Service Needs by Targeted Group sections of this report be carefully reviewed by the staff and policy makers of Region 2 rather than an attempt be made to produce a single list of needs in order of priority.

In this report, SWS presents the needs as reported by the respondents to the needs assessment survey by target group, demographic clusters and the two combined. It has further divided the needs by the types of services provided and has provided an additional breakdown for caregivers. This information is provided in written and in graphic form. This information can be utilized as a rich source for in-depth planning for services in the Region.

Upper Savannah Regional Long Term Care Ombudsman Service Report

Regional Overview:

Upper Savannah Council of Governments Area Agency on Aging/Aging and Disability Resource Center (AAA/ADRC) Regional Long Term Care Ombudsman Program covers the counties of Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda within South Carolina. Within the six county region there are a total of 34 facilities totaling 2,220 beds. Thirteen of the facilities are skilled nursing facilities/nursing homes (SNF) accounting for 1,339 beds with the breakdown by county being as follows: Abbeville- county one facility with 94 beds, Edgefield-one facility with 120 beds, Greenwood-four facilities with 354 beds, Laurens-5 facilities with 475 beds, McCormick-one facility with 120 beds, and Saluda-one facility with 176 beds. Twenty-one of the facilities are community residential care facilities (CRCF) accounting for 881 beds with the breakdown by county being as follows: Abbeville-three facilities with 32 beds, Edgefield-one facility with 40 beds, Greenwood-seven facilities with 314 beds, Laurens-seven facilities with 421 beds, McCormick-zero facilities, and Saluda-three facilities with 74 beds.

During the 2012-2013 Ombudsman Year, there was one facility closure in Abbeville County accounting for a total of 42 beds (22 SNF and 20 CRCF).

Case Data:

From October 1, 2010-September 30, 2011, a total of 56 cases were opened, and 65 cases were closed. In the 56 cases that were opened, 87 complaints were investigated by the ombudsman program with the top three complaints being "Personal Property Lost, Stolen, or Used by Others", "Accidental or Injury of Unknown Origin", and "Abuse, Physical". There were a total of 106 consultations conducted which included 70 facility and 36 individual consultations.

From October 1, 2011-September 30, 2012, a total of 47 cases were opened, and 48 cases were closed. In the 47 cases that were opened, a total of 64 complaints were investigated by the ombudsman program with the top three complaints being "Accidental or Injury of Unknown Origin", "Abuse, Physical", and "Abuse, Verbal". There were a total of 54 consultations done during the 2011-2012 year where 43 consultations were with facilities and 11 consultations were with individuals.

From October 1, 2012-May20, 2013, a total of 21 cases have been opened, and 12 cases have been closed. So far during the 2013 Ombudsman year, there have been 34 complaints investigated within the 21 cases that have been opened. Within the 34 complaints investigated, the top complaints were "Legal-Guardianship, Conservatorship, Power of Attorney", "Family conflict; Interference", and "Menu". There have been a total of 121 consultations conducted where 115 were with facilities and 6 were with individuals.

Facility/Friendly Visits:

From October 1, 2010-September 30, 2011, a total of 10 friendly visits to facilities were attempted; however out of those 10 facilities seven facility visits met the criteria of one visit per facility per quarter to qualify as one friendly visit.

From October 1, 2011-September 30, 2012, a total of 15 friendly visits to facilities were attempted; however five facility visits met the criteria of one visit per facility per quarter to qualify as one friendly visit.

So far from October 1, 2012-May 20, 2013, a total of 6 friendly visits have been attempted and the goal is to end the year with six total friendly visits this year.

Community Education & In-Service Training

From October 1, 2010-September 30, 2011, there were eight community education and in-service trainings conducted. Those trainings range from in-service trainings for staff related to abuse/neglect/exploitation, sensitivity training, and resident's rights to community education presentations to health care professional groups within the counties with the Upper Savannah region.

From October 1, 2011-September 30, 2012, there were 13 community education and in-service trainings conducted. Those trainings range, again, from facility staff in-services related to resident's rights, abuse/neglect/exploitation, and sensitivity trainings to presentations within the community to local health care professional groups as well as speaking opportunities at residents' counsels.

From October 1, 2012-May 20, 2013, there has been four community education and in-service trainings conduct. Again, these trainings range from facility staff in-service trainings on resident's rights and abuse/neglect/exploitation to having information at a local health fair as well as speaking at residents' counsel.

Trends

In comparing the data over the last three ombudsman years, the cases have slightly decreased; however the consultations have greatly increased. There has also been a change in the type of complaints being investigated. For example, from 2010-2012 the top complaints were abuse (physical & verbal), injuries of unknown origin, and resident property lost or stolen; however from 2012-2013 the complaints are more involved and are more legal related to power of attorney and/or guardianship issues.

Challenges

The following are challenges seen within the Upper Savannah Region:

- Health Care Power of Attorney/Guardianship: For example, many of the consultations done within my region deal with residents who have no one to make decisions for them when the resident cannot voice their wishes nor does the physician feel the resident has the ability to make decisions. Even with the Adult Health Care Consent Act, family members who would be by law able to make the decisions are not willing to make the decisions nor does the facility or physician want to take the liability of making the decisions.
- Medicaid Bed Availability: For example, many CRCFs are having difficulty securing placement for those residents who no longer meet the level of care requirements for CRCFs. The main reason for this challenge stems from the fact that the resident has Medicaid as a pay source and there are no nursing home Medicaid beds available.
- Gap in mental health services for the elderly: For example, the mental health or psychiatric facilities will take a person for evaluation as long as there are no medial issues that need treatment. Behaviors in the elderly population within long term care facilities have also become a challenge in that the facility can no longer care for the resident because that resident has become a threat to self and others including residents and staff.
- Funding: As the funds for services are cut the quality of care as well as type of care services available are greatly affected.

