



**SANTEE
LYNCHES**

Regional Council *of* Governments

Area Plan 2017-2021

Area Agency on Aging
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I. VERIFICATION OF INTENT

The Area Agency on Aging hereby submits its Fiscal Year 2017 – 2021 Area Plan to the Lieutenant Governor's Office on Aging. If approved, the plan is effective for the period of July 1, 2017 through June 30, 2021.

The Area Agency on Aging is granted the authority to develop and administer its Area Plan in accordance with all requirements of the Older Americans Act and the Lieutenant Governor's Office on Aging. By signing this plan, the Planning and Service Area Director and the Area Agency on Aging Director assure that the written activities included in the plan will be completed during the effective period and annual updates will be given to the Lieutenant Governor's Office on Aging when requested. Changes made to the approved plan will require an amendment submission to the Lieutenant Governor's Office for approval.

This plan contains assurances that it will be implemented under provisions of the Older Americans Act of 1965 during the period identified, as well as the written requirements of the Lieutenant Governor's Office on Aging and the South Carolina Aging Network's Policies and Procedures Manual.

The Area Plan herewith submitted was developed in accordance with all federal and state statutory and regulatory requirements.

Santee-Lynches Regional Council of Governments and Area Agency on Aging



G. Michael Mikota, Ph.D.
Planning Service Area Director



Date



Connie D. Munn
Area Agency on Aging Director



Date

II. EXECUTIVE SUMMARY

A. Mission Statement

The mission of the Santee-Lynches Area Agency on Aging/Aging Disability Resource Center (SLAAA/ADRC) is to enable older persons in Clarendon, Kershaw, Lee, and Sumter Counties to lead meaningful dignified lives in their communities by providing leadership, direction, and support for a comprehensive continuum of aging and long term care services. Therefore, incorporated into this Plan are benchmarks, outcomes, and future initiatives on which to measure SLAAA/ADRC's achievement towards developing a comprehensive service delivery system for older adults, persons with disabilities, as well as caregivers and their families.

B. Vision

The vision of the SLAAA/ADRC is to support a region where seniors enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive those supports necessary to age with choice and dignity.

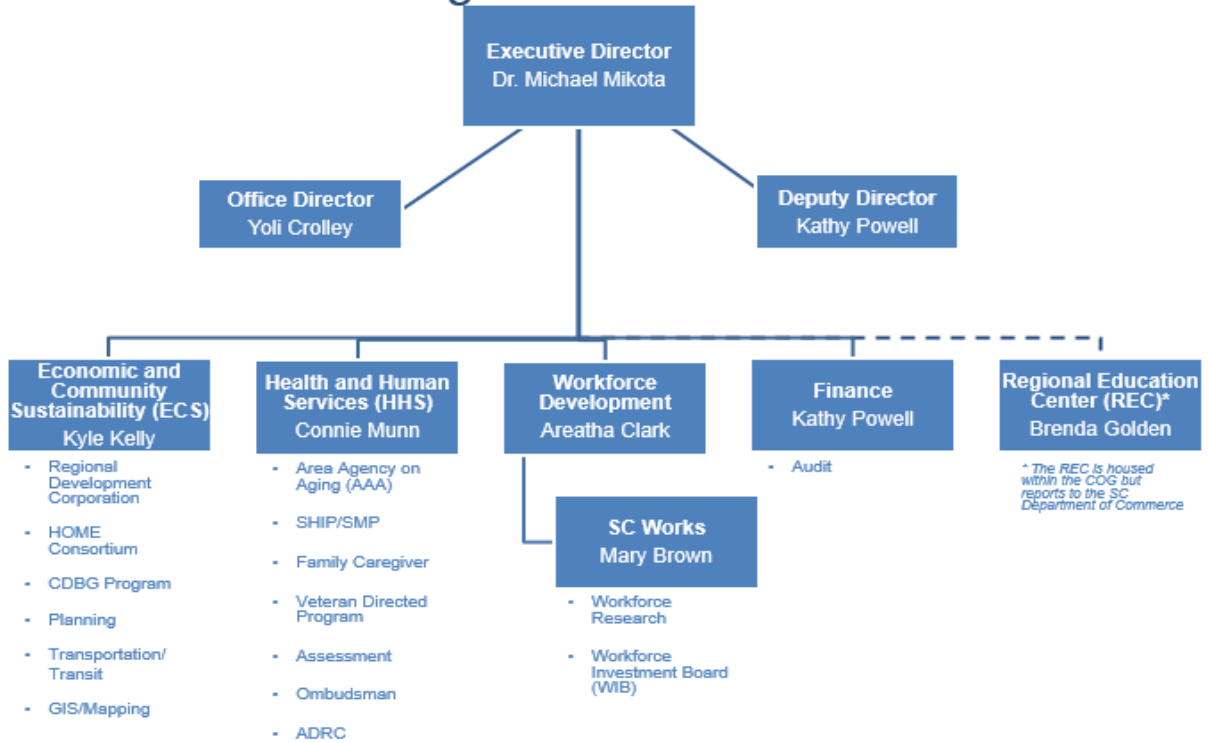
C. Organizational Structure

The SLAAA/ADRC operates within the Santee-Lynches Regional Council of Governments (SLRCOG). Since 1971, the SLRCA has been assisting local governments in development of local and regional plans within the four Santee-Lynches counties (Clarendon, Kershaw, Lee, and Sumter) of South Carolina.

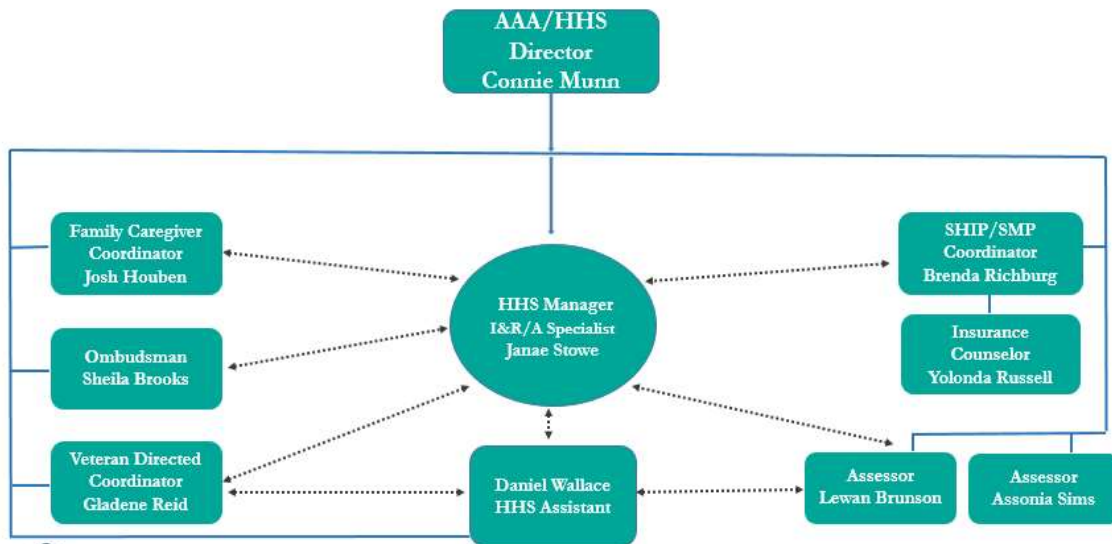
Currently, the SLAAA/ADRC employs ten (10) employees to include an Aging Director. Although not employed as aging staff, the SLAAA/ADRC receives ongoing support from the SLCOG Finance Department. Since 2006, the SLAAA/ADRC continues to serve as a single point of entry for long-term support and service systems for older adults and persons with disabilities in the Santee-Lynches Region.

Sometimes referred to as a “one stop shop” or “no wrong door” system, the SLAAA/ADRC addresses many of the frustrations consumers and their families experience when trying to find needed information, services, and supports. Through integration or coordination of existing aging and disability service system, the SLAAA/ADRC programs raise visibility about the full range of options that are available: provide objective information, advice, counseling and assistance; empower individuals to make informed decisions about their long term supports; and help people more easily access public and private long term supports and services programs. Through this concept, the SLAAA/ADRC seeks to cross train all aging staff as it relates to an ADRC. The following graphs display the organizational structure in both the SLRCOG & SLAAA/ADRC.

Santee-Lynches Regional Council of Governments Organizational Chart



HEALTH and HUMAN SERVICES



D. Staff Experience and Qualifications

Area Agency on Aging Director

Connie Munn, Health and Human Services/Area Agency on Aging Director, has worked over 10 years with Santee-Lynches and over 15 years in the Human Services field. She returned to Santee-Lynches as the AAA Director three years ago after taking time to raise her children and run the family business. She is responsible for program development, planning and service delivery, contract management, advocacy and community education as well as supervision of the AAA staff. Ms. Munn earned her bachelors' degree in Social Work, with a minor in Child Welfare from Columbia College and her Master's Degree in Social Work with a concentration as a Geriatric Specialist from the University of South Carolina.

Deputy and Finance Director

Kathy Powell, Deputy and Finance Director for SLRCOG, has worked for the SLRCOG for 30 years and has actively contributed to the aging program's financial and administrative functions during her entire tenure with the agency. She is responsible for: budget planning and preparation for the AAA, as well as the COG; aging contract negotiation and analysis; managing contract payments and making requests for payments; oversight of contract revisions/amendments; contract monitoring and financial technical assistance.

Information & Referral Assistance Specialist

Janae Stowe became the full-time Information and Referral Assistance (I&R/A) Specialist in 2014. She was hired January 2012 and has held a few positions since that time (Legal Services Coordinator, SHIP/SMP Coordinator, and Aging Coordinator). She received her initial CIRS-A Certification in 2014 and recertified to CIRS-AD in 2016. Her initial State Health Insurance Program (SHIP) training was accomplished in 2012 and she continues to receive the required annual training to maintain this certification. Her primary responsibility is to help seniors and those with disabilities connect with much-needed services; and to assist them and their family members to maintain or improve their quality of life. Janae has over 5 years' experience in the area of aging and disabilities, including the months spent as a volunteer within the agency.

Assessors

- Assonia Sims has been a full-time Assessor since 2014. She brings over 17 years of experience in the Human Service field. Assonia is SHIP certified and speaks to our senior community about numerous Medicare topics. Assonia received her Associates Degree in Human Services and is currently working towards her Bachelor's.
- Lewan Brunson has been a full-time Assessor since 2014. Lewan is SHIP certified and speaks to our senior community about numerous Medicare topics. Lewan received his Bachelor's Degree in Political Science with a minor in African Studies from Winthrop University in December 2012.

- Daniel Wallace was hired in December 2016 as the HHS Assistant. His responsibilities under the VD-HCBS Program include new enrollments, employee packets, and quarterly visits to the Veterans homes. He is able to provide screening for referrals about LIS, Insurance counseling, MSP and SMP. Daniel has his Associates in Human Services from Central Carolina Technical and his BA in Human Service and Leadership from Columbia College.

In addition, all Assessors are responsible for individually assisting clients by completing assessments, assessing needs, researching available options, and directing consumers to appropriate aging or disability services. In addition, Assessors work closely with our I&R/A Specialist to coordinate services received from multiple providers. They also enter all client data into AIM and SC Access.

Family Caregiver Program

Since April 2016, Josh Houben has been the Family Caregiver Coordinator. He has over 8 years' experience in non-profits, human services, and case management. His prior experience includes program coordination for a homeless shelter with such programs as winter shelter, re-entry housing, and workforce placement.

His job responsibilities include ensuring quality supportive services to individuals who are caregivers for a homebound senior or Alzheimer's and dementia individuals over the age of 60. Josh maintains financial accountability of state and federal grants, provides regular maintenance of client case files, and provides timely communication with clients while documenting all client interactions in AIM and SC Access. Josh is responsible for individually assisting clients by completing assessments, assessing needs, researching available options, and directing consumers to appropriate aging or disability services. Josh has his BA in Pastoral Care and Counseling.

Ombudsman

Sheila Brooks serves as the Regional Long Term Ombudsman. Ms. Brooks began her tenure with the Agency in November 2015. She brings a wealth of knowledge to the Agency having served in the United States Air Force and worked as a Social Worker in the healthcare arena. Ms. Brooks maintains credentials as a Certified Long Term Care Ombudsman, as well as a Train the Trainer for Living Will Witness. She is also an active South Carolina Notary. Ms. Brooks values education as she has earned her Bachelor's Degree in Business Administration with a concentration in Management and she holds a Master's Degree in Social Work.

Senior Medicare Patrol/State Health Insurance Program (SMP/SHIP) Coordinator

- Brenda Richburg has been the SMP/SHIP Coordinator for SLAAA/ADRC since 2014. Mrs. Richburg is a certified SHIP counselor. She has worked in the insurance industry for over 20 years. She is most fulfilled when helping Medicare-eligible individuals, their families, friends, and caregivers understand their plans and how to respond when issues arise. She has

successfully completed hundreds of effective searches, helping seniors to afford their plans to make their daily lives are more productive.

Her responsibilities include helping clients with medication assistance, as well as Medicare Part A, B, C, and D Counseling. She conducts presentations throughout the region to educate seniors on Medicare insurance, fraud, abuse, and waste. Her duties also include entering client contact data in SC Access and keying SMP data.

- Yolonda H. Russell started as a volunteer in April of 2009 and was hired as an Insurance Counselor in August 2009. She became SHIP certified as a Counselor in 2010. Yolonda received her certification as I&R/A for Aging (CIRS-A) in June 2010 and she transitioned to the CIRS A/D designation in June 2016. Her responsibilities include helping clients with medication assistance as well as Medicare Part A, B, C, and D Counseling. She conducts presentations throughout the region to educate seniors on Medicare insurance, fraud, abuse, and waste. Her duties also include entering client contact data in SC Access and assisting SL SHIP/SMP Coordinator with entering SMP data as needed.

She has also been assigned to be SLAAA's staff assistant to the SL Silver Haired Legislature Caucus, which includes Clarendon, Kershaw, Lee and Sumter counties.

On June 30, 2014, she transitioned from a full-time employee to a part time employee. Yolonda plans to retire before July 1, 2017.

Veteran Directed – Home and Community Based Services Program (VD-HCBS)

Gladene Heyward-Reid, serves as the Care Coordinator for the (VD-HCBS). Mrs. Heyward-Reid was hired in July 2014 as the Veteran Directed Assistant and was later promoted to the Care Coordinator in January 2015. Mrs. Heyward-Reid is responsible for completing the enrollment packets which includes: developing care/spending plans, creating annual budgets, training veterans to be employers, conducting quality assurance monthly calls and making quarterly visits. She maintains partnerships with the VA Dorn, Public Partnerships, LGOA and other agencies to assist veterans with meeting their needs. Mrs. Heyward-Reid joins the VD-HCBS bi-weekly conference calls and attends LGOA mandatory trainings to stay current with program updates. Mrs. Heyward-Reid has an Associate's Degree in Computer Technology.

E. Regional Aging Disability and Advisory Committee

Advocacy continues to be vitally important to the SLAAA/ADRC Regional Aging Disability and Advisory Committee (RADAC). The RADAC has proven to be a strong and supportive advocate for seniors in the region. Several of the members are seniors, minorities, and caregivers. Some have leadership experience in the private, public and volunteer sectors. The RADAC has no decision-making authority, however it does advise the SLAAA/ADRC with the following:

- All matters relating to the development of the Area Plan
- Administration of the plan; and
- Operations conducted under the plan

In addition, the RADAC represents the interests of older persons by reviewing and commenting on policies, programs, and actions in the Planning Service Area (PSA) that affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.

The RADAC also has the opportunity to review the Area Plan before the public hearings, and again prior to final submission of the plan to the LGOA. The RADAC carries out advisory functions that further the AAA mission. The RADAC truly enhances the leadership role by actively engaging in the aging network. Since combining the Regional Aging Advisory Committee (RAAC) and ADRC Advisory Committee, information provided has been streamlined while enhancing the diversity and expertise of the committees.

(Attachment H - RADAC By-Laws)

F. Client Assessments

Since July 1, 2014, the SLAAA/ADRC assumed the responsibility of conducting the assessment process to ensure a more accurate and accountable system. This process meets the criteria established by the South Carolina's Aging Network's Policies and Procedures whereas, "A single entity shall not conduct the assessment, choose the client, and deliver the services." (Chapter 404, Section E)

The SLAAA/ADRC continues to be in compliance with the LGOA guidelines. "All clients receiving services through the Lieutenant Governor's Office on Aging (LGOA) must have a full and valid assessment in order to be a service recipient." (Chapter 404, Section E)

Based on the required assessment process the SLAAA/ADRC has implemented the following Standard Operating Procedures to ensure individuals with the greatest needs are served first.

Initial Assessments

- Log into Dropbox.
- Click Client Referrals.
- Click Client Referral Spreadsheet – New requests are logged by county. Select the first client on the spreadsheet for the appropriate county. The client request for service form is located under each assessor's drop box folder. Locate the client's name and print the client request for service form.
- Contact the potential client to determine eligibility. If client is eligible, set the appointment for the assessment within (2) weeks.
 - If unable to make contact with the client after two telephone attempts, a letter will be sent requesting the client to call and schedule an appointment.

- Conduct assessment as follows:
 - Group Dining Clients – Make appointments to meet the clients at the designated senior center. Try to schedule as many Group Dining clients as possible on the same day.
 - Home Delivered Meals & Level 1 Homemaker Clients – Make appointments by geographical area (whenever possible) to maximize time management.
 - Ensure Lt. Governor’s Office on Aging – Consent to Participate Form is executed during appointment.
 - Inform client of the waiting list process.
- Enter assessment in AIM (real-time, whenever possible) to tabulate priority score.
- Place client on the designated Wait List/County and enter priority score.
- Print copy of assessment from AIM (Report LG52 – Data for a Single Client).
- Create client folder and place AIM assessment (LG52) and consent form in client’s folder.
- Complete data entry in SC Access.

Note: The Client Referral Spreadsheet must be checked daily to conduct follow-up on new requests. In addition, once the new request is completed highlight the client’s information in yellow.

Annual Re-Assessments

- Print LG97c (Provider List of All Client with or without Assessments for Given Service) and the LG104 (Alphabetical Client Report by Provider) from AIM.
- Review and cross reference the two reports to highlight upcoming, current, or overdue re-assessments (within 30 day before/after assessment due date).
- For current, next month, as well as any assessments that are within the 30 day before/after the assessment due date
- Contact the client to set the appointment.
 - If unable to make contact with the client after two telephone attempts, a letter will be sent requesting the client to call and schedule an appointment.
 - If client fails to notify the assessors within seven business days, they will be placed inactive.
- Conduct assessment as follows:
 - Group Dining Clients – Make appointments to meet the clients at the designated senior center. Try to schedule as many Group Dining clients as possible on the same day.
 - Home Delivered Meals & Level 1 Homemaker Clients – Make appointments by geographical area (whenever possible) to maximize time management.
 - Ensure Lt. Governor’s Office on Aging – Consent to Participate Form is executed during appointment.
 - Inform client of the waiting list process.
- Enter assessment in AIM (real-time, whenever possible) to tabulate priority score.
- Print updated copy of assessment from AIM (Report LG52 – Data for a Single Client).
- Place AIM assessment (LG52) and consent form in client’s folder.
- Complete data entry in SC Access.

Wait-Lists

- Submit a copy of the most current wait list to the designated county COA at least twice a month (15th and the end of the month). If a high number of new clients have been assessed, a wait list may be submitted more frequently.
- The COA (Provider) will review the wait list and submit the Service Action Form (SAF) to the AAA Assessor to identify if any clients need to be removed due to voluntary and involuntary reasons (death, institutionalized, moved out of area or by client request).

Removal of Clients from Wait Lists

- Once the COA (Provider) is ready to serve new clients, they will identify the most in-need clients by “priority score” from the most updated wait list. A Service Action Form (SAF) must be completed by the COA (Provider) for each new client and submitted to the AAA Assessor for processing.
- After the COA (Provider) has submitted a Service Action Form (SAF), the COA (Provider) will contact the client notifying them of their tentative start date.
- The AAA Assessor will remove client from the waiting list in AIM.
- Services for the client then begin.

Status Changes of Clients

- It is the responsibility of the COA (Provider) to notify the AAA Assessor of any updates, changes in status of any clients via Service Action Form (SAF).
- If the AAA Assessor is aware of the change first, the Assessor must notify the COA (Provider) and the COA (Provider) must then submit a Service Action Form (SAF).

Initial Assessments						Regional Re-Assessments	
	Clarendon	Kershaw	Lee	Sumter	Total		
Aug-16	18	10	6	74	108	Oct-16	108
Sep-16	12	17	8	62	99	Nov-16	124
Oct-16	13	11	9	54	87	Dec-16	135
Nov-16	10	8	9	40	67	Jan-17	133
Dec-16	14	11	7	20	52	Feb-17	112
Jan-17	19	22	8	40	89	Mar-17	119
Feb-17	17	17	2	44	80	Apr-17	
Mar-17	11	20	5	58	94	May-17	
Apr-17						Jun-17	
May-17						TOTAL	731
Jun-17							
Total	114	116	54	392	676		

G. Ten Year Forecast for the Region

The expected demographics for the targeted population will continue to increase for the next four (4) years for each county in the planning and service area. There will also continue to be a change in demographics due to the varied population shifts and growing cultural diversity in the communities throughout the region.

The increased life expectancy has impacted the region, specifically disabled older adults and those adults with Alzheimer’s disease. The increase has been noted in the number of calls we receive inquiring about available services, as well as the number of caregivers caring for loved ones with Alzheimer’s using respite services. Our partnership with the Alzheimer’s Association has allowed our agency to serve a larger number of caregivers taking care of their loved ones with an Alzheimer’s diagnosis.

The following is a list of challenges that regional demographics and economic changes created for the SLAAA/ADRC.

1. Transportation Systems

Reports and national statistics have classified the “Baby Boomer” Generation as the fastest growing segment of the population. Moreover, due to the medical advances, Baby Boomers will live longer. These “new age” seniors are generally more active and they plan to work beyond retirement age. Thus, many will encounter various health related issues, resulting in seniors having multiple disabilities such as loss of motor skills, degenerative eye disease, memory loss and dementia. All of these factors affect a senior’s ability to access transportation. Therefore, the challenge is to ensure all seniors, as they age, can live independently as long as possible. One such method is to ensure seniors can obtain transportation in order to acquire life enriching/enhancing activities. This challenge may seem overwhelming based on national statistics.

