



ACOG
Area Agency on Aging
Area Plan
2023-2025

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A. Executive Summary

In accordance with its responsibilities under the Older Americans Act, the South Carolina Appalachian Council of Governments' Area Agency on Aging has prepared and submits this Regional Area Plan for FY 2023-2025 to the SC Department on Aging. The region is comprised of the following counties: Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg.

The Appalachian Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC) Area Plan documents how the AAA/ADRC will plan and provide program and resource development, service delivery, contracts and grants management, training, community education, advocacy, and coordination for a comprehensive service delivery system in the Appalachian region.

In reviewing the pertinent issues facing the aging and disabled population of the region and the state, it is clear that all stakeholders must continue to evaluate the trends, needs and funding sources to adequately provide services to this ever-expanding service population. The people involved in making these decisions and policies should always include state policy makers, regional staff, service providers, and the public that have a vested interest by either providing or receiving the services. The growth of active senior population reaching the age of 65 in this last decade means changes are coming. All the players will have to be constantly on top of the changing trends to serve as many as possible and not always with the same traditional services as were served in previous years.

With the constant changes in the funding for these programs, the AAA will continue to focus on the population that is rural, minority, and with the greatest need and socio-economic status. The trends also show that the AAAs begin looking into business practices to serve the middle and upper class that are able to pay for some of their desired services.

With the increasing need of support services for seniors, their caregivers, and the disabled population, the AAA is moving toward the development of a seamless long term care support services system that is flexible and meets the needs of consumers by offering them more choice. The flexibility of consumer-directed choices permits a mix of private and agency provided services, allows the consumer to find workers when agencies have a short supply, and provides services when needed rather than at fixed times.

The Appalachian AAA continues to provide face-to-face assessments with clients utilizing IIB, C1, C2, HCBS, and Bingo services being paid with funds through the Older Americans Act. These interviews are all encompassing, assessing each client for their specific needs. The assessment will be entered into the state database system as required and can be viewed by any contractor providing services to eligible seniors. Programs such as Family Caregiver, SHIP, I&R/A, etc. do not always receive a face-to-face assessment.

Challenging times heighten the need to think creatively and strengthen partnerships. It also affords the opportunity for advocacy and advocacy coalition building aimed at all levels of elected officials

from the local municipality to the U.S. Congress. The AAA will focus increased efforts to facilitate planning, collaboration, partnering, and advocacy across the spectrum of human service providers and their constituencies.

Mission Statement

The Mission of the Appalachian Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC) Area Plan is to assist seniors, their caregivers, and those with disabilities in maintaining dignity and independence in their homes and communities through advocating, planning, and developing resources in partnership with the SC Department on Aging, Councils on Aging, nonprofits, the private sector, and individuals. The Appalachian Council of Governments' Area Agency on Aging/Aging and Disability Resource Center is the designated regional lead agency for the development of a comprehensive, coordinated and cost-effective long term care system.

Vision Statement

The vision of the Appalachian AAA/ADRC is to provide leadership and partnerships to assure that seniors and/or adults with disabilities have access to information about programs and services that may assist them in living with choice and dignity in their homes and communities.

- Continue to work with all aging service partners to provide quality services to maintain the seniors and adults with disabilities in their homes and communities;
- Meet the challenges of changing funding, programs, policies, and needs of the service population;
- Work with the service providers and Regional Aging Advisory Council (RAAC) in planning and providing the desired services to the population;
- Keep all aging service partners abreast of changes in all aging issues on local, state, and federal levels;
- Plan and develop new programs, educate the public, advocate with legislators and provide services that include the involvement of the service population and aging service partners;
- Promote a comprehensive long term care system; and,
- Support intergenerational partnering, planning, and policy development.

B. Context

The Appalachian AAA/ADRC serves the Appalachian Region including Oconee, Anderson, Pickens, Greenville, Cherokee, and Spartanburg counties. The population continues to grow exponentially in the region with the number of residents aged 60 and older to increase 11% between 2022 and 2027. While the needs are vast, we are able to provide services across these six counties to include: group dining transportation, medical transportation, assisted transportation, home care, personal care, home chore, minor home repair, legal services, congregate dining, home delivered meals, nutrition education, evidence-based programs, and assessments.

Nutrition Counseling is not offered in our region due to the requirement of the involvement by a licensed dietitian, making it not a cost-effective program at this time. Essential trips transportation is not utilized across the entire region. In some rural areas, it is necessary to assist clients in obtaining the resources to obtain prescriptions, groceries, and other required needs. In more densely populated areas, the transportation systems can provide these services which allow for better utilization of funding for medical transportation.

Meeting the needs of the aging community requires providing services that go “above and beyond” the normal scope of services. The partnership with Meals on Wheels agencies provides the opportunity to serve high quality, nutritious meals while offering variety. The Family Caregiver program offers education to support and advise new care givers caring for their loved ones. The Ombudsman Christmas Project provides toiletries, clothing, and other non-essentials to residents of low-income facilities utilizing donations rather than program dollars. The volunteer Ombudsman program leads the state utilizing a volunteer base to monitor and visit residents of 135 nursing and assisted living facilities.

Fundamental processes include conducting a needs assessment, obtaining public and partner feedback, reviewing community health needs assessments, facilitating focus groups with minorities and diverse populations, an analysis of census data, GIS analysis, and regional demographic data, as well as input from Regional Aging Advisory Councils, etc. As gaps are identified through these tools, the AAA/ADRC strives to find practical solutions that can be sustainable considering the challenges faced with funding, provider resources and staffing, and service capacities.


Evaluating our Needs Assessment identified a growing area of concern with the senior population which includes financially being able to afford residence in a nursing facility should it be needed. While this isn't an area we can directly impact, our advocacy is needed to bring awareness to the proper departments which can make an impact. Our last Needs Assessment reflected yard care being the number one concern. While this is a continued concern, the severity has dropped indicating that our provider network and additional funding allocations made an impact.

As the Needs Assessment changes from year to year, we will continue to address the findings through program advancements as funding is available. Our focus will, if at all possible, mirror the concerns found in our Needs Assessment. Community awareness, education, and advocacy will continue to be on the forefront as we strive to make positive changes within our community.

Needs Assessment

The South Carolina Association of Area Agencies on Aging (SC4A) launched a uniformed Needs Assessment Survey March 1, 2022 - August 16, 2022, for the state of South Carolina. The Needs Assessment Survey was designed for the public to complete by accessing either a web link, QR code or a region-specific paper copy to be returned by mail to the appropriate AAA.



Scan here to complete online! 

**South Carolina Association of Area Agencies on Aging
2022 Needs Assessment**

Section 1: Demographic Information	
County	<input type="checkbox"/> Clarendon <input type="checkbox"/> Kershaw <input type="checkbox"/> Lee <input type="checkbox"/> Sumter
Zip code	_____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Age	<input type="checkbox"/> Less than 40 <input type="checkbox"/> 55-59 <input type="checkbox"/> 70-74 <input type="checkbox"/> 41-49 <input type="checkbox"/> 60-64 <input type="checkbox"/> 75-79 <input type="checkbox"/> 50-54 <input type="checkbox"/> 65-69 <input type="checkbox"/> 80-84 <input type="checkbox"/> 85 or older
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner/Civil Union <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Income (monthly)	<input type="checkbox"/> \$1,074 or less <input type="checkbox"/> \$1,831-\$2,208 <input type="checkbox"/> unknown <input type="checkbox"/> \$1,075-\$1,452 <input type="checkbox"/> \$2,209-\$2,589 <input type="checkbox"/> \$1,453-\$1,830 <input type="checkbox"/> \$2,590 or more
Number in Household	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more
Are you currently receiving services from Santee-Lynchies Area Agency on Aging (ex. Family Caregiver Support, Homecare, Seniors Raising Children, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2: Senior Centers/Nutrition Sites	
Are you currently receiving services from a Senior Center or Nutrition Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your community have a Senior Center or Nutrition Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, do you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	

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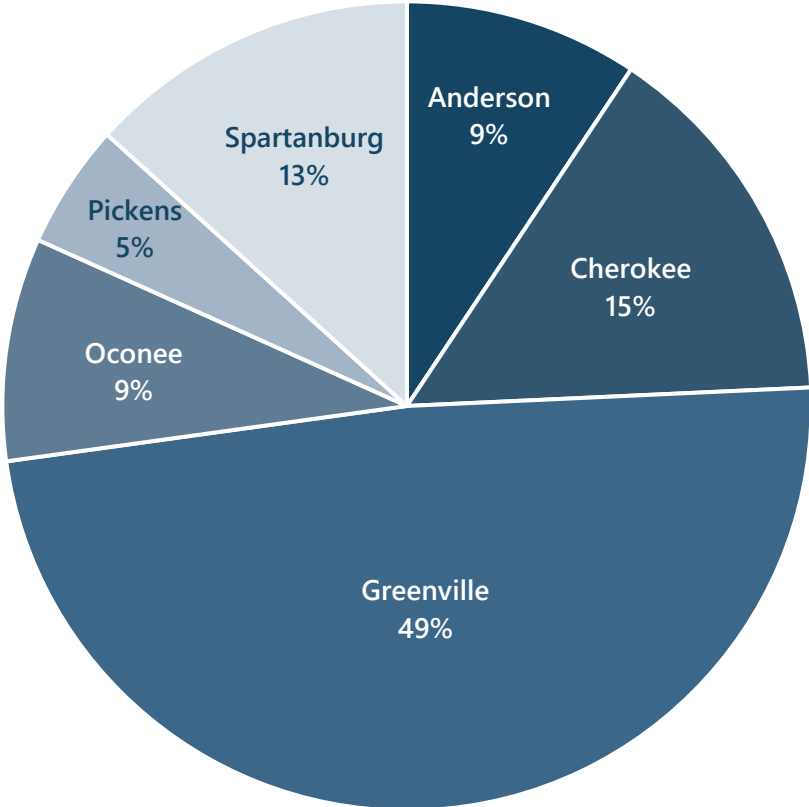
SC4A targeted numerous community partners, statewide agencies, local providers, media outlets, and faith-based organizations to assist in the distribution of the Needs Assessment Survey to determine the current needs of seniors/caregivers within our communities and plan for future services in the years to come. A summary of needs assessment activities undertaken by the Appalachian Council of Governments, as well as the findings of such activities are outlined below.

Appalachian Region Needs Assessment Survey Responses by Zip Code

Zip Code	Response Per County
Anderson	109
29621	29
29607	1
29673	3
29624	16
29625	14
29630	1
29627	10
29655	1
29626	5
29684	7
29670	4
29654	7
29669	1
29642	3
29697	4
29622	3
Cherokee	174
29323	1
29341	75
29340	91
29330	1
29702	6
Oconee	104
29696	11
29643	1
29693	5
29678	35
29691	26
29689	1
29672	16
29664	2
29676	4
29686	2
29665	1
Pickens	58
29671	5
29631	7
29640	13
29657	18
29630	7
29642	6
29685	2