Final South Carolina ADRC October 2012 - March 2013

Upper Savannah Aging and Disability Resource Center

ADRC Local/Program-Level Section

Grantee and Report Preparer (Program Site) -- Upper Savannah Aging and Disability Resource Center

State:	SC
Grantee Organization (Name of Lead State Agency):	Lt. Governor's Office on Aging
ADRC Name (to the public):	Upper Savannah Area Agency on Aging/Aging & Disability Resource Center
Report Preparer Contact First Name:	Kathy
Last Name:	Dickerson
Telephone Number:	8649418061
E-mail Address:	kdickerson@uppersavannah.com

Staffing -- Upper Savannah Aging and Disability Resource Center

There is no information supplied for this section

ADRC Service Area and Model -- Upper Savannah Aging and Disability Resource Center

Final South Carolina ADRC October 2012 - March 2013

Upper Savannah Aging and Disability Resource Center

ADRC Local/Program-Level Section

Grantee and Report Preparer (Program Site) -- Upper Savannah Aging
and Disability Resource Center

State:	SC
Grantee Organization (Name of Lead State Agency):	Lt. Governor's Office on Aging
ADRC Name (to the public):	Upper Savannah Area Agency on Aging/Aging & Disability Resource Center
Report Preparer Contact	Kathy
First Name:	
Last Name:	Dickerson
Telephone Number:	8649418061
E-mail Address:	kdickerson@uppersavannah.com

Staffing -- Upper Savannah Aging and Disability Resource Center

There is no information supplied for this section

ADRC Service Area and Model -- Upper Savannah Aging and Disability
Resource Center

Program Site Model and Operating Organizations:

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What functions and services do each of your operating organizations offer? Please check all the boxes that apply::

Outreach and Marketing, Information and Referral/Assistance, Short Term Crisis Intervention, Benefits Counseling, Options Counseling, Planning for Future LTC Needs, SHIP Counseling, Advocacy, Assisting with Medical or Pharmaceutical Assistance, Caregiver Support Services (such as grandchildren helping grandparents), Prevention, Health Promotion, or Risk Reduction Programs, Housing Services or Service Coordination, Assistive Technology or Home Modification Services, Older Americans Act Services not otherwise listed (e.g. Meals on Wheels), Screening/Intake or Medicaid or Other Public LTC Programs, Assisting to Complete and/or Submit Financial Eligibility Applications, Nursing facility/institutional transition support or coordination (not related to MFP or for individuals not eligible for MFP), Local Contact Agency (for MDS 3.0 Section Q)

ADRC Contacts -- Upper Savannah Aging and Disability Resource Center

Total Contacts to the ADRC During Reporting Period Oct 1, 2012
Enter the dates between which these data were collected: Start date::

Enter the dates between which these data were collected: End date:: Mar 31, 2013

Total Contacts made to ADRC during this period (calls or walk-ins) 4069

Contacts by Type 2579
Contacts by Consumers:

Contacts by Caregivers : 76

Contacts by Professionals: 57

Contacts by Others (not consumers, caregivers, or professionals): 424

Unknown Contacts: 933

Home -- Upper Savannah Aging and Disability Resource Center

Number of hospitals you are actively partnering with to offer care transitions programs

Please list which hospitals::

Currently, we do not have any MOU's or partnership contracts with local hospitals in our region. Our local hospitals do call on us for services & resource information. We communicate with hospital social workers on a regular basis. We plan to partner with them in the near future, at this point we are trying to establish a trust partnership. Two of the hospital's in our area have staff members who participate in a county coalition (Abbeville and Laurens). This membership has helped to establish a avenue for hospital staff to get to know our agency and services. We also include many of the hospital staff on a AAA/ADRC newsletter sent out quarterly to inform and educate agencies on our services.

Hospitals you are planning to partner with to offer care transitions programs

Self Regional Hospital
Laurens County Hospital
Abbeville County Hospital
Edgefield County Hospital

Partnership -- Upper Savannah Aging and Disability Resource Center

Total Number of Formal Partnerships 14

Additional Files and Information

Materials Uploaded:

Current Files:

Home -- Upper Savannah Aging and Disability Resource Center

<p>Number of hospitals you are actively partnering with to offer care transitions programs Please list which hospitals::</p>	<p>Currently, we do not have any MOU's or partnership contracts with local hospitals in our region. Our local hospitals do call on us for services & resource information. We communicate with hospital social workers on a regular basis. We plan to partner with them in the near future, at this point we are trying to establish a trust partnership. Two of the hospital's in our area have staff members who participate in a county coalition (Abbeville and Laurens). This membership has helped to establish a avenue for hospital staff to get to know our agency and services. We also include many of the hospital staff on a AAA/ADRC newsletter sent out quarterly to inform and educate agencies on our services.</p>
<p>Hospitals you are planning to partner with to offer care transitions programs</p>	<p>Self Regional Hospital Laurens County Hospital Abbeville County Hospital Edgefield County Hospital</p>

Partnership -- Upper Savannah Aging and Disability Resource Center

<p>Total Number of Formal Partnerships 14</p>

Additional Files and Information

<p>Materials Uploaded:</p>
<p>Current Files:</p>

**FY 2011 SHIP Year End Progress Report & FY 2012 Basic Grant Program Application
Upper Savannah
REGION**

OVERVIEW

The FY 2011 SHIP Basic grant is ending 3/31/2012. The due date for your proposal is 1/31/2012. The template below is for information needed for the following purposes:

- 1) SHIP Progress Report for 9/1/2011 thru 1/31/2012 and,
- 2) SHIP Proposed Activities for 2012.

Within this application SHIPs are required to:

- Indicate the activities performed during the period of September 1, 2011 through January 2012,
- State the proposed activities to be implemented during grant year 2012.

I. What actions did your region take during 9/1/2011 – 1/31/2012 to expand outreach and counseling efforts in terms of *One-on-One Contacts*?

USAAA/ADRC promotion events for the AEP Season included the following: Radio PSA's, cable loops, newsletters, AAA/ADRC packets, presentations, enrollment events in each county (churches, senior centers, dialysis clinics, postcards mail outs, flyers to various agencies, pharmacies, and doctor offices.

Please indicate if you met the requirements listed on the NGA. If not please indicate your plans for reaching the requirements.

We met our monthly goal for entire quarter. We had an average of 436 clients per month and our goal is 210 per month. (A total of 1743 consumers for the quarter)

- **What actions will your region take in 2012 to expand outreach and counseling efforts in terms of One-on-One Contacts?**

Our agency will continue to market and outreach as noted above for the new season. We are also expanding our services into each of the counties we serve. One day a month, the USAAA/ADRC Regional SHIP Coordinator will set up appointments for local consumers in a county to meet one-on-one to discuss/assist Medicare consumers with issues.