37% of seniors have a disability
9% of all disabled seniors never leave home
21% of individuals with a disability are below the poverty line
600,000 seniors who are 70 or older cease driving each year

Seniors make up a larger portion of the general population, which is based on 2010 Census:

Clarendon County	5,867 seniors which represents 16.8% of the total population
Kershaw County	8,797 seniors which represents 14.3% of the total population
Lee County	2,596 seniors which represents 13.5% of the total population
Sumter County	13,921 seniors which represents 13.% of the total population

An alarming number of householders (owner or renter occupied) who are 65 and older have no access to an automobile, based on 2006-2010 U.S. Census American Community Survey:

Clarendon County	419 households
Kershaw County	476 households
Lee County	379 households
Sumter County	1,313 households

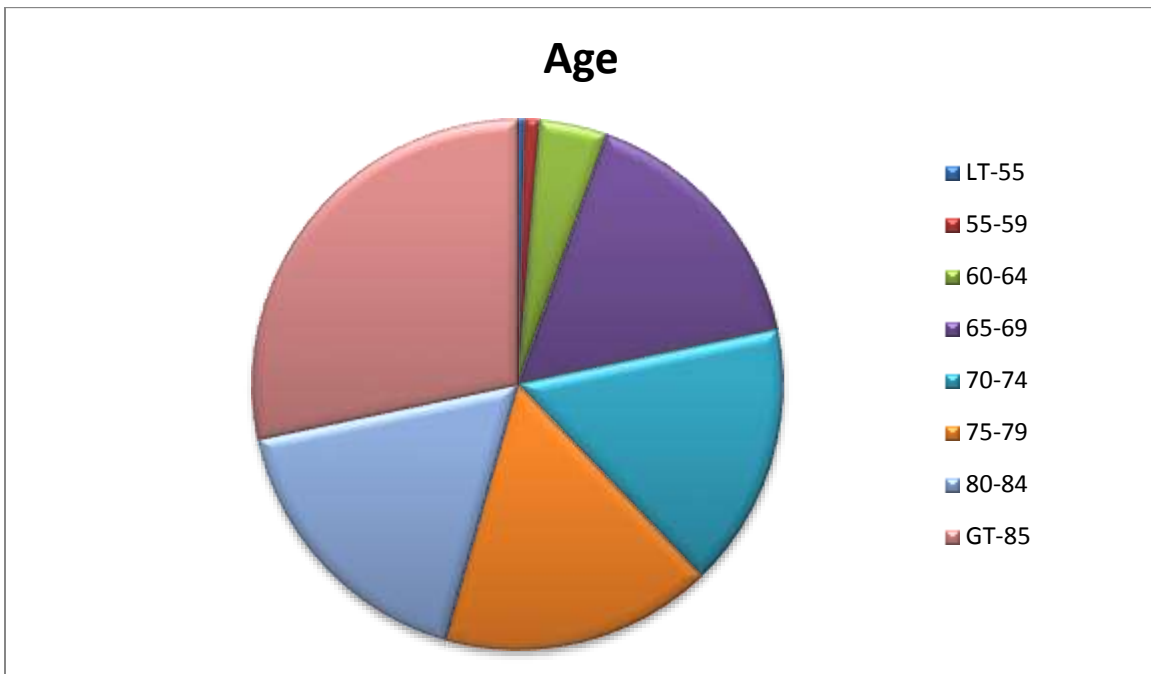
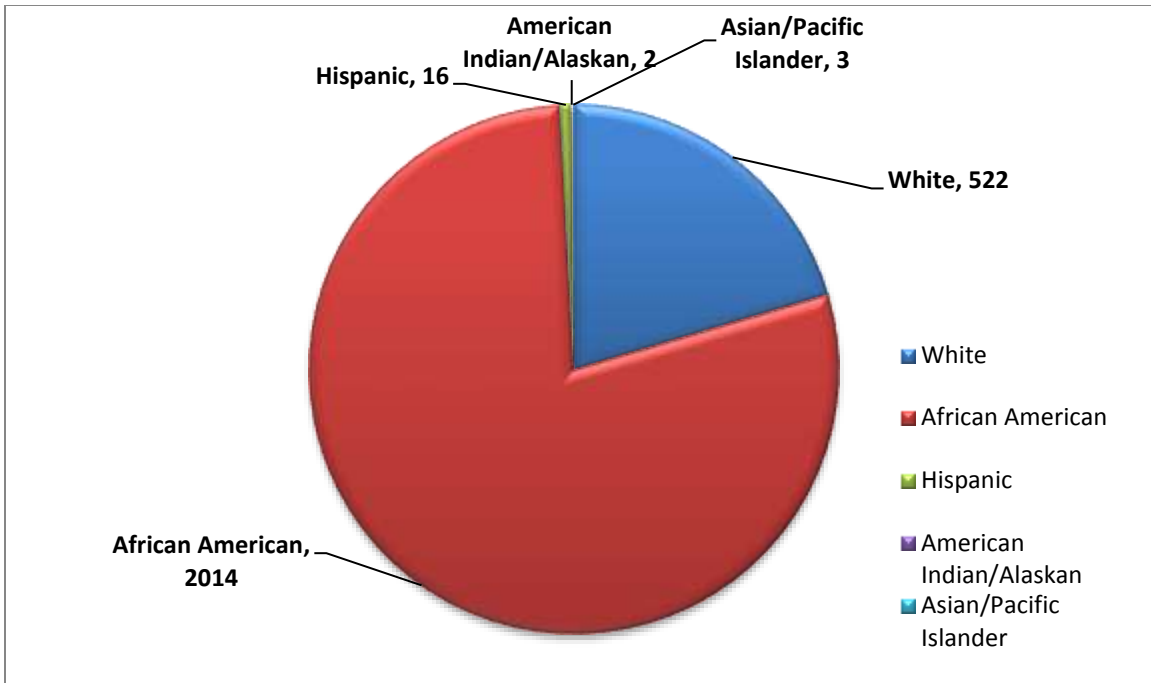
Looking at statistical data from the Social Security Administration, individuals over 65 who receive disability Social Security benefits are as follows:

Clarendon County	477 individuals
Kershaw County	276 individuals
Lee County	440 individuals
Sumter County	940 individuals

Baby Boomers may have multiple incomes as they retire. However, living on a fixed income, with housing cost estimated at 30% of an individual's income plus transportation costs taking at least an additional 15%, coupled with the advancement in age where seniors are no longer able to drive due to health-related diseases, may cause seniors to go without medicines and essential nutritious food. There may be times when they purposely miss medical appointments, social engagements, etc., which creates additional issues such as depression, anxiety, and loneliness. Undoubtedly, residing within the urban area of Sumter, there are more opportunities to acquire taxi and public transportation, which come with a cost that may be feasible. However, in the rural areas of Sumter, Clarendon, Kershaw, and Lee Counties, there is a very limited access to outside transportation services; and where transportation services are available, it comes with an exorbitant cost. Subsequently, in these areas, the transportation demands for life enriching and enhancing activities for seniors may fall on the following: senior centers who are on limited budgets; faith-based organizations; family member, if available; local communities; Santee-Lynches AAA sponsored home delivered meals; seniors trying to find their own resources, which creates the need to maintain the Santee-Lynches AAA/ADRC; seniors getting needed services through volunteer transportation, or seniors may find it more convenient to simply drop out of society's view – never leaving the house. Subsequently, it is essential for leaders to determine how to address this vital issue of transportation in the region now, versus waiting until the young "Baby Boomers" are well into their 70s and beyond with limited resources and multiple disabilities.

2. Nutrition Services

The nutrition program has changed directions and is now trending up in the number of participants in the Group Dining and Home Delivered Meal Programs. The increase in meals can be attributed to a more accurate assessment of need which is conducted at the SLAAA and education on services that are available. The number of older adults wishing to remain vital and active is on the rise and the SLAAA/ADRC will continue to work with partners in the region to develop greater person-centered choice options to maximize the number of people served with available funding. The increase of homebound seniors who are in need of home delivered meals continues to rise. Seniors are living longer and in need of more resources to stay independent in their homes as long as possible. The charts below indicate the race and age of seniors within the SL Region for the reporting period July 1, 2015 thru March 31, 2017.



One challenge for the SLAAA/ADRC is funding for home delivered meals to serve those seniors who are in remote areas and either have no transportation to the senior centers or are home bound. There are seniors who are not homebound according to federal and state standards but are in such remote areas that they need access to a meal, which is the only source of nutrition they receive that day. The data shows that the “baby boomer” population desires more in a senior center than historically what has been available.

3. Information and Referral

There are several challenges within the I&R/A program which provide obstacles now and will continue over the years. The first challenge will be the major influx of people (particularly Baby Boomers) who will be coming into the aging system. This large increase in the number of potential clients will impact the amount of services available and how much services and resources they will be eligible to receive.

The second challenge will be the available resources for clients. Our region currently has limited resources on hand. With the expected senior growth, these resources and services will be strained to maximum capacity. It will be imperative for the SLAAA/ADRC to make every effort to locate additional resources for its clients.

A third challenge is the fact that the SLAAA/ADRC region has one of the lowest educational levels in the state. This places an extra burden on the I&R/A program to help these clients in explaining the various programs and requirements.

4. Affordable Housing

There are three types of housing issues in the region:

- Housing cost burden
- Quality of housing, or
- Overcrowding

Housing problems and barriers to accessing safe, affordable living environments are more concentrated in the low and extremely low-income population categories and impact people who live in both renter and owner households. Furthermore, the most serious housing problem – severe housing cost burden is highly concentrated among the poorest people and often affects the most vulnerable; i.e. the elderly and children. Housing cost burden tends to become prevalent as seniors adjust to their retirement and/or social security income.

As the elderly tend to live in the older homes, their homes can be difficult to maintain or require more maintenance. Home modification and repair remains the most common priority need in allowing older individuals to remain in their homes and communities. A significant impediment has been the lack of funds, and providers that the elderly trust to make home modifications and repairs. It is projected that this trend will continue especially due to the impact our region faces with damages from the 100-year flood and Hurricane Matthew.

5. Medical Facilities (physical and mental)

Access to medical facilities (physical and mental) is more acute in rural communities. The SLAAA/ADRC region has many rural communities that have severe medical professional shortages. Also, fewer professionals are being trained in primary care causing fewer professionals to be educated and trained. Medicare and Medicaid, major components of rural medical care, pay rural medical providers and facilities less than do private insurers and less than

providers in urban areas. All of these exist at a time when, in general, rural people have greater medical care needs than do non-rural people.

A key component to address is current changes in government and how the new Administration will address the Affordable Care Act.

Santee-Lynches AAA/ADRC is an active member on the Sumter Partners Against Re-admission and Care Coordination Committee (SPARCC). This community group consists of professionals from local hospitals, hospice, nursing homes, and Carolina's Center for Medical Excellence (CCME). This committee addresses the issues of re-admissions and how agencies in the field can better address the needs of consumers at home to eliminate unnecessary re-admissions to hospitals due to a variety of reasons such as transportation to follow-up appointments, medication education, and improved support systems at home.

By utilizing RADAC members, the SLAAA/ADRC plan to coordinate with the local mental health center to increase public awareness of mental health disorders and work to help educate the public on removing barriers to diagnosis and treatment.

6. Workforce Availability

There are many issues that seniors now and in ten (10) years will face as it relates to workforce availability. The following is based on unemployed seniors who might have lesser skills as well as employed seniors with high-demand skills that will be exiting the workplace.

For seniors who are currently employed with potentially lesser skills, there are many impediments that they face at entering the workforce. Many of these seniors might not have the technical skills to work in the 21st Century workplace, which is a "high-skills jobs environment." Additionally, employers often prefer hiring young workers for various reasons, such as fewer anticipated health care costs and expected longevity in the position. Given training costs, employers naturally desire workers they can keep for the long term and young workers offer this.

Additionally, long-term unemployed seniors face more difficulty at getting employed because of the loss of skills over time. This scenario is similar for the long-term unemployed in any age group.

Also, given high unemployment rates today, only the top candidates for positions are getting hired by employers. This may leave many seniors out of work.

The opposing scenario with high-demand skills creates problems for employers and schools. Many "baby boomers" have begun to retire in industries, such as advanced manufacturing, which have much lesser appeal today to youth and the young adult population.

The number of students choosing a major in STEM (Science, Technology, Engineering, and Math) today is not sufficient to replace the "baby boomers," which will be leaving the labor market. This will create an insufficient labor supply in advanced manufacturing, engineering and

computer science, among other fields. All across the U.S., regions are facing labor shortages in high-demand occupations, such as machine operators in manufacturing, and other technical positions.

7. Long Term Care Systems

Long term care (LTC) systems are a broad area of concern. Medicare and Medicaid are the two major public funding sources for long-term care. The circumstances in which elderly persons receive long-term care assistance under each of these programs are very different. Persons who receive long-term care assistance from these two public programs generally fall into two categories: (1) Medicare enrollees who are recovering from an acute illness; and (2) poor elderly persons who are eligible for Medicaid and qualify for Medicaid-covered long-term care benefits.

The Medicare program provides limited long-term care coverage as an entitlement, without means testing. Thus, almost all elderly persons are eligible for Medicare; the long-term care benefits provided under Medicare are limited. Many elderly persons still do not realize that Medicare does not protect them from most of the associated costs.

Unlike Medicare, State Medicaid programs have always provided coverage for both skilled care related to acute illnesses and custodial care for persons with long-term disabilities. However, the scope of the Medicaid benefit package varies from State to State. Medicaid is also a means-tested program—only the poor elderly qualify for Medicaid coverage.

Long term care spending is expected to continue increasing as a result of the growing older population. Approximately 64% of LTC spending is from public sources, with Medicaid being the primary funder followed by Medicare and lastly private insurance and out of pocket cost.

As it relates to the LTC system versus home and community based services, it costs the Medicaid system about \$60,000 a year to maintain a person in a nursing home bed. If that person was maintained in their home using home and community based services, the cost would be substantially less.

The Veterans Directed Program, administered by SLAAA/ADRC, is an excellent example of how we are keeping veterans living safely in their home versus nursing home care which is a substantial cost savings that is outlined in *Attachment D*.

8. Service Expectations of Seniors and Caregivers

Service expectations of seniors and caregivers are on the rise and will continue to rise over the next ten (10) years. As many seniors age they continue to search for resources that are readily available. The SLAAA/ADRC is challenged with a waiting list for services, limited resources, and a lack of services to meet the needs of the growing population. This will continue to be a concern as the senior population grows and funding and resources continue to diminish.

Communities and regional demographics in South Carolina will continue to change with the rest of the country, leading more seniors and caregivers to need assistance. SLAAA addresses these changes through the FCSP program with a strong focus on aid to caregivers of patients with Alzheimer's and Dementia. Respite funding can be applied to medical facility care such as adult day care programs and in-home services.

In 2016 caregivers for Alzheimer's and dementia related patients across the country performed an estimated - 18.2 billion hours of hands on care (worth approximately 230 billion dollars)! In 2017 Alzheimer's and dementia will cost the nation \$259 billion dollars. At the present, 15 million Americans provide unpaid care for someone with Alzheimer's or a dementia related disease.

9. Distribution of Existing Resources

Since the SLAAA/ADRC began conducting assessments the waiting lists have continued to grow. This trend is a strong indicator that the SLAAA/ADRC continue reviewing all funding sources and distribute according to those most in need.

10. Creation of New Resources

There must continue to be creation of new resources to address continued growth in the senior population. The SLAAA/ADRC will continue to advocate for additional funding to provide needed services.

11. Policy Changes

SLAAA strongly believes in order to affect policy changes that influence our older population, there must be stability and leadership at the LGOA. Additionally, it is essential that the LGOA in coordination with the AAAs be proactive rather than reactive to develop policy and new ways to partner and develop new programs and/or services.

It is essential that the LGOA and the AAAs develop new, adaptable, and sustainable ways to operate in a very dynamic and daunting time related to our state's aging population that is not consistent with legislation that was written over fifty years ago.

12. Development and Location of Multipurpose Senior Centers

In order to meet the growing needs of the new age senior population, Senior Centers must create activities and functions that attract the "baby boomer" population. The SLAAA/ADRC will work with partners in the region to ensure the location of multipurpose centers are strategically located to optimize attendance at the centers.

13. Emergency Preparedness

The SLAAA/ADRC continues working within the region to provide leadership to its constituents, their family members and service providers so that all entities are aware and prepared for any and all emergencies/disasters which may cause service disruptions to the region.

Currently, our assessment team ensures emergency contact information is collected for all clients receiving services. Contractors have partnerships with local law enforcement, fire departments, and emergency preparedness agencies in their perspective counties. Contractors are also responsible for printing the LG135 and LG137 reports from the AIM database on a monthly basis or before a foreseen emergency/disaster.

Our agency's primary role in disaster preparation is to make sure that all service providers have the necessary support structure in place for its clients so that re-establishing services and providing assistance can begin shortly after a catastrophic event. The SLAAA/ADRC works closely with service providers to ensure emergency plans are updated annually so that we have knowledge of what plans are in effect to contact every client within the service provider's area, as well as identify any potential weaknesses or coverage gaps to overcome.

The SLAAA/ADRC currently updates its emergency contact information at least annually or when necessary for AAA/ADRC staff, directors of providers/contractor's agencies, and county emergency management officials in the event of a disaster or emergency. This is accomplished by either calling or emailing agencies on the list for updates.

Currently, the SLAAA/ADRC I&R/A Specialist coordinates any emergency preparedness response activities and keeps updated emergency contact information for the local EMD official, AAA/ADRC staff, and the LGOA Emergency Preparedness Coordinator. The SLAAA/ADRC Director and I&R/A Specialist are designated to be on call throughout the duration of a declared disaster. The SLAAA/ADRC Director will maintain communications with the LGOA Emergency Preparedness Coordinator in the event of an emergency/disaster. The SLAAA/ADRC Director will also establish that all providers/contractors develop an Emergency Preparedness protocol. All protocols will be implemented during contract renewals.

The SLAAA/ADRC had no indication looking at our ten-year forecast that our region would be impacted by a fire at the COG, the 100-year flood, and Hurricane Matthew within a two-year time span. However, due to the relationships that have been built between the SLAAA/ADRC and emergency preparedness organizations, our agency has become a leader in the state in emergency preparedness. The SLAAA/ADRC has learned valuable lessons throughout the process, which has allowed our agency to fill in the gaps and become better prepared for when we are faced with another emergency/disaster.

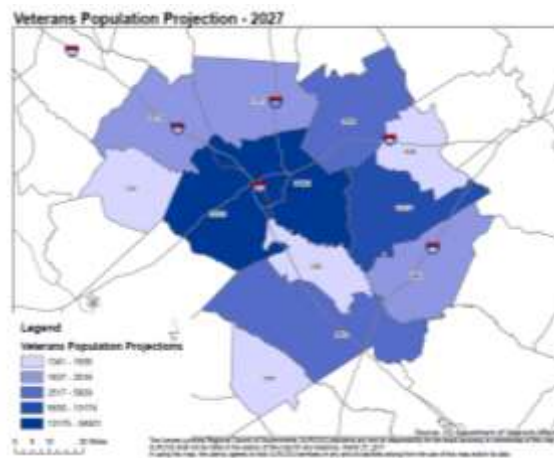
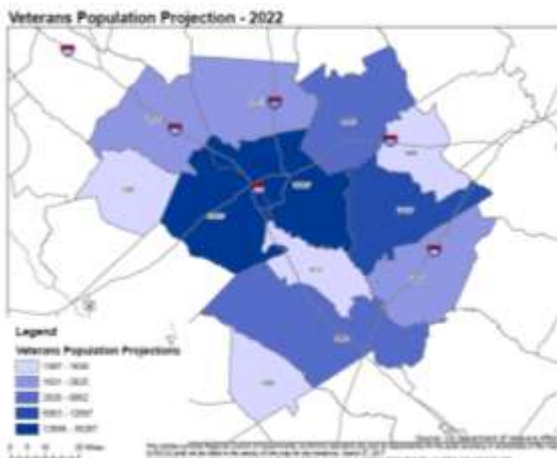
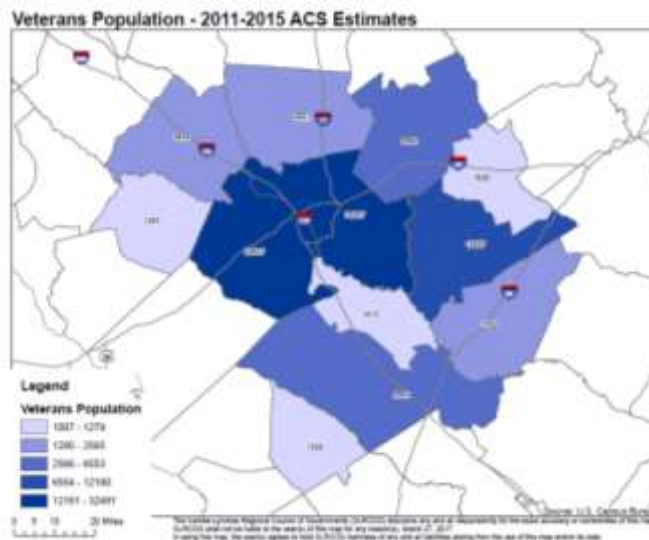
14. Veteran Directed Services

The Veteran Directed Program has expanded to cover 12 counties in South Carolina. In addition to our region, the other counties we now serve are Bamberg, Calhoun, Fairfield, Lexington, Newberry, Orangeburg, Richland and Saluda. The Veteran Directed Home and Community Based Service Program currently provides 62 qualifying Veterans the freedom to choose support services and goods to help them live safely in their home and in the community.

Santee-Lynches Veteran Directed Program Care Coordinator (VDPCC) recently trained and provided technical assistance to the new Care Coordinator for Appalachian COG. For several days, the new VDPCC shadowed and gained first-hand experience in enrolling a veteran, logging data into the Public Partnership, LLC web portal and maintaining client information.

Monthly Cost Savings for each Veteran	
	Avg. Cost Per Month
VA Nursing Home	\$7,950
Veteran Directed Program	- \$2,300
Cost Savings	\$5,650
Avg/Total Savings per Month	
July 16' - August 16' - \$305,1000	

As the charts indicate below, the increase of Veterans residing in the state of South Carolina will drastically impact the number of in-home and community based services needed to allow the Veterans to continue living in their homes and avoid institutionalization.



15. State Health Insurance Program/Senior Medicare Patrol (SHIP/SMP)

There are several strengths within the SHIP Program's current configuration. SLAAA/ADRC currently has one (1) SMP/SHIP Coordinator who is SHIP certified. In addition, the SLAAA/ADRC has a total of eight SHIP certified staff members. The State's Notification of Grant Award (NGA) sets the goals for the number of SHIP contacts. The SHIP department is encouraged to reach their personal goal in order to obtain the agency requirements that has been set. The SMP/SHIP Coordinator consistently monitors staff SMP/SHIP activity to ensure that training and monthly goals are met. The SMP/SHIP Coordinator requires staff to complete a SMP intake form when discussing SMP information with clients. This form is then provided to the SMP/SHIP Coordinator to enter all data into SIRS (SMP Information and Reporting System) in a timely manner. Any new fraud trends are provided to all staff members during their weekly staff meetings. Staff members are required to inform clients of the trends that are currently taking place within the state or region to increase senior's awareness. Promotional items such as emery boards and windshield scrapers are distributed at all health fairs and presentations.

SMP/SHIP volunteer recruitment will take place with the RADAC members, Council on Aging (COA) sites, senior centers, and faith based organizations. The SLAAA/ADRC goal is to increase the effectiveness of volunteer efforts through consistent training.

Recruiting and retaining a solid volunteer base is critical to the success of the SMP/SHIP program. The major challenge to this is gaining background checks for volunteer SMP/SHIP counselors within the SLAAA/ADRC region. A major improvement to the certification process is that the volunteers can now receive their I-Care certification training online through SHIP TA Center Website. The SMP/SHIP Coordinator will also attempt to coordinate SHIP training at the SLAAA/ADRC as needed.

The SLAAA/ADRC current procedures for Part D open enrollment are as follows: recruitment and train additional SHIP volunteers within six (3) months of open enrollment. Currently, during the Part D open enrollment period the SLAAA/ADRC utilizes SHIP counselors to assist clients with plans. The client will provide all of their current prescriptions, Medicare number, address, phone number, and date of birth. Once this form is completed, staff then begins entering the client's prescriptions into the system. An appointment is then scheduled with the client to share the plan comparisons by counselling and enrolling the client in the plan of his/her choice. Each SHIP counselor is responsible for logging each client (i.e. name, county, hours spent, and number of contacts, plan enrolled, and cost avoidance) for reporting purposes. Challenges during Part D open enrollment include clients not accepting services in Kershaw and Lee counties.

All data is entered into SC ACCESS immediately after assisting clients. All SHIP contacts are then transferred from SC ACCESS to the SHIP NPR (State Health Insurance Program National Reporting System). The SHIP Talk system is utilized by the SMP/SHIP Coordinator on a

monthly basis to pull reports and monitor each counselor's monthly SHIP contact numbers. The SHIP Talk system is also utilized to ensure that all staff members are still active each month. If for any reason SLAAA/ADRC staff become inactive (i.e. terminated, no longer conducting services, etc.) the appropriate LGOA staff will be notified so they can be removed from the system.

To ensure twelve (12) hours of Medicare/Medicaid update training is completed annually, the SMP/SHIP Coordinator will obtain SHIP related webinars, conferences, etc. All staff hours, dates of training, and topic of training will be kept in a log to ensure update training hours are met annually.

Health fairs and presentations are scheduled on a monthly basis and are attended by a variety of consumers. Clients who are under the age of 65 are educated on Medicare and Medicaid before they become eligible. The SLAAA/ADRC will continue to schedule outreach events in underserved areas and where all ages are in attendance. With continuous education throughout the region, it is more likely for future beneficiaries and those in underserved areas to choose stable plans that will fit their health care and financial needs. In addition, all staff screens every client they assist to match them with the appropriate services and programs. This strategy has allowed the SLAAA/ADRC to continue to find clients who are eligible for Medicaid and Low Income Subsidy (LIS). As a result, the SLAAA/ADRC is able to assist with these applications. In the event the position of a SHIP Coordinator becomes available, it will be advertised immediately. All staff are cross trained, so if needed, a primary backup will be identified to support the program should a vacancy occur.

The current protocol to ensure that SMP/SHIP funding is not being used to fund programs outside of SMP/SHIP areas include SLAAA/ADRC staff only charging work time to SMP/SHIP when functions are being performed in these programs. If SMP/SHIP functions are not taking place, these accounts are not being charged. In addition, the SLAAA/ADRC Director reviews all timesheets before submitting them to finance to ensure accuracy. The SLRCOG finance department then reviews timesheets to ensure that all the SLAAA/ADRC staff are correctly charging to the appropriate account(s). If time is charged to programs incorrectly, adjustments are then made.