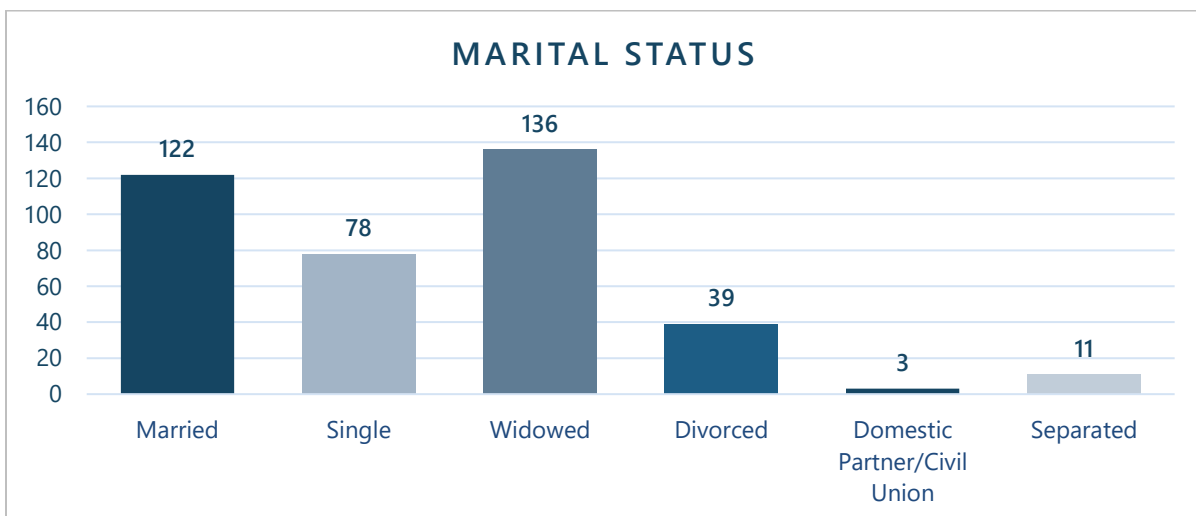
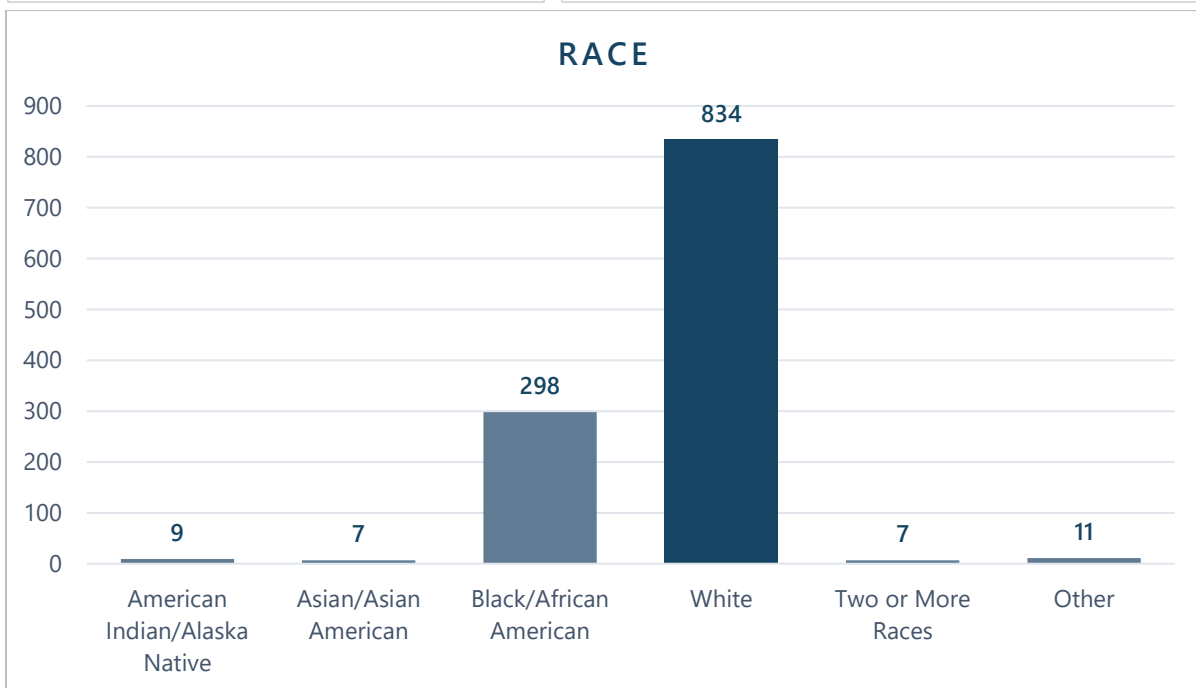
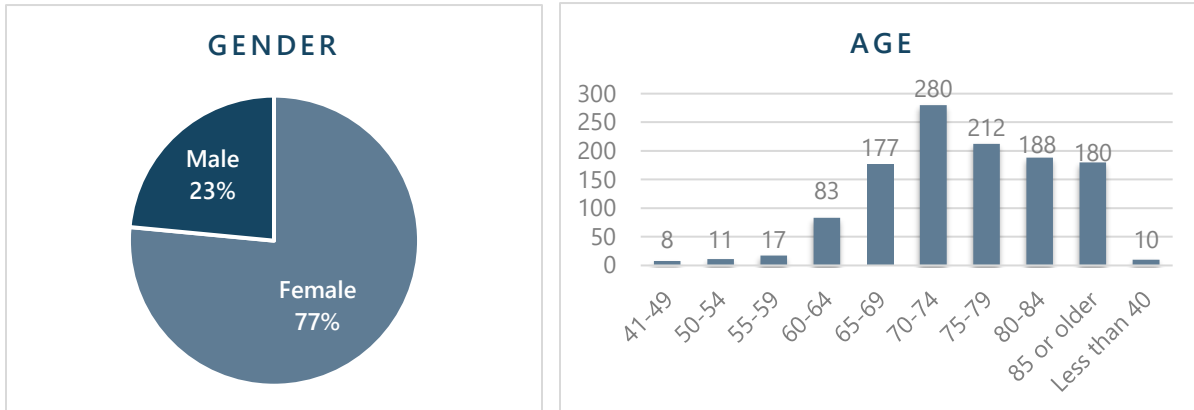
Spartanburg	155
29301	17
29323	5
29302	9
29379	1
29316	14
29303	20
29349	25
29385	6
29372	12
29651	4
29365	1
29330	4
29307	9
29304	1
29309	1
29306	13
29322	1
29369	3
29234	1
29376	1
29356	7
Greenville	566
29611	13
29605	54
29681	43
29607	51
29609	20
29615	135
29673	6
29617	39
29650	49
29651	27
29678	1
29662	8
29601	5
29687	62
29669	1
29690	12
29697	2
29867	1
29659	1
29616	3
29614	1
29680	17
29644	5
29661	7
29683	1
29635	1
29356	1
Grand Total	1166

Appalachian Region Needs Assessment Survey Responses by County



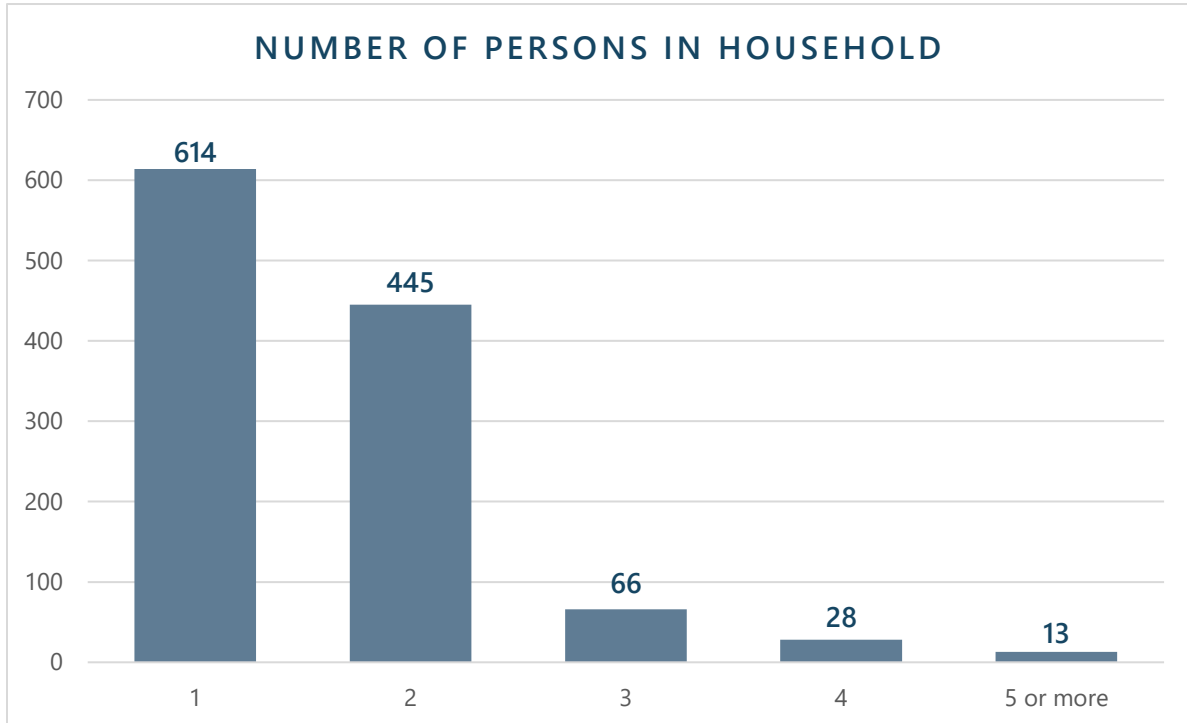
COUNTY	RESPONSES
ANDERSON	109
CHEROKEE	174
GREENVILLE	566
OCONEE	104
PICKENS	58
SPARTANBURG	155
REGION TOTAL	1166

Demographics 1: Gender, Age, Race, and Marital Status

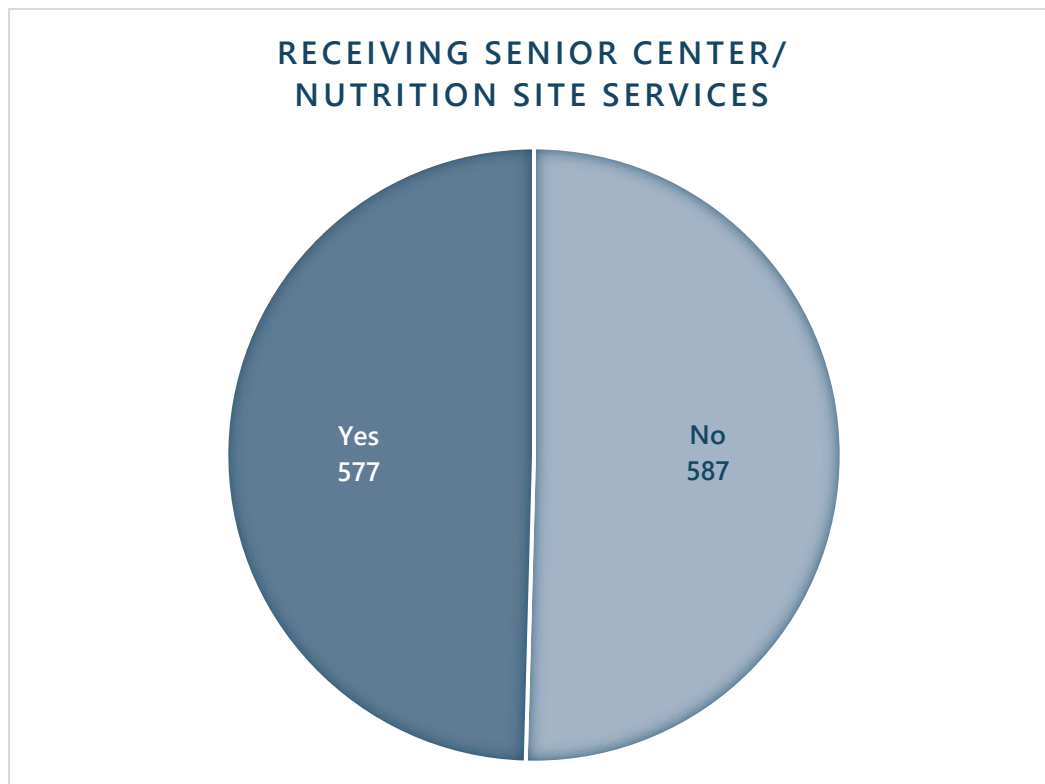
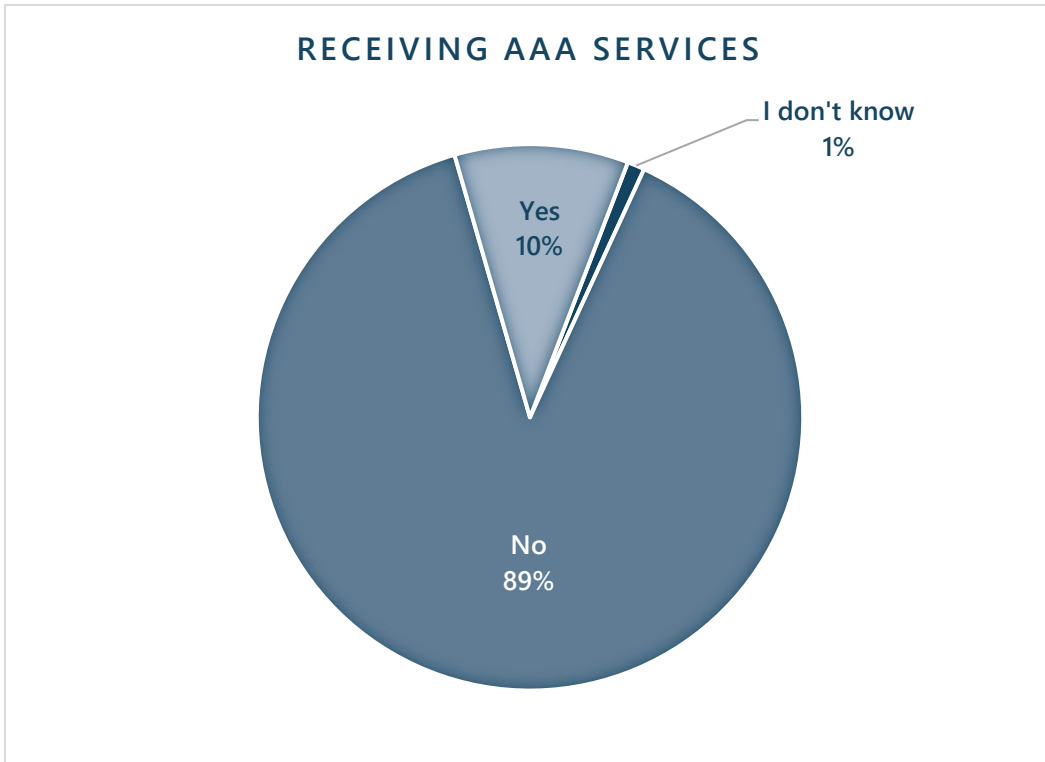