- **Please include how you will reach requirements listed on the NGAs.**

Meeting with consumers (who cannot travel) in their local community should increase NGA numbers. We have made our quarterly newsletter electronic so we can distribute updates to partners and agencies in our area. This is serve as an outreach tool to let these agencies for consumer referrals.

- II. What actions did your region take during 9/1/2011 thru 1/31/2012 to expand outreach and counseling efforts in terms of health fair, presentations and booth? Please indicate the number of events conducted and people reached. *Please note this was during AEP. Most of our efforts were for enrollment events and one-on-one counseling sessions. Our time for health fairs and booths was limited.***

FY 2011 SHIP Year End Progress Report & FY 2012 Basic Grant Program Application
Upper Savannah
REGION

Number of Health Fairs 2 Number reached 80

Number of Presentations 5 Number reached 141

Number of Booths 0 Number reached 0

- What specific and significant changes will your region enact during the 2012 year to expand outreach and counseling efforts in terms of health fairs, presentations and booths? Please indicate how you will exceed numbers reached in 2011, how you will include prevention benefits, Medicare fraud prevention and pre-existing condition plans.

Our agency continues to market our availability to speak, attend health fairs and set up information booths. However, this does depend on having an invitation extended. We always include coverage of all our AAA/ADRC programs in all of our outreach.

III. What actions did your region take during 9/1/2011 - 1/31/2012 to expand outreach and counseling efforts in terms of office visits, telephone contacts and home visits?

Our agency saw 472 clients in an office setting; we received 918 phone calls, 10 home visits, 13 email contacts and 330 mail or fax contacts.

- What specific and significant changes will your region conduct during the 2012 grant year to expand outreach and counseling efforts in terms of office visits, telephone contacts and home visits?

With the "Boomer" generation hitting 65 and more caregivers coming on the scene as parents age and live longer, the computer based "boomer" will utilize email and fax as a means to communicate with agencies including SHIP offices for assistance. Our agency is sending electronic newsletters as well as distributing hard copies to individuals, doctor office, church groups, food bank and pharmacies etc. Electronic mail should spark a different target group and increase the number of email contacts.

How will you exceed numbers reached in 2011 and how will you include prevention benefits and fraud prevention?

Our office will continue to promote these programs in all ADRC outreach efforts. We will increase the number of brochures, flyers; newsletters distributed at doctor offices, pharmacies, meals on wheels consumers, libraries, markets and utilize CLTC social workers, SSA and Medicaid workers as instruments for handouts for their consumers and homebound clients.

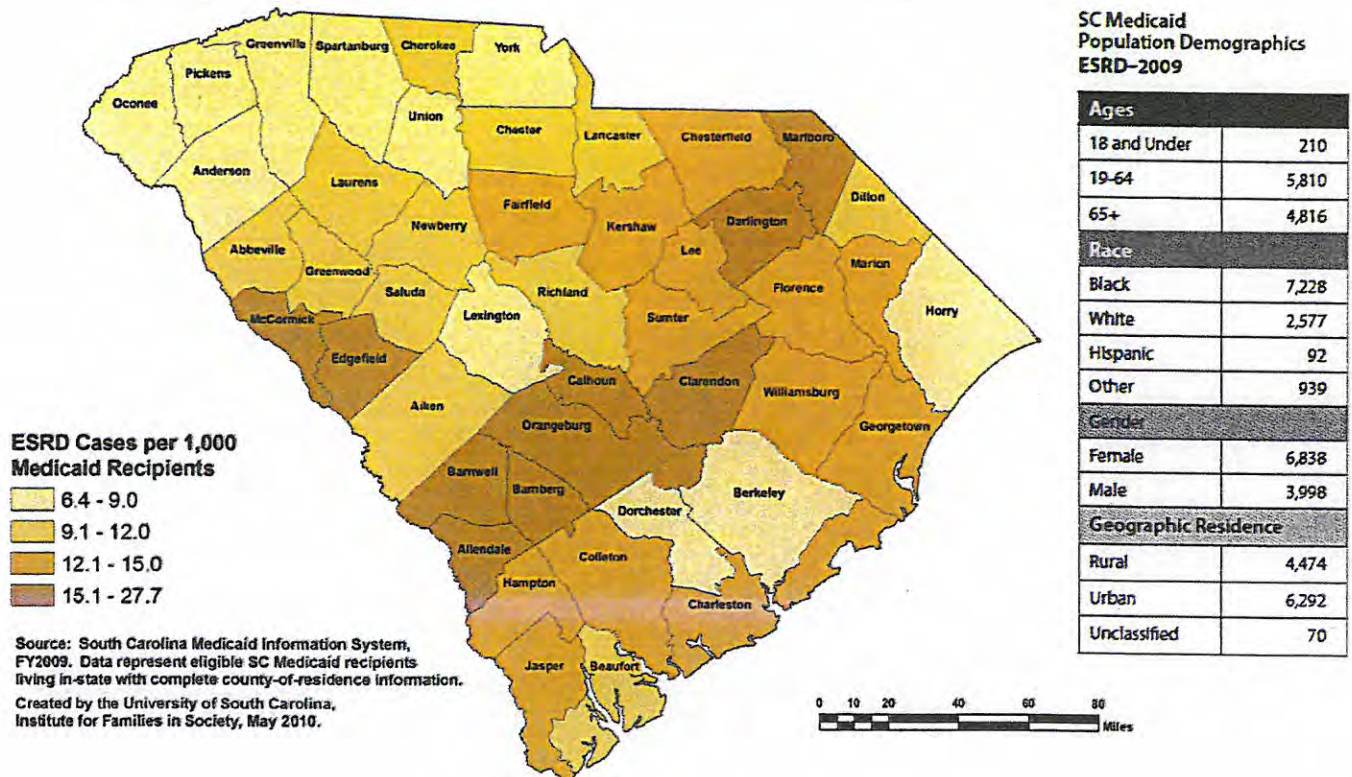
IV. What actions did your region take during 9/1 2011 thru 1/31/2012 to expand outreach and serve Medicare beneficiaries with disabilities under age 65?