The SHIP Coordinator periodically performs quality assurance reviews on random client files to ensure integrity and accurate client information. If issues are found, training takes place immediately to ensure mistakes do not continue. In addition, SC ACCESS update training is provided to ensure all SLAAA/ADRC staff on an annual basis to ensure data is being placed into the database in a timely and accurate manner.

III. OVERVIEW OF THE PLANNING AND SERVICE AREA REGION

A. Context

One of the main responsibilities of the SLAAA/ADRC is planning for a coordinated delivery of services for the elderly, disabled and caregivers. In order to better plan for a region wide system, the SLAAA reorganized the format for how their RADAC meetings were conducted. The committee structure has been vital in soliciting input from the counties we serve as well as different agencies that are represented on the committee; ranging from Department of Social Services, the Department of Mental Health, the Disabilities Board, the Commission for the Blind, Shaw Air Force Base, and consumers. The AAA Director assigns a staff person to assist with each committee and thus has resulted in building bridges between program staff and those partnerships in the field.

In order to solicit public response, a survey for consumers and one for agencies was developed by the SLAAA staff which was distributed at local senior centers, outreach events, as well as placed in the form of a survey monkey on its website.

Since the SLAAA began conducting assessments, there is better perception of what the true needs of the elderly population are in the region.

As the SLAAA/ADRC evaluates the goals and objectives set forth in the next four years, it is evident that establishment a more formal setting is essential to bring together different stakeholders and partners to begin addressing the needs facing our most vulnerable population- the elderly. The SLAAA has the expertise of the family caregiver program, the Ombudsman program, SMP/SHIP programs, and the assessment team, which all come in contact with potential abusive situations. This is why the SLAAA plans to take the lead in establishing a regional elder justice council which would address the issues of elder financial exploitation and improve awareness of elder abuse, and improve services to the elderly. An avenue worth exploring is foster homes for older adults much like the ones for children.

B. Goals, Objectives, Strategies, Outcomes and Performance Measures

Family Caregiver Support Program

Goal: Provide access to high quality supportive services for family caregivers assisting older South Carolinians with disabilities. This is to include respite assistance and supplemental services to caregivers as well as supportive services for seniors raising children.

Objectives:

- Increase education opportunities for caregivers within region.
- Maintain program accountability.
- Expand influence of caregiver program in Santee-Lynches four counties region (services should be divided equally with each county receiving at least 20% of funding).

- Expand the scope of practice to incorporate new services and as many evidence-based practices as possible.
- Reduce senior re-admission rates to hospitals and medical facilities.

Strategies:

- Plan and coordinate bi-annual nursing classes utilizing local medical resources and personnel to teach in-home care practices to clients and interested community members.
- Plan and coordinate bi-annual prescription classes that utilize local resources to train caregivers on taking prescribed medications for seniors.
- Continue bi-monthly financial reporting at AAA/ADRC.
- Develop and implement funding formula that utilizes client risk score.
- Form FCSP advisory committee that will meet quarterly.
- Create standard operating procedures manual and develop record keeping system for best practices.
- Marketing and web presence through blog and website highlights of caregiver events.
- Build strong community partners through churches and non-profit organizations.
- Utilize GIS tracking to map services in region.
- Develop after school program for seniors raising children with county YMCA's and Boy's and Girl's clubs.
- Conduct research by attending SPAARC meetings.
- Provide resource packets to hospital social worker's.
- Wheel chair ramp partnership with Sumter United Ministries.
- Locate storage for donated medical equipment.
- Conduct monthly or quarterly Alzheimer's support group meetings.

Outcomes and Performance Measures:

- Increase of outreach education events by 5% across the region.
- Monthly financial reconciliation and reporting will be completed and turned in to the AAA Director.
- Quarterly reports will be sent to the LGOA and Alzheimer's Association on total number of clients served and funding utilized.
- Annual reports will assess total spending of FCSP program.

I&R/A Program

Goal: Increase the number of individuals seeking information or assistance by providing an effective Information and Referral/Assistance (I&R/A) service at Santee-Lynches AAA/ADRC.

Objectives:

- Increase the number of contacts accessing I&R/A services by two percent.
- Increase I&R/A outreach by two percent.
- Increase emergency preparedness education within the region by implementing additional Senior Planning and Resources for Emergency Preparedness (P.R.E.P.) events.

Strategies:

- Provide fundamental and ongoing training to AAA/ADRC staff on the knowledge, skills, and ability needed to efficiently assist clients who contact them.
- Expand the working partnerships with individuals, groups, and organizations.
- Collaborate with faith-based organizations to expand the understanding of programs, resources, and information provided by Santee-Lynches AAA/ADRC.

Outcomes and Performance Measures:

- Monitor the number of I&R/A contacts through monthly and quarterly reports.

Legal Program

Goal: Promote community involvement with the Santee-Lynches Legal Program.

Objectives:

- Train a person or people who, in turn, train other people within their agency.

Strategies:

- Develop and maintain a Train the Trainer for the Living Will Program.
- Review and revise as necessary and monitor the program to ensure all requirements are met for attendees.

Outcomes and Performance Measures:

- Attendees receive and maintain certification status.

Ombudsman

Goal 1: To identify, investigate, and attempt to resolve complaints and concerns made on behalf of residents of nursing homes and assisted living facilities, and to promote participant-directed/person-centered planning for older adults in the Santee-Lynches AAA region.

Objectives:

- Act as a focal point which provides a locally based system connecting people with the services they need. This is accomplished by coordinating services that ensure a system positively impacts the health, safety, and wellness; honoring the respect, dignity, and choice of older individuals in the region, by carrying out the duties as set forth in the Older Americans Act.
- Increase the number of visits to assisted living facilities, so that a certified Long-Term Care Ombudsman visits all DHEC licensed facilities at least once every quarter, not in response to a complaint.

Strategies:

- Increase the number of certified ombudsman volunteers who are assigned to long-term care facilities.

Outcomes and Performance Measures:

- One volunteer per county will be recruited, trained, and assigned to make facility visits within that county.

Goal 2: Provide public awareness of the Long-Term Care Ombudsman Program.

Objectives:

- Prepare brochures/materials for general distribution.
- Promote, facilitate and provide educational training to facility personnel.
- Increase professional associations/memberships.
- Establish a community based regional Elder Justice Team that is involved with elder cases to explore ways to work together to best serve the vulnerable adult population.
- Encourage facilities to provide regular resident and family council meetings.

Strategies:

- The Ombudsman, and when appropriate a volunteer, will provide education presentations to long-term care facilities personnel and or residents.

Outcomes and Performance Measures:

- A minimum of at least three educational presentations per month within long-term care facilities, with in-services being provided at least annually.

Goal 3: Promote Outreach and advocacy to residents residing in long-term care facilities throughout the Santee-Lynches region.

Objectives:

- Re-establish and maintain the Friendly Visitor Volunteer Program.

Strategies:

- Recruit, train, and retain volunteers to serve as advocates for residents in licensed long-term facilities.

Outcomes and Performance Measures:

- All volunteers will receive the required initial and annual education to maintain certification.

Nutrition

Goal 1: Improve the Nutrition Program and Services within the Santee-Lynches Region.

Objectives:

- Promote health and functionality to increase the number of eligible older adults having the greatest social and economic need. Confirm they are served nutritious meals by evaluating and/or assessing their needs. Ensure the cost efficiency and overall quality of product within the Nutrition Program.

Strategies:

- Ensure meals provided to clients meet or exceed the standards of the Older Americans Act and the LGOA Policies and Procedures Manual.
- Conduct annual monitoring that evaluates the effectiveness of the services provided in the region.

- Work towards enhancing a competitive market for the procurement of meal within the region.
- Work with providers and the LGOA to develop pilot programs expanding food delivery and dining options regionally, ensuring that older adults have person-centered choice options.

Outcomes and Performance Measures:

- Work to fulfill vacancy on the RADAC Committee with a Registered Dietician.
- Ensure providers conduct annual consumer satisfaction surveys.
- Work with the LGOA to identify barriers to program services.

Goal 2: Enhance Senior Center's in the Santee-Lynches Region.

Objectives:

- Decrease social isolation by continuing to support senior centers that offer activities and multiple services to enhance the ability for older adults to live independently in the community for as long as possible.

Strategies:

- Provide support to senior centers to ensure they are striving to meet the needs of the current population and embracing the needs of the emerging baby boomer population.
- SLAAA/ADRC will conduct QA visits annually.
- Work with the providers to offer more availability of evidence-based activities for adults at senior centers.

Outcomes and Performance Measures:

- Increase participation level by two percent.
- Create community partnerships that support the growing demand of congregate sites.
- Work with providers to develop more lifestyle adjustment programs.

SMP/SHIP

Goal 1: Improve functions of the SHIP/SMP Program.

Objectives:

- To increase awareness of the program and its benefits.
- Monitor each staff members SHIP contacts on a monthly basis to ensure individuals and interagency goals are met.
- Utilize the SHIP NPR (State Health Insurance Program National Reporting System) to monitor monthly SHIP contacts and for reporting.

Strategies:

- Work closely with all departments within the AAA to ensure that service and resource information is shared with the staff.
- To establish relationships with religious and community organizations throughout the region.

Outcomes and Performance Measures:

- All SLAAA/ADRC staff will obtain twelve (12) hours of SHIP update training to retain certification annually.
- SHIP contacts will increase by 5 percent

Goal 2: Improve the SHIP/SMP program to achieve regional success.**Objectives:**

- Recruit SMP volunteers in Clarendon, Kershaw, Lee and Sumter County.
- All SLAAA/ADRC staff will complete an SMP intake form when discussing SMP information with clients.
- To keep abreast of new fraud trends.
- Volunteer recruitment will take place with the Regional Aging Disability Advisory Committee (RADAC) members, Council on Aging (COA) sites, senior centers, and faith-based organizations.

Strategies:

- All SHIP counselors and volunteers will participate in the online I-Care certification training.
- Inform all staff members of the new fraud trends on a monthly basis at the AAA staff meetings.
- Background checks for volunteer SMP/SHIP counselors within the SLAAA/ADRC region will be completed.
- Enter all data into SIRS (SMP Information and Reporting System) in a timely manner.

Outcomes and Performance Measures:

- Four (4) SMP volunteers will be obtained within six (6) months.
- SMP volunteers will be available in Clarendon, Kershaw, Lee and Sumter County.

Goal 3: Outreach and advertising efforts.**Objectives:**

- Outreach events/presentations will be scheduled within the region to educate clients on State Health Insurance Program and Senior Medicare Patrol activities.

Strategies:

- The SLAAA/ADRC events/presentations will be updated and displayed on the agency's website monthly.
- Reach out to the faith based organizations for potential outreach opportunities.

Outcomes and Performance Measures:

- Conduct three outreach events per month.

Veterans Program

Goal: Expand the VD-HCBS Program within each county/region that hosts a Community Based Outpatient Clinic (CBOC) in South Carolina.

Objectives:

- Increase the number of enrolled Veterans to 100.
- Develop and maintain partnerships.
- Assist the VA, LGOA, Public Partnerships, and AAA/ADRC in developing and implementing their readiness plan for enrolling new Veterans.

Strategies:

- Increase outreach efforts to bring awareness to the community regarding person-centered services that are available to the Veterans.
- Barriers/Continuity of funding: advocate for continued/increased funding for the program.

Outcomes and Performance Measures

- The number of Veterans that are able to remain in the program.

C. Quality Management

The SLAAA has mandatory weekly staff meetings at which time each program reports on any issues/concerns they are having within their program areas. The AAA Director also receives monthly reports from each staff to be kept abreast of each program. Within the past year, the AAA began utilizing Dropbox and this has been an invaluable tool for quality management but also sharing of information with other Santee-Lynches staff so they are informed of all program activities.

The FCSP program will submit Bi-annual external audits of case files and financial records. Customer satisfaction is implemented through client surveys both internal and through the LGOA state office (external to the regional COG). The FCSP program will perform monthly Aim/Finance reconciliation with a finance department representative or director.

The SLAAA Director also conducts yearly performance assessment reviews on all department staff.

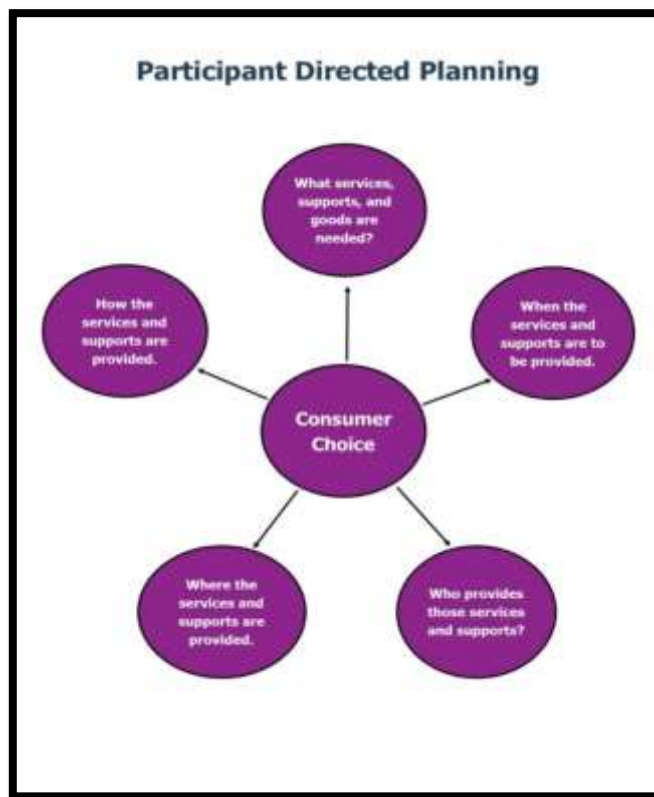
D. Participant-Directed/Person-Centered Programs

In the past, the SLAAA/ADRC contracted with one provider to deliver Level 1 Homemaking Services for homebound clients. However, the SLAAA/ADRC has now implemented a person-centered approach for providing Level 1 Homemaking Services to clients within the SL Region. This approach allows clients to choose from three agencies to deliver services within their home such as meal preparation, housekeeping, performing errand (i.e. grocery store), laundry and ironing,

Currently the SLAAA/ADRC has a working relationship with SC Works which we plan to expand to other agencies and organizations such as vocational rehab.

This partnership will consist of coordinating together to develop a working document, which lists potential providers for consumers to choose who provides services to meet their needs. This program will mirror an existing program called, "Veterans Helping Veterans."

A benefit to having a close partnership with SC Works has resulted in staff members serving on the RADAC.



To ensure customer satisfaction an annual survey is conducted. The results from the latest fiscal year ending June 30, 2016 are outlined in the chart below.

Survey Results Veteran Directed Program (As of June 30, 2016)								
Total # Surveys Sent: 53				Total # Surveys Returned: 26		Displayed Graphically		
Area of Interest	Yes	No	Not Sure	Total		1%	50%	100%
Satisfied with the program	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Would you Recommend the program	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Care coordinator was knowledgeable and protects my privacy	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Program helps relieve stress and anxiety	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Would be disappointed if program was no longer available	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Area of Interest	Excellent	Good	Poor	Total		Displayed Graphically		
How would you rate the service you received?	24 92.3%	2 7.7%	0 0.0%	26 100%	Excellent	92.3%		
					Good	7.7%		

AAA AREA PLAN ATTACHMENTS

- Area Plan Assurances and Required Activities
- Information Requirements
- AAA Funding and Fiscal Oversight/Funding Protocols/Policies
 - Insert 1 - 2015-2016 Budget History of Units and Unit Cost Spreadsheet
 - Insert 2 - Current Funding Resources for AAA Operations
- General and Programmatic Information
- GIS Mapping
- Strategic Plan, Workforce, Process Management, and Client/Customer Satisfaction
- Area Plan Public Hearing
- RADAC By-Laws

Attachment A: AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES by the Older Americans Act, As Amended in 2006

(Copied from the ACL State Plan Instructions)

The Older Americans Act (OAA) requires the Lieutenant Governor's Office on Aging (LGOA) to make assurances in its State Plan that the conditions of the OAA are strictly followed and executed in the State of South Carolina.

As an Area Agency on Aging in South Carolina, your organization is responsible for implementing the requirements of the OAA as stipulated in these assurances. The AAA also commits to supporting the LGOA in the delivery of aging services based on the stipulations set forth by the South Carolina Aging Network's Policies and Procedures Manual.

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State Plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging 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 will be expended for the delivery of each of the following categories of services-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); 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 legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

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

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

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

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

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

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

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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging 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 area agency on aging met the objectives described in clause (a)(4)(A)(i).
- (4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
- (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 area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
- (6)(F) Each area agency will:
- 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 treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.
- (11) Each area agency on aging 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 area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs

and benefits provided under this title;

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

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

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

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

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

(13)(E) Each area agency on aging shall provide assurances that the area agency 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 area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging 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 will be used-

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

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

(17)Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency

response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or

economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will— 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (A) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will 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.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

- (2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.
- (3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
- (4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- (5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
- (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order

Verification of Older Americans Act Assurances

By signing this document, the authorized officials commit the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006 (2016). In addition, the AAA provides assurance that it will adhere to all components of the South Carolina Aging Network's Policies and Procedures Manual, the Lieutenant Governor's Office on Aging's (LGOA's) Multigrant Notification of Award Terms and Conditions, and to individual LGOA programmatic policies and procedures.

Santee-Lynches Regional Council of Governments and Area Agency on Aging



G. Michael Mikota, Ph.D.
Planning Service Area Director

5/3/2017
Date



Connie D. Munn
Area Agency on Aging Director

05-02-17
Date

Attachment B: INFORMATION REQUIREMENTS

FY 2017 Area Plan Guidance

The Area Agency on Aging must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your Area Plan submission. Please submit the AAA response under the appropriate sections below.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the plan.

AAA/ADRC Response:

1. The PSA will follow the LGOA policies/procedures that state AAA must address the targeted population mandated by the Older American's Act: Population age 60 and over; low-income elderly; elderly living in rural areas; and population age 60 and over with limited English proficiency.
2. The AAA took over the client assessment process in July 2014. Since that time we have seen a remarkable increase in accountability and ensuring the targeted populations are being served.
3. The AAA utilizes its RADAC, the Santee-Lynches Regional Council of Governments Board, local community organizations, as well as faith based organizations to conduct outreach events to educate the community and reach the targeted populations.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

AAA/ADRC Response: The SLAAA/ADRC continues working within the region to provide leadership to its constituents, their family members and service providers so that all entities are aware and prepared for any and all emergencies/disasters which may cause service disruptions to the region. Currently, the SLAAA/ADRC assessment team ensures emergency contact information is collected for all clients receiving services. Contractors have partnerships with local law enforcement, fire departments, and emergency preparedness agencies in their perspective counties. Contactors are also responsible for printing the LG135 and LG137 reports from the AIM database on a monthly basis or before a foreseen emergency/disaster.

Our agency's primary role in disaster preparation is to make sure that all service providers have the necessary support structure in place for its clients so that re-establishing services and providing assistance can begin shortly after a catastrophic event. The SLAAA/ADRC works closely with service providers to ensure emergency plans are updated annually so that the SLAAA/ADRC has knowledge of what plans are in effect to contact every client within the

service provider's area, as well as identify any potential weaknesses or coverage gaps to overcome.

The SLAAA/ADRC currently updates its emergency contact information at least annually or when necessary for AAA/ADRC staff, directors of providers/contractors agencies, and county emergency management officials in the event of a disaster or emergency. This is accomplished by either calling or emailing agencies on the list for updates.

Currently, the SLAAA/ADRC I&R/A Specialist coordinates any emergency preparedness response activities and keeps updated emergency contact information for the local EMD official, AAA/ADRC staff, and the LGOA Emergency Preparedness Coordinator. The SLAAA/ADRC Director and I&R/A Specialist are designated to be on call throughout the duration of a declared disaster. The SLAAA/ADRC Director will maintain communications with the LGOA Emergency Preparedness Coordinator in the event of an emergency/disaster. The SLAAA/ADRC Director will also establish that all providers/contractors develop an Emergency Preparedness protocol. All protocols will be implemented during contract renewals.

The SLAAA/ADRC had no indication that our region would be impacted by a fire at the COG, the 100 year flood, and Hurricane Matthew within a two year time span. However, due to the relationships that have been built between the SLAAA/ADRC and emergency preparedness organizations our agency has become a leader in the state in emergency preparedness. The SLAAA/ADRC has learned valuable lessons throughout the process, which has allowed our agency to fill in the gaps and become better prepared for when we are faced with another emergency/disaster.

Describe the AAA's protocols to deliver group dining and home-delivered meals, transportation, and home care during an emergency. (The AAA shall collaborate with providers to develop an emergency service delivery plan for group dining and home-delivered meals, transportation, and home care. The emergency plan shall also **cover** general agency operations during periods of crisis, hazardous weather, unscheduled closings, and any other emergency situations.)

AAA/ADRC Response: Contractors have partnerships with local law enforcement, fire departments, and emergency preparedness agencies in their perspective counties. Contactors are also responsible for printing the LG135 and LG137 reports from the AIM database on a monthly basis or before a foreseen emergency/disaster. The AAA/ADRC also stipulates in its contracts with providers that an Emergency Preparedness Plan must be in place. When staffing changes occur within the agency revisions must be provided to the AAA/ADRC within five business days.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

AAA/ADRC Response: The AAA has been working closely with the LGOA to develop a pilot project in which those elderly persons having a priority score and living in rural areas are able to

receive home-delivered meals for five to seven days at a time. This will enable them to live at home as long as possible. The PSA is a very rural region so the waiting lists are long which is due to an increasing number of elderly who fit the target population and wish to remain independent and live at home as long as possible.

Section 307(a)(14)

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

AAA/ADRC Response: The AAA utilizes the most current United States Census data to determine the number of low-income minority older individuals in the PSA. This also includes the number of low-income minority older individuals with limited English proficiency. The AAA coordinates and partners with the SC Works division, which is a contractor for the Workforce Department within the SLRCOG, to utilize their staff who are bi-lingual as their translator.

Section 307(a)(29)

The plan shall include information detailing how the AAA will coordinate activities, and develop long-range emergency preparedness plans, with local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery. Describe the involvement of the PSA Director and AAA Director in the coordination and implementation of emergency management plans.

AAA/ADRC Response: The SLAAA/ADRC I&R/A Specialist coordinates any emergency preparedness response activities and keeps updated emergency contact information for the local EMD official, AAA/ADRC staff, and the LGOA Emergency Preparedness Coordinator. The SLAAA/ADRC Director and I&R/A Specialist are designated to be on call throughout the duration of a declared disaster and provide the PSA Director with updates as needed. The SLAAA/ADRC Director will maintain communications with the LGOA Emergency Preparedness Coordinator in the event of an emergency/disaster. The SLAAA/ADRC Director will also establish that all providers/contractors develop an Emergency Preparedness protocol. All protocols will be implemented during contract renewals.

The current emergency plans were successfully utilized during the 2015 flood disaster and Hurricane Matthew. During these catastrophic events, the AAA stayed in constant communication with their providers/contractors as well as the LGOA. As a response to the recent disasters, the I&R/A Specialist has increased the amount of training she receives to increase her knowledge of how to better prepare the Santee-Lynches region for the next time an emergency/disaster occurs. In addition, the SLAAA/ADRC Regional Emergency Preparedness Plan continues to be revised and updated as needed by the I&R/A Specialist.

Attachment C: AAA Funding & Fiscal Oversight

Please demonstrate the protocols and policies the Area Agency on Aging used to distribute federal and state funds, allocated by the Lieutenant Governor's Office on Aging (LOGA), to its local service providers. The methodology for distributing the funds should be clearly explained in Attachment C.

1. Funding Protocols and Policies

AAA/ADRC Response: Santee-Lynches Regional COG/AAA (SLRCOG/AAA) contracts with service providers for Transportation, Group Dining, Home Delivered Meals and Level I Home Care services as well as Evidence Based Health Promotion Programs. These primary service areas were determined a number of years ago through a state-wide and regional needs assessment.

Contracts are issued with individual providers for rates established through a procurement and price negotiation process. Because of this system, SLRCOG/AAA does not use a formula allocation of funding. Instead, we review from year to year the levels of service previously provided and consider that information to develop the next year's proposed contracts and associated funding. SLRCOG/AAA also has a funds utilization condition in its contracts that allows, during each fiscal year, for the redistribution of units of service (and associated funding) if contractors are consistently underserving.

In FY 14-15, SLRCOG/AAA began performing client assessment services in house for the entire region. By assessing potential clients and performing reassessments when needed on existing clients, SLRCOG/AAA has a much better handle on where and what services are most needed. The flexibility of being able to address those needs is provided in the methods SLRCOG/AAA uses to fund services.