Demographics 2: Income and Number in Household

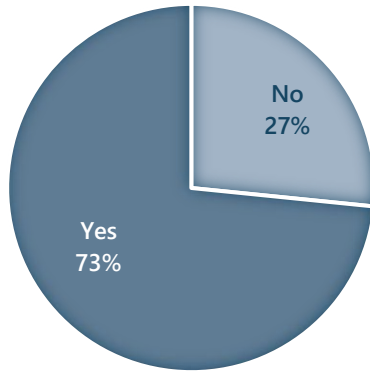
Income (monthly)	Regional Response
\$1,074 or less	195
\$1,075- \$1,452	228
\$1,453 - \$1,830	186
\$2,209 - \$2,589	78
\$1,831 - \$2,208	109
\$2,590 or more	288
Grand Total	1084



Demographics 3: AAA and Senior Center Services



ATTEND SENIOR CENTER



Does Community have a Senior Center or Nutrition Site?	Regional Response
I don't know	116
No	144
Yes	906
Grand Total	1166

Why don't you attend the Senior Center?	Response Per County
Anderson	1
Not interested	1
Cherokee	2
No need	1
OA in knees	1
Greenville	12
No transportation	1
No need	5
Health issues	1
Health concerns	2
Not needed	1
I don't need services right now.	1
Don't need the help.	1
Oconee	9
No transportation	3
No reason	3
Health issues	1
Don't drive	1
Disabled	1
Spartanburg	10
Still Working	1
Don't drive	1
Just learned about it	1
Health issues	2
COVID	1
Neuropathy	1
Not needed	2
Unable to walk	1
Grand Total	34

Reasons that affect your ability to live independently in the home							
Reason	Anderson	Cherokee	Greenville	Pickens	Oconee	Spartanburg	Total
15) I do not know how I could pay for nursing home care when/if I needed it.	40	100	151	17	37	48	393
6) I am concerned about falls or other accidents.	47	72	138	22	49	58	386
24) I cannot do my yard work due to physical or medical reasons.	44	74	140	24	37	58	377
32) I have no needs or concerns.	28	13	221	17	12	44	335
1) I need to exercise more, but don't know where to start.	38	70	99	16	31	36	290
3) I have trouble keeping my home clean.	41	68	81	16	37	40	283
2) Sometimes I feel lonely or sad, even isolated.	35	66	90	13	28	35	267
16) I cannot afford to pay for dental care.	20	66	73	12	36	27	234
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	36	52	54	17	34	34	227
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	41	52	43	19	39	30	224
17) I cannot afford to pay for hearing aids.	21	76	65	9	25	27	223
23) I am unable to make necessary repairs to my home due to costs.	26	47	75	7	25	39	219
11) I have problems keeping my paperwork in order and sometimes lose things.	22	43	58	10	16	32	181
18) I cannot afford to pay for eyeglasses.	17	65	41	8	22	27	180
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	24	26	54	15	23	28	170
19) I need access to assistive technology (ex: wheelchair, cane, walker, etc.)	16	41	42	11	20	27	157
28) I have to deal with challenging family issues that are stressful.	15	39	66	4	8	17	149

Reason	Anderson	Cherokee	Greenville	Pickens	Oconee	Spartanburg	Total
5) I need assistance with bathing, dressing and toileting.	20	14	31	5	23	24	117
10) I am unable to read and understand my mail.	20	27	33	6	10	16	112
20) I need legal advice but cannot afford it.	12	29	35	3	16	15	110
13) I have difficulty paying for prescription medicines.	16	23	34	4	14	7	98
12) I have trouble keeping up with paying my bills.	11	16	34	9	14	12	96
22) I struggle keeping warm and cool due to poor insulation, leaky windows, or structural damage.	11	26	26	2	7	17	89
29) I don't have friends, neighbors or others that have a positive influence on my life.	13	26	17	2	15	13	86
31) I am taking care of one or more adults over the age of 60.	11	11	41	2	9	12	86
14) My insurance premium is a struggle to pay monthly.	10	20	29	5	11	7	82
21) I need safe and affordable housing.	6	21	35	2	6	6	76
33) Other Needs or Concerns	7	2	39	1	4	12	65
25) I have a serious problem with pests in my house (ex: bed bugs, roaches, fleas, lice, rodents, etc.).	7	24	9	1	15	9	65
9) Sometimes I do not have enough food to eat.	11	10	21	4	11	4	61
26) I have a mental health issue that sometimes makes it difficult for me to live on my own.	9	7	19	1	8	12	56
27) I (or someone close to me) have a drug or alcohol problem.	0	26	17	1	2	4	50
30) I am responsible for taking care of a child or children under the age of 18.	2	6	14	0	4	3	29

Current Service Coverage Tables

An "X" indicates the service is offered in the county listed.

	Anderson	Cherokee	Greenville	Pickens	Spartanburg	Oconee
Assessment	☒	☒	☒	☒	☒	☒
Transportation						
Congregate	☒	☒	☒	☒	☒	☒
Medical	☒	☒	☒	☒	☒	☒
Essential	☒	☒	☒	☒	☒	☒
Assisted	☒	☒	☒	☒	☒	☒
Homecare						
Personal Care	☒	☒	☒	☒	☒	☒
Homemaker	☒	☒	☒	☒	☒	☒
Chore	☒	☒	☒	☒	☒	☒
Minor Home Repair	☒	☒	☒	☒	☒	☒
Information & Referral	☒	☒	☒	☒	☒	☒
Legal Services	☒	☒	☒	☒	☒	☒

Nutrition Services	Anderson	Cherokee	Greenville	Pickens	Spartanburg	Oconee
Congregate Meals	☒	☒	☒	☒	☒	☒
Home Delivered Meals	☒	☒	☒	☒	☒	☒
Home Delivered Meals (Family Caregiver)	☐	☐	☐	☐	☐	☐
Nutrition Education	☒	☒	☒	☒	☒	☒
Nutrition Counseling	☐	☐	☐	☐	☐	☐

Health Promotion Services	Anderson	Cherokee	Greenville	Pickens	Spartanburg	Oconee
Evidenced-Based Programs	☒	☒	☒	☒	☒	☒
Health Promotion & Disease Prevention	☒	☒	☒	☒	☒	☒

Family Caregiver	Anderson	Cherokee	Greenville	Pickens	Spartanburg	Oconee
Information & Assistance	☒	☒	☒	☒	☒	☒
Assessment	☒	☒	☒	☒	☒	☒
Respite	☒	☒	☒	☒	☒	☒
Supplemental Services	☒	☒	☒	☒	☒	☒
Counseling	☒	☒	☒	☒	☒	☒
Support Groups	☒	☒	☒	☒	☒	☒
Caregiver Training	☒	☒	☒	☒	☒	☒

C. Quality Assurance Process

Appalachian Council of Governments grievance procedure can be located on the ACOG website at <https://www.scacog.org>

Appalachian Council of Governments Board and Councils/Committees meeting minutes can be located on the website at <https://www.scacog.org>

The Appalachian Council of Governments internal policies are updated as needed or as mandated by state, federal and local policy changes/updates. Most policies are reviewed on an annual basis for changes and/or updates. The Employee Policy Manual, for example, is reviewed annually at the end of the year for updates/changes to be implemented in the new calendar year. Other policies may be updated and implemented immediately as applicable.

Finance

All services that are eligible for reimbursement through federal and state funding are housed in the State's database, AIM. On a monthly basis, providers submit their request for reimbursement with supporting documentation to include AIM reports, Accounting Profit and Loss statement, and meal invoices from caterers, if applicable.

Unannounced in field monitoring provides an opportunity to ensure proper records, sign in sheets, driver logs, etc. are being maintained properly by the provider. All these items are also available to review via desktop monitoring if requested by the State Office or AAA/ADRC.

If an infraction is found through monthly, desktop, or in field monitoring, a corrective action will be requested with a procedure in place to provide future adherence to the terms and conditions maintained within the grants allocated.

Nutrition Program

The AAA strives to maintain a high level of accountability of nutrition and wellness services in accordance with the State mandates and recommendations. Meals are ordered through a caterer or produced by the Provider. The meal ordering process is monitored on a daily/weekly/ and monthly basis by desktop monitoring to ensure that the meals ordered reconcile to the meals served and the units entered in AIM. Meal shortages, excessive waste, and any other issues are addressed and resolved promptly as they arise. Compliance is monitored during on-site visits to ensure proper signage, certifications, nutritional education, and safe food practices are followed with a follow up plan communicated in writing to the executive director. Menus are reviewed on a quarterly basis to ensure

required nutritional guidelines are being met prior to approving for all Providers serving a meal. Any mandated requirement that cannot be met is relayed to the State Office with a waiver.

The provider is required to maintain current certifications for each instructor that conducts an IID Wellness Exercise class. These certifications are available for desktop and on-site monitoring. On-site visits include a review of the posted activity calendar and witness of the class being offered.

All calendars, menus, sign in sheets, and AIM reports are maintained electronically for monitoring purposes. The on-site monitoring visits that are conducted are unannounced visits.

Family Caregiver Support Program

The Family Caregiver Support Program collaborates with agencies across the upstate to provide respite services to qualifying clients. Before the start of each calendar year, a representative from all participating agencies is required to attend our in-person meeting to go over the required partnership forms as well as policy and procedure information. All participation forms must be signed by the participating agency and returned before services can be provided. The agencies are then sporadically monitored throughout the year to ensure that services are being provided, that the quality of service is satisfactory, and that the clients are satisfied with the service. Each agency is required to keep care logs for all voucher clients on file and to provide them to us upon request as needed.

Ombudsman

The Ombudsman use the WellSky data system to enter case disposition to track resident satisfaction and complaint resolution. We also keep track of the Volunteer Ombudsman surveys to make sure the residents and volunteers have a high satisfaction goal.

D. Goals, Objectives, and Performance Measures

Goals, Objectives, Performance Measures, Strategies, and Challenges

State Plan Goal 1	Maintain effective and responsible management of Older Americans Act (OAA) services offered through the Department on Aging (SCDOA) and within the 10 service regions in South Carolina.
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State Plan Objective 1.1	Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as to achieve greater accountability and transparency.
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Annual Performance Measures	
State Plan – SCDOA and AAAs conduct needs assessments to evaluate state and regional concerns and service demands.	
State Plan – AAAs submit Quality Assurance Reports to SCDOA annually.	
Strategies and Actions	
<ul style="list-style-type: none"> • Continue to conduct monthly monitoring to ensure adherence to the terms and conditions of the grants received. • Assess and identify the portion of the senior population in greatest need to maintain effective utilization of funding. • Provide alternative suggestions utilizing other agencies for those that aren't within the need criteria or present needs outside the scope of our service. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Service sustainability is a challenge with regard to funding sources. More rural regions are limited in resources which could present as a need for the community. 	

State Plan Objective 1.2	The client assessment program is the gateway to most services provided by the Aging Network. An assessment is necessary to determine a client's eligibility for services and it determines the level of need by establishing a priority score. The AAAs are responsible for conducting client assessments in their respective regions, thereby ensuring greater accountability and providing a holistic approach to how each client is matched to services.
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Annual Performance Measures	
State Plan – Expand the number of seniors assessed annually by 5% or as needed.	
State Plan – Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas.	
Strategies and Actions	
<ul style="list-style-type: none"> • Maintain assessment completion in relation to funding received in order to accurately provide home and community-based services. • Maintain staff and increase assessment completion as needed. • Conduct in-home assessments to ensure needs are appropriately documented. 	

Challenges and Barriers
<ul style="list-style-type: none"> • Lack of funding limits the ability to increase assessment levels as well as remove individuals from the wait list to provide the services they are eligible to receive. • Providers are limited to their resources, staff, and capacity to add additional clients in some areas of service.