Our agencies have been working with local Dialysis clients for the last year. As shown in chart below, our region indicates a large number of consu. 1 3 4 ith ESRD, particularly in Edgefield and

**FY 2011 SHIP Year End Progress Report & FY 2012 Basic Grant Program Application
Upper Savannah
REGION**

McCormick. The local dialysis clinics are routinely referring clients to us for Medicare plans and issues. These clients have many needs and generally take a large number of medications.

Prevalence of ESRD among South Carolina Medicaid Recipients by County



- **What specific and significant changes will your region make during the 2012 grant year to expand outreach and serve Medicare beneficiaries with disabilities under age 65? How will you exceed your 2011 reach by 5% for 2012?**

As an Aging and Disability Resource Center we plan to market to regional disability agencies and make our services known to their clients. As we increase our outreach, the number of consumers seeking assistance and resources should increase in all service areas especially for Medicare assistance.

- V. **What actions did your region take in 2011 to reach low income beneficiaries and potential limited income subsidy (LIS) eligible?**

Our agency works very closely with the local SSA and Medicaid offices in our region. These agencies refer consumer to us on a daily basis for LIS applications.

FY 2011 SHIP Year End Progress Report & FY 2012 Basic Grant Program Application
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How many people were reached? Below are our numbers for 2011

Part D Low Income Subsidy (LIS/Extra Help) - Eligibility/Screening	468	18.8%
Part D Low Income Subsidy (LIS/Extra Help) - Benefit Explanation	290	11.6%
Part D Low Income Subsidy (LIS/Extra Help) - Application Assistance	118	4.7%
Medicaid - Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)	172	6.9%
Medicaid - MSP Application Assistance	178	7.1%

Did you exceed the NGA goal? LIS met goal-did not exceed, MSP exceeded goal

- **What specific and significant changes will your region make during the 2012 grant year to expand outreach and serve Medicare beneficiaries with limited incomes?**

We have partnered with our local food bank to set a booth outside the food distribution room to talk with clients as they come in and to distribute brochures and flyers for LIS/MSP information.

- **How will you exceed your 2011 reach by 5%?**

We will take computers and apply directly online with consumers as they visit food bank targeting seniors and individuals with disabilities. Many times if an LIS application is given out to the consumer, the consumer will misplace, find it to difficult to fill out, or never mail. We see more results if we as an agency fill out the application in person on line.

VI. What actions did your region take during 2011 to increase the number of beneficiaries provided enrollment assistance?

Advertise and market through Radio PSA's, Cable loops, Newspapers, health fairs and presentations.

Include number provided enrollment assistance.

Part D Low Income Subsidy (LIS/Extra Help) - Application Assistance	118	4.7%
---	-----	------

- **What specific and significant changes will your region make during the 2012 grant year to expand the number of beneficiaries provided enrollment assistance?**

We added radio PSA's to our outreach.

- **How will you increase your efforts by 5%?**

Our agency plans to work more with specific disability agencies like Renal Dialysis clinics where we see the need for choosing Medicare plans is so important due to the number of medications they consumers are taking and the need for so many services for these consumers.

FY 2011 SHIP Year End Progress Report & FY 2012 Basic Grant Program Application
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VII. What actions did your region take in 2011 to reach and enroll Medicare Part D beneficiaries?

Enrollment events at senior centers, senior housing facilities, health fairs, presentations, newsletters, newspapers, cable loops, utility bill inserts.

How many beneficiaries did your region enroll in Medicare Part D?

Total Client Contacts	2493	100.0%
-----------------------	------	--------

- *What specific and significant changes will your make during the 2012 grant year to expand the number of beneficiaries enrolled in Part D benefits?*

Increase the number of enrollment events at senior centers, senior housing facilities, health fairs, presentations, newsletters, newspapers, cable loops, utility bill inserts

- *How will your region increase your outcome by 5% for 2012?*

Please note: We are limited to a staff of 6 employees that wear multiple hats. All of our staff are SHIP certified and help during open enrollment. We try to increase outreach each year but this becomes more difficult each year as other duty responsibilities also increase. Volunteers are difficult to obtain due to the complex issues of Medicare D enrollment. Senior centers no longer assist us and their budgets are also tight.

VIII. What actions did your region do in FY 2011 to increase your total counselors?

We hired a part time person during AEP.

How many trained counselors are actively providing services?

6 trained counselors on staff, 1 designated SHIP Coordinator on staff, and 3 volunteers SHIP counselors

How many basic or update training sessions did you conduct for your counselors?

One basic training and emails as needed.

Where or how did your counselors receive training?

*5 counselors received training in office, emails for updates, and state SHIP training
 1 Regional Coordinator attended National SHIP conference, Regional CMS conference, webinars, and monthly state meetings.*

- *What specific actions will your region take to increase your available counselor resources in FY 2012 grant to ensure adequate coverage during AEP?*

Please note: We are limited to a staff of 5 employees that wear multiple hats. All are SHIP certified and help during open enrollment. We try to increase outreach each year but this becomes more difficult each year as other duty responsibilities also increase. Volunteers are difficult to acquire

FY 2011 SHIP Year End Progress Report & FY 2012 Basic Grant Program Application
Upper Savannah
REGION

due to the complex issues of Medicare D enrollment. Senior centers no longer assist us and their budgets are also tight.

IX. What specific actions has your SHIP made to reach and serve Dual Eligible's with Mental Disabilities and those with limited English proficiency?

USAAA/ADRC partners with local Medicaid office, we serve on a coalition with mental health representatives and have held training events with local mental health center.

We provide literature in several languages. We have not had many calls for English proficient languages as of yet. According to previous studies our non-speaking English population has not yet reached 65.

X. Describe your efforts to provide service during the Medicare Annual Election Period (AEP), which in 2011 was from October 15 through December 7.

Radio PSA's, cable loops, newsletters, AAA/ADRC packets, presentations, enrollment events in each county (churches, senior centers, dialysis clinics, mail out postcards, and flyers through various agencies, pharmacies, facebook page and doctor offices.

Please provide your "lessons learned" based on your experience during Open Enrollment and your plans to prepare for the 2012 AEP.