In establishing the level of funding budgeted for access to services, in-home services and legal assistance, the AAA/ADRC utilizes the funding allocated by LGOA for legal services. This amount is required to be at least 1% of III-B allocated funds. Funds for access to services and in-home services are then allocated based on a review of prior use and projected needs determined by client assessments.

2. Competitive Procurement

Describe the AAA's procurement policy and the process that it uses to award services to contracted service providers.

AAA/ADRC Response: SLRCOG has a formal procurement policy which the AAA/ADRC follows to request competitive requests for proposals for services. Service awards including terms and prices are negotiated with successful proposer(s).

Include the execution and end date for all active contracts.

AAA/ADRC Response:

Provider	Contact Start Date	Contract End Date
Clarendon COA	July 1, 2016	June 30, 2017
Kershaw COA	July 1, 2016	June 30, 2017
Lee COA	July 1, 2016	June 30, 2017
Sumter Senior Services	July 1, 2016	June 30, 2017
Senior Catering	July 1, 2016	June 30, 2017

Are there any counties in the AAA's service region where services were not competitively procured?

AAA/ADRC Response: No

If so, please explain the circumstances. Provide details on steps taken to identify service contractors in those counties.

AAA/ADRC Response: N/A

3. Fiscal Monitoring

Please describe how the AAA conducts fiscal monitoring of the providers and the frequency of the reviews. Provide details of how the AAA addresses issues of non-compliance as a result of monitoring providers. (Attach a copy of the AAA's written procedures for monitoring and compliance to this Area Plan.)

AAA/ADRC Response: Financial staff conducts fiscal monitoring of its contracted providers on an annual basis. Although there is no written procedure for this monitoring, documentation is sampled for each service provided. Staff reviews sign in sheets, drivers' logs, route sheets, client care records/timesheets, etc. to obtain an assurance that service provision is adequately documented. A written report is provided to each service contractor and outlines any corrective actions needed or improvements recommended. A written response is required. These reports are used in the following year as a starting point for review to assure measures outlined have been taken.

In addition, provide a copy of the AAA's Excel Spread Sheet used to determine the unit cost for each specific service delivered by the AAA and/or the contracted provider.

AAA/ADRC Response: Currently, unit costs are proposed by respondents to the request for proposals. Pricing is negotiated based on a review of the history of pricing in the region for these services. *See Insert 1 - 2015-2016 Budget History of Units and Unit Costs as an example.*

For meals, use Attachment B found in the 2016 Minimum Meal Bid Specifications for determining unit costs.

AAA/ADRC Response: The AAA/ADRC uses a competitive procurement for contracted catering of hot and frozen meals delivered to service providers. Prior year trends for pricing and

the Consumer Price Index have been used to limit price increases during a contract period. Otherwise, the procurement establishes the cost.

4. Reimbursement for Services:

The AAAs 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.

AAA/ADRC Response: The methodology for determining unit cost is by competitive procurement with pricing negotiated based on the factors noted above.

In its Area Plan, the AAA shall provide the process it uses to verify the providers'/contractors' unit costs. The AAA shall provide the LGOA with a written plan, to be submitted in their Area Plan, which addresses how the AAA shall ensure that providers/contractors are earning their units in accordance with the OAA and LGOA policies.

AAA/ADRC Response: Levels of units of service are reviewed on a monthly basis compared to amounts contracted. The AAA has a Funds Utilization Policy that provides for quarterly review of units served versus contracted units. This policy is a part of the contract with the provider.

For fixed rate home care providers, the AAA monitors levels of service on a regular basis and provides authorization to add clients on a consistent basis as attrition takes place.

5. Current Funding Resources for AAA Operations:

(Do not discuss the service delivery activities carried out at the AAA level in this section.) Along with the OAA and State funds allocated by formula to the planning and service area region, specify all other sources and amounts of revenue available for the planning and administration of operations of the aging unit. Include any discretionary grants from the LGOA, other State agencies, direct Federal grants, foundation grants, and local resources that provide financial support to the administrative functions of the aging unit. Specify the source and purpose of any grant/program administered by the aging unit that prohibits administrative expenditures. This information should be provided in a table format. The director of the multipurpose agency must certify that the AAA shall not use funds received under the Older Americans Act (OAA) to pay any part of a cost incurred to carry out a contract or commercial relationship that is not necessary to implement OAA requirements. Discuss the policies and protocols the AAA has in place to certify fiscal integrity for the AAA and its providers.

AAA/ADRC Response: *See Insert 2 – Current Funding Resources for AAA Operations.*

6. Match Requirements:

The AAA shall provide the LGOA with a written plan to demonstrate how it verifies the correct use of required matches at the AAA and provider levels. Show how the AAA intends to document the retention of match documentation over the duration of this Area Plan.

AAA/ADRC Response: Required match at the AAA level is posted based on the amount of match calculated each month through the Request for Payment process with LGOA. Amounts posted for match are periodically checked for accuracy. At the provider level, the AAA reimburses contracted services at 90% of total unit cost. This method generates the required match for program services. The match amounts are compared to reports generated from the state-wide client information system, AIM, and verified in that manner. SLRCOG policy is to retain financial records for seven years which will meet the match documentation retention requirement.

Attachment C – Insert 1: 2015-2016 Budget History of Units & Unit Cost Spreadsheet

REGION: VI-Santee-Lynches **Note:** Costs, rates and unit information provided for 15-16 are ESTIMATES ONLY. SLRCOG is still in the process of procurement for raw food and cherrymothsealing services. Rates with providers will be negotiated once these procurements are completed AND once funding is determined.

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2013, July 1, 2014, July 1, 2015, and July 1, 2016

State Fiscal Year Beginning July	County of Provider	Transportation Chevrolet/Ford	Transportation Chevrolet/Units	Transportation/Hotel Unit Cost	Chow, Meals, Meeting Units	Chow, Meals, Meeting Unit Cost	Householder Inpatient Pay Case Funds	Householder Inpatient Pay Case Unit Cost	Householder Inpatient Pay Case Unit Cost	Householder Inpatient Pay Case Unit Cost	Householder Inpatient Pay Case Unit Cost	Household Care Inpatient Pay Case Unit Cost	Household Care Inpatient Pay Case Unit Cost	Household Care Inpatient Pay Case Unit Cost	Household Care Inpatient Pay Case Unit Cost	Home Living Support Units	Home Living Support Unit Cost
2013-2014	Clarendon	\$31,338	27,250	\$1,1800	\$25,576	1,804	\$15,9501	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2014-2015	Clarendon	\$47,749	43,017	\$1,1100	\$60,561	3,170	\$15,9496	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2015-2016	Clarendon	\$84,526	43,017	\$1,5000	\$74,828	4,691	\$15,9514	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2016-2017	Clarendon																
2013-2014	Kershaw	\$94,702	82,348	\$1,1500	\$48,197	3,022	\$15,9500	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2014-2015	Kershaw	\$100,452	87,401	\$1,7500	\$76,504	4,797	\$15,9500	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2015-2016	Kershaw	\$100,452	87,401	\$1,7500	\$100,238	6,295	\$15,9500	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2016-2017	Kershaw																
2013-2014	Lee	\$70,333	54,610	\$1,2879	\$40,896	2,564	\$15,9501	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2014-2015	Lee	\$85,776	63,610	\$1,6000	\$54,610	3,424	\$15,9501	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2015-2016	Lee	\$93,818	63,610	\$1,7800	\$79,342	4,912	\$15,9498	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2016-2017	Lee																
2013-2014	Spartan	\$64,226	49,869	\$1,2879	\$115,613	7,261	\$15,9500	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2014-2015	Spartan	\$104,582	55,043	\$1,9000	\$145,976	9,153	\$15,9492	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2015-2016	Spartan	\$104,580	55,043	\$1,9000	\$169,739	10,843	\$15,9484	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2016-2017	Spartan																
2013-2014	SLRCOG																
2014-2015	SLRCOG																
2015-2016	SLRCOG																
2016-2017	SLRCOG																
2013-2014																	
2014-2015																	
2015-2016																	
2016-2017																	
2013-2014	REGIONWIDE	\$260,599	214,078	\$1,2173	\$230,482	14,450	\$15,9500	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2014-2015	REGIONWIDE	\$336,599	209,071	\$1,6193	\$327,650	20,543	\$15,9496	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2015-2016	REGIONWIDE	\$303,376	209,071	\$1,7381	\$423,147	26,530	\$15,9496	\$0	0	\$0	0	\$0	0	\$0	0	0	0
2016-2017	REGIONWIDE	\$0	0		\$0	0		\$0	0	\$0	0	\$0	0	\$0	0	0	0

Attachment D - Insert 1 - 2015-2016 Budget History of Units and Unit Costs

REGION: VI- Santee-Lynches Note: Costs, rates and unit information provided for 16-16 are ESTIMATES ONLY. SLR/COG is still in the process of procurement for raw food and cherehommaking services. Rates with providers will be negotiated once these procurements are completed AND once funding is determined.

Four Year History of Contracted Units and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2013, July 1, 2014, July 1, 2015, and July 1, 2016

State Fiscal Year Beginning July	County of Provider	Legal Assistance Funds	Legal Assistance Units	Legal Assistance Unit/Case	Adult Day Service Contracted Units	Adult Day Service Contracted Funds	Adult Day Service Contracted Unit Cost	People Care Contracted Units	People Care Contracted Unit Cost	U.R. and A. Contracted Funds	U.R. and A. Contracted Units	L.R. and A. Contracted Unit Cost	Case Management/Re Assessment Contracted Funds	Case Management/Re Assessment Contracted Units	Case Management Contracted Unit Cost
2013-2014	Cherokee	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	
2014-2015	Cherokee	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	
2015-2016	Cherokee														
2016-2017	Cherokee														
2013-2014	Kershaw	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	
2014-2015	Kershaw	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	
2015-2016	Kershaw														
2016-2017	Kershaw														
2013-2014	Lee	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	
2014-2015	Lee	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	
2015-2016	Lee														
2016-2017	Lee														
2013-2014	Sumter	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	
2014-2015	Sumter	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	
2015-2016	Sumter														
2016-2017	Sumter														
2013-2014	SLR/COG				\$0	0		\$0	0				\$68,603	1,800	\$38,1128
2014-2015	SLR/COG				\$0	0		\$0	0				\$135,171	4,291	\$31,5010
2015-2016	SLR/COG				\$0	0							\$173,000	5,250	\$32,9524
2016-2017	SLR/COG														
2013-2014					\$0	0		\$0	0						
2014-2015					\$0	0		\$0	0						
2015-2016															
2016-2017															
2013-2014	REGIONWIDE	\$0	0		\$0	0		\$0	0	\$0	0		\$68,603	1,800	\$38,1128
2014-2015	REGIONWIDE	\$0	0		\$0	0		\$0	0	\$0	0		\$135,171	4,291	\$31,5010
2015-2016	REGIONWIDE	\$0	0		\$0	0		\$0	0	\$0	0		\$173,000	5,250	\$32,9524
2016-2017	REGIONWIDE	\$0	0		\$0	0		\$0	0	\$0	0		\$0	0	

Attachment D - sheet 1 - 2016-2016 Budget History of Units and Unit Costs

REGION: VI- Santee-Lynches Note: Costs, rates and unit information provided for 15-16 are ESTIMATES ONLY. SLRCCOG is still in the process of procurement for raw food and churchhomebased services. Rates with providers will be negotiated once these procurements are completed AND once funding is determined.

Four Year History of Contracted Units and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2013, July 1, 2014, July 1, 2015, and July 1, 2016

State Fiscal Year Beginning July	County or Provider	Group Dining Contracted Funds	Group Dining Contracted Units	Group Dining Contracted Unit Cost	Items Delivered Meats Contracted Unit Cost	Items Delivered Meats Contracted Units	Items Delivered Meats Contracted Unit Cost	Health Screening Contracted Funds	Health Screening Contracted Units	Health Screening 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
2013-2014	Clarendon	\$83,025	11,760	\$7,069	\$157,114	25,058	\$6,270	\$0	0	\$0	\$5,744	428	\$13,4206	\$0	0	\$0	\$6,308	489	\$12,8998
2014-2015	Clarendon	\$74,269	11,770	\$6,310	\$176,417	28,272	\$6,240	\$0	0	\$0	\$6,308	489	\$12,8998	\$0	0	\$0	\$6,308	489	\$12,8998
2015-2016	Clarendon	\$74,269	11,770	\$6,310	\$184,248	29,527	\$6,240	\$0	0	\$0	\$6,321	490	\$12,8000	\$0	0	\$0	\$6,321	490	\$12,8000
2016-2017	Clarendon				\$171,983	27,829	\$6,180												
2013-2014	Kershaw	\$96,736	12,323	\$7,860	\$150,273	23,407	\$6,420	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2014-2015	Kershaw	\$105,721	13,056	\$7,630	\$160,204	25,923	\$6,180	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2015-2016	Kershaw	\$110,780	14,519	\$7,630	\$171,983	27,829	\$6,180	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2016-2017	Kershaw				\$118,297	20,326	\$5,820												
2013-2014	Lee	\$121,847	15,174	\$8,030	\$118,297	20,326	\$5,820	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2014-2015	Lee	\$129,676	16,776	\$7,730	\$125,049	21,573	\$5,810	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2015-2016	Lee	\$129,676	16,776	\$7,730	\$132,340	22,778	\$5,810	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2016-2017	Lee				\$196,899	33,797	\$5,820												
2013-2014	Sumter	\$177,287	22,078	\$8,030	\$241,813	43,104	\$5,610	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2014-2015	Sumter	\$166,133	20,888	\$8,030	\$241,813	43,104	\$5,610	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2015-2016	Sumter	\$166,129	20,888	\$8,028	\$246,332	44,444	\$5,610	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2016-2017	Sumter				\$246,332	44,444	\$5,610												
2013-2014	SLRCCOG				\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2014-2015	SLRCCOG				\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2015-2016	SLRCCOG				\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2016-2017	SLRCCOG				\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2013-2014					\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2014-2015					\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2015-2016					\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2016-2017					\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
2013-2014	REGIONWIDE	\$478,895	61,335	\$7,807	\$628,383	102,588	\$6,068	\$0	0	\$0	\$22,557	1,880	\$11,9884	\$0	0	\$0	\$22,557	1,880	\$11,9884
2014-2015	REGIONWIDE	\$475,801	63,091	\$7,541	\$705,483	118,822	\$5,820	\$0	0	\$0	\$25,250	2,109	\$11,9725	\$0	0	\$0	\$25,250	2,109	\$11,9725
2015-2016	REGIONWIDE	\$480,866	63,754	\$7,542	\$737,903	124,576	\$5,822	\$0	0	\$0	\$25,356	2,119	\$11,9660	\$0	0	\$0	\$25,356	2,119	\$11,9660
2016-2017	REGIONWIDE	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0

Attachment D - Inset 1 - 2013-2016 Budget History of Units and Unit Costs

REGION: VI- Santee-Lynches Note: Costs, rates and unit information provided for 15-18 are ESTIMATES ONLY. SLRCOG is still in the process of procurement for raw food and chore/homemaking services. Rates with providers will be negotiated once these procurements are completed AND once funding is determined.

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2013, July 1, 2014, July 1, 2015, and July 1, 2016

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Hives Injury Prevention Contracted Funds	Hives Injury Prevention Contracted Units	Hives Injury Prevention Contracted Unit Cost	Medication Management Contracted Funds	Medication Management Contracted Units	Medication Management Contracted Unit Cost	Miss Home Regular Contracted State Funds	Miss Home Regular Contracted State Units	Miss Home Regular Contracted Unit Cost	Medication Management Contracted Unit Cost	Medication Management Contracted Units	Medication Management Contracted Unit Cost	Micro Home Regular Contracted State Funds	Micro Home Regular Contracted State Units	Micro Home Regular Contracted Unit Cost			
2013-2014	Clarendon	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2014-2015	Clarendon	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2015-2016	Clarendon																					
2016-2017	Clarendon																					
2013-2014	Kershaw	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2014-2015	Yorkshire	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2015-2016	Northwest																					
2016-2017	Northwest																					
2013-2014	Lee	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2014-2015	Lee	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2015-2016	Lee																					
2016-2017	Lee																					
2013-2014	Sumter	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2014-2015	Sumter	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2015-2016	Sumter																					
2016-2017	Sumter																					
2013-2014	SLRCOG	\$0	0		\$0	0		\$2,508	800	\$3.1363	\$0	0					\$0	0		\$0	0	
2014-2015	SLRCOG	\$0	0		\$0	0		\$0	0		\$0	0					\$0	0		\$0	0	
2015-2016	SLRCOG							\$0	0													
2016-2017	SLRCOG	\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2013-2014		\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2014-2015		\$0	0		\$0	0					\$0	0					\$0	0		\$0	0	
2015-2016																						
2016-2017																						
2013-2014	REGIONWIDE	\$0	0		\$0	0		\$2,508	800	\$3.1363	\$0	0					\$0	0		\$0	0	
2014-2015	REGIONWIDE	\$0	0		\$0	0		\$0	0		\$0	0					\$0	0		\$0	0	
2015-2016	REGIONWIDE	\$0	0		\$0	0		\$0	0		\$0	0					\$0	0		\$0	0	
2016-2017	REGIONWIDE	\$0	0		\$0	0		\$0	0		\$0	0					\$0	0		\$0	0	

Attachment D - Head 1 - 2015-2018 Budget History of Units and Unit Costs

**Attachment C - Insert 2: Current Funding Resources for AAA Operations
Estimation of funds to be utilized in FY 2017-2018 for AAA Operations**

Source	Amount	Purpose
OAA, Insurance Counseling & State funds	\$ 609,456	AAA operations to include planning for and administration of programs such as Family Caregiver, Ombudsman, Information/Referral & Assistance and Insurance Counseling, and conducting client eligibility assessment
Fee for Services Programs	\$ 165,768	Management of programs for in home services to veterans
Member local government support	\$ 88,723	Unrestricted local funding available to be used for required match of AAA operations
TOTAL FUNDING/SUPPORT	\$ 863,947	

All of the grants/programs currently administered by the aging unit allow administrative expenditures.

The AAA/ADRC is staffed by employees of the Santee-Lynches Regional Council of Governments (SLRCOG). Therefore, all operating policies and procedures and financial management protocols and controls established for SLRCOG apply to the AAA/ADRC. SLRCOG has written personnel and procurement policies and financial procedures and is subject to a single audit each year by an independent auditing firm. SLRCOG is monitored each year by at least one of its major federal funding sources, and this monitoring includes review of policies, practices and internal controls. SLRCOG finance and AAA/ADRC staff perform annual quality assurance and financial monitoring of its providers of aging services to assure adherence to contractual requirements.

I, G. Michael Mikota, Executive Director of Santee-Lynches Regional Council of Governments, certify that the Santee-Lynches AAA/ADRC shall not use funds received under the Older Americans Act (OAA) to pay any part of a cost incurred to carry out a contract or commercial relationship that is not necessary to implement OAA requirements.



 G. Michael Mikota, Ph. D.

Attachment D: General and Programmatic Information

1. **Monitoring:** Describe the procedures established by the AAA to determine if the providers/contractors are delivering services as described in the provider's contract. Address the AAA policies regarding formal visits to providers/contractors and unannounced provider/contractor visits. Describe what corrective action the AAA takes with providers who fail to deliver contracted services, or to follow the methods of service delivery described in the RFP response.

AAA/ADRC Response: The SLAAA/ADRC designates staff members to conduct its Quality Assurance (QA) visits throughout the Fiscal Year. Unannounced visits take place once a year at all of the congregate meal sites in the SLAAA/ADRC region. Annual QA visits include both programmatic and fiscal monitoring of each provider/contractor to ensure compliance with the current policies and procedures manual, as well as provider contracts. Technical assistance (TA) is offered to the providers/contractors during quarterly provider/contractor meetings and may also be requested by providers/contractors as needed throughout the fiscal year. The providers/contractors are encouraged to submit agenda items for each of the quarterly trainings.

To ensure services are delivered properly, the SLAAA/ADRC utilizes QA forms created based on the Request for Proposal (RFP) and policy and procedures set forth by the LGOA and SLAAA/ADRC. After a QA unannounced visit has taken place the SLAAA/ADRC provides the provider/contractor with a report revealing areas that require a corrective action. Providers/contractors are then required to submit a report to the SLAAA/ADRC outlining their corrective action plans and how they will be implemented. QA findings and trends will also be addressed during quarterly provider/contractor meetings and Annual Nutrition Training.

Financial staff conducts fiscal monitoring of its contracted providers on an annual basis. Although there is no written procedure for this monitoring, documentation is sampled for each service provided. Staff reviews sign in sheets, drivers' logs, route sheets, client care records/timesheets, etc. to obtain an assurance that service provision is adequately documented. A written report is provided to each service contractor and outlines any corrective actions needed or improvements recommended. A written response is required. These reports are used in the following year as a starting point for review to assure measures outlined have been taken.

2. **Client Data Collection:** Provide a summary of the protocols used by the AAA to ensure that each of its providers accurately and consistently records client data into the authorized LGOA data collection system as stipulated.

AAA/ADRC Response: The SLAAA/ADRC utilizes the Advanced Information Management (AIM) system to document Group Dining, Evidenced Based/Health Promotion, Home Delivered Meal, Level 1 Homemaking, Family Caregiver/Care receiver, and legal assessments. In addition, AIM is utilized to enter units both by the SLAAA/ADRC and

provider/contractors for reimbursement. Protocols for regular data entry by contractors are included as an attachment in service contracts. These protocols recognize LGOA procedures and reporting deadlines. SLAAA/ADRC staff members provide training and ongoing technical assistance to provider/contractors.

The SLRCOG Finance Department conducts annual monitoring visits with each provider/contractor and selects samples of client service to review to verify documentation for services claimed as delivered and the processes used by contractors to enter units in AIM.

3. **Resource Development:** Describe the methods that the AAA utilizes to assist providers in developing methods to increase grant related income or to institute cost-sharing for allowable services such as transportation, housekeeping, chore, homemaker, personal care, home living support, group respite, wellness services and senior center activities. Provide data showing how many units of each contracted service were provided with grant related income or cost sharing in the most recently completed program year.

AAA/ADRC Response: Resource development is a key and integral aspect of service delivery. Historically the funds, provided by the OAA to be used as seed money, have seen declines in funding levels but fortunately, State funding has increased slightly. With the growing number of demands for all levels of services from the various agencies across the board, there is uncertainty about future funding. Organizations and communities have to develop systems to generate additional resources to continue/maintain present levels of services. The SLAAA/ADRC will assist in proactive initiatives to providers/contractors in developing methods to increase grant related income or institute cost-sharing for allowable services such as transportation, homemaker, personal care, home living support, group respite, adult day care, wellness services, and senior center activities.

Providers/contractors are encouraged to collect Grant Related Income (GRI). Every contractor has different methods for obtaining GRI for services. The SLRCOG’s Finance Department verifies that GRI is being recorded properly while completing the annual financial monitoring for each contractor. The following table indicates the GRI earned for FY 15-16.

Grant Related Income FY 15-16

<i>Activity</i>	<i>Funding Source</i>	<i>Grant Related Income</i>	<i>Units</i>
<i>Congregate Meals</i>	IIC1	\$13,015.10	1,786.55
<i>Home Delivered Meals</i>	IIC2	\$5,620.79	934.76
<i>Group Dining Transportation</i>	IIIB	\$5,988.54	3,728.51

Another method utilized in 2016-2017 was the partnership with the Pilot club, which on several occasions assisted with cost sharing to provide respite hours for Alzheimer's patients and caregivers. Several other local organizations for supplemental service items (Habitat, COA, and United Ministries) including the donation of assistive technology items and wheel chair ramp construction.

4. **Cost Sharing and Voluntary Contributions:** Describe the AAA's policies and protocols regarding cost-sharing and voluntary contributions in the region, with particular emphasis on these efforts at the provider level. Explain the steps taken by the AAA and providers to collect and/or expand Grant Related Income (GRI) for services funded through state funds.

AAA/ADRC Response: The SLAAA/ADRC shall assist in providing for the identification of public and private resources in, or serving persons in, the planning and service area as part of its overall outreach and coordination efforts. Local aging partners will be asked to assist the SLAAA/ADRC in the planning process in order to better serve the region's older population. The SLAAA/ADRC shall work to coordinate the programs funded under the Area Plan with such resources to increase older persons' access to quality services.

Currently, voluntary contribution systems are clearly explained to individuals who use the agency's services by providers/contractors. An explanation is 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.