State Plan Goal 2	Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, services, education, and counseling on their options to live as independently as possible in the community.
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State Plan Objective 2.1	Information and Referral/Assistance (I&R/A); SC ACT
Annual Performance Measures	
State Plan – Increase the number of contacts accessing I&R/A services by 5% annually.	
State Plan – Increase the I&R/A outreach by 5% annually.	
Strategies and Actions	
<ul style="list-style-type: none"> • Continue partnerships with existing referral sources for client/contact referral. Partnerships and referral sources are social workers, case managers, outreach efforts, etc. • Maintain positive experience for client contacts who then refer others for assistance. • Confirm referrals provided to clients and caregivers are valid and appropriate. • Maintain and potentially increase number of events and attendees for educational events, health fairs and community events. • Follow up with clients to ensure the resources/referrals were helpful. 	
Challenges and Barriers	
Ensuring resources are updated as needed to ensure appropriate referrals to clients	

State Plan Objective 2.2	Insurance and Medicare Counseling
Annual Performance Measures	
State Plan – Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs.	
State Plan – Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.	
State Plan – Three regional outreach events per required per quarter (36 annually).	
State Plan – Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.	
State Plan – Increase by 5% annually, the number of consumers reached in rural, isolated areas.	
State Plan – Increase by 5% community partnerships to assist in raising awareness of fraud.	
Strategies and Actions	
<ul style="list-style-type: none"> • Maintain staff and increase volunteer base with current credentials to meet the needs of client/contact requests for enrollments during AEP and for those new to Medicare or for other SEP situations. 	

- Continue partnerships with existing referral sources for client/contact referral. Partnerships and referral sources are medical case managers, dialysis clinics, SSA, SCDHHS, SCDOA, Local Senior Centers, etc.
- Maintain positive experience for client contacts who then refer others for assistance with SHIP issues.
- Maintain and potentially increase number of events and attendees for educational events, health fairs and community events.
- Use existing resources housed in SHIP TA and the SMP Resource center for distribution in mailings and targeted distributions venues such as senior centers, senior housing entities, food banks, and meals on wheels clients.
- Provide clarity on legal and illegal marketing practices in outreach events for MA plans and provide information on current, prevalent fraud schemes.
- Add expanded SMP information to the www.scacog.org website.
- Solicit additional senior service providers such as senior faith-based groups, senior centers, and medical partners in effort to bring awareness of available SHIP/SMP/MIPPA services.
- Elaborate how counselors may benefit their clients and patrons through provision of Medicare counseling and screenings for available subsidy programs.
- Identify and develop partnerships with local law enforcement agencies who investigate consumer fraud in each county of the Appalachian Region.
- Work with existing partners to enhance ongoing efforts with outreach pertinent to fraudulent trends.

Challenges and Barriers

- Communication between state entities such as SCDHHS, SCDSS, SSA regarding client benefits.
- SHIP agents no longer have the ability to advocate for beneficiaries regarding their part D plans or advantage plans unless there is the ability to do a conference call.
- With respect to outreach event, many venues still are reluctant to schedule events due to seasonal outbreaks of flu and COVID. Participation for some events can be low at times for the same reasons.
- The Appalachian Region has experienced a large influx of Medicare beneficiaries moving into the region so not only is annual open enrollment extremely high volume, the rest of the year seems to follow suit. There is not much down time for reporting, training or marketing.
- Clients still experience ongoing barriers to services though SCDHHS and SSA since most of the offices are still closed to the public.

State Plan Objective 2.3

Nutrition Program and Services

Annual Performance Measures

State Plan – Track and identify service gaps for congregate and home-delivered meal services.

Strategies and Actions

- Work with providers to encourage meal rates to include hired drivers.
- Use alternative meal providers to reach the outlying rural clients.
- Encourage partnerships with restaurants to enhance current meal programs.

Challenges and Barriers	
<ul style="list-style-type: none"> • Hiring and maintaining staff • Transportation • Overall funding shortfalls 	

State Plan Objective 2.5	Evidence-Based Health Promotion and Disease Prevention Programs
Annual Performance Measures	
State Plan – Track and identify service gaps for evidenced-based health promotion and disease prevention programs including their causes and geographic distribution.	
Strategies and Actions	
<ul style="list-style-type: none"> • Outreach to promote the activities and classes in the centers. • Provide healthy cooking classes to draw people in. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Attracting more active seniors with appropriate activities of interest. • Matching IID approved classes with community interest. • Encouraging providers to explore alternative classes and funding opportunities to encourage participation and increase membership. 	

State Plan Objective 2.6	Transportation Services
Annual Performance Measures	
State Plan – Increase the number of clients utilizing transportation services by 5% annually, depending on available funding sources.	
Strategies and Actions	
<ul style="list-style-type: none"> • Maintain assessment completion in relation to funding received in order to accurately provide home and community-based services. • Maintain staff and increase assessment completion as needed. • Conduct in-home assessments to ensure needs are appropriately documented. • Continue to utilize Spartanburg Regional for transportation services to allow funding to be placed in other areas. • Work with providers not utilizing public resources to encourage partnership. • Conduct outreach to educate those in need of transportation of services available through Medicaid. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Lack of funding limits ability to increase assessment levels as well as remove individuals from the wait list to provide services they are eligible to receive. • Limited resources in rural areas. 	

State Plan Objective 2.7	Family Caregiver Support Program
Annual Performance Measures	
State Plan – Expand the number of family caregiver support recipients by 5% annually.	
State Plan – Increase outreach events by 5% annually.	
State Plan – Increase utilization of the Seniors Raising Children funding by 5%.	
State Plan – Increase partnerships and collaboration with other human-service agencies by 3%.	

Strategies and Actions	
<ul style="list-style-type: none"> • Continue to leverage support from local resources to overcome barriers in reaching caregivers in the Hispanic community. • Increase community awareness of services by expanding and regularly utilizing the agency's webpage and the program's social media sites. • Hold annual provider network meetings to sustain professional connections and ensure that all providers are informed of current services and policies. • Collaborate with local service providers, churches, senior centers, and healthcare organizations to educate their staff about our services and the referral process. • Expand the SRC program by networking and building relationships with professionals in the school system and working together to ensure any senior who is raising a child is aware of our services and has access to them. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Inflation has caused the cost of respite care to rise significantly; however, with no increase in funding, caregivers are now seeing a decrease in the number of respite hours they receive. • For the advocates, the spread of misleading information about the FCSP from outside sources becomes an issue when communicating with caregivers. • Getting caregivers to participate in education and training opportunities continues to be a challenge. • Collaboration with our program from some counties' school systems continues to be a challenge. 	

State Plan Objective 2.10	Home Care
Annual Performance Measures	
State Plan – Increase the number of seniors receiving home care services by 5% annually.	
Strategies and Actions	
<ul style="list-style-type: none"> • Maintain assessment completion to continue to measure the home care needs across the region. • Evaluate the waitlist to ensure the clients most in need are served first. • Provide additional hours to provide personal care when needed. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Tremendous growth in the senior community coupled with the increase of inflation means we are serving fewer seniors with limited funding. • The lack of funding has created an increase of those clients placed on a wait list. • Providers are limited to their staffing which creates a capacity limit on the number of clients they can realistically serve. 	

State Plan Objective 2.11	Minor Home Repairs
Annual Performance Measures	
State Plan – Increase the number of seniors receiving home repair services by 5% annually.	
Strategies and Actions	
<ul style="list-style-type: none"> • Maintain partnership with current Minor Home Repair providers. • Ensure that those in most need are a priority in receiving services. • Encourage community partnerships to increase volunteer base for service completion. • Encourage partnerships with businesses and donors to offset material expenses. 	

Challenges and Barriers	
	<ul style="list-style-type: none"> • Cost of materials have increased exponentially over the past few years and will continue to increase moving forward. • Federal funding limitations on repair reimbursements of \$150 makes IIB an unrealistic funding source. • State dollar allocations are limited and must be shared with other services making growth and sustainability a challenge.

State Plan Goal 3	Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long Term Care Ombudsman Program, and elder abuse awareness and prevention activities including legal services and the Vulnerable Adult Guardian ad Litem program.
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State Plan Objective 3.2	Legal Assistance Program
Annual Performance Measures	
State Plan – Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect, and exploitation.	
State Plan – Increase the number of formalized partnerships between aging/disability and elder rights groups.	
State Plan – Develop and implement a continuous quality improvement component within the program.	
Strategies and Actions	
<ul style="list-style-type: none"> • Outreach within the senior centers and the departments within the AAA to educate the services that are available. • Maintain a positive relationship between the Legal services provider and senior service providers to conduct presentations on general aging concerns such as will preparation, power of attorney, estate concerns, etc. 	
Challenges and Barriers	
<ul style="list-style-type: none"> • Communication issues with a growing Hispanic population. • Funding does not support growth within the legal assistance program. • Potential clients may think they can't qualify or afford the needed services. 	

State Plan Objective 3.3	Long Term Care Ombudsman Program
Annual Performance Measures	
State Plan – Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.	
State Plan – Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.	
State Plan - Increase the number of trained Volunteer Ombudsmen by 5% annually.	
State Plan – Each local Ombudsman program will conduct eight educational trainings for residents/families on long-term care services and/or developing self-advocacy skills.	

State Plan – Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually.

State Plan – Expand the number of Resident and Family Councils by 5% annually.

Strategies and Actions

- Continue to utilize staff and volunteer ombudsmen to complete quarterly visits to nursing homes and assisted living facilities
 - Create plan to divide DDSN and DMH facilities equally among designated paid Ombudsman staff
 - Regional LTCO to monitor DDSN and DMH quarterly visits to ensure progress is on track
 - Recruit, interview, and train volunteers and conduct at least 2 annual initial training sessions at the Regional LTCO Office
 - Arrange 2-3 recruitment events quarterly
 - Conduct quarterly on-going training for volunteer ombudsmen and one annual recognition event
 - Reach out to family and residents during quarterly visits to spread awareness of educational trainings offered
 - Get regularly invited to Resident Council meetings
 - Increase the number of educational activities for residents during Residents' Rights Week in October
 - Develop community partnerships to increase opportunities to speak to the public
 - Develop a relationship with each Resident Council President during quarterly visits
 - Speak with facility about participation of Resident/Family Councils in their facilities
 - Develop a workbook to assist families in facilitating their own Family Councils
- Offer to speak on a regular basis at Resident and Family Council meetings

Challenges and Barriers

- Inability to complete quarterly visits due to Covid and other illness outbreaks in facilities
- Increase in cases or decrease in staff taking priority away from quarterly visits
- Inability to use volunteer ombudsmen to fulfill quarterly visit requirements for DDSN/DMH facilities
- Increased training requirements and responsibility for volunteers per ACL's Final Rule
- Difficulty recruiting and retaining volunteers post-COVID (volunteers needing to work, not wanting to go into facilities due to COVID, etc.)
- Increase in cases taking priority away from other duties
- Managing time and prioritizing caseloads, personal training goals, quarterly visits, community education, staff in-services and educational trainings for residents/families.
- Staffing shortage caused by long-term illness, staff turnover, or other issues
- Keeping resident/family councils maintained once program initially helps facilitate
- Increase in cases taking priority away from other duties
- Managing time and prioritizing caseloads, personal training goals, quarterly visits, community education, staff in-services and educational trainings for residents/families
- Staffing shortage caused by long-term illness, staff turnover, or other issues

Regional Objective 3.3

Annual Performance Measures

- Increase the number of educational trainings for residents/families on LTCO Program services and/or developing self-advocacy skills by 5% annually

E. Long Range Planning

Family Caregiver Support Program

Looking ahead, as the senior population grows rapidly, the need for assistance and guidance for family caregivers will be greater than ever. Unfortunately, based on past funding trends, the FCSP funding will not be adequate to meet future demands unless funding is appropriately increased. As a result, our region is actively developing and incorporating services and practices that will be sustainable in the future. Our in-home caregiver education is one of those services. We recognized that respite, while extremely beneficial, is only a temporary solution. Caregivers, on the other hand, can benefit from education and training indefinitely. Additionally, because our advocates personally offer this service, if funding for other services is ever exhausted, we will still be able to help reduce caregiver burnout. In the event that a waiting list is required, we have also developed a method to assist advocates in prioritizing clients based on need. This procedure will ensure that services are distributed properly. We will also continue to collaborate and build relationships with other local resources so we can further expand and enhance support and services for caregivers and their families.

Ombudsman

As the population in our region continues to grow over the next 10 years, so will the need for aging services in our region. This includes long-term care services and, while our goal is to keep as many people aging in place at home, there will always be a need for long term care facilities to take care of those with complex needs, both mental and physical. Residents of these facilities are particularly vulnerable and will continue to need advocacy provided by the Long Term Care Ombudsman Program.