Having a part-time person to screen and set up one-on-one appointments saved time and helped to prepare in advance for appointment.

XI. Describe your efforts to promote the Pre-Existing Condition Insurance Plan Program?

We distribute Pre-Existing Condition Insurance Plan Program flyers at all outreach events and include information in all new to Medicare packets.

XII. Describe your 2011 year-end activities and efforts to provide counseling on Medicare wellness and preventive benefits?

We distribute wellness and preventive benefits at all outreach events and include information in all new to Medicare packets.

What will you do to promote these benefits in 2012?

Continue as in 2011.

XIII. Describe your quality assurance methods to evaluate the SHIP services you provided?

Our evaluations are done by research team at the University South Carolina through ADRC program. The university team mails out surveys and also makes calls to clients. Those results are reported to state ADRC director.

**FY 2011 SHIP Year End Progress Report & FY 2012 Basic Grant Program Application
Upper Savannah
REGION**

What type of feedback are you obtaining?

The last report we received back we had positive results for services and assistance.

How do you handle negative feedback and/or counselors bashing Medicare Part C products?

If substantial we report through CMS email, CTM or report to State SHIP lead.

XIV. Please provide a description of any innovative or successful efforts used in 2011 to reach your SHIP Goals.

Bill inserts in local utility bills seemed to prompt the most calls. We will use this option again.

XV. Will you use the same effort in 2012?

We will use this option again

Describe efforts that did not work in 2011.

All efforts reach consumers, but some more than others. For our region email has not been the best source for individuals. As the "boomer" generation continues to grow that avenue will see a change.

XVI. Please describe any new trends or problems impacting your ability to complete your SHIP objectives.

Our agencies need more funding to hire additional straight "SHIP only" employees and more funding to offer small stipends to agencies in the field to hire part time help during AEP season.

XVII. Please list partnerships for 2012 in the chart below.

Partner Organization Name	What target population or geographic areas will you reach or serve through this partnership?	What specific activities do you plan to undertake with this partner during the coming year?	Is this a current partnership or is it a new partnership?	Performance Outcome
Burton Disability Center	All ages, all service area	referrals	current	50%
Greenwood Food Bank	All ages, LIS, Medicare	Set up LIS booth as consumers come into food bank	new	n/a
SSA	All ages, all service area LIS, Medicare	referrals	current	95%
Medicaid	All ages, all service area MSP, Medicare	referrals	current	90%
DSS	All ages, all service area	ESAP senior food stamps	new	n/a
Abbeville Coalition (25 agencies)	All ages, Abbeville county	Partnership with agencies for referrals	current	75%

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Upper Savannah

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Laurens Coalition (22 agencies)	All ages, Laurens county	Partnership with agencies for referrals	current	50%
Beckman Mental Health	All ages, all service area	Partnership with agencies for referrals	current	30%
American Red Cross	All ages, all service area	Partnership with agencies for referrals	current	25%
Lakeland Cares	All ages, all service area	Partnership with agencies for referrals	current	10%
Community Long Term Care	All ages, all service area	Partnership with agencies for referrals	current	80%
United Way of Greenwood/ Abbeville	All ages, all service area	Partnership with agencies for referrals	current	60%



***SMP Progress Report Guidelines
for***

7/1/2012 thru 12/31/2012

Region-Upper Savannah

The SMP Grant is to support regions in achieving the following AOA outcomes. Please list your goals and describe activities to implement key requirements of the program.

1. What did you do to promote the National and Regional SMP Program?

- *One-on-one counseling with consumers through appointments,*
- *distribute and speak on fraud issues with general public,*
- *promote at health fairs and booths,*
- *presentations,*
- *newsletters*

What were your regional marketing activities?

- *ADRC Newsletter*
- *Cable Loop*
- *Newspaper Articles*
- *Facebook Page*
- *Flyers*
- *Brochures*
- *One-on-one counseling*
- *Presentations*
- *PowerPoint's*
- *Meals on Wheels*
- *Work with local Crime Watch Program for Fraud and Identity Theft*

Describe all efforts with the National SMP program such as webinars, ordering materials, etc.

- *Group Education, Community Events and Media Airings*
- *Simple Inquiries and One-on-One Counseling*
- *My Work Report to Review & Edit Regional Data*

Distributed the following outreach materials for Smart Facts, Medicare, Attorney General's Office, Etc.:

Medicare Fraud (Tips for Protecting Yourself and Medicaid)

Durable Medical Equipment Fraud (Tips for Protecting Yourself and Medicare)

Health Care Reform Anti-Fraud Provisions (Tip Sheet)

4r's for fighting Medicare Fraud-CMS 11610
Identity Theft and your Social Security Number #05-11064
Home Health Fraud (Tips for Protecting Yourself and Medicare)
Medical Identity Theft (Tips for Protecting Yourself and Medicare)
Regional Senior Medicare Patrol Brochure-local office Brochure
Identify Theft What To Do-FTC.GOV/IDTHEFT
Internet Pirates-FDIC
If you Become a Victim-StaySafe online.org
Protecting Medicare and You from Fraud –CMS #10111
Download monthly videos from Smart Facts to our agency Facebook Page.

2. What did you do to improve beneficiary education and Inquiry resolution?

Education

- Provide Fraud and SMP information/contact numbers to all new to Medicare Beneficiaries,
- Expand community presentations groups, now working with Crime Watch neighborhood groups

Simple Inquiries:

- Talk with all clients about fraud possibilities in their everyday life and to always be on look out.

Complex Inquiries:

- Enter inquires into the Smart Facts system as they are reported for faster turn round.

Include numbers served through

Type	Event efforts	number reached
Community Outreach	21	429
Dissemination Activity	4	930
Group Education Session	3	74
One-on-One Counseling	22	969
Simple Inquiries	31	568

List follow-ups, resolution process and intake process:

As a complex call comes in, it is entered into Smartfacts database with consumer's facts. SMP notifies the consumers of results. I make a note to look into Smartfacts for follow-up and see that is resolved or determine if it needs to be re-opened.

Are inquiries entered into SMART-Facts bi-weekly NO? If not, why? Too many other responsibilities, time factor-entered on a monthly basis.