5. **High-Risk Providers and Corrective Action Plans (CAP):** Describe what protocols the AAA has set for the four-year Area Plan period in the event that a provider does not deliver services or does not adhere to the terms set by the procurement contract (for example unsatisfactory service delivery, calendars, activities, and other contracted services). The LGOA is looking to see how the AAA determines a provider/contractor to be high-risk and how Corrective Action Plans (CAPs) will be employed to correct the situation. Include specific examples of CAPs and summarize the protocols that the AAA will use to de-designate a provider if that action is merited.

AAA/ADRC Response: The SLAAA/ADRC Policy and Procedures Manual states the following.

A Provider/Contractor shall be considered "high risk" if the AAA/ADRC determined that it:

- Has a history of unsatisfactory performance;
- Is not financially stable;
- Has a management system that does not meet the standards in 45 CFR Part 92 or 45 CFR Part 74, as applicable;
- Has not conformed to terms and conditions of previous awards;
- Is otherwise irresponsible and unresponsive to fulfilling LGOA and AAA/ADRC data collection policies and procedures;

If the AAA/ADRC decides to impose such conditions, it shall notify the “high risk” provider/contractor in writing. The notification shall include:

- The nature of the special condition/restriction imposed upon the provider/contractor;
- The issues which necessitated the “high risk” designation;
- The corrected actions that must be taken by the provider/contractor before conditions are removed;
- The time allowed for completing the corrective actions;
- The consequences for failing to take corrective actions; and
- A method of requesting reconsideration of the conditions or restrictions imposed.

The LGOA also has the authority to designate a provider/contractor as “high risk.” Previously designated high-risk providers/contractors may not bid on or receive contracts unless the issues which necessitated the high-risk designation have been resolved to the satisfaction of the LGOA. The SLAAA/ADRC has not encountered the need to place a provider as high risk in the past three years.

6. **Provider Service Delivery Areas:** Describe what measures the AAA takes to ensure that contracted service providers serve their entire county (or service area) as contracted. If the provider does not serve the entire county (or service area), describe what steps the AAA will take to ensure seniors residing in a service area receive services.

AAA/ADRC Response: The SLAAA/ADRC ensures in its procurement process that those agencies wanting to contract for services are able to serve the entire county. The SLAAA/ADRC is currently working with the LGOA to start a pilot project to drop ship meals to those seniors in remote areas who are unable to receive home delivered meals.

7. **2017 – 2021 Area Plan Standard Assurances and Conditions:** Briefly explain how the AAA addresses and adheres to the terms of the Area Plan Assurances and Conditions, and provide a summary of methods that the AAA employs in carrying out these LGOA requirements. Detail how these methods benefitted the AAA in implementing the requirements of the Area Plan Assurances and Conditions.

AAA/ADRC Response: The SLAAA/ADRC utilizes the On-Line Support Assistance (OLSA) system to record contacts in an accurate and timely manner. Each SLAAA/ADRC staff member is required to enter their programmatic data into OLSA after a contact has been made. The I&R/A Specialist periodically performs quality assurance reviews on random client files to ensure client information is correct. If issues are presented, additional training is provided to all SLAAA/ADRC staff. In addition, annual OLSA training is provided to all SLAAA/ADRC staff.

The SLAAA/ADRC’s current protocol does not include direct entry into the State Health Insurance Program (SHIP) Talk system. Instead, all data is entered into SC ACCESS immediately after assisting clients. All SHIP contacts are then transferred from SC ACCESS to the SHIP Talk system. The SHIP Talk system is utilized by the SMP/SHIP Coordinator on a monthly basis to strictly pull reports and monitor each counselor’s monthly SHIP contact

numbers. In addition, the SMP/SHIP Coordinator enters SMP data into the SMP Information and Reporting System on a monthly basis.

8. **Training and Technical Assistance:** Describe the AAA's training protocols and processes for agency operations, aging services, and client data collections. Explain how the AAA's regional training and education plan has enhanced the delivery of aging services in the region.

AAA/ADRC Response:

Annual Nutrition Trainings are conducted for providers/contractors by the AAA/ADRC to address monitoring, safety, and education. Once annual trainings are complete, contractors are responsible for ensuring that their staff and volunteers are properly trained.

The Family Caregiver Coordinator attends regular Alzheimer's and caregiver support groups and engages in outreach activities such as speaking events with senior groups in local churches and medical facilities. A major push in the 2017-2018 fiscal year is the completion of dementia dialogue training to grow the capacity of the FCSP program to train local professionals in their ability to work with dementia patients. Community education is a strong focus in the next five years for the FCSP program and has developed goals and objectives for increasing caregiver access to home-health training and information.

According to the South Carolina Lieutenant Governor's Office on Aging, the Friendly Visitor Volunteer Program is managed by a Certified Ombudsman. Should the Santee-Lynches Friendly Visitor Volunteer Program choose to obtain an assistant, he/she must be approved by the State Long-Term Care Ombudsman.

The volunteer process is:

1. Establish a training schedule which must be coordinated with State Legal Services Developer.
2. Potential volunteer will complete an application package.
3. Upon review of volunteer packet, the applicant will be interviewed.
4. A Background check on the volunteer is completed.
5. Inform the applicant of acceptance or denial into the program based on Background Report.
6. Each volunteer must attend two one-day training sessions.
7. Volunteer must obtain the required immunizations.
8. Facility assignment will be provided to volunteer and facility orientation conducted.
9. On the first Friendly Visit, the volunteer will shadow the Ombudsman. On the second visit the Ombudsman will shadow the volunteer. Once the volunteer is comfortable, he/she will proceed to conduct Friendly Visits on their own.

The Friendly Visitor Volunteer Program is not currently operational due to the recent certification of the Ombudsman. Recruitment efforts include distribution of program information, community events, and word-of-mouth. The program currently has several interested and potential candidates. Once the final process steps are completed, the training is contingent on the availability of LGOA staff to assist the Ombudsman.

The SLAAA/ADRC looks forward to actively recruiting and maintaining volunteers through the certification process and placing them in facilities. This will greatly fill a social gap for residents. It will also increase the number of friendly visits, while allowing the Ombudsman to focus more on complaints and investigations.

All SLAAA/ADRC program staff attend training that is held at the LGOA. This state training is vital and is an important support system for every AAA staff.

The SLAAA/ADRC has taken the lead and provided technical assistance to other AAA's in the state as they began taking on the assessment process, as well as assisting Appalachian COG's Veteran Directed Coordinator as they began that program in their region. We feel this has brought continuity of how the programs are administered within South Carolina.

9. **Emergency Preparedness:** Provide information on how the AAA coordinates emergency preparedness activities and develops long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments, and any other institution and organization that have responsibility for regional service delivery in an emergency. Provide details on the AAA role and involvement in disaster preparation, response, and recovery as part of the overall emergency preparedness plans in place in the counties in the region. When applicable, describe how the AAA met the challenges of the 2015 flood emergency and Hurricane Matthew in 2016, including how the AAA implemented mutual aid agreements during the emergencies.

AAA/ADRC Response: The SLAAA/ADRC continues working within the region to provide leadership to its constituents, their family members and service providers so that all entities are aware and prepared for any and all emergencies/disasters which may cause service disruptions to the region.

Currently, the SLAAA/ADRC assessment team ensures emergency contact information is collected for all clients receiving services. Contractors have partnerships with local law enforcement, fire departments, and emergency preparedness agencies in their perspective counties. Contactors are also responsible for printing the LG135 and LG137 reports from the AIM database on a monthly basis or before a foreseen emergency/disaster.

Our agency's primary role in disaster preparation is to make sure that all service providers have the necessary support structure in place for its clients so that re-establishing services and providing assistance can begin shortly after a catastrophic event. The SLAAA/ADRC works closely with service providers to ensure emergency plans are updated annually so that we have knowledge of what plans are in effect to contact every client within the service provider's area, as well as identify any potential weaknesses or coverage gaps to overcome.

The SLAAA/ADRC currently updates its emergency contact information at least annually or when necessary for AAA/ADRC staff, directors of providers/contractors agencies, and county emergency management officials in the event of a disaster or emergency. This is accomplished by either calling or emailing agencies on the list for updates.

Currently, the SLAAA/ADRC I&R/A Specialist coordinates any emergency preparedness response activities and keeps updated emergency contact information for the local EMD official, AAA/ADRC staff, and the LGOA Emergency Preparedness Coordinator. The SLAAA/ADRC Director and I&R/A Specialist are designated to be on call throughout the duration of a declared disaster. The SLAAA/ADRC Director will maintain communications with the LGOA Emergency Preparedness Coordinator in the event of an emergency/disaster. The SLAAA/ADRC Director will also establish that all providers/contractors develop an Emergency Preparedness protocol. All protocols will be implemented during contract renewals.

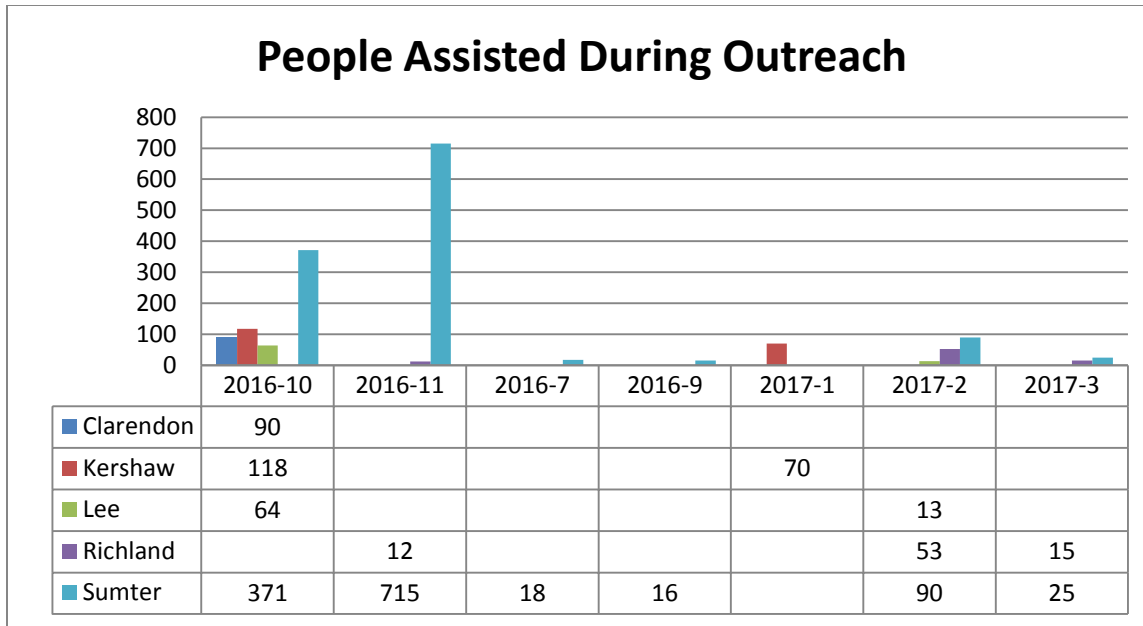
The SLAAA/ADRC had no indication that our region would be impacted by a fire at the COG, the 100-year flood, and Hurricane Matthew within a two year time span. However, due to the relationships that have been built between the SLAAA/ADRC and emergency preparedness organizations our agency has become a leader in the state in emergency preparedness. The SLAAA/ADRC has learned valuable lessons throughout the process, which has allowed our agency to fill in the gaps and become better prepared for when we are faced with another emergency/disaster.

10. **Licensing Protocols:** Describe the AAA's licensing protocols for services requiring licenses. (All sub grantees and providers shall ensure that when state or local public jurisdictions require licensure for the provision of any services under an Area Plan, such licensure shall be obtained. Projects funded with LGOA assistance shall adhere to all quality standards found in Policy Manual.)

AAA/ADRC Response: When services requiring licenses are procured, this requirement will be a part of the procurement response that proposers include current licenses/certifications. For evidence based services that require a certified trainer, the AAA obtains evidence of certification prior to payment for units served.

11. **Outreach:** Summarize the AAA's coordination of outreach in the region, describing the utilization of local partners during the regional planning process.

AAA/ADRC Response: The SLAAA/ADRC coordinates outreach within the region by utilizing RADAC members, SC Works employees, Economic and Community Sustainability (ECS) Department employees, Silver Haired Legislature, faith-based organizations, senior apartment complexes, and the regional senior centers.



The FCSP coordinator participated in several outreach events including regular attendance at the Sumter Alzheimer’s support group meetings and partnerships with the local COA’s. In several instances, the FCSP coordinator worked with local non-profit organizations to find additional resources for seniors or caregivers in need. These included working with Sumter United Ministries, Habitat for Humanity, and Sertoma for assistive technology items that seniors were unable to get through Medicaid. We have collected a detailed list of the majority of medical providers that work specifically with seniors in our region. We are currently reaching out to each of these agencies or providers to introduce our program and provide resource brochures.

12. Memorandums of Agreement (MOA) and Memorandums of Understanding (MOU):

Describe the protocols established by the AAA if Memorandums of Agreement (MOA) or Memorandums of Understanding (MOUs) are used in place of legally executed service contracts. (While the Administration for Community Living (ACL) allows for the use of Memorandums of Agreement (MOA) or Memorandums of Understanding (MOU) in place of legally executed service contracts for aging services, the LGOA encourages the AAA to use legally executed service contracts.)

AAA/ADRC Response: The SLRCOG issues legally executed contracts for service delivery systems completed on an annual basis. The LGOA issues a MOA for the Veteran Directed and Home and Community Based Services Program, which is administered annually. The SLAAA/ADRC issues a MOU for legal services with the South Carolina Legal Services, which is also administered on an annual basis.

13. I&R/A Funding: The AAA shall assure in writing, through its Area Plan, that budgeted I&R/A funding is being used for its allocated purpose, and is not being used to fund programs or activities outside of the I&R/A program area.

AAA/ADRC Response: Activities performed by appropriate staff that are within the scope of I&R/A program activities are recorded on employee activity reports and charged accordingly through the COG's accounting and payroll system.

14. **Regional Transportation Services:** Describe the AAA's protocols for coordination of regional transportation services, including efforts to expand transportation services using non-profit collaborations and partnerships. (The AAAs shall assess the transportation needs of their planning and service areas via their assessments to ensure that the transportation service activities are coordinated according to their transportation needs.)

AAA/ADRC Response: The SLAAA/ADRC plans to collaborate with local non-profit and faith-based organization to coordinate regional transportation services within the Santee-Lynches Region. The SLAAA/ADRC attends local transportation meetings to become educated on county transportation resources.

15. **Nutrition Program:** Summarize the AAA's protocols addressing:
- food temperatures and meal safety;
 - staff and volunteer nutrition program training;
 - evidenced-based nutrition education;
 - maintaining waiting lists in the AIM system;
 - the provision of more than five meals in one week;
 - ensuring justifications are entered in AIM for those clients that require justification for services; and
 - how the AAA addresses the utilization of a Register Dietitian in the region (outside the vendor level).

AAA/ADRC Response:

The SLAAA has a staff person who is responsible for the oversight of the nutrition program. Due to limited OAA funding, there is not a position dedicated to this program; however, the AAA Director as well as other AAA staff when needed, assure the providers/nutrition meal sites are following the LGOA Policies and Procedures manual, as well as the minimum bid specs and OAA requirements. The contracts administered by the SLRCOG also ensure the contractors/providers adhere to all of the above policies. SLAAA staff reviews the vouchers on a monthly basis and reports any discrepancies to the food contractor. The SLAAA also conducts a mandatory annual nutritional training in which food temperatures, meal safety and portion control are always agenda items. Once the training is complete, contractors/providers are responsible for ensuring their staff and volunteers are properly trained. Since the SLAAA conducts the assessments, we maintain the waiting list in AIM and ensure that those with the highest priority score are provided meals. Currently, we are researching the potential partnership with the LGOA to serve more than five meals a week for those elderly in the most remote areas. SLAAA staff understands there must always be a justification in AIM if the priority score is five or under. The AAA staff works closely with the LGOA registered dietician who assists with training, as well as working with the membership committee of the RADAC to fill the next vacancy with a registered dietician.

16. **Family Caregiver Support Program Plan:** Describe the Family Caregiver Support Program plan established by the AAA, including a budget, timeline, outcomes, and measures. Include how the FCSP addresses consumer choice. Summarize how the AAA ensures that all five categories of FCSP services are available in the region. Provide a summary of how the AAA fulfills the requirement of volunteers in the Family Caregiver Support Program.

AAA/ADRC Response: Family Caregiver Support Program: The demands of caregiving may be physical, emotional and financial. Santee-Lynches through its Family Caregiver Support Program offers assistance such as education, respite, and supportive services to caregivers who are caring for loved ones' age 60 or older. Services are also provided to grandparents/relative caregivers raising grandchildren 18 years or younger, in addition to serving people with disabilities ages 19-59.

Alzheimer's program: Santee-Lynches ADRC family caregiver respite voucher can provide financial assistance to arrange short-term professional care through in-home care agencies, adult day care centers, or short-term residential care. To be eligible for this voucher you must have an Alzheimer's/dementia diagnosis from a healthcare provider.

The FCSP program through SLRCOG provides:

- Information about resources that will help family caregivers.
- Assistance to families in locating services from private and voluntary agencies.
- Caregiver training, peer support and counseling to help families cope with the emotional and physical stress of dealing with a family member's chronic condition.
- Respite care provided in a home, an adult day-care center, or over a weekend in a nursing home or an assisted living facility.
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

17. **Ombudsman Program:** These services, known as Ombudsman Program Components are to be summarized in the Area Plan:
- a. advocacy for residents of long term care facilities;
 - b. complaint intake, investigation, and resolution;
 - c. information and assistance;
 - d. community education;
 - e. in-service education;
 - f. visits to residents in facilities; and
 - g. assistance with the development of resident and family councils.

AAA/ADRC Response: The SLAAA/ADRC Long-Term Care (LTC) Ombudsman Program is an advocacy program for residents in licensed nursing and long-term residential care facilities. The purpose of the Santee-Lynches Ombudsman Program is to advocate for the dignity, quality of life, and quality of care for all residents residing in these facilities. The Ombudsman acts as a single point of entry to identify, investigate, and resolve complaints and concerns made by or on behalf of residents of nursing homes and assisted living facilities. Additionally, the Ombudsman works to promote resident-focused resolutions.

The Santee-Lynches Ombudsman Program responds to complaints of abuse, neglect, and exploitation of the region's most vulnerable population. The LTC Ombudsman Program further extends its services within the community by educating facility staff members through in-service training. Additionally, the Ombudsman promotes residents understanding of the resident's rights under the federal 1987 Nursing Home Reform Law.

The Ombudsman Program currently provides services to 37 facilities with approximately 1,845 beds.

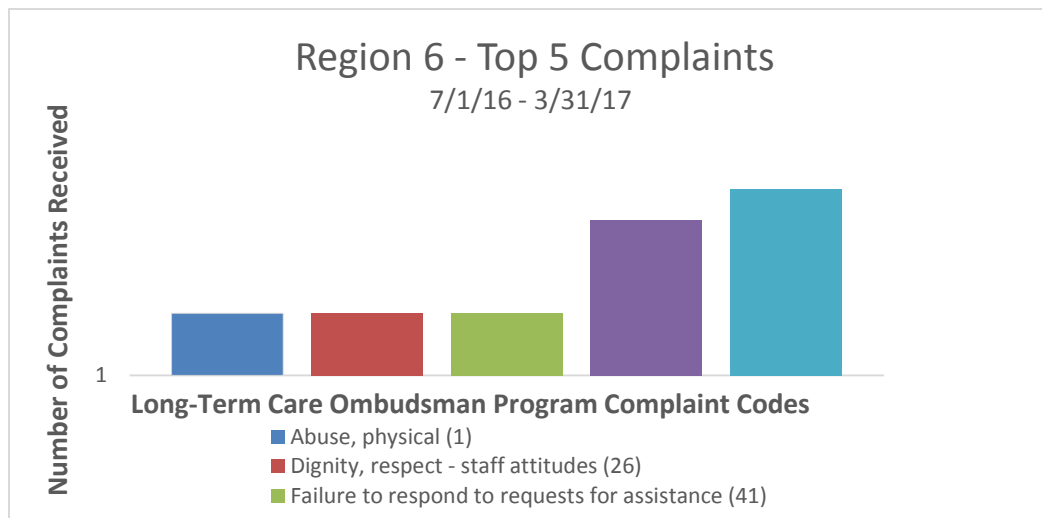
A vital part of the LTC Ombudsman Program is the Friendly Visitor Volunteer Program. The SLAAA/ADRC looks forward to re-establishing this program. Volunteers are recruited, screened, and certified. Upon certification volunteers are assigned to a long-term facility to which they are required to maintain a friendly presence. Friendly Visitor Volunteers are unique individuals who make a significant impact for many residents who reside in long-term care facilities. This service will greatly fill a social gap for residents, as well as increase the quarter friendly visits.

Long-Term Care Ombudsman Service Report

07/01/2016 - 3/31/2017

Cases Opened:	28 cases with 59 complaints
Cases Closed:	31 cases with 62 complaints
Consultations Received:	206
Trainings Conducted:	3
Trainings Attended:	13
Friendly Visits:	28
Volunteers:	0

* Currently, there are no volunteers in the Program. However, recruitment efforts are being made diligently by word of mouth, brochures, and community events.



18. **Legal Assistance Program:** These Legal Assistance components shall be summarized in the Area Plan. The AAA shall:
- establish specific objectives for targeting appropriate populations as set forth in the OAA in the provision of legal assistance;
 - create a plan to achieve those objectives; and
 - provide detailed reporting that documents the extent to which the PSA met the objectives.

AAA/ADRC Response: The LTC Ombudsman is the SLAAA/ADRC designated Legal Services Liaison with South Carolina Legal Services. The Santee-Lynches Region provides legal support for seniors 60 years of age and older. Priority is given to seniors who have the greatest economic and social needs.

19. **Evidence Based and Wellness Programs:** Describe the protocols used by the AAA to ensure that evidence based and wellness programs comply with Title III-D. Please include the AAA's certification protocols.

AAA/ADRC Response: The SLAAA/ADRC will assist in the coordination of Disease Prevention and Health Promotion Services with other community agencies and volunteer organizations with similar program goals throughout the four year duration of the Area Plan. The assistance will be in the form of promoting the program, assisting in providing prospective participants, advertisement and technical assistance.

The SLAAA/ADRC strives to build bridges over gaps in services, and has built partnerships with other agencies that provide similar services to the same targeted population. With these partnerships, the SLAAA/ADRC will assist contractor/providers in coordinating disease prevention and health promotion (DP/HP). With the current partnerships, the SLAAA/ADRC has a deeper understanding of other agencies/organizations and the services they have to offer clients. The SLAAA/ADRC will continue to outreach to those agencies and organizations that may benefit our targeted population.

When services requiring licenses are procured, this requirement will be a part of the procurement response that proposers include current licenses/certifications. For evidence based services that require a certified trainer, the SLAAA/ADRC obtains evidence of certification prior to payment for units served.

20. **Reimbursement Request Accuracy:** Describe the protocols and processes the AAA uses to ensure an accurate payment request.

AAA/ADRC Response: The AAA has a standardized reporting format for its service providers and receives invoices from its fixed rate home care providers and its caterer. All reports and/or invoices are compared to reports generated from AIM (MUSRs and SC13s) to assure requests for payment are supported by units served. The AAA uses the required MUSRs and other documentation to file its requests of payment with LGOA. These requests are reviewed and reconciled according to methods outlined by LGOA in its quarterly finance meetings/trainings.

The FCSP process for reimbursement requests are as follows:

- The FCSP Coordinator prepares a request page that contains the pertinent information regarding dollar amounts, caregiver information, and services rendered.
- The request is sent to the AAA director for approval and signature.
- Following the director signature, all requests are scanned to finance where checks can be created and mailed. Scanning also ensures an electronic back up is created for each paper copy.

The 2016-2017 fiscal year has been a period of refining our process for reimbursements within the FCSP program. After several staff transitioned through the position we needed to apply extra effort and thought to refine our process. One addition this year is a checklist to document each step of the reimbursement process and help ensure accuracy and accountability. Each individual that works on a specific section of the request signs their initials after their task is completed. We are also utilizing two newly-created forms to help complete math and correctly total amounts on the request. These new forms also assist in auto-populating fields with duplicated information. Other modifications to the FCSP process include bi-monthly meetings between the FCSP Coordinator and a finance department representative to ensure that the AIM budget matches the AAA in-house fiscal records.

21. **Assessment Process:** Describe the AAA's assessment protocols and processes from initial client interaction to service delivery, including waiting lists and client selection.