Home Care

Many of the services that the AAA offers are limited by the capacity of our service providers or funding. One growing need found through the Needs Assessment is that of Home Care. The need for this service is growing exponentially due to the number of seniors wanting to remain in their home. The AAA must rely on other resources to channel some of these clients to in order to serve as many seniors as possible and stretch the funding we are provided. During the screening process with an I&R/A specialist, if it is identified that the caller could qualify for CLTC, the caller is referred to the SHIP department to explore the resources that are available that would provide Home Care. Likewise, if it is found that the caller has a caregiver or a caregiver is calling on behalf of a care recipient, the caller can be referred to the Family Caregiver department to apply for a respite voucher for home care services. In some instances, the caller has the financial resources to pay for their home care services, but are unsure of available companies that provide the service. In these cases, the AAA will supply the All about Seniors magazine which catalogs companies that provide a full array of senior services, including Home Care. Utilizing our in-house partners is our best effort

to serve as many seniors in our region with programs like Home Care where the need far surpasses our funding and capacity.

Information & Referral/Assistance

As the senior population increases and the desire for individuals to remain home as long as possible, it is imperative to maintain and enhance the current level of services. With that being said, monitoring the needs assessment in order to keep abreast of changing needs will be an ongoing focus. Monitoring assistance calls to identify need trends and areas of opportunity will be necessary to maintain that the services provided meet the needs of the community.

Programs/Nutrition

The funding structure is currently focused on meals. Many seniors attend a center for reasons outside of obtaining a meal, however a provider is only compensated for meals served. In the Appalachian Region, one of our concern is preventing isolation rather than solely focus on food insecurities. Funding for programs encouraging attendance to prevent isolation provide the needed assistance that food cannot address.

Senior centers are struggling with maintaining a safe, ADA compliant, and updated appearance. PIP grants are available to assist in major building improvements and new builds, but funding fails to assist the smaller needs that would impact a deteriorating senior center. Funding allocations need to have the flexibility to help with building maintenance to encourage an appearance that would welcome new seniors and growth.

As the population of active seniors increases, infrastructure needs to be in place to sustain this growth. Funding is not guaranteed and historically, funding levels haven't increased. Adding additional funding to provide the means to allow investments into program services, such as vans for transportation, will enable the programs long term success. Programs and grants are available for rural areas, but the more populated areas don't qualify for these grant opportunities.



“When I first started coming to Senior Action, it was about a year and a half ago. I had pains in my back so I couldn’t walk further than from the exercise room to the front door without sitting down. I can now do everything. I can bend, I can walk. It’s great!”

– Sue Seamon

Sue came to us in May of 2020, just a few months into the pandemic, looking for access to hot and healthy meals. We were able to start her on our lunch program and provide her with meals through our drive-through service at Orchard Park. When we opened our new facility in May 2021, Sue started working out in our fitness center and eventually signed up for several group health and wellness classes. Today, she is an active, thriving member regularly participating in our Arthritis Exercise and SilverSneakers classes. Because of her improved health and mobility, she is now able to volunteer in the lunchroom and for special events. We really enjoy seeing how happy and engaged Sue is each day!

Attachment A – Verification of Intent (VOI)

The Area Agency on Aging hereby submits its Fiscal Year 2023 – 2025 Area Plan to the South Carolina Department on Aging (SCDOA). If approved, the plan is effective for the period of July 1, 2023, through June 30, 2025.

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 SCDOA. 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 SCDOA when requested. Changes made to the approved plan will require an amendment submission to the SCDOA for approval.

This Plan contains assurances that it will be implemented under provisions of the Older Americans Act, as amended in 2020, during the period identified, as well as the written requirements of the SCDOA 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.

Board of Directors Chairperson

Date

Planning Service Area Director

Date

Area Agency on Aging Director

Date

Attachment B – Assurances

AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES by the Older Americans Act, As Amended in 2016

The Older Americans Act (OAA) requires the South Carolina Department on Aging (SCDOA) 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 SCDOA in the delivery of aging services based on the stipulations set forth by the South Carolina Aging Network's Policies and Procedures Manual.

ASSURANCES

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.

NOTE: 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-

- (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and 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, and 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.

(27) 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 (AAA) to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 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 South Carolina Department on Aging’s (SCDOA) Multigrant Notification of Award Terms and Conditions, and to individual SCDOA programmatic policies and procedures.

Board of Directors Chairperson

Date

Planning Service Area Director

Date

Area Agency on Aging Director

Date

Attachment C – Information Requirements

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.

Appalachian AAA/ADRC Response

The programs and services that are offered by the Appalachian AAA/ADRC are not means tested; the services are solely based on need. The assessment process provides reliable insight to identify services needed based on the individual being evaluated. The assessment identifies health concerns, physical and mental limitations, fall risk, social isolation, nutrition security, and level of support available. The state database then assigns a numerical rating based on the outcome of the overall limitations. Clients with the greatest need are served prior to service being available to those identified with a lower needs rating.

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.

Full Regional Emergency Preparedness Plans are to be submitted to the SC Department on Aging on an annual basis by April 1st. These plans must include the four phases of disaster management – Mitigation; Preparedness; Response; and Recovery (Stabilization) for the planning and coordination of activities for the state and timely continuation of service and the restoration of normal living conditions for older individuals.

Appalachian AAA/ADRC Response

The AAA/ADRC and local contractors are required to have a written disaster plan in place. Routine contact with each county's Emergency Management Director and staff is held to discuss strategies and action steps needed to ensure the safety and well-being of our senior population.

Current contact information for state and local agencies, relief organizations, AAA/ADRC staff, and staff members of contractors will be kept updated in the event of a disaster.

Shelf-stable meals are given to home delivered and congregate diners in the event of weather-related emergencies. Those clients that lack family or community support are identified during the assessment process and are checked upon during an emergency. Transportation providers are encouraged to communicate with county officials to implement any needed evacuation of seniors. The entire Aging Services staff at the AAA/ADRC will assist our contractors in helping the senior community in the event of a disaster.

Operations

The Executive Director of the Appalachian Council of Governments will coordinate with key staff to establish that staff members are safe and have the ability to assist in any disaster efforts of the agency. Clients that are served by the ACOG/AAA, in particular those frail clients with limited ability to function during a disaster, will be contacted by the service providers within the region in order to identify their ability to shelter in-place. The SCDOA assessment has provided some necessary basic information about the client's ability to prepare for emergencies. AAA staff will coordinate with other disaster response agencies to meet the needs of those clients. The ACOG/AAA will contact the services providers to identify their ability to provide services and provide technical assistance as needed.

Disaster Communications

During a response phase, the ACOG/AAA plans to be in contact with its staff, service providers and RAAC members initially to provide any and all information regarding dangerous inclement weather. The AAA Director receives email weather condition warnings from the state office and passes these along to all the above. All of the senior centers could be utilized as warming centers and short-term shelters. The service provider directors would need to work with their local emergency management for designating those shelters as needed. In the event that the ACOG/AAA is contacted by local/state/federal emergency management agencies, the Executive Director and AAA Director will assign staff to community disaster centers.

The AAA Director will contact the SCDOA within 24-48 hours of a disaster with a report. This report will communicate the impact of the disaster on the region, clients and their services and how the ACOG/AAA, emergency management, service providers and other coordinating agencies have responded to the needs of the service population. The ACOG/AAA will convey all necessary information to SCDOA per the report via emails as able and required.

During a recovery phase, the AAA staff will continue to work with service providers, especially local senior centers, to restore program basics and routine services. The ACOG/AAA will identify disaster relief assistance and make that information available to all service providers. The ACOG/AAA will also use the disaster as an opportunity to review the response of the agency,

identify both the successes and shortcomings of the disaster effort in order to make revisions to the response effort for future planning. The ACOG/AAA will keep in contact with SCDOA to provide updated status reports on the issues that have been resolved and the incurred costs during the disaster response and recovery phase to be reported as needed and required.

Organization and Assignment of Responsibility

The AAA Director will be the key personnel responsible for coordinating the disaster preparedness and efforts in the response and recovery phases, with assistance from the ACOG Executive Director. The Regional Ombudsman and program staff will contact the long term care and assisted living facilities to check on the disaster efforts as part of their plans to keep their residents safe. The AAA staff over dining sites and AAA Director will contact the service providers. All other duties will be assigned by the AAA and ACOG Executive Director.

Continuity of Agency

As an event occurs, the AAA Director will contact the ACOG Executive Director to determine the geographic area involved in the disaster, the severity of the disaster, and preliminary response of the ACOG/AAA. Preliminary staff assignments will be determined by the AAA Director. Once assignments have been determined, a telephone tree will be initiated to contact the AAA staff. In the event that telephone contact is not possible, the staff will report to the ACOG office or any preliminary designated alternative sites as available.

The ACOG/AAA will coordinate with during a disaster:

- FEMA
- Local Divisions of Emergency Management
- Local Chapter of the Red Cross
- Local City and County Officials
- Senior Centers
- Public Health Departments
- County DSS
- Hospitals
- Regional Mental Health Providers

Plan Development and Maintenance

Emergency planning documents are required as part of the RFP process for services in the Appalachian region. Part of the region's planning will depend on the more localized providers in reference to the disaster site(s). As procurement cycles will continue, the emergency plans of the service providers will be updated. As the AAA develops more relationships to address emergency needs, the emergency plan document will be updated.

Administration, Finance and References

The AAA staff maintains a copy of their timesheet via computer. All staff time will continue to be recorded on the approved timesheet. Time designated to disaster efforts or overtime would be recorded so that it can be tracked appropriately. In the event that staff can't access their computers, handwritten copies of the timesheets will be completed.

The ACOG Finance director and Aging Department finance staff person will be responsible for tracking supplies that are utilized during a disaster response. The aging finance staff person will log and tally those items and expenses and submit the information to the Finance Director and AAA Director.

Staff and service providers will continue to utilize the same forms that are typically used to record service delivery to show the type and amount of service provided. However, staff and service providers will be instructed to denote what services were provided in regard to the disaster.

The form that is currently used for intake will continue to be utilized during an emergency. The AAA has a Department of Elder Affairs Planning Tool for Rapid Needs Evaluation that can also be utilized in the case of an emergency.

Any contracted services will be prior approved by the ACOG Executive Director and AAA Director. The aging finance staff person will maintain records for any contracted services required during a disaster. Those expenses and the documentation will be forwarded to the AAA Director at the end of one month after the disaster.

The ACOG has a form in which to document personal expenses during a disaster. The AAA staff will maintain a copy of this form with their Phone Tree so that it will be accessible and can immediately begin logging those items as they are incurred. The AAA staff will submit these expenses along with travel expenses to the AAA Director after the recovery phase of the disaster is completed.

The ACOG will provide staff with a form in which to document telephone calls during a disaster. The staff will maintain a copy of this form with the Phone Tree so that it will be accessible and they can immediately begin tracking those calls.

During the recovery phase, AAA staff will contact service providers, long term care facilities and assisted living facilities to determine the extent of the disaster and the impact on their current operations and standards of living. Those findings will be reported to the SCDOA as needed. The ACOG Executive Director and AAA Director will maintain contact with local/state/federal emergency services for preliminary information. During this phase, the ACOG/AAA will again rely on information from service providers, clients, and other community service agencies as well

as reports from FEMA, local divisions of emergency management, local American Red Cross, and city and county officials.

Operation Check List

- ACOG Executive Director contacts key staff
- Activate AAA phone tree
- Regional Ombudsman contacts long term care facilities
- AAA staff contacts RAAC and service providers
- Staff documents time, phone calls and expenses during disaster
- Maintain contact with local/state/federal emergency service agencies
- Contact SCDOA within 24-48 hours with report of situation and issues
- Maintain time, personal and agency expenses
- Follow-up with SCDOA as needed
- Maintain all records for possible emergency funds from SC4A and AoA/ACL
- Send final report to SCDOA
- Make report to RAAC and ACOG Board of Directors at next available meetings

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.

Appalachian AAA/ADRC Response

Starting on July 1, 2017, all client assessments will be done by the Appalachian AAA/ADRC. By doing these assessments, we will be able to ensure that seniors in rural areas with the greatest needs are served by our contractors. All clients are given an AIM priority score. They are placed on the appropriate waiting list(s), if there is a waiting list. Contractors will pull the client with the next highest priority score when an opening exists. All contractors must serve the entire county, whether it is urban or rural.

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.