How did you foster the National SMP Program Visibility?

SMP Logo/contact information is always included on our handouts, brochures or articles we distribute for outreach.

3. Do you have a link to the national SMP? Yes

1. How do you market the national SMP? County newspapers, online newspaper, newsletters, email distribution list, partner list, FaceBook, , etc)

Number of group presentations conducted. 21

What were your outreach goals? Add new partners

Did you meet or exceed your goals? Yes

What is your improvement plan? Continue as before

4. *How did you improve efficiency?*

How many SMP volunteers do you have? ___0___

Did contacts or inquiries increased or decreased? Yes

WHY? More partners

What are your strategies to improve contacts for the next report period?

1. As we continue to add partners through the ADRC we have more opportunities to contact and present to more people
2. **What were the prevalent fraud trends in your area and what did you do to inform or help consumers?**

1. Identity Theft
2. Newsletters through email, FB blogs, and flyers to a partner distribution list

3. *In addition to reaching all populations, how did you target underserved populations?*

1. Most of my region is rural and underserved so we target all counties.

4. *Who were your targeted underserved populations?*

1. All counties especially, Trenton, Saluda, McCormick, Edgefield and parts of Laurens county.

2. *Who are your new partners since last report period?*

- Upper Savannah Care Consortium
- United Way of Laurens County
- Laurens Coalition
- Davita Dialysis Center

5. *What new approaches did you implement since last report period and what will you do different for the current period?* Added new partnerships.

What are you goals for the upcoming period? To continue to add more partnerships as this seems to be the best avenue to reach individuals.

6. *Please list all events and trainings for the upcoming period.*

Events are schedule as far in advance as possible, at this time I have a presentation and/or a one-on-one session scheduled in every county including COA sites, Davita centers and a Crime Watch Group.

7. *Please list your process for maintaining the confidentiality of client's records and SMP information.*

As a part of SHIP, all clients seeking assistance or reporting a case, sign privacy document and is kept on file for 2 years.

Caregiver Activity Group - All Undup

Activity Group Activity	USCOG as Caregiver Unduplicated Count - Total Units Funding Source	Clients	\$ Amount	QTY Units
USCOG as Caregiver				
Caregiver Supplemental Services SS Nutrition -Meals CG III E	Title III E	2 2	2,538.00 2,538.00	536 536
Caregiver Supplemental Services SS Home Modification CG III E	Title III E	12 12	6,649.65 6,649.65	13 13
Caregiver Supplemental Services SS Assistive Technology CG III E	Title III E	14 14	3,374.02 3,374.02	31 31
Caregiver Supplemental Services SS Incontinence Supplies CG III E	Title III E	32 32	13,994.83 13,994.83	266 266
Caregiver Supplemental Services SS Nutrition, Supplement CG III E	Title III E	2 2	209.65 209.65	37 37
Caregiver Supplemental Services SS Emerg Response Install/Monitor CG III E	Title III E	2 2	618.00 618.00	15 15
Caregiver Supplemental Services SS Other Support Linked to CG Role CG III E	Title III E	13 13	3,702.50 3,702.50	191 191
Caregiver Access Assistance A Assess/Screen CG III E	Title III E	161 161	0.00 0.00	189 189
Caregiver Access Assistance A Care Coordination CG III E	Title III E	228 228	55.00 55.00	885 885
Caregiver Access Assistance A Assess/Screen -Home CG III E	Title III E	14 14	0.00 0.00	15 15
Caregiver Access Assistance A Information & Assistance CG III E	Title III E	137 137	0.00 0.00	143 143
Caregiver Counseling/Support Groups/Caregiver Training C Individual Counseling CG III E	Title III E	4 4	0.00 0.00	4 4
Caregiver Respite R In-Home Respite CG III E	Title III E	136 136	69,247.39 69,247.39	8,431 8,431
Caregiver Respite R Facility Respite CG III E	Title III E	2 2	925.20 925.20	156 156

Caregiver Activity Group - All Undup

USCOG as Caregiver

From: 07/01/2011

Unduplicated Count - Total Units

To: 06/29/2012

Activity Group Activity	Funding Source	Clients	\$ Amount	QTY Units
USCOG as Caregiver				
<i>Caregiver Respite</i>		3	1,629.00	445
<i>R Adult/Child Day Care CG III E</i>	Title III E	3	1,629.00	445
<i>Caregiver Supplemental Services</i>		1	430.00	4
<i>SS Legal Services CG III E</i>	Title III E	1	430.00	4
<i>Duplicated Count, Sum of Units for USCOG as Caregiver</i>		763	103,373.24	11,361
Caregiver Unduplicated Count		237		

SRC Activity Group - All Undup

Activity Group Activity	USCOG as Caregiver		From: 07/01/2011 To: 06/29/2012	
	Unduplicated Count - Total Units		QTY	Units
	Funding Source	Clients	\$ Amount	Units
USCOG as Caregiver				
SRC Access assistance		33	0.00	147
A Care Coordination SRC III E	Title III E	33	0.00	147
SRC Access assistance		7	0.00	7
A Information & Assistance SRC III E	Title III E	7	0.00	7
SRC Counseling/Support Groups/Training		1	57.78	1
S Individual Support -Home SRC III E	Title III E	1	57.78	1
SRC Respite		2	800.00	345
R Child Day Care SRC III E	Title III E	2	800.00	345
SRC Respite		1	100.00	80
R Adult/Child Day Care SRC III E	Title III E	1	100.00	80
SRC Respite		1	85.00	15
R After School/Summer Prog SRC III E	Title III E	1	85.00	15
SRC Supplemental Services		2	640.00	2
SS Legal Services SRC III E	Title III E	2	640.00	2
SRC Supplemental Services		30	18,096.59	1,303
SS Other Support Linked to CG Role SRC	Title III E	30	18,096.59	1,303
SRC Access assistance		4	0.00	4
A Assess/Screen SRC III E	Title III E	4	0.00	4
Duplicated Count, Sum of Units for USCOG as Caregiver		81	19,779.37	1,904
SRC Unduplicated Count		33		

USCOG as Caregiver

LG120 - Caregiver Group Services for USCOG as Caregiver Between 7/1/2011 To 6/29/2012