AAA/ADRC Response: Since July 1, 2014, the SLAAA/ADRC assumed the responsibility of conducting the assessment process to ensure a more accurate and accountable system. This process meets the criteria establish by the South Carolina's Aging Network's Policies and Procedures whereas, "A single entity shall not conduct the assessment, choose the client, and deliver the services." (Chapter 404, Section E)

The SLAAA/ADRC continues to be in compliance with the LGOA guidelines. “All clients receiving services through the Lieutenant Governor’s Office on Aging (LGOA) must have a full and valid assessment in order to be a service recipient.” (Chapter 404, Section E)

Based on the required assessment process the SLAAA/ADRC has implemented the following Standard Operating Procedures to ensure individuals with the greatest needs are served first.

Initial Assessments

- Log into Dropbox.
- Click Client Referrals.
- Click Client Referral Spreadsheet – New requests are logged by county. Select the first client on the spreadsheet for the appropriate county. The client request for service form is located under each assessor’s drop box folder. Locate the clients name and print the client request for service form.
- Contact the potential client to determine eligibility. If client is eligible, set the appointment for the assessment within (2) weeks.
 - If unable to make contact with the client after two telephone attempts, a letter will be sent requesting the client to call and schedule an appointment.
- Conduct assessment as follows:
 - Group Dining Clients – Make appointments to meet the clients at the designated senior center. Try to schedule as many Group Dining clients as possible on the same day.
 - Home Delivered Meals & Level 1 Homemaker Clients – Make appointments by geographical area (whenever possible) to maximize time management.
 - Ensure Lt. Governor’s Office on Aging – Consent to Participate Form is executed during appointment.
 - Inform client of the waiting list process.
- Enter assessment in AIM (real-time, whenever possible) to tabulate priority score.
- Place client on the designated Wait List/County and enter priority score.
- Print copy of assessment from AIM (Report LG52 – Data for a Single Client)
- Create client folder and place AIM assessment (LG52) and consent form in client’s folder.
- Complete data entry in SC Access.

Note: The Client Referral Spreadsheet must be checked daily to conduct follow-up on new requests. In addition, once the new request is completed highlight the client’s information in yellow.

Annual Re-Assessments

- Print LG97c (Provider List of All Client with or without Assessments for Given Service) and the LG104 (Alphabetical Client Report by Provider) from AIM.
- Review and cross reference the two reports to highlight upcoming, current, or overdue re-assessments (within 30 day before/after assessment due date).
- For current, next month, as well as any assessments that are within the 30 day before/after the assessment due date.

- Contact the client to set the appointment.
 - If unable to make contact with the client after two telephone attempts, a letter will be sent requesting the client to call and schedule an appointment.
 - If client fails to notify the assessors within seven business days, they will be placed inactive.
- Conduct assessment as follows:
 - Group Dining Clients – Make appointments to meet the clients at the designated senior center. Try to schedule as many Group Dining clients as possible on the same day.
 - Home Delivered Meals & Level 1 Homemaker Clients – Make appointments by geographical area (whenever possible) to maximize time management.
 - Ensure Lt. Governor’s Office on Aging – Consent to Participate Form is executed during appointment.
 - Inform client of the waiting list process.
- Enter assessment in AIM (real-time, whenever possible) to tabulate priority score.
- Print updated copy of assessment from AIM (Report LG52 – Data for a Single Client).
- Place AIM assessment (LG52) and consent form in client’s folder.
- Complete data entry in SC Access.

Wait-Lists

- Submit a copy of the most current wait list to the designated county COA at least twice a month (15th and the end of the month). If a high number of new clients have been assessed, a wait list may be submitted more frequently.
- The COA (Provider) will review the wait list and submit the Service Action Form (SAF) to the AAA Assessor to identify if any clients need to be removed due to voluntary and involuntary reasons (death, institutionalized, moved out of area or by client request).

Removal of Clients from Wait Lists

- Once the COA (Provider) is ready to serve new clients, they will identify the most in-need clients by “priority score” from the most updated wait list. A Service Action Form (SAF) must be completed by the COA (Provider) for each new client and submitted to the AAA Assessor for processing.
- After the COA (Provider) has submitted a Service Action Form (SAF), the COA (Provider) will contact the client notifying them of their tentative start date.
- The AAA Assessor will remove client from the waiting list in AIM.
- Services for the client then begins.

Status Changes of Clients

- It is the responsibility of the COA (Provider) to notify the AAA Assessor of any updates, changes in status of any clients via Service Action Form (SAF).
- If the AAA Assessor is aware of the change first, the Assessor must notify the COA (Provider) and the COA (Provider) must then submit a Service Action Form (SAF).

22. Local Match: Describe how the AAA reviews its “other” programs and services (not funded through ACL/LGOA) to identify possible sources for ACL/LGOA local matching requirements.

AAA/ADRC Response: SLAAA/ADRC meets its administrative and planning match requirements primarily through member local government support. Use of unrestricted excess earnings from fee for services contracts are also potential sources for matching requirement for AAA admin and planning services. The AAA does not currently have access to sufficient “other” programs/services or unrestricted funding to generate matching funds for service dollars. Therefore, to meet matching requirements, the AAA reimburses contracted services at 90% of total unit cost. This method generates the required match for program services.

23. Regional Successes: Please use this opportunity to highlight successes or best practices that the AAA wants shared with the South Carolina Aging Network.

AAA/ADRC Response: During this past year, the Area Agency on Aging (AAA) focused on innovative ways to better serve the older population in our region. In doing this, we realized the most efficient and effective way is to seek partnerships in our community. One of the partnerships was an Intergenerational Pilot Project with Bishopville Primary School. The purpose of the program was to pair an older individual with a 5th grade student in which weekly visits took place allowing the one-on-one time to mentor with each other and then enjoy a hot nutritious lunch together. The project was called Wisdom Wednesdays. One of the outcomes was to see a measurable increase in engagement and socialization for both the older adults and students.



The program was kicked off with a 100th Birthday celebration for Mrs. Rosa Frierson. The class as well as adults enjoyed hearing stories of her childhood and how she made her own dolls to play with and as well as soap. The year ended with a lunch party where each mentor and student shared what they enjoyed most about the past year. One of the mentors encouraged the 5th graders to be themselves when going to middle school and not let others persuade them to go down the wrong path. Valuable words of wisdom to take with them on their next journey.

Partnerships During & After Disasters

The AAA takes emergency preparedness seriously and is constantly looking for ways to educate our older population on being prepared for any situation, rather it be the 100 year flood disaster, hurricanes, or needing to be knowledgeable so they are not the victims of fraud or scams.

AAA staff partnered with local emergency managers, FEMA, and the Volunteer Organizations Active in Disaster (VOAD) Committee to better assist individuals within the Santee-Lynches Region during and after the flood and Hurricane Matthew.

On October 13, 2016 over 4,500 shelf stable meals were delivered to Manning Senior Center after Hurricane Matthew and were provided to senior throughout Clarendon County.



Senior P.R.E.P Partnership with LGOA and Walgreens

The Santee-Lynches AAA/ADRC staff prepared emergency kit bags for the October 13, 2015 and October 20, 2015 Senior P.R.E.P events in Sumter and Camden. A total of 100 emergency kit bags were provided to seniors as well as other educational materials. These partnerships allowed for staff to gain a better understanding of information and resources made available for those affected by the disaster. Staff was also trained on the appeal process with FEMA for those who applied for individual assistance.



Partnership with Sumter’s Evening Pilot Club

November 2016 was National Family Caregivers Month and in honor of our caregivers who give tirelessly of their time caring for their loved ones with dementia or Alzheimer’s Diseases, the Area Agency on Aging (AAA) partnered with the Sumter Evening Pilot’s Club to provide a “day at the spa.” The Pilot Club asked several local businesses for donations such as dinner vouchers, movie tickets, and hair salons for manicures/pedicures. The AAA provided vouchers which would allow the caregivers to hire someone for a day to care for their loved ones while they took care of themselves. As research shows, if you are not taking care of yourself it is very difficult, if not impossible, to care for others.



Partnership with LGOA and VA Dorn

The Veteran Directed Program has expanded to cover 12 counties in South Carolina. In addition to our region, the other counties we now serve are Bamberg, Calhoun, Fairfield, Lexington, Newberry, Orangeburg, Richland and Saluda.

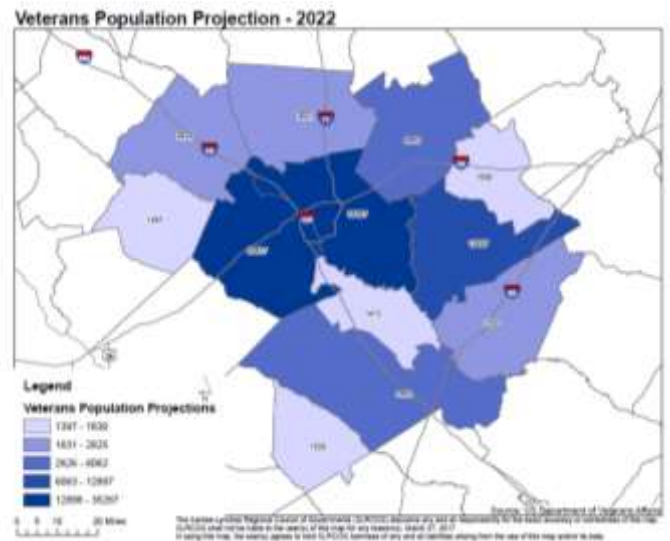
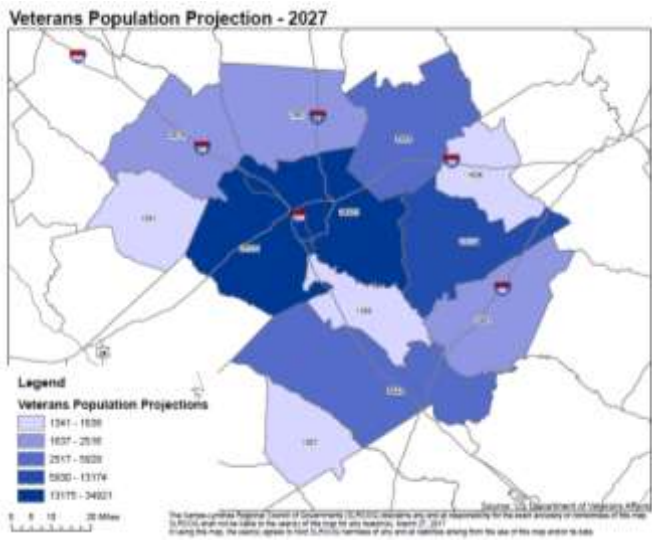
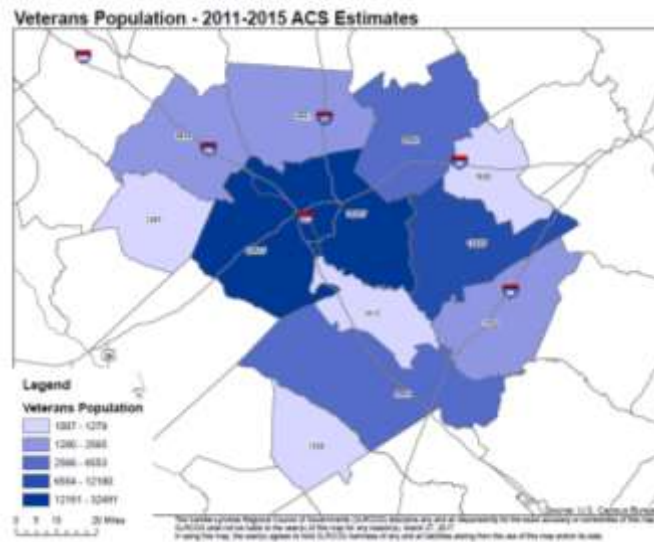
The Veteran Directed Home and Community Based Service Program currently provides 62 qualifying Veterans the freedom to choose support services and goods to help them live safely in their home and in the community.

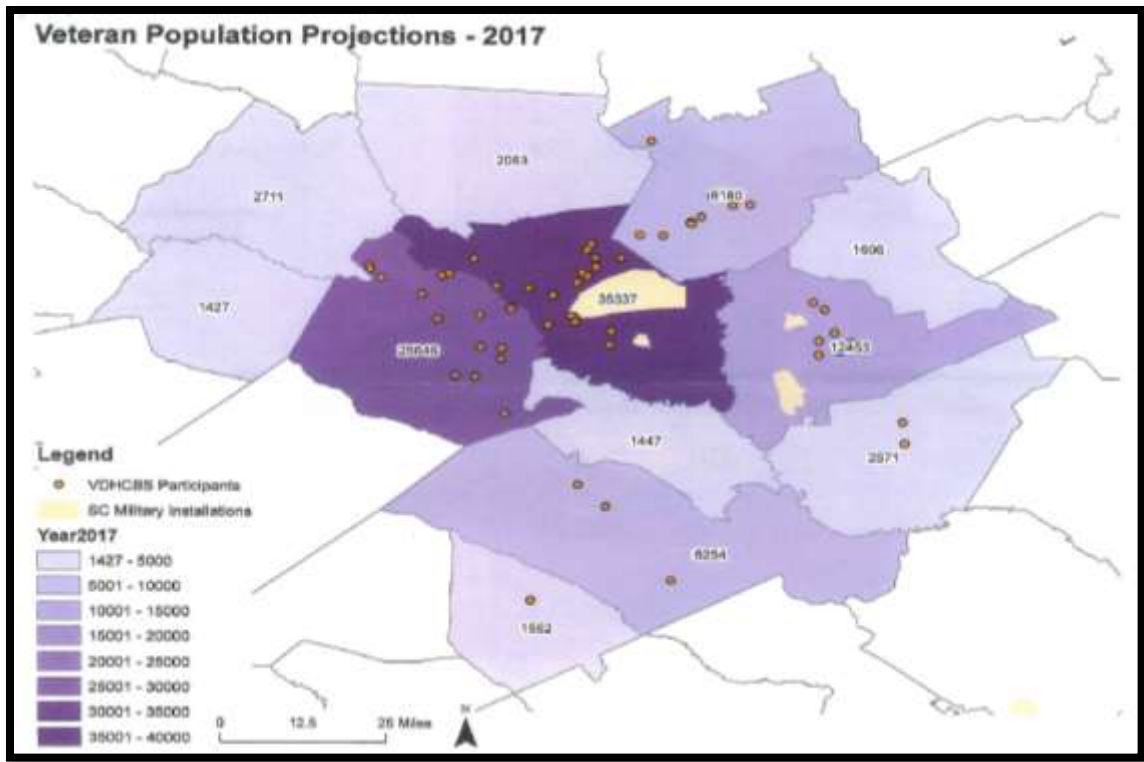
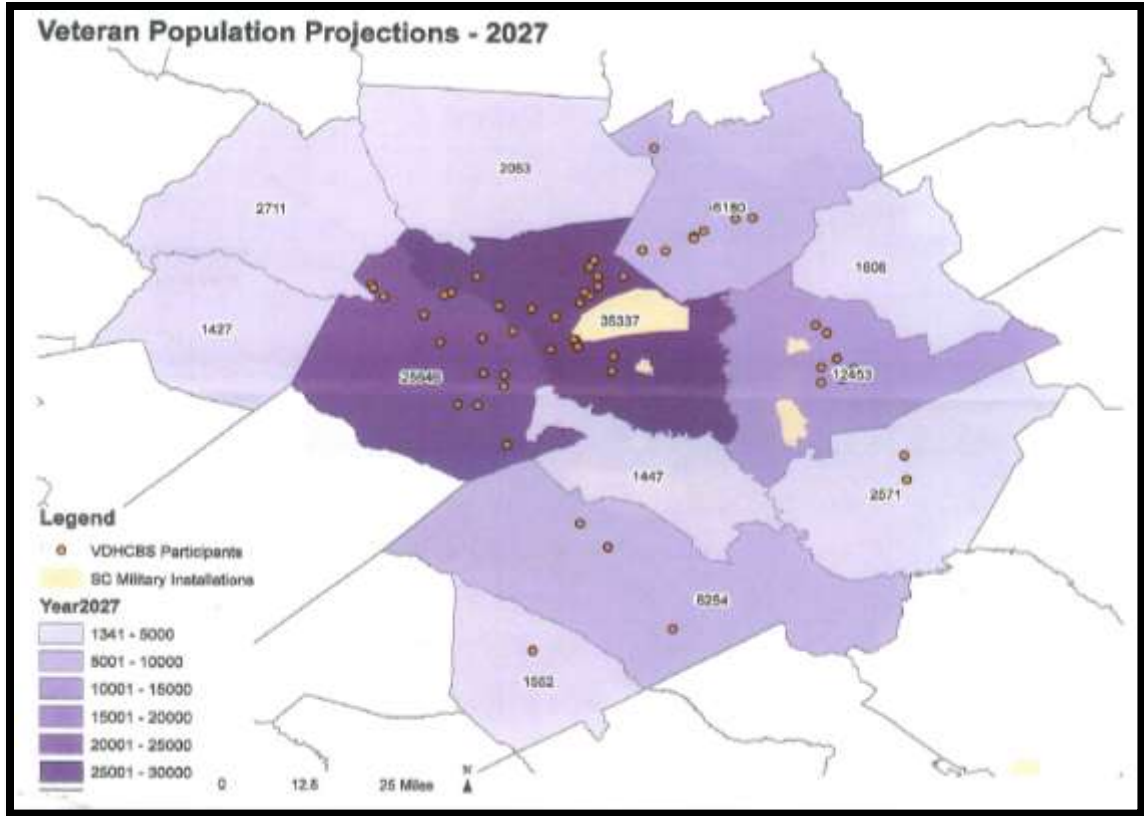
Santee-Lynches Veteran Directed Program Care Coordinator (VDPCC) recently trained and provided technical assistance to the new Care Coordinator for Appalachian COG. For several days, the new VDPCC shadowed and gained first-hand experience in enrolling a Veteran, logging data into the Public Partnerships, LLC web portal and maintaining client information.

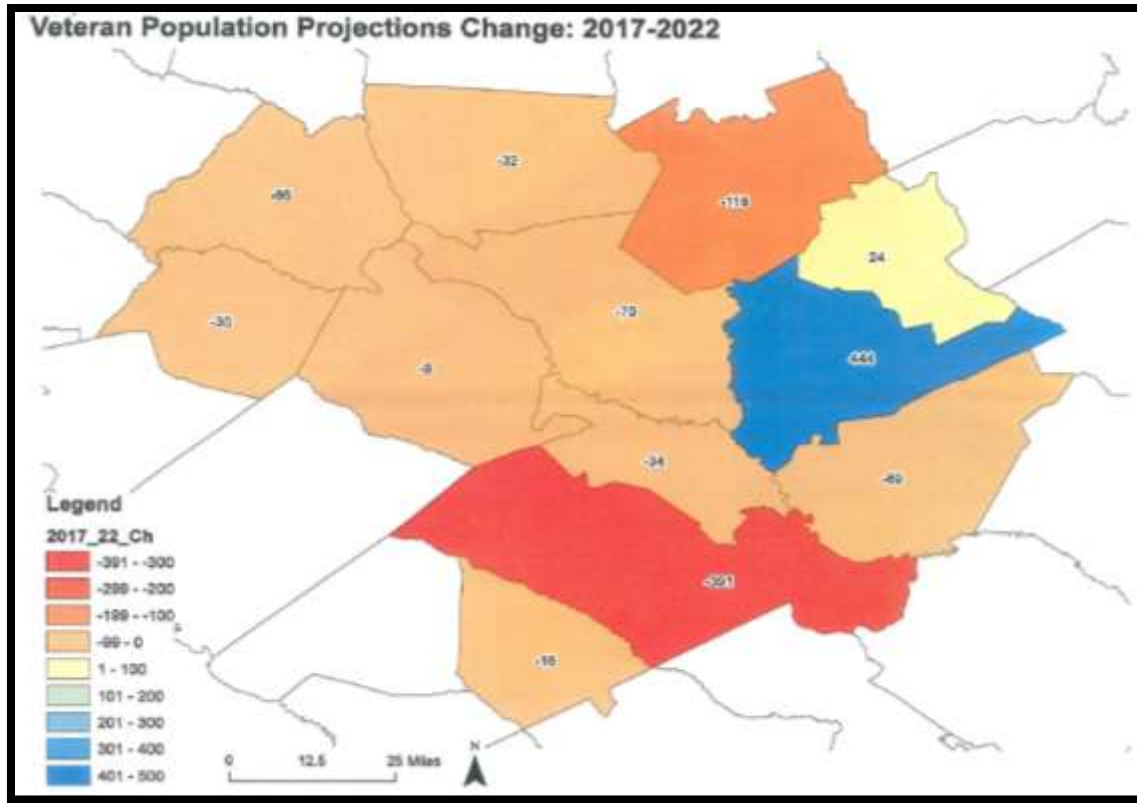
Monthly Cost Savings for each Veteran	
	Avg. Cost Per Month
VA Nursing Home	\$7,950
Veteran Directed Program	- <u>\$2,300</u>
Cost Savings	\$5,650
Avg./Total Savings per Month	
July 16' - August 16' - \$305,1000	

SLAAA is extremely proud of this program and being able to ensure our Veterans receive the highest quality of care and support they have earned.

As the charts indicate below, the increase of Veterans residing in the state of South Carolina will drastically impact the number of in-home and community based services needed to allow the Veterans to continue living in their homes and avoid institutionalization.

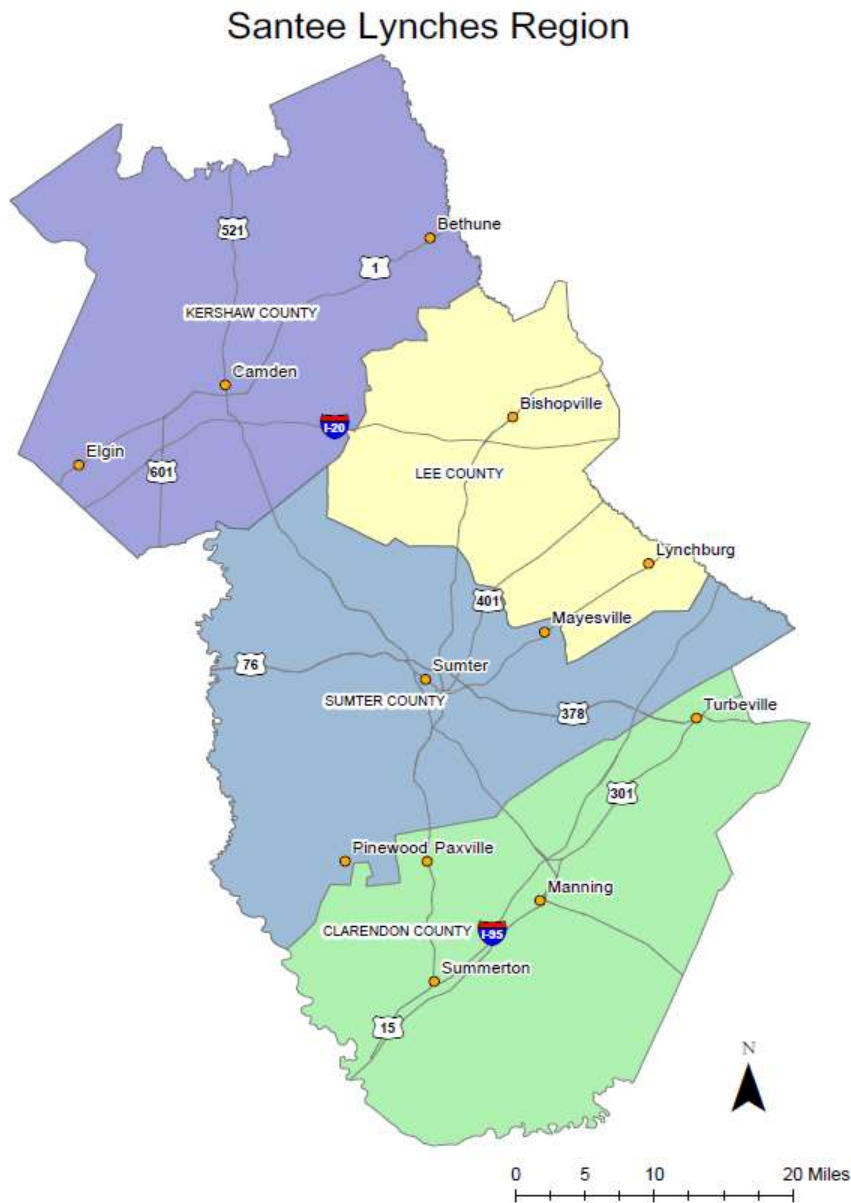






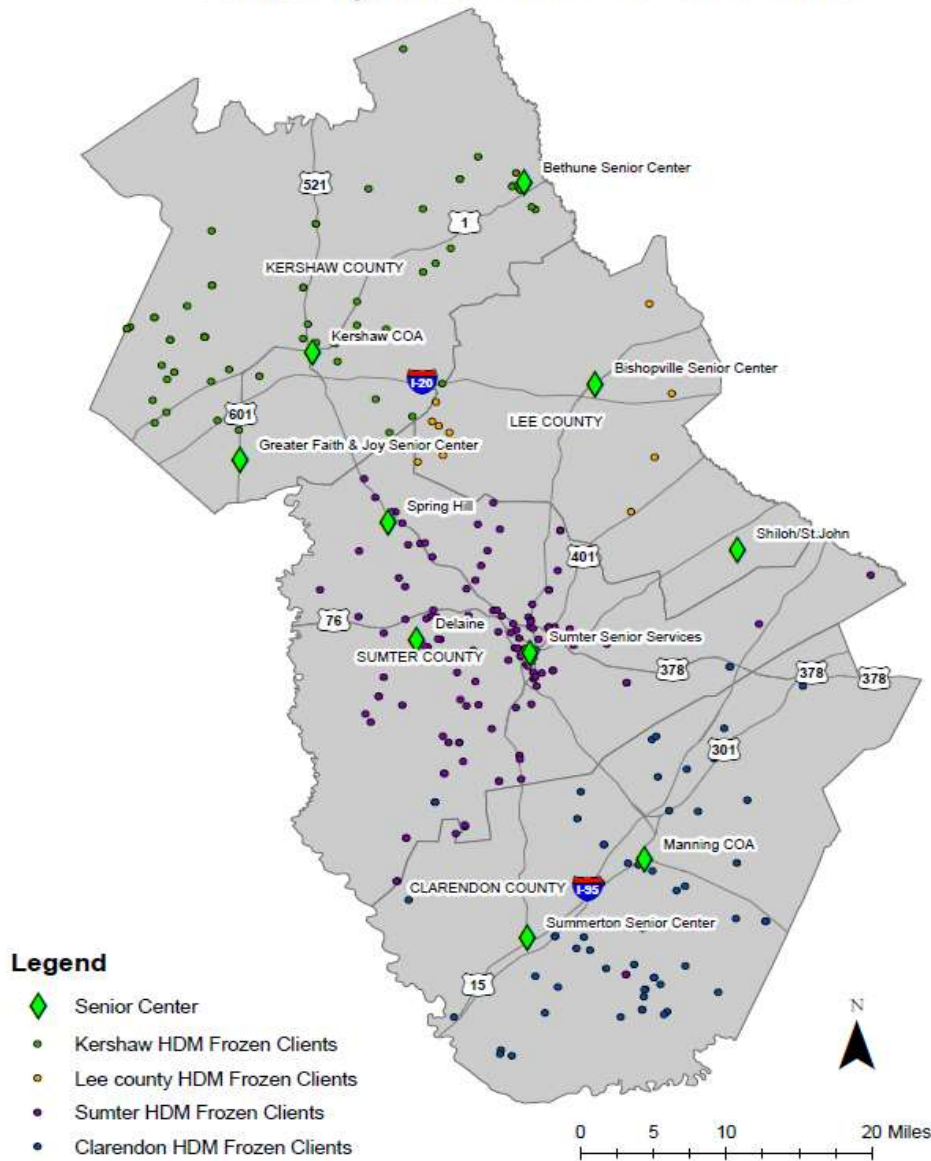
Attachment E: GIS Mapping

Service Delivery Areas (SDAs): Provide a map of the region that shows the location of specific service delivery areas included in the Requests for Funding Proposals (RFPs) for this area plan period. Identify the cities, towns, and communities for whom the AAA is purchasing services or directly providing services for older adults.