Appalachian AAA/ADRC Response

Starting on July 1, 2017, all client assessments will be done by the Appalachian AAA/ADRC. By doing these assessments, we will be able to ensure that seniors who are minorities or with a limited English proficiency and with the greatest needs are served by our contractors. All clients are given an AIM priority score. The score given by AIM will reflect minority status and that of individuals with limited English proficiency. They are placed on the appropriate waiting list(s), if there is a waiting list. Contractors will pull the client with the next highest priority score when an opening exists. All contractors must serve the entire county, regardless of race or language barriers.

Attachment D – Programmatic Questions

Disability

In what ways do you plan on incorporating disability and accessibility into your existing programs?

Disability and Accessibility for access into existing programs is incorporated according to OAA and SCDOA program guidelines currently and will continue. Home and community-based programs allows service to those 60 years of age and older to include the disabled population. For individuals under 60 years old, assistance is provided through referrals to other assistance entities. Information and referral services and insurance counseling is provided to individuals regardless of age or disability. Many referrals are made to community agencies specializing in servicing the disabled population. Insurance counseling is provided on a continued basis those under 65. The Appalachian region will maintain service and continue to be a resource for the disabled population.

Transportation

What do you believe is the number one challenge facing your transportation program and what are some of your ideas to overcome this challenge?

Lack of funding and increased need for assistance with non-emergency medical transportation, non-emergency stretcher transportation, and essential shopping transportation. There is an increase in need for essential shopping transportation as more and more individuals are unable to get to grocery stores and pharmacies.

Ideas to overcome the challenge? Program income (GRI). Increase awareness of Medicaid transportation benefits.

Assessment

Tell about your plans to increase productivity in your Assessment Program.

Productivity levels will increase according to funding levels for services. Assessing seniors at centers through virtual applications such as Zoom, Google Meet, or MS Teams will increase efficiency.

Information and Referral/Assistance

Describe how your agency plans to address the external unmet needs identified in your monthly I&R data.

Assess needs, identify resources and link clients with resolution during contact opportunity. Appalachian AAA/ADRC is the regional focal point on aging and disability. The I&R/A service is designed to allow consumers a "one-stop-shop" to go online, email, visit the office, or call for

assistance, information or referrals on any aging or disability issue. Appalachian I&R/A staff are experienced in area-wide aging and disability programs. All I&R/A staff are certified in the Alliance of Information and Referral Specialists (AIRS). Our goal is to maintain and enhance the resources we currently utilize. As our senior population in the Appalachian region explodes, it is imperative to maintain our partnerships with community organizations.

Homecare

Tell about the homecare worker challenges your region is currently experiencing and tell your plans to address these challenges over the next 2 years.

Service providers offer employees incentives to maintain the caregivers under their employment. Current challenges are limited staff and high staff turnover. Open communication between Appalachian homecare service providers is ongoing and will continue. Quarterly meetings are in place and will continue to be part of our open communication policy for collaborative efforts to resolve staffing issues, not only our region but for the industry as a whole.

Insurance and Medicare Counseling

In future years how to plan to ensure that all counties in your regions are served by both the SHIP and SMP Programs quarterly?

SHIP and SMP services are available in all counties in the Appalachian region on an as needed and as requested basis. Counselors are available Monday through Friday from 8 am until 5pm to serve beneficiaries as needed. Outreach efforts are ongoing through events, senior centers, churches and libraries.

Insurance and Medicare Counseling

Should the funding for the SHIP/SMP/MIPPA programs be reduced or eliminated, how would you sustain the programs to ensure that Medicare beneficiaries in your region were continued to be served?

In the event SHIP/SMP funding is reduced or eliminated, Medicare beneficiaries will be referred and directed to 1-800-633-4227 for Medicare or advised to visit the Medicare.gov website. In the event MIPPA funding is reduced or eliminated Medicare beneficiaries would be referred to the SSA.gov website or their local SSA office for assistance with part D extra help. Additionally, Medicare beneficiaries exploring any MSP programs, they be referred to the SC DHHS call center at 1-888-549-0820, SC THRIVE, or by visiting the www.scdhhs.gov website.

Nutrition Programs and Services

Describe how your agency plans to provide innovative or modernized nutrition program services to an increasingly diverse aging population.

Plans are in development to explore options for offering more diverse menu options to include gluten free or more diabetic specific options.

Nutrition Programs and Services

Describe how your region plans to explore food insecurity and malnutrition data to understand community needs and available resources.

Food insecurity is often expressed by callers to the AAA staff, to the assessment team or during assessment appointments. Additionally, community needs assessments and program surveys collect this data. Referrals are made to the appropriate partners in effort to assist which include local food banks, faith-based entities, SCDSS, and SCTHRIVE to name a few. AAA staff assists with subsidy program applications to include ESAP applications. Dining sites in the region currently partner with entities for provision of nutritional education to clients attending their centers. Additionally, brochures are delivered periodically with the daily meals to homebound clients.

Senior Centers

Describe how your agency will partake in learning collaborative, networking opportunities and broader communications to help centers address the needs, desires, and expectations of older adults.

Program surveys are collected from participants to collect information to explore their expectations and things they would like to see in their senior center. Senior Center Managers solicit and partner with entities for provision of educational seminars, nutritional counseling, exercise programs, and other pertinent requested programs from participants. Partners include local hospital systems, SC THRIVE, and local universities such as Furman OLLI and Clemson University.

Health Promotion & Disease Prevention

Describe how your agency plans to expand its reach with Evidence-Based Disease Prevention and Health Promotion programs.

Evidence-based programs include Silver Sneakers, Arthritis Foundation Exercise, Zumba, Yoga. Programs will expand on an as needed basis with relation to budgeting and feasibility.

Health Promotion & Disease Prevention

Describe how your region plans to carry out integrated health and wellness activities to assist with modifying behaviors or improving health literacy.

Provision of health and wellness activities will be maintained and expanded as the need warrants. Introducing home bound clients to Active Choices. It provides remote guidance, feedback and support while offering adults the flexibility to choose when and where to undertake their physical activity

Family Caregiver Support Program

Tell about how your region is working towards incorporating all areas (information and assistance to caregivers; counseling; support groups and caregiver training; respite; supplemental services) of the OAA programing for the Family Caregiver Support Program.

We strive diligently each day in the Appalachian Region to manage our Family Caregiver Support Program (FCSP) in a way that best serves our community's family caregivers. We continue to work towards not only incorporating all five areas of the Older Americans Act programing into our FCSP, but to incorporate them in a way that best supports the specialized needs of each individual caregiver, as everyone's caregiving journey is unique to them. The following is how we currently incorporate each area, or how we intend to do so in the future:

Information and Assistance

Information and assistance is one of the key components to the Family Caregiver Support Program. It is critical for our Caregiver Advocates to empower family caregivers by providing them with information and assistance so that they can make informed and confident decisions, as well as direct them to appropriate resources. The caregiver advocate team frequently participates in conferences, webinars, interagency meetings, in-services, trainings, etc. to ensure their knowledge and resources are up to date and relevant. Every individual who contacts our program receives assistance and information tailored to his or her needs.

Counseling

We have a partnership with a non-profit counseling organization that provides counseling sessions to caregivers who meet the eligibility requirements and wish to pursue counseling with a licensed professional counselor. Upon approval for counseling services, a voucher with a set number of sessions is issued to the provider. Counseling services are available to eligible caregivers in all six counties in our region, and while counselors prefer to meet with our caregivers in person, they also offer sessions via Zoom or over the phone.

Support Groups and Caregiver Training

Our region currently does not offer a support group through the FCSP. We do our best, however, to maintain relationships with organizations in our region that facilitate support groups, so when

a support group is requested, we can refer our caregivers to the group that would be most appropriate for them.

The caregiver advocate team is currently developing an action plan for launching their own caregiver support group through the FCSP. This support group is expected to be functioning by July 2023. The meetings will take place at Appalachia's local office and will be facilitated by the caregiver advocates.

Our FCSP currently has one full time advocate designated to provide caregiver education and training for caregivers seeking such assistance. Education and training is an in person, one on one, in-home experience. Each session begins with the educator listening to the caregiver. Education and trainings are then geared to the areas that the caregiver is struggling with on a daily basis. Education and training are best delivered in person at the caregiver's home or wherever they are most comfortable meeting, but it can also be delivered via Zoom or over the phone if that is more convenient for the caregiver. We also offer caregiver training through a platform called Trualta. Trualta is a personalized, skills-based training platform for family members caring for aging loved ones living at home. This is an excellent supplement to in-home education and training, or for those who prefer to learn and explore at their own pace. Providing options to our caregivers to fit their caregiving journey is a key priority.

Respite

Respite, especially when combined with the other key components listed above, has been shown to reduce stress and prevent caregiver burnout. As a result, providing respite to our caregivers in a manner that best suits their lifestyle is absolutely essential to our program. Since our program is designed to provide caregivers a choice, we work with more than a hundred providers each year to make sure respite care is provided safely and efficiently. Caregivers can choose to have their loved one receive respite care at home, at an adult day center, or at an overnight facility. Traditionally, eligible caregivers receive respite vouchers once every twelve months, to be used over a three-month period. The amount of the vouchers varies.

Supplemental Services

Supplemental services are provided to caregivers on an as needed basis and can look very different depending on the need of the caregiver. The most common supplemental services our region provides is assistance with the purchasing of incontinent supplies, nutritional supplements, assistive technology, and companion pets. For the Seniors Raising Children program, some of the supplemental services we provide are tutoring, assistance with school supplies or other school related items, summer camps, and assistance with extracurricular activities. Because each caregiver's journey is unique, our advocates take the time to discuss each caregiver's needs and assist them in meeting those needs to the best of our ability.

Long Term Care Ombudsman Program	How do you plan to increase the recruitment and retention of Volunteer Ombudsmen?
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- Arrange 2-3 recruitment events quarterly (to include meet and greets, health fairs, senior expos, group presentations, etc.)
- Conduct on-going training and networking opportunities for volunteer ombudsmen quarterly
- Maintain regular communication with volunteers via volunteer newsletter, phone calls, emails, birthday cards, etc.
- Hold at least one annual volunteer recognition event and other special recognition of volunteers

Long Term Care Ombudsman Program	How do you plan to increase program awareness to the community members and stakeholders?
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- Participate in regional community education events (health fairs, senior expos, etc.)
- Host an annual workshop with local law enforcement to discuss elder abuse, exploitation and the role of the Ombudsman Program
- Participate in interagency meetings in the region and try to create a group that includes local law enforcement, legal services, DDSN and DMH boards, etc., to work together on ANE issues throughout the region
- Continue to maintain a professional relationship with stakeholders such as SC DHEC, Attorney General's Office, Adult Protective Services, SC Legal Services, DDSN/DHM and local probate court offices.

Legal Assistance Program	What issues do you see that affect justice for seniors?
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Identified categories that affect the senior population that may require legal services include: income protection, health care, long term care, nutrition, housing, utilities, protective services, guardianship/defense against guardianship, abuse, neglect, and age discrimination.

Legal Assistance Program

What hurdles, beyond funding, do you see that impede access to justice for seniors? Describe future collaborative efforts to address hurdles identified.

Transportation to a SC Legal office for consultation could present a hurdle for some potential clients. Having phone consultations prior to setting an appointment could assess if service could be provided. Allowing home visits by legal counsel would eliminate the need for senior transportation. If a client is currently being served by a provider, utilize essential transportation funding to provide transportation services.

Language barriers can be avoided by ensuring legal staff is fluent in multiple languages that are represented in the region.

Awareness that legal services are available through the AAA can be addressed during outreach for other departments within the agency. Providing a brochure and contact information explaining the services offered by SC Legal would be an avenue to bring public awareness to these services. Providing an opportunity for a representative from SC Legal to speak at the senior centers on general topics like estate planning, will preparation, power of attorney, etc. could open communication and identify those that would need legal services.