Description:	Service Date	Purpose of Service	People Served	Units Served	Group County	\$ Amount	Program Income	Check Number	Event Comment
I Community Ed/Outreach CG III E	9/13/2011	Important Legal Documents presented by participated at Job Fair with Workforce	14	1.00	ABBEVILLE	.00	.00		
I Community Ed/Outreach CG III E	9/29/2011	attended Abbeville Coalition, then did Medicare outreach for open enrollment- hands	20	1.00	GREENWOOD	.00	.00		
I Community Ed/Outreach CG III E	10/12/2011	Upper Savannah sponsored attorney for Medicare outreach	5	1.00	ABBEVILLE	.00	.00		
I Community Ed/Outreach CG III E	11/7/2011	Medicare outreach for open enrollment- hands	42	1.00	SALUDA	.00	.00		
I Community Ed/Outreach CG III E	11/8/2011	Upper Savannah sponsored attorney for Medicare outreach	6	1.00	SALUDA	.00	.00		
I Community Ed/Outreach CG III E	11/15/2011	Medicare outreach	6	1.00	LAURENS	.00	.00		
I Community Ed/Outreach CG III E	11/17/2011	medicare outreach for enrollment	6	1.00	LAURENS	.00	.00		
I Community Ed/Outreach CG III E	11/29/2011	Medicare outreach	5	1.00	ABBEVILLE	.00	.00		
I Community Ed/Outreach CG III E	2/28/2012	Presented Advance Directives at Saluda	30	1.00	SALUDA	.00	.00		
I Community Ed/Outreach CG III E	3/17/2012	Represented Upper Savannah AAA at booth	100	1.00	GREENWOOD	.00	.00		
I Community Ed/Outreach CG III E	4/2/2012	Presented to Saluda Seniors about services	20	1.00	SALUDA	.00	.00		
I Community Ed/Outreach CG III E	4/24/2012	Participated at Brewer Middle School Health Fair	200	1.00	GREENWOOD	.00	.00		
I Community Ed/Outreach CG III E	5/15/2012	Had a booth at Health Fair in Abbeville during	100	1.00	ABBEVILLE	.00	.00		
I Community Ed/Outreach CG III E	5/23/2012	Did presentation on caregiver and nutrition,	28	1.00	MCCORMICK	.00	.00		

USCOG as Caregiver

LG120 - Caregiver Group Services for USCOG as Caregiver Between 7/1/2011 To 6/29/2012

Description:	Service Date	Purpose of Service	People Served	Units Served	Group County	\$ Amount	Program Income	Check Number	Event Comment
I Community Ed/Outreach CG IIIIE	6/2/2012	Farmers Market voucher distributionat	700	1.00	GREENWOOD	.00	.00		
I Community Ed/Outreach CG IIIIE	6/4/2012	Had a booth at VA Open House	70	1.00	GREENWOOD	.00	.00		do give out info about programs to some of the
I Community Ed/Outreach CG IIIIE	6/6/2012	Farmers Market voucher distribution	200	1.00	GREENWOOD	.00	.00		
I Community Ed/Outreach CG IIIIE	6/7/2012	met with hospital chaplains to discuss	12	1.00	GREENWOOD	.00	.00		
I Community Ed/Outreach CG IIIIE	6/28/2012	Partnered with Assisted Living for training and	80	1.00	GREENWOOD	300.00	.00		invited caregivers throughout the
S UNREG Group Support SRC IIIIE	7/9/2011	Festival of Discovery BBQ and music	22	1.00	GREENWOOD	50.00	.00		
S UNREG Group Support SRC IIIIE	8/6/2011	Bowling at the Expo 3-- Bowling Alley	12	1.00	GREENWOOD	50.00	.00		
S UNREG Group Support SRC IIIIE	9/10/2011	Visit to Connie Maxwell Childrens home,	13	1.00	GREENWOOD	50.00	.00		very moving, great resource for troubled
S UNREG Group Support SRC IIIIE	10/3/2011	Grandparetn Custody Issues	14	1.00	GREENWOOD	.00	.00		
S UNREG Group Support SRC IIIIE	11/5/2011	Movie	15	1.00	GREENWOOD	50.00	.00		
S UNREG Group Support SRC IIIIE	12/12/2011	Pizza Party Christmas Party	23	1.00	GREENWOOD	50.00	.00		
S UNREG Group Support SRC IIIIE	1/9/2012	Planning Meeting at Greenwood Public	3	1.00	GREENWOOD	50.00	.00		
S UNREG Group Support SRC IIIIE	2/27/2012	Planning Meeting at Library	12	1.00	GREENWOOD	50.00	.00		
S UNREG Group Support SRC IIIIE	3/10/2012	Bowling and Refreshments	22	1.00	GREENWOOD	187.96	.00		new members

USCOG as Caregiver
LG120 - Caregiver Group Services for USCOG as Caregiver
Between 7/1/2011 To 6/29/2012

Description:	Service Date	Purpose of Service	People Served	Units Served	Group County	\$ Amount	Program Income	Check Number	Event Comment
S UNREG Group Support SRC IIIE	4/3/2012	Putt Putt Golf	13	1.00	GREENWOOI	50.00	.00		
S UNREG Group Support SRC IIIE	5/7/2012	Planning and Socializing meeting at Library	5	1.00	GREENWOOI	50.00	.00		
S UNREG Group Support SRC IIIE	6/28/2012	Caregiver Relief seminar- approx 80 attendees, 4	4	1.00	GREENWOOI	50.00	.00		
C UNREG Group Counseling CG IIIE	7/1/2011	Medicare Counseling for all 6 counties for July 2011	466	1.00		.00	.00		
			2262	32		987.9600			0

1 5 1

**Family Caregiver Support Program
Upper Savannah Region II
July 2011-June 2012**

Submitted by: Barbara Wright, FCA Upper Savannah Council of Governments

Program Accomplishments by Category:

I. Information and Outreach

1. Continued regular meetings as part of the Abbeville Coalition
2. Continued attendance at monthly I,R, & A meetings as much as possible
3. Attended Lunch and Learn training with LT. Gov staff on SC Access –August 31
4. Helped with Job Fair September 29
5. Coordinated and attended Grandparent Custody Issues Seminar with attorney presenting
6. Continued assistance with Medicare Part D office appointments and assistance over the phone (466 contacts)
7. Outreach for Medicare at Saluda Senior Center November 7
8. Set up and spoke at End of Life Issues with an attorney who volunteered his services November 8- 42 attendees in Saluda- open to the public
9. Medicare Outreach at Senior Options in Laurens Nov. 15
10. Medicare Outreach at Laurelwood in Laurens Nov, 17
11. Lunch & Learn for ADRC- Social Security- February 15,
12. Did presentation on cost share at Greenwood Senior Center February 15.
13. Attended Benefits Bank Training in Columbia February 16
14. Attended 6 week I-Care training starting March 13
15. Represented Upper Savannah AAA at a booth at the annual ENT Health Fair (approx 300 attendees)
16. Presented to Saluda Senior Center participants April 2
17. Had a booth at Brewer Middle School Health Fair April 24
18. Assisted with Job Fair April 25
19. Participated in Health Fair at Farmer's Market voucher distribution in Abbeville May 15
20. Attended Lunch and Learn with the Greenwood Staff/VA May 16
21. Spoke to McCormick County Senior Center participants about caregivers and nutrition, also legal services and advance directives- May 23
22. Assisted with Farmer's Market voucher distribution in Greenwood June 2 and June 6
23. Had a booth at the Greenwood VA Open House June 4
24. Met with hospital chaplains about Advance Directives June 7

25. Partnered with assisted living to have a Caregiver Relief Seminar at the Greenwood VA building June 28. (80 attendees including 15 vendors) training, stress relief, resources

Major Resource Development Accomplishments:

1. Talked with local K Mart- they agreed to allow Grandparents to come and select merchandise with no lay away charges. The store holds the merchandise until check is brought in. This allows grandparents without cash up front to shop for the grandchildren.
2. In June we partnered with Upstate AHEC to have 2 high school interns here in the office, one particularly with the caregiver program. It worked out extremely well so hope to do that in the future. She was here for 80 hours over 5-6 week period.
3. Had Lander University student for two straight semesters – he did a research project about the FCSP- found positive results, need for more funding
4. Continued relationships with Home Care agencies and CLTC. The nurses and social workers have been very receptive to getting our information out to their clients.
5. Continuing relationship with adult day care in Greenwood
6. Continuing working with the development of the ADRC so strengthening relationships with Burton Center, DDSN, United Way, Social Security, different United Ministries and other groups
7. Online newsletter coming with upgrades to web site planned for the future
8. Also have a page on Facebook- but have not found the time to post regularly.
9. United Way has approached us as a referral source for their Assistive Technology closet – we have successfully continued that partnership.
10. The SC Access combination with the SHIP information has made reporting less time consuming-
11. Due to Medicare D, strengthened relationships with physicians offices, dialysis clinic, Medicaid, Social Security and pharmacies
12. Also feel that Medicare D has brought more of the one-stop shop for seniors identity to our agency – we receive calls for I-CARE but also for other problems, questions, and concerns Helping with Part D has also been a barrier in one way because it is so time consuming, but feel the time is justified because it is helping seniors and their caregivers to work through the problems and be able to understand their insurance and the assistance programs

13. The Upper Savannah COG employees again provided Christmas gifts for three SRC families in Laurens County;
14. Families that have received help continue to give back with donations of briefs and some equipment
15. The FCA detailed assistance into five categories and provided services in all categories this year. Assessment, care coordination, counseling, I&A and simple information.
16. 280 unduplicated caregivers were served with FCSP funding during this fiscal year

II. Counseling, Support Groups & Training

- a. Continued monthly meetings of the Greenwood Grandparent Raising Grandchildren Support Group
- b. The Saluda group has stopped meeting due to a change of employment and also the needs of these who had attended

III. Respite

- c. Respite requests continue to increase. Two families were served with residential care, three families were provided adult day care, four were SRC respite at day care, and the other hours were home respite hours.
- d. FCA does not count units of respite until they are actually expended.
- e. At the end of the fiscal year, we awarded partial funding to delay a waiting list.

IV. Funded Services

- f. As with respite services, allocated units will not be counted until the service is received. \$71856.59 has been spent on respite.
- g. July 2010- June 2011, \$51296.02 has been spent on supplemental services.
- h. Of the SS funds, \$19779.37 has been spent for SRC.

V. Training & Support Groups

There has been a total of \$987.96 spent for the ongoing support group.

VI. Expenses

- i. Respite Costs:
Spent during the reporting period: \$71,856.59

j. Supplemental Services Costs:

Spent during the reporting period: \$31,516.65.

i. SRC spent \$19,779.37 (\$985-respite)

ii. Additional expenses covered with service dollars:
987.96

The variance is due to extra funding in the amount of \$30,000 that needed to be expended by the end of June 2012.

Federal Staffing Funds:

The federal staffing funds were divided into percentages reflecting each category: 10% Information to Groups, 60% to Assistance, 10% to Support Groups, 15% counseling and training, 5% to Training
For SRC 5% Information to Groups, 70% to Assistance, 20 % to Support Groups, 5% to Counseling

Region: Upper Savannah AAA/ADRC

ACTUAL REGIONAL III-E EXPENDITURES FOR FISCAL YEAR 2011-2012
Caregivers of Older Persons

(July 1, 2011 - June 30, 2012)

	PLANNING & ADMINISTRATION WITH MATCH	STAFFING WITH MATCH (Advocate & I&R)	CG-DIRECTED SERVICES (Federal only)	PROGRAM INCOME	TOTAL PROGRAM ACTIVITY
Information to Groups		\$6,195			\$6,195
Access Assistance		\$37,171			\$37,171
Support Groups		\$6,195			\$6,195
Training		\$3,098			\$3,098
Counseling		\$9,292			\$9,292
Respite			\$71,857		\$71,857
Supplemental Services			\$31,517		\$31,517
TOTAL		\$61,951	\$103,374	\$0	\$165,325

GIS MAPS

GIS Maps will be forthcoming. Due to GIS staff vacancy, GIS maps have been delayed in being sent to the COG/AAA. As soon as they are provided, Upper Savannah COG/AAA will send them to the State Unit on Aging.