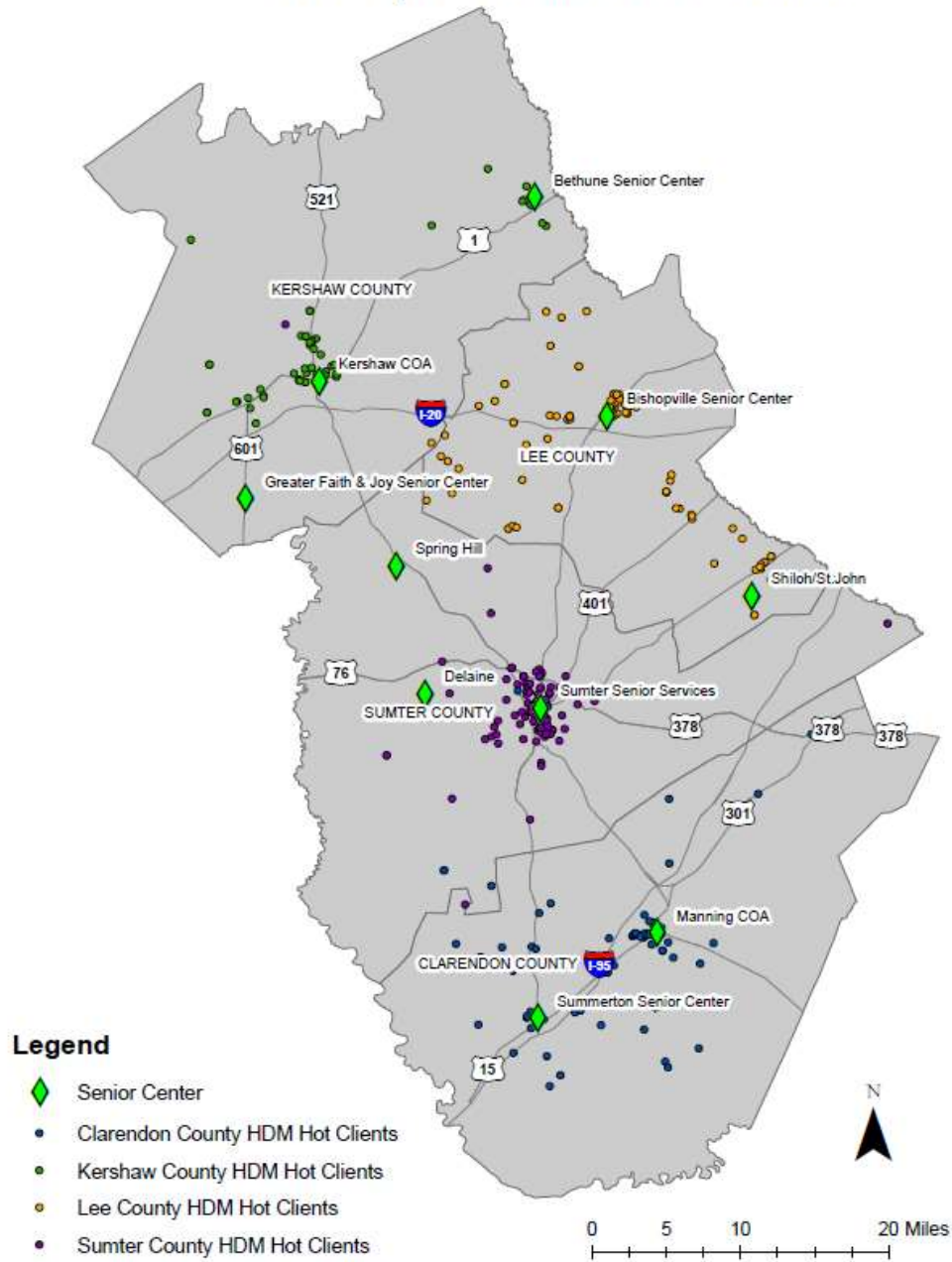


GIS Maps: The AAA shall provide GIS maps showing that its clients meet the requirements (at-risk clients) specified by the Older Americans Act. These maps should pay particular attention to rural and low-income clients. Maps shall show where each category of “at-risk” senior clients reside within the counties within the planning and service area.

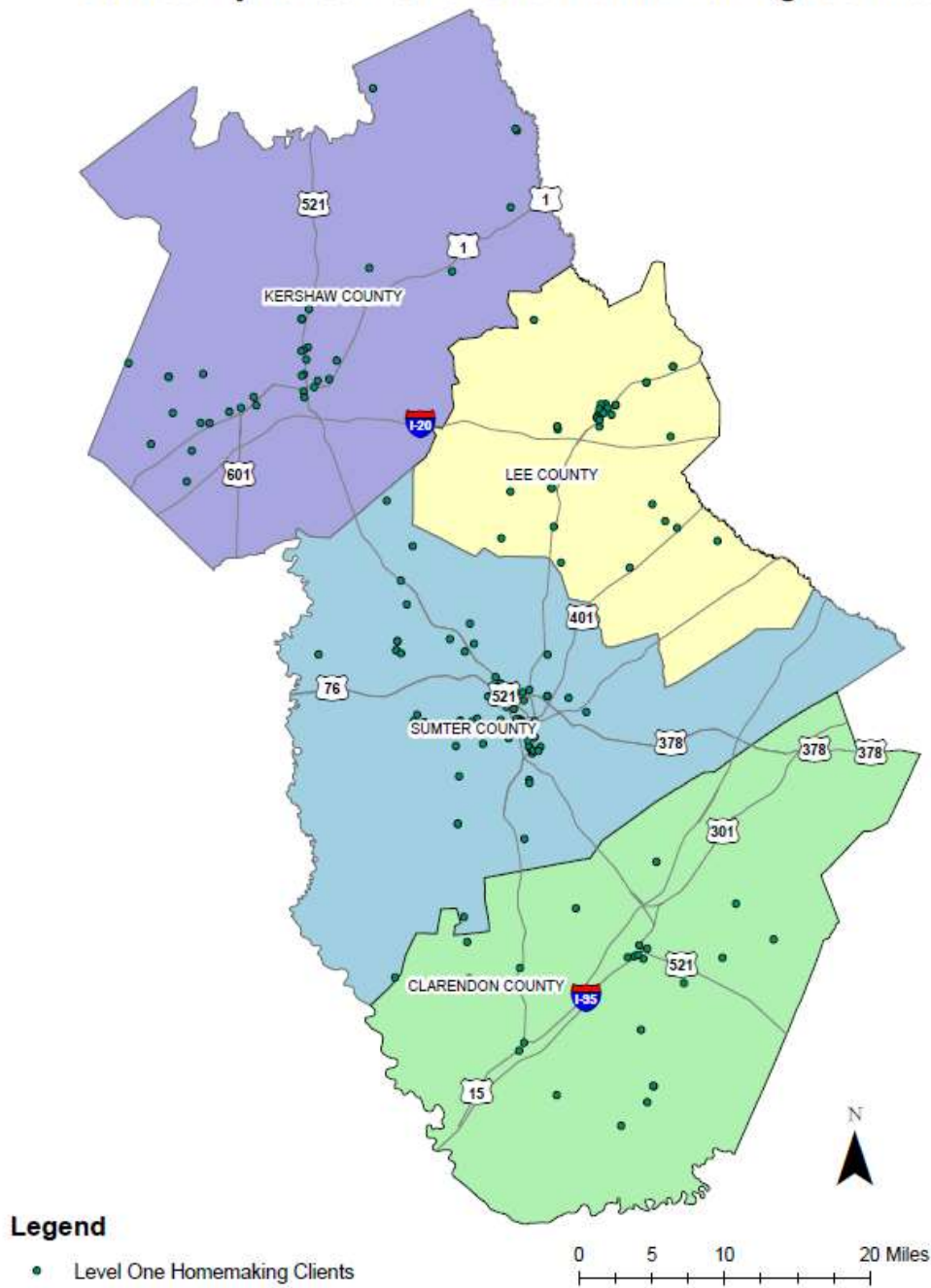
Santee Lynches HDM Frozen Clients



Santee Lynches HDM Hot Clients

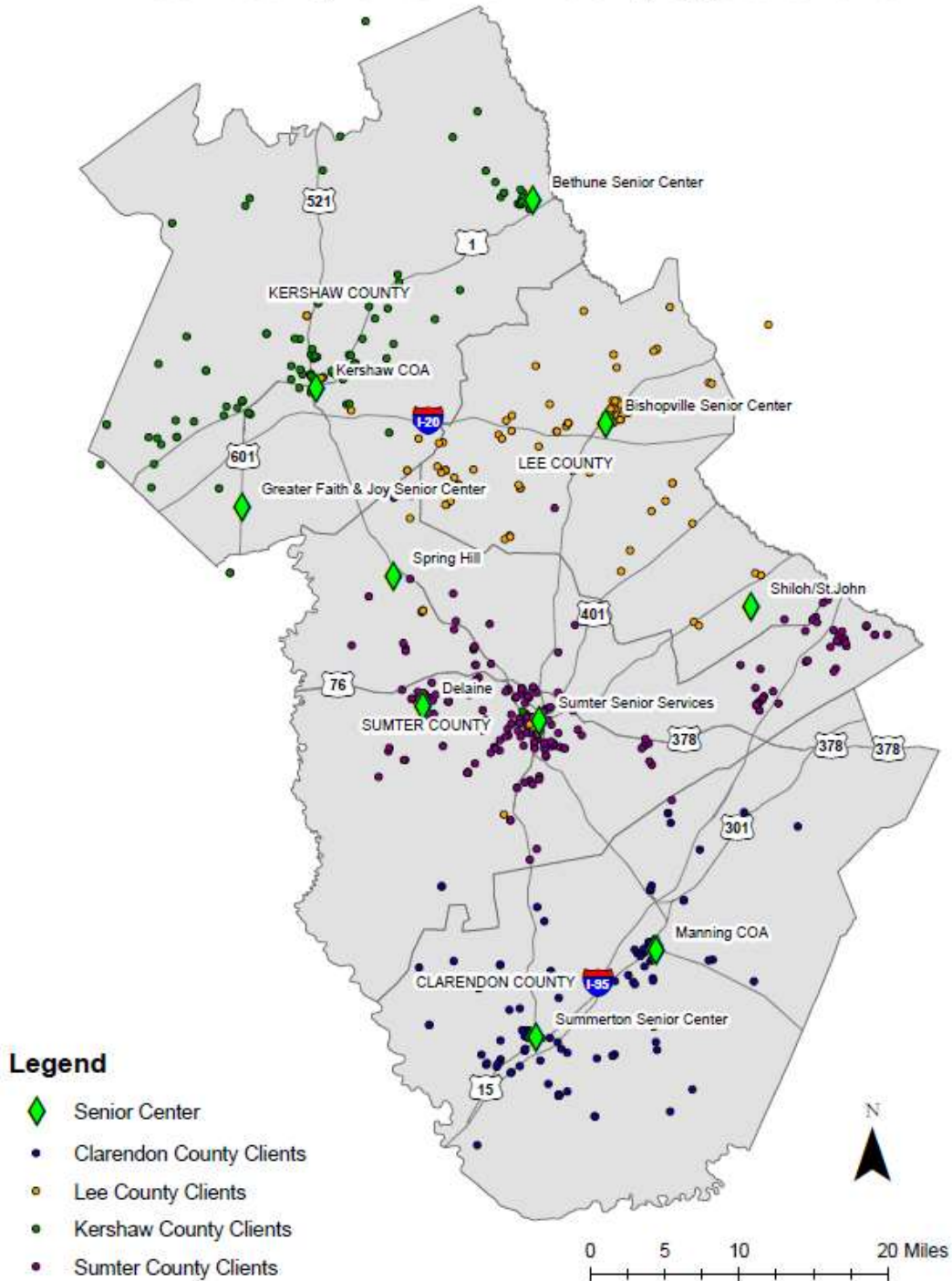


Santee Lynches Level One Homemaking Services



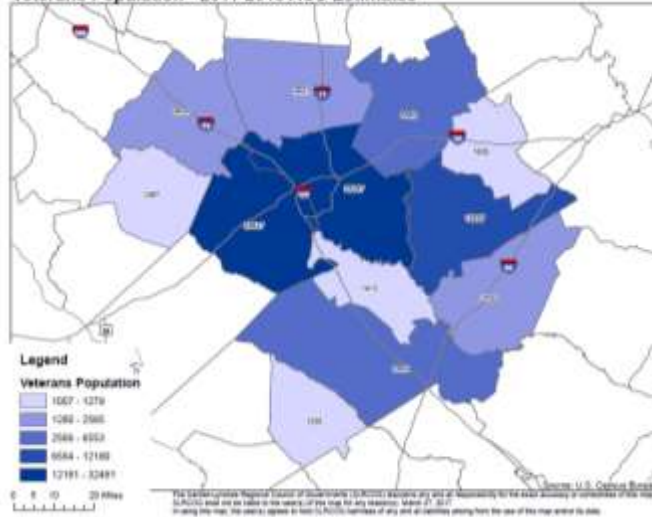
Senior Centers/Meal Sites: Please map the locations of senior centers and meal sites. Denote which locations are meal sites or senior centers. (Senior centers should be fully functioning and multipurpose sites.)

Santee Lynches 2017 Congregate Clients

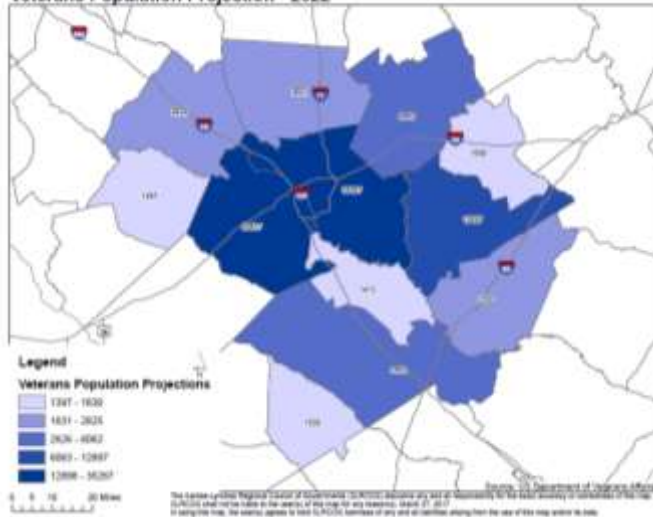


VA Program Projections

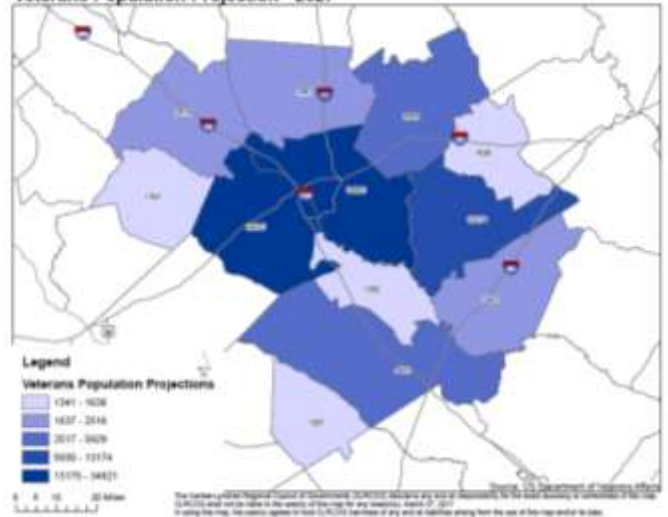
Veterans Population - 2011-2015 ACS Estimates

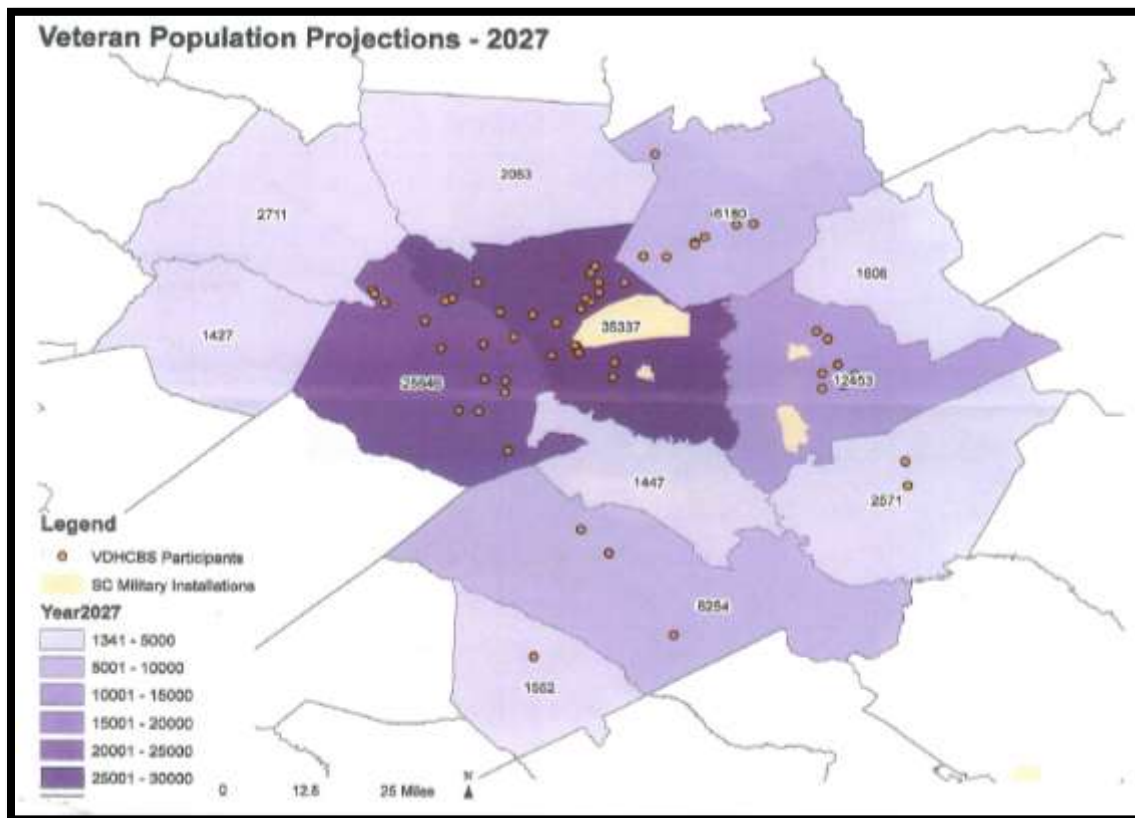
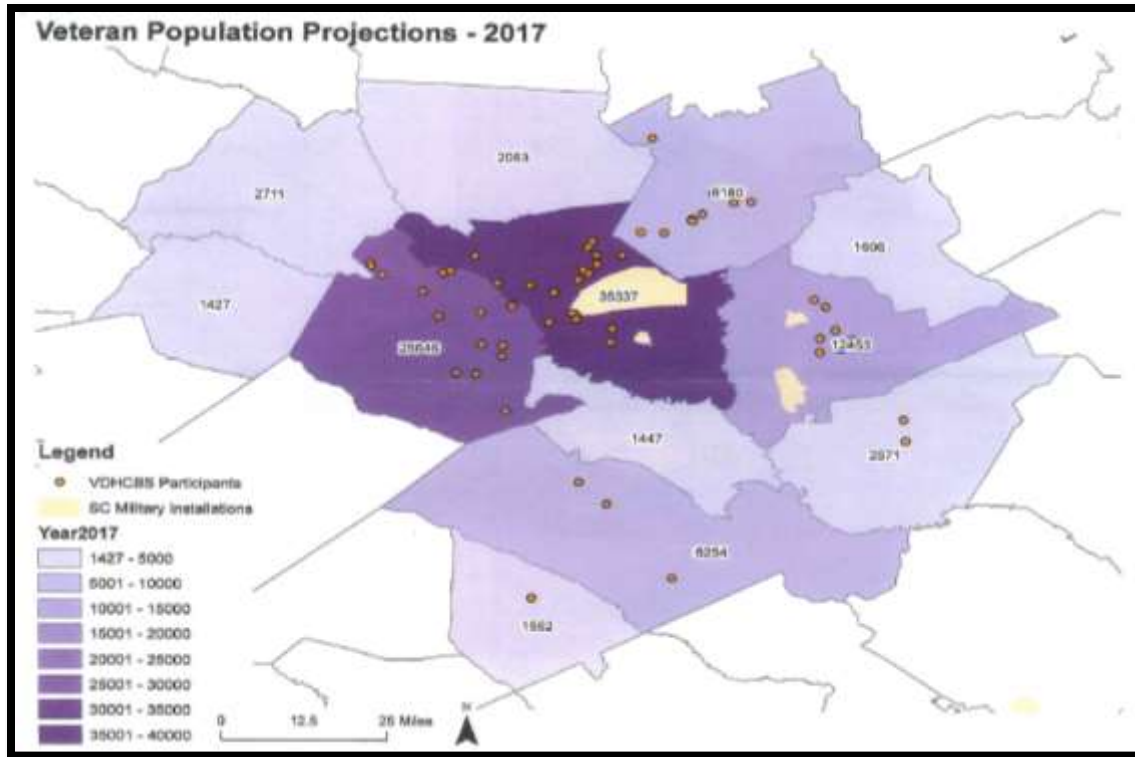


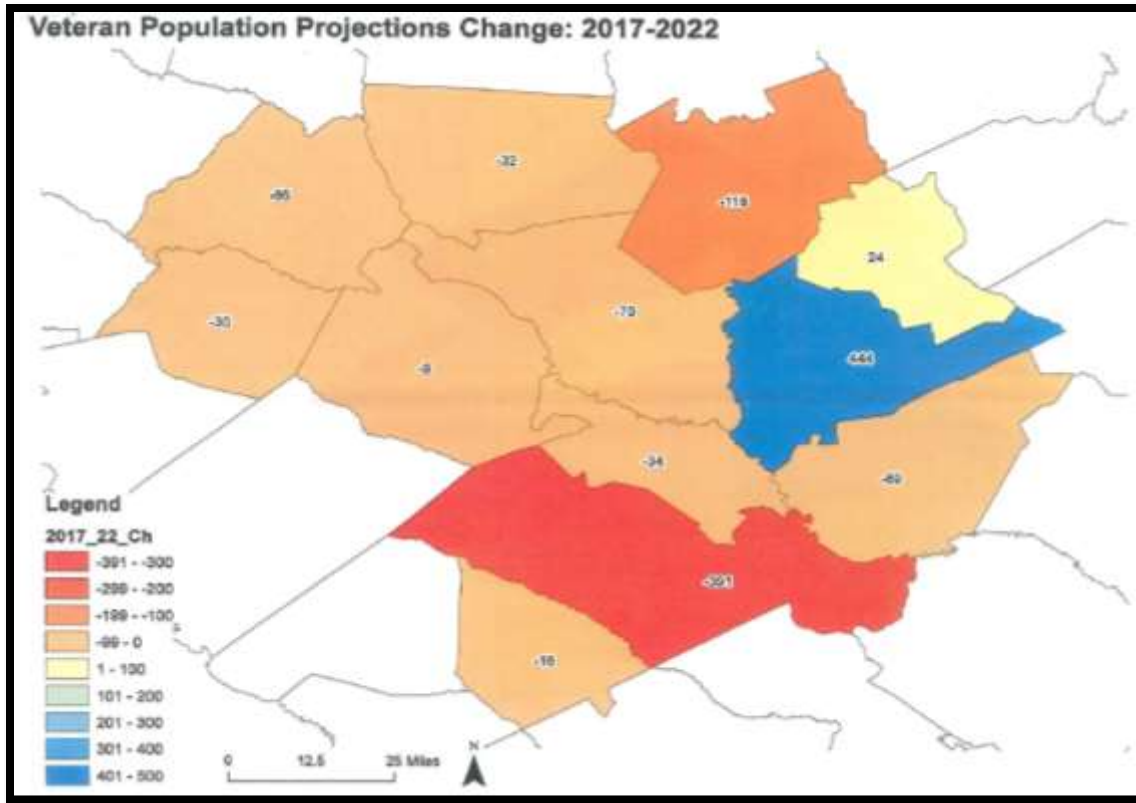
Veterans Population Projection - 2022



Veterans Population Projection - 2027







Attachment F: Strategic Planning, Workforce, Process Management, and Client/Customer Satisfaction

Strategic Planning

A. Strengths:

1. New highly skilled and dedicated staff (90% new staff in past 3 years)
2. Strong financial accountability tied to the operations and fiscal agent the Santee-Lynches Regional Council of Governments
3. Adaptability and resiliency in the face of organizational and external catastrophes (office fire, hurricane, 100 year flood).
4. The proactive nature of the leadership at Santee-Lynches Regional Council of Governments and the Santee-Lynches Area Agency on Aging (Example: Driving the initiative at the state level for the past two years to take on program assessments regionally.)