Attachment E – Performance Measures Template

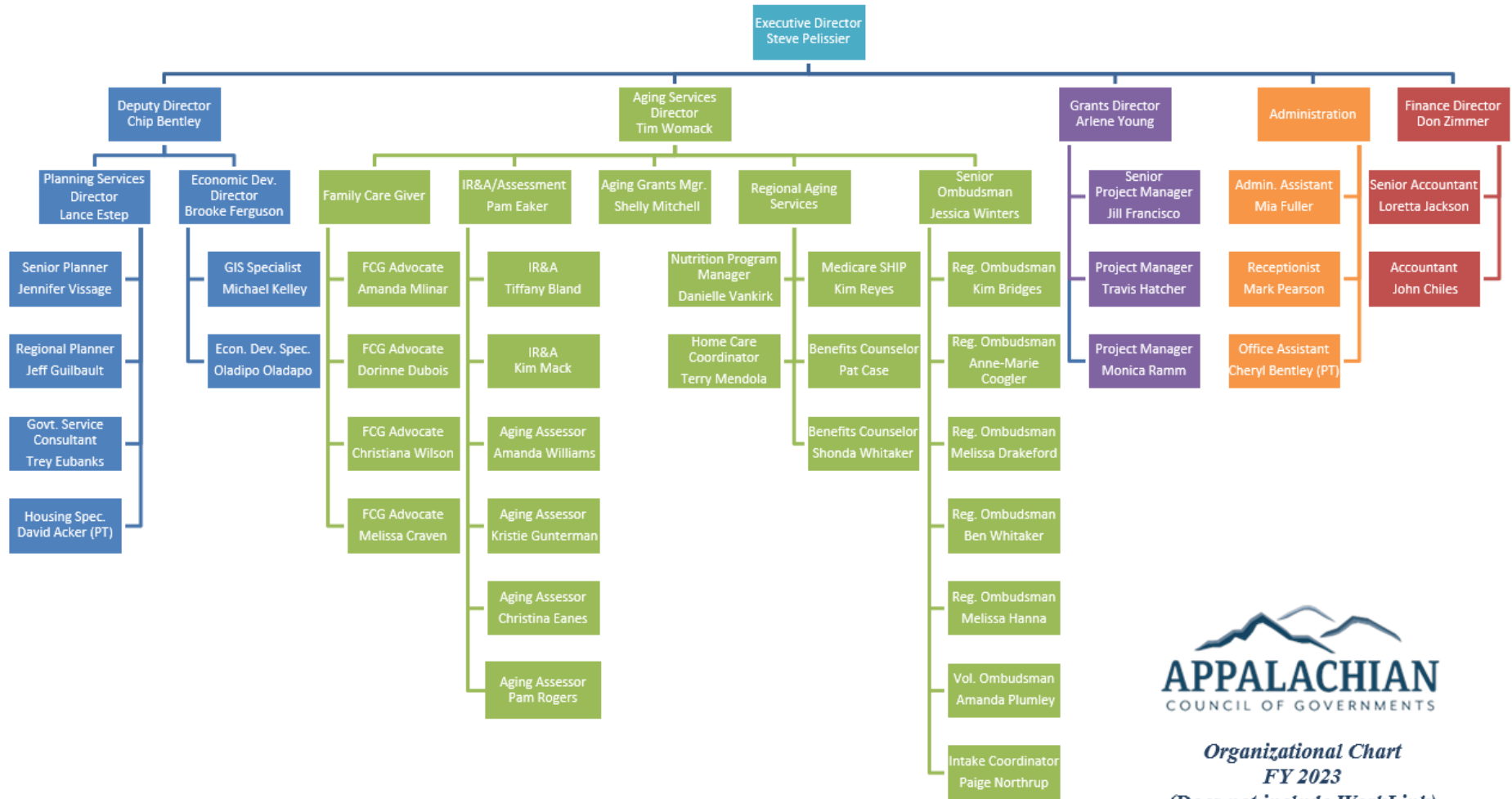
Area Plan Dates 2023 - 2025					
Performance Measure		FY22	FY23	FY24	FY25
Expand the number of seniors assessed annually by 5% or as needed.	Achieved?				
	Target/Goal		4,070		
	Actual	4,070			
	Comment (?)	1/2 year phone assessments	sustain		
Decrease the number of seniors on waiting lists for services. (It should be noted that regional waiting lists can be a result of many factors, including funding and/or lack of capacity in rural areas.	Achieved?				
	Target/Goal				
	Actual				
	Comment (?)				
Increase the number of contacts accessing I&R/A services by 5% annually.	Achieved?				
	Target/Goal		21,086		
	Actual	20,082			
	Comment (?)				
Increase the I&R/A outreach by 5% annually.	Achieved?				
	Target/Goal		65		
	Actual	62			
	Comment (?)				
Increase by 5% annually, the number of older adults and adults with disabilities enrolled in prescription drug coverage that meets their financial and health needs.	Achieved?				
	Target/Goal		463	486	
	Actual	441			
	Comment (?)				
Increase by 5% annually, the number of beneficiaries who contact the SHIP program for assistance.	Achieved?	No			
	Target/Goal		3,704	3,889	
	Actual	3,528			
	Comment (?)				

Three regional SHIP outreach events per quarter (36 annually).	Achieved?				
	Target/Goal		36	36	
	Actual	36			
	Comment (?)	Maintain			
Increase by 5% annually, the number of consumers and caregivers receiving SMP counseling.	Achieved?				
	Target/Goal		781	820	
	Actual	744			
	Comment (?)				
Increase by 5% annually, the number of consumers reached in rural, isolated areas.	Achieved?				
	Target/Goal		599	629	
	Actual	570 No Data in collected			
Increase by 5% community partnerships to assist in raising awareness of fraud.	Achieved?				
	Target/Goal		3	6	
	Actual	0			
	Comment (?)	New efforts to locate partners			
Expand the number of family caregiver support recipients by 5% annually.	Achieved?				
	Target/Goal		751		
	Actual	715			
	Comment (?)				
Increase family caregiver outreach events by 5% annually.	Achieved?				
	Target/Goal		54		
	Actual	51			
	Comment (?)				
Increase utilization of the Seniors Raising Children funding by 5%.	Achieved?				
	Target/Goal		30,954		
	Actual	29,480			
Increase partnerships and collaboration with other human-service agencies by 3%.	Achieved?				
	Target/Goal				
	Actual				
	Comment (?)				

Increase the number of seniors receiving home care services by 5% annually.	Achieved?				
	Target/Goal		464		
	Actual	442			
	Comment (?)				
Increase the number of clients utilizing transportation services by 5% annually, depending on available funding sources.	Achieved?				
	Target/Goal		547		
	Actual	521			
	Comment (?)				
Increase the number of seniors receiving home repair services by 5% annually.	Achieved?				
	Target/Goal		71		
	Actual	68			
Increase by 2% annually, consumer contributions in Family Caregiver Support Program.	Achieved?				
	Target/Goal				
	Actual				
	Comment (?)				
Increase by 2% annually, consumer contributions in home delivered meal programs.	Achieved?				
	Target/Goal		4,475		
	Actual	4,387			
	Comment (?)				
Increase the number of outreach activities directed at the most vulnerable senior victims of abuse, neglect, and exploitation.	Achieved?				
	Target/Goal		1.5		
	Actual	1			
	Comment (?)				
Increase the number of formalized partnerships between aging/disability and elder rights groups.	Achieved?				
	Target/Goal				
	Actual				
	Comment (?)				
Increase and efficiently track the resident satisfaction outcomes and complaint resolution rate by 5% annually.	Achieved?				
	Target/Goal				
	Actual				
	Comment (?)	Not on previous area plan			

Increase the number of quarterly visits to facilities by Ombudsmen representatives by 5% annually.	Achieved?				
	Target/Goal		966		
	Actual	920			
	Comment (?)				
Increase the number of trained Volunteer Ombudsmen by 5% annually.	Achieved?				
	Target/Goal		29		
	Actual	27			
	Comment (?)				
Improve targeted educational activities that raise awareness of the Ombudsman program in the communities by 5% annually.	Achieved?				
	Target/Goal		6		
	Actual	5			
	Comment (?)				
Expand the number of Resident and Family Councils by 5% annually.	Achieved?				
	Target/Goal		3		
	Actual	2			
	Comment (?)				

Attachment F – Organizational Information



*Organizational Chart
FY 2023
(Does not include WorkLink)*

Agency name:	Appalachian Council of Governments
Region:	1
Agency FTE (yearly hours):	1950
Fiscal Year:	2022 - 2023

Area Agency on Aging Staff Responsibilities

Employee Name	Employee Title	Admin	I&R/A	Assessments	Homecare	Nutrition	Family Caregiver	Ombudsman	SHIP/SMP	Total
Steven Pelissier	Executive Director	0.12								0.12
Shelly Mitchell	Aging Grants Manager	1.0								1.00
John Chiles	Accounting	0.5								0.50
"Chris" Eanes	Assessor			1.0						1.00
Kristie Gunterman	Assessor			1.0						1.00
Pam Rogers	Assessor			1.0						1.00
Amanda Williams	Assessor			1.0						1.00
Pam Eaker	Assessor Coordinator / I&R/A Specialist			1.0						1.00
Missy Craven	Family Caregiver Advocate						1.0			1.00
Dorinne Dubois	Family Caregiver Advocate						1.0			1.00
Amanda Mliner	Family Caregiver Advocate						1.0			1.00
Christiana Wilson	Family Caregiver Advocate						1.0			1.00
Timothy Womack	Aging Director	0.75				0.25				1.00
Miayoshis Fuller	Admin Support	0.13								0.13
Tiffany Bland	I&R/A Specialist		1.0							1.00
Kimberly Mack	I&R/A Specialist		1.0							1.00
Kimberly Reyes	Benefits Counselor								1.0	1.00
Pat Case	Benefits Counselor								1.0	1.00
Shonda Whitaker	Benefits Counselor								1.0	1.00
Kimberly Bridges	LTC Ombudsman							1.0		1.00
Ben Whitaker	LTC Ombudsman							1.0		1.00
Paige Northrup	Intake Coordinator							1.0		1.00
Melissa Drakeford	LTC Ombudsman							1.0		1.00
Anne-Marie Coogler	LTC Ombudsman							1.0		1.00
Melissa Hanna	LTC Ombudsman							1.0		1.00
Terry Mendola	Home Care Manager				1.0					1.00
Danielle Vankirk	Nutrition Program Manager					1.0				1.00
Jessica Winters	Regional LTC Ombudsman							1.0		1.00
Amanda Plumley	Volunteer Ombudsman Program Coordinator/ LTC Ombudsman							1.0		1.00
Total Staff		2.5	2.0	5.0	1.0	1.25	4.0	8.0	3.0	26.75
Requirements: Ombudsman – 1 staff per 2,000 beds			I&R/A: Full-Time Equivalent							
Family Caregiver Support Program: Full-Time FC Advocate			AAA: 37.5 hours per week solely to activities of the Area Plan							

Attachment G – Regional Aging Advisory Council (RAAC)

NAME	COUNTY/ORGANIZATION
Glenda Manigault	Greenville
Joe Dill	Greenville
Steve Luck	Greenville / Silver Haired Legislature
Mae Francis Sarratt	Cherokee
Dorothy Manning	Cherokee
Edna Pitts-Reid	Oconee
Judy Caywood	Oconee / Senior Outreach
Barbara Jardno	Pickens
Charles Pinson	Anderson / Minority Representative
J.T. Boseman	Anderson
Pat Grate	Anderson
Beth Grant	Spartanburg / Woodruff Soup Kitchen
Bob Briggs	Spartanburg / Landrum Mayor
Jane Hall	Spartanburg

BYLAWS
Appalachian Council of Governments
Regional Aging Advisory Committee
Area Agency on Aging

PREAMBLE

The Advisory Committee for Aging Program Planning of the South Carolina Appalachian Council of Governments (SCACOG) does hereby set forth the following Bylaws to govern its operation.

The term "Council" is used to designate the Appalachian Council of Governments. The term "Committee" is used to designate the Regional Aging Advisory Committee. The Committee shall function in an advisory capacity and not in a policy-making capacity.

PURPOSE AND RESPONSIBILITIES

The duties of the Committee are to:

1. Advise the SCACOG Area Agency on Aging on matters relating to the development of the regional area plan.
2. Promote and encourage local communities to recognize the needs and promote the establishment of programs for older adults or person with disabilities.
3. Support and advocate on behalf of programs and services for older adults and persons with disabilities.
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 the needs of older persons and persons with disabilities.

MEMBERSHIP

The Committee will be composed of at least the following:

1. Three individuals from each county with a population of 100,000 or more.
2. Two individuals from each county with a population of less than 100,000.
3. The overall size of the Committee shall be limited to sixteen (16) unless designated otherwise by the Council. Council Board members choosing to serve on the Committee will not affect the composition/representation on the Advisory Committee.
4. More than 50% older persons.
5. Representatives who fall into at least one or more of the following categories: minority, caregiver, representative of the business community, representative of older persons, health care provider, program consumer, or a member of the general public with a demonstrated interest in the well-being of seniors, persons with disabilities and/or community transportation needs. Citizen members shall be defined as individuals who are not employed by an agency and/or an organization which either receives funds prioritized by the Council or which works closely with the Council.

6. Recommendations to add or fill Committee vacancies shall come from current membership, ensuring each county is represented. When a vacancy occurs on the Committee, the Chairperson shall notify the COG Board delegation of the county with the vacancy.