B. Weaknesses:

1. Operating with a very austere budget and skeletal staff framework
2. Lack of technology systems to better account for services (digital tracking units of service)
3. Vast geographic region (80 square miles larger than the state of Delaware) with significant differentiating needs and services for seniors
4. Lack of understanding in communities and throughout region of all the services provided (a need for marketing approach that is holistic)

C. Opportunities:

1. Great value in gathering additional information about the health and service needs of our seniors through our assessment process.
2. Tremendous opportunity to move away from funding administrative processes through meal delivery and focus on additional health needs of our seniors.
3. Streamlining Medicaid and other demand knowledge needs of hospital systems and healthcare providers with the information that the Santee-Lynches AAA will be gathering
4. Focusing on specific at-risk populations like the Santee-Lynches AAA veterans self-directed care program.
5. The implementation of technology to help to bring more accountability and consistency to delivery of services to our seniors.
6. Better partnership with the Lieutenant Governor's Office on Aging to promote and market what the AAA's do and why it is important to the quality of life for citizens in South Carolina.

D. Threats:

1. Need for stability and leadership at the LGOA. Additionally, it is essential that the LGOA in coordination with the AAAs be proactive rather than reactive to develop policy and new ways to partner and develop new programs and/or services.
2. Focusing too much on home delivered meals as a subsidy for area providers that are struggling to broaden their base of activities and budgets.

3. Having an antiquated and burdensome procurement process and standards along with complex system demands (AIM) that act as barriers for entry to other strong and capable providers. Thus, the network is limiting the amount of competition that can be brought to the marketplace, and this ultimately will continue to deteriorate products and services for our most vulnerable. Without optimal competition in the marketplace for senior services then there is really no procurement.
4. Without the ability to raise, partner, or contract for additional funds or receive larger investments from state or federal funding sources it will be challenging to hire, train, and retain highly skilled staff to perform the contractual agreements that we currently sustain.
5. If the return on investment and focus on the benefits that are revealed from the programs that are delivered are not shown in a fact based and succinct way through marketing and promotion, then the whole system is at jeopardy to be extinguished from the policy discussion because of lack of public knowledge and public support.

The Santee-Lynches AAA communicates and deploys its strategic objective, plans and related performance measures in conjunction with the total operations of the Santee-Lynches Regional Council of Governments. Santee-Lynches as a whole focuses on measures of importance that cross lines of business or departments while still executing a plan for meeting the needs of the seniors in our four county area. For instance, Santee-Lynches COG develops and operates under a FEMA hazard mitigation plan that is also incorporated into the regions activities focused on senior needs during emergencies or catastrophes. Specific coordinated activities or outreach is developed in conjunction with the LGOA, but the overall plan is consistent at the region level with local counties and municipalities.

The Santee-Lynches AAA continuously updates a quarterly report that is provided to the Santee-Lynches Regional Council of Governments Executive Director and distributed to the region. There is also an annual report that is developed by the AAA on specific progress.

The AAA is constantly evaluating and improving upon its strategic plan through micro reports from departments to macro evaluation at the regional level. We are currently in the process of developing interactive specific metrics that can be evaluated real time through GIS software tools.

Workforce Focus

Our AAA has attacked this issue aggressively and proactively over the past couple of years. Our organization has aggressively hired, trained and retained new staff over the past few years with new energy and enthusiasm to assist the senior population. We have 90% new staff over the course of the past three years. We are continually improving upon, and will be undertaking a new effort to plan for succession at the Santee-Lynches Regional Council of Governments organizational level even though the organization has dynamically changed staffing by over 80% over the past three years.

Senior leaders at the AAA are personally devoted to planning as they are assigned to be peers to up and coming leaders and they are also focused on the operational perspective of what happens if they are not able to function in their current role. In the coming year we will be developing accountable and redundant methodologies to expand beyond our current AAA staff to include

staff in other parts of the Santee-Lynches staff that can assist in promoting succession planning and the development of future leaders.

Senior leaders have instituted a performance evaluation that incorporates organizational directions and priorities, performance expectations, and ethics, and staff are reviewed on an ongoing bases with role discussions established by the AAA Director and the Executive Director of the Santee-Lynches Regional Council of Governments.

Santee-Lynches has developed an environment conducive to organizational and workforce learning that stems from the creative inquiry that is encouraged from senior staff to all staff members in all departments. Most recently the organization has addressed specific training needs by incorporating classes for technology tools and incorporated learning sessions in to workday events.

Santee-Lynches is directly tied to the communities it serves both functionally and operationally. Senior leaders are involved in everything from community planning and development to community engagement. The Executive Director for Santee-Lynches views the clientele of the region as being the citizens of the four member counties “from birth to death”, in that, Santee-Lynches concentrates its efforts on education, workforce development, community development, economic development, and health and human services. He distinguishes the “clientele” of Santee-Lynches (constituting the general public to whom Santee-Lynches provides primary services) from the “customers” of Santee-Lynches (constituting the member counties and the municipalities within them). This distinction serves to underscore the role of Santee-Lynches in providing regional services to the general public, while also assisting other local governments in their own services to the general public.

Santee-Lynches management organizes and manages workflow based on function and outcomes. Alignment of accountability and setting a standard for excellence is paramount. All functions are stressed as being acted upon from a teamwork and cooperative manner based on outcomes. The organization presents its outcome uniformly and consistently on a regular basis in quarterly and annual reports.

Santee-Lynches continuously shares knowledge, skills, and best practices through peer mentoring, cross departmental training, and organizational specific training. Training can consist of total program immersion or simply learning to engage in specific tasks (example: learning to take an assessment.)

Santee-Lynches continuous reviews workforce capability and capacity through day to day monitoring, reporting of metrics, and performance evaluations for all staff.

Santee-Lynches continually shares metrics on a quarterly bases with all staff. Those individuals that work specifically for the areas under the AAA meet on a weekly basis to discuss best practices, and the whole organization meets on a monthly basis together. Implementation is based on specifics functions that can share process improvement techniques or also on development of new ideas to inform creative ways of improving outcomes.

Process Management

Core competencies for Santee-Lynches are unique and cultural. The organization is specialized and doesn't "produce widgets." Therefore it is essential that staff drive the processes and outputs. Santee-Lynches, for example, looks for partnerships and collaboration to increase workforce readiness, consults in or contracts for comprehensive planning activities, and pursues higher quality care for the elderly within its member counties. Because its role is largely advisory and collaborative, Santee-Lynches has fairly broad discretion in the services it provides. Therefore, the organization is actively exploring new services that Santee-Lynches might provide to support its overall regional mission.

First and foremost, Santee-Lynches is accountable to meeting its contractual obligations. In addition, given this flexibility and lack of standardization, Santee-Lynches has historically been perceived as acting in what Karl E. Weick refers to as "loosely coupled systems."¹ That is, the Santee-Lynches membership has been tolerant of activities that do not necessarily or clearly correlate with desired outcomes. Support of regional cooperation or planning, for example, may or may not actually bring about such cooperation and planning. Moreover, Santee-Lynches for years has tracked "return on investment" for local appropriations as compared to pass-through direct grants,² but has now moved in recent years to more rigorously measure and report performance or outcome correlations that the Executive Director has emphasized.

SLAAA/ADRC through assessment of functionality and addressing outcomes that are desired, is able to incorporate organizational knowledge, new technology, and cost controls.

Through metric reports and quarterly and annual reports SLAAA/ADRC evaluates and improves its key product and service

SLRCOG develops an annual budget that includes all functional areas of the agency, including the AAA/ADRC. This budget contains staffing and overhead projected costs which are then used to determine projected resource needs, including non-LGOA related resources.

Client/Customer Satisfaction

Santee-Lynches takes into consideration all the needs of the senior population within the region. However, clients are determined based on specific needs requested from agency services. These services may serve many different needs and across many types of clients from veterans in cities to isolated rural individuals living in dwellings far from centralized public services. The initial phase of discovery for clients is through the assessment process that Santee-Lynches manages for the region.

The SLAAA/ADRC assists any client by either offering information, assistance or making the appropriate referral. The SLAAA/ADRC is a member of N4A and SE4A which keeps staff updated with the national trends on aging issues and concerns, as well as funding for OAA

¹ Karl E. Weick, "Educational Organizations as Loosely Coupled Systems," *Administrative Science Quarterly* 21, no. 1 (March 1976): 1-19.

² See, e.g., Santee-Lynches, *Annual Report*: 15.

services. The agency also stays current with its listening and learning methods through community outreach, engagement, and discussion with local leaders and government officials.

In addition, the SLAAA/ADRC has developed and implemented customer satisfaction surveys for all clients to complete. Grievance procedures are also posted at all Nutrition Sites, which lists the proper agency to contact if needed.

Santee-Lynches is constantly involved in building positive relationships with customers and stakeholders to meet and exceed expectations. Our Executive Director views the clientele of Santee-Lynches as being the citizens of the four member counties “from birth to death,” in that Santee-Lynches concentrates its efforts on education, workforce development, community development, economic development, and health and human services. He distinguishes the “clientele” of Santee-Lynches (constituting the general public to whom Santee-Lynches provides primary services) from the “customers” of Santee-Lynches (constituting the member counties and the municipalities within them). This distinction serves to underscore the role of Santee-Lynches in providing regional services to the general public, while also assisting other local governments in their own services to the general public.

The SLAAA Veteran Directed and Home and Community Based Services Program is a unique program which has allowed our AAA to build very positive relationships with the consumers. The SLAAA/ADRC measures Veteran satisfaction and dissatisfaction to ensure the consumers have a voice. During the enrollment process for the Veteran, they are provided a participant manual which outlines a grievance procedure to follow, should they have issues with the program. An annual survey is conducted to ensure customer satisfaction. The results from the latest fiscal year ending June 30, 2016 are outlined in the chart below.

Survey Results Veteran Directed Program (As of June 30, 2016)								
Total # Surveys Sent: 53			Total # Surveys Returned: 26			Displayed Graphically		
Area of Interest	Yes	No	Not Sure	Total		1%	50%	100%
Satisfied with the program	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Would you Recommend the program	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Care coordinator was knowledgeable and protects my privacy	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Program helps relieve stress and anxiety	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Would be disappointed if program was no longer available	26 100%	0 0.0%	0 0.0%	26 100%	Yes	>>>		100%
Area of interest	Excellent	Good	Poor	Total		Displayed Graphically		
How would you rate the service you received?	24 92.3%	2 7.7%	0 0.0%	26 100%	Excellent			
					Good	7.7%		

Attachment G: Area Plan Public Hearings

- Provide a summary of Area Plan public hearings – locations, number of attendees, comments, etc.

On Wednesday, April 12, 2017 the Public Hearing Notice was advertised in The Item, our region's focal newspaper. The Public Hearing Notice was also publicized on the COG Website, along with the draft plan, beginning Monday, April 10, 2017.

The Area Plan Public Hearing was held on Monday, April 24, 2017 at 10:00 a.m. in the COG Office located in Sumter, South Carolina. The 12 persons in attendance received a review of the Four Year Area Plan 2017-2021 by Connie Munn, AAA Director.

The comments from this public hearing as well as online comments are as follows:

- A local service provider stated their appreciation for the Santee-Lynches AAA staff and their positive working partnership.
- Transportation continues to be one of the greatest needs in the region, which was mentioned by a representative from Lee County.
- Another unmet need in Lee County is Level 1 Homemaking Services.
- There was a discussion of seniors not being able to make their wellness appointments due to the lack of transportation in the rural areas.
 - ✓ Suggestions were to look at the possibility of utilizing the existing mobile unit to address the needs; for example, coordinating with the schools to use the mobile unit in the morning for school age children and the afternoon for older adult population.
- Sumter County has a large number of clients on the waiting list for home delivered meal services. The issue is the lack of funding to meet this need.
- A local resident stated the plan was detailed and AAA staff did a great job on it.

H. RADAC By-Laws**SANTEE-LYNCHES
REGIONAL COUNCIL OF GOVERNMENTS****REGIONAL AGING & DISABILITY ADVISORY COMMITTEE**

Santee-Lynches Region: Clarendon, Kershaw, Lee, and Sumter Counties

BY-LAWS

The Regional Aging & Disability Advisory Committee of the Santee-Lynches Regional Council of Governments does hereby set forth the following By-laws to govern its operation.

The term "Council" is used to designate the Santee-Lynches Regional Council of Governments. The term "Committee" is used to designate the Regional Aging & Disability Advisory Committee (RADAC). The Committee shall function in an advisory capacity and not in a policy-making or decision-making capacity.

**ARTICLE I
OFFICIAL NAME**

A. The official name shall be the Regional Aging & Disability Advisory Committee (RADAC).

**ARTICLE II
PURPOSE AND RESPONSIBILITIES**

- A. The purpose and responsibilities of the Regional Aging & Disability Advisory Committee shall be to:
1. Promote and encourage local communities to recognize the needs and endorse the establishment of programs for older persons and persons with disabilities.
 2. Review and comment on all local community policies, programs, and actions which affect older persons and persons with disabilities.
 3. Establish service and program priorities based upon the needs of the local communities and the region.
 4. Review, on an annual basis, regional comprehensive area plans based upon the needs and established priorities.
 5. Recommend to the Council, for approval or disapproval, applications for funding from local units of government, the Council, and/or local service provider agencies.
 6. Conduct public hearings to solicit local community input regarding needs of older persons.
 7. Encourage community service annually in the aging & disability network and assist the AAA/ADRC as needed.

ARTICLE III
MEMBERSHIP

- A. The total membership of the RADAC shall not exceed thirty-five (35). The assigned distribution of RADAC membership shall be the same ratio as the population of seniors in the four (4) counties according to the latest official census data with the provision that each county shall have a minimum of four (4) Committee members.
- B. At least fifty percent (50%) of the membership from each county shall be eligible for program services. Other members should include health care provider organizations, supportive services providers' organizations, persons with leadership experience in private and voluntary sectors, local elected officials, and the general public.
- C. Vacancies on the Committee shall be filled by the Council upon recommendations by the Membership Committee.
- D. Terms of the Committee members shall be for two (years), established by the Council and on a staggered basis to ensure continuity. The Committee will determine the term of the member.
- E. A member in good standing shall be eligible for re-appointment for one (1) consecutive term of two (2) years, for a total of four (4) years before rotating off.
- F. A member is eligible for re-appointment in 6 months after rotating off.
- G. Current sub-contractor and members of the Santee-Lynches Staff may not serve on the Committee.

ARTICLE IV
MEETINGS

- A. The Committee shall meet as often as necessary in order to carry out its responsibilities. Regular meetings shall be held at least four (4) times during each fiscal year (July 1–June 30).
- B. The Committee shall be notified by the Coordinator of the time and place of meetings at least seven (7) days in advance of such meetings.
- C. One-third (33 1/3%) of the Committee shall constitute a quorum. A quorum shall be present before any business requiring final action is conducted. All meetings in which final actions are taken shall be open to the public.
- D. Only duly-appointed members of the Advisory Committee may vote on any matter before the Committee.
- E. Members missing three (3) consecutive meetings without a legitimate reason may be terminated from the Committee.

ARTICLE V
OFFICERS AND THEIR DUTIES

- A. The Officers of the Committee shall consist of a Chairperson, Vice-Chairperson, and a Treasurer. All Officers shall be elected by the Committee.
- B. The Chairperson shall preside at all meetings of the Committee and shall have the duties normally conferred upon such officers, including the appointment of Sub-Committees and project groups.
- C. The Vice-Chairperson shall assume the duties of the Chairperson in the absence of the Chairperson.
- D. The Treasurer shall be responsible for assisting the AAA/ADRC in records management.
- E. The AAA Director shall serve as the Coordinator. The Coordinator shall prepare, with the Chairperson, the agenda of regular and special meetings; schedule and provide notices of meetings; keep the records and minutes of the Committee, and other duties normally conferred/associated with the position.
- F. The Chairperson will be responsible for submitting all the Committee recommendations to the Santee-Lynches Regional Council of Governments.

ARTICLE VI
ELECTION OF OFFICERS

- A. Annually, at the last meeting of each fiscal year, the following officers will be elected:
 1. Chairman
 2. Vice Chairman
 3. Treasurer
- B. All officers shall be elected by the Committee. Each officer shall serve for a term of one (1) fiscal year (July 1 – June 30). They shall be eligible to succeed him/herself provided, however, that he/she shall serve no more than two (2) consecutive terms.

ARTICLE VII
COMMITTEES

- A. Sub-Committees shall be formed to serve the full Committee. Each Sub-Committee shall research one particular phase of services for the elderly and report on that phase and/or make program recommendations to the full Committee. Members of such Sub-Committees shall be appointed by the Coordinator.
- B. Standing Sub-Committees shall be established for the areas of:
 - Program Planning
 - Resource Development
 - Nutrition
 - Advocacy
 - Membership
 - Family Caregiver Support Program
 - ADRC

- C. The basic responsibilities of the Sub-Committees shall be to assist in:
1. Identifying the needs and problems faced by seniors/disabled;
 2. Recognizing and identifying gaps in the service systems;
 3. Analyzing needs in relation to available resources, programs, and services; and
 4. Implementing priorities, goals, and objectives established by the AAA/ADRC.
- D. Program Planning Committee shall be formed to:
1. Assist in initiating, expanding, improving and coordinating services for older persons/disabled;
 2. Identify and analyze barriers that prevent access to services; and
 3. Analyze feedback provided by older adults/disabled who participate in any aging program in the area-wide planning process.
- E. Resource Development Committee shall be formed to:
1. Assist in finding available resources;
 2. Maintain or enhance existing programs using available resources; and
 3. Develop new programs using available resources.
- F. Nutrition Committee shall be formed to:
1. Assist in the procurement process of selecting a regional caterer;
 2. Review new and improved methods of service delivery attributed to nutrition;
 3. Review and make recommendations in establishing priorities and methods for serving older persons in the targeted populations; and
 4. Review socialization activities as needed in congregate meal sites.
- G. Advocacy Committee shall be formed to:
1. Assist older persons/disabled to access service and benefits; and
 2. Keep informed about legislation which affects aging services.
- H. Membership Committee shall be formed to:
1. Assist in ensuring that the membership of the RADAC committee is maintained;

2. Assist in recruiting new RADAC members; and
 3. Assist in all function identified in Article III. (Note: The Membership Committee shall be made up of one (1) member from each county.)
- I. Family Caregiver Support Program Committee shall be formed to.
1. Identify the needs and problems faced by caregivers of the aging and disabled population and grandparents or relatives raising children;
 2. Implement priorities, goals, and objectives as established by the Title III-E Program;
 3. Act as an advocate to caregivers of older or disabled persons and grandparents or relatives raising children 18 or younger in the Santee-Lynches Region;
 4. Keep informed about legislation which affects aging services, as well as caregivers of the elderly or disabled, and grandparents or relatives raising children;
 5. Review Family Caregiver Advocate reports and recommendations; and
 6. Prepare to discuss, formulate, and forward well-developed thoughtful recommendations to the Family Caregiver Advocate.
- J. ADRC Committee shall be formed to:
1. Work positively to influence strong community support for the AAA/ADRC and promote the establishment of programs for older persons and persons with disabilities; and refer such persons to the AAA/ADRC for information on services provided;
 2. Support and advocate as appropriate for the AAA/ADRC program; and actively encourage inter-organization collaboration;
 3. Review local community policies, program, and actions which affect older persons and persons with disabilities and provide comments, advice or recommendations to the AAA/ADRC
 4. Establish service and program priorities based upon the needs of the local communities and the region;
 5. Provide assistance in conducting public hearings to solicit local community input regarding needs of older persons and persons with disabilities;
 6. Advise staff of AAA/ADRC on the design and operations of the AAA/ADRC;
 7. Monitor the progress toward achieving the vision and goals of the organization.
- K. Ad Hoc Sub-Committees and/or project groups shall be established as needed by the Committee. Members of these Sub-Committees/groups shall be appointed by the Chairperson. These Sub-Committees/groups shall disband upon fulfilling their mission.

ARTICLE VIII
RECORDS

- A. The Coordinator will make and keep a record of all Committee recommendations, transactions, findings, and determinations. Such records shall be maintained in the Aging Department.

ARTICLE IX
BY-LAWS CONFLICT

- A. In the event of conflict between the provisions of these By-Laws and the By-Laws or other policies of the Council, the By-Laws or other policies of the Council shall prevail.

ARTICLE X
ADOPTION AND AMENDMENT

- A. These By-Laws shall be adopted by a majority vote of the membership present at a regular meeting of the Regional Aging & Disability Advisory Committee.
- B. These By-Laws may be amended by a majority vote of the membership present at a regular meeting, provided the proposed Amendment has been submitted in writing to the membership at least seven (7) days before the meeting.
- C. The original adoption/amendment of these By-Laws shall be effective January 2014. A revision to these By-Laws shall be effective August 13, 2014.

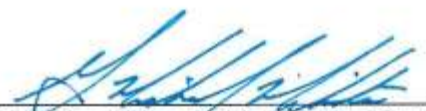


THOYD WARREN, Vice Chairman



JEANETTE ROVERI, Chairperson

Approved: _____ August 13, 2014



G. Michael Mikota, Ph.D., Executive Director