MEETINGS

1. The committee shall meet at least six times annually or at such other time and date as called by the Chairman.
2. The majority of the members of the Committee shall constitute a quorum for the purpose of conducting business.
3. Only members of the Advisory Committee may vote on any matter before the Committee. Members must abstain from voting on issues that present a conflict of interest.
4. In the event of the absence of the Chairman and Vice-Chairman at a meeting of the Committee, the Advisory Committee members may select a temporary Chairman for that particular meeting and proceed as scheduled.

OFFICERS AND THEIR DUTIES

1. The officers of the Committee shall consist of a Chairman and a Vice-Chairman. The Chairman shall be a Council member appointed by the Council chairman in March, with the concurrence of the full Council. The vice-chairman shall be chosen from and by the members of the committee.
2. The Chairman shall preside at all meetings of the Committee. The Chairman shall be responsible for attending the meetings of the Council and presenting the recommendations of the committee to the Council, as needed.
3. The Vice-Chairman shall assume the duties of the chairman in the absence of the Chairman.

MEETING ATTENDANCE

If a member is absent for three (3) consecutive meetings without contacting SCACOG staff prior to the meeting, the Chairman shall notify such member in writing of his absence, and if the member fails to attend the next regular meeting, the individual shall be notified that he has been removed from the Committee.

COMMITTEES

Ad Hoc Sub-committees and/or Project Groups shall be established as needed by the Committee. The Chairman shall appoint members of these Sub-Committees/Groups. Person from outside the committee may be added to provide the required technical expertise required for the area under review.

RECORDS

SCACOG staff will make and keep a record of all Committee meetings. Records shall be maintained within the SCACOG.

Attachment H – Mapping

Demographics

Target populations are represented in the below table along with mapping. Each column is the percentage of the target based on the total population for the county.

County	% 60+	% 85+	% Minority	% Rural	% Limited English
Anderson	24.9%	1.7%	14.4%	0.0%	2.4%
Cherokee	22.7%	1.3%	17.2%	65.1%	1.3%
Greenville	22.2%	1.5%	18.1%	0.0%	5.6%
Oconee	31.0%	2.2%	7.4%	100.0%	1.9%
Pickens	22.6%	1.5%	8.0%	0.0%	1.9%
Spartanburg	22.0%	1.9%	20.3%	0.0%	4.4%

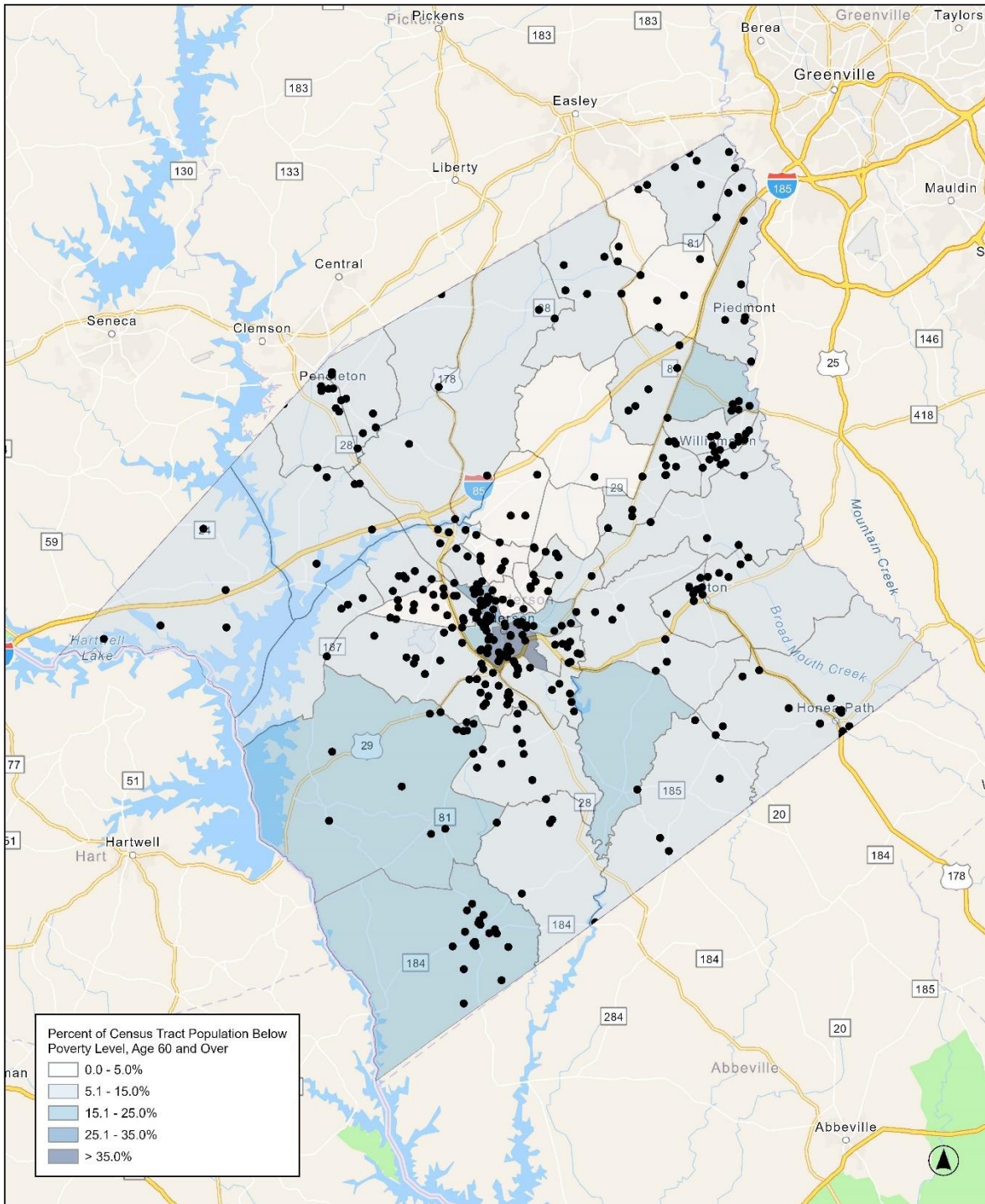
III-D Programming by Site

Evidence-Based Program Name	Site Name(s)/Virtual	County Name
Silver Sneakers	New Light Community Center	Anderson
Silver Sneakers	St. Paul	Anderson
Silver Sneakers	Senior Center of Cherokee	Cherokee
Silver Sneakers	Berea	Greenville
Silver Sneakers, Arthritis, Zumba	East North	Greenville
Silver Sneakers	Needmore/Greer	Greenville
Silver Sneakers	Mt. Pleasant Community Center	Greenville
Silver Sneakers	Pleasant Valley Community Center	Greenville
Silver Sneakers	Sterling Center	Greenville
Geri-fit Tai-Chi	Central Senior Center	Pickens
Geri-fit Tai-chi	McKissick Center	Pickens
Arthritis Class	T.K. Gregg	Spartanburg
Silver Sneakers	Oconee Senior Center	Oconee
No III-D Programming was offered during FY 22	Walhalla Senior Activity Center	Oconee
	Boiling Springs	Spartanburg
	Chesnee	Spartanburg
	Landrum	Spartanburg
	Middle Tyger	Spartanburg
	Pacolet (T.W. Edwards Center)	Spartanburg
	Timken Community Center	Spartanburg
	Woodruff	Spartanburg

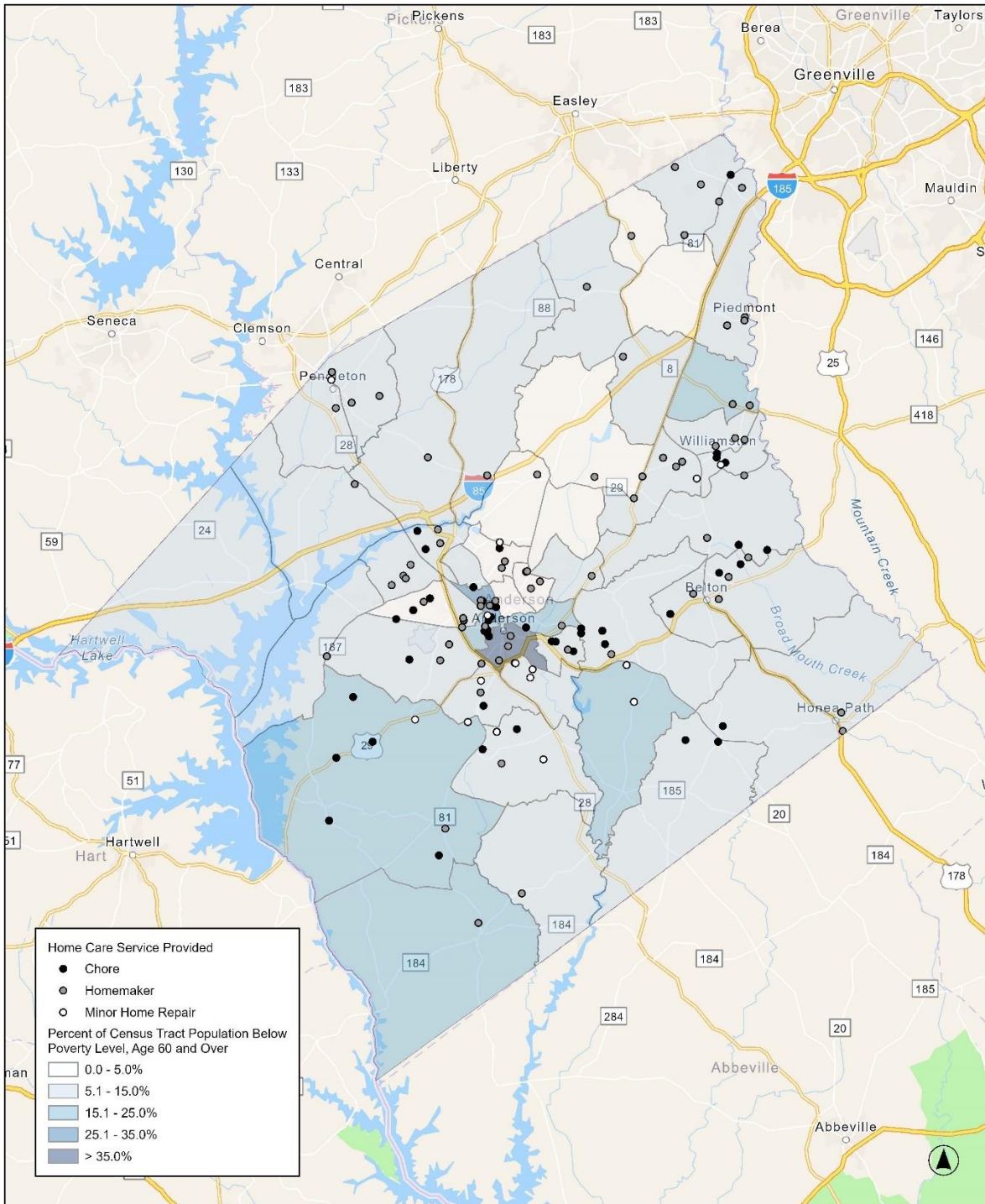
Provider Sites

Provider	Center Name	Address	County	Check all that apply				
				Multi-Purpose Senior Center	No Congregate Meals Served	Group Dining Site	Focal Point	Inter-generational Site
MOW Anderson	St Paul	332 W Reed St, Anderson, SC 29624	Anderson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOW Anderson	New Light CC	6321 Hwy 187, Anderson, SC 29670	Anderson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Center of Cherokee	Gaffney Senior Center	499 W Rutledge Ave, Gaffney, SC 29340	Gaffney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Action	Berea CC	6 Hunts Bridge Rd, Greenville, SC 29617	Greenville	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Action	Mt Pleasant CC	710 S Fairfield Rd, Greenville, SC 29605	Greenville	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Action	Needmore	203 Canteen St, Greer, SC 29650	Greenville	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Action	Pleasant Valley	510 Old Augusta Rd, Greenville, SC 29605	Greenville	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Action	Senior Action	3715 E North St, Greenville, SC 29615	Greenville	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Action	Sterling Center	113 Minus St, Greenville, SC 29601	Greenville	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOW Pickens	Central Senior Center	120 Commons Way, Central, SC 29630	Pickens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOW Pickens	McKissick Center	349 Edgemont Ave, Liberty, SC 29630	Pickens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartanburg Regional	Boiling Springs	182 Rainbow Lake Rd, Boiling Springs, SC 29316	Spartanburg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartanburg Regional	Chesnee Center	302 East Manning St, Chesnee, SC 29323	Spartanburg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartanburg Regional	Landrum Center	503 S Randolph Ave, Landrum, SC 29356	Spartanburg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartanburg Regional	Middle Tyger	84 Groce Rd, Lyman, SC 29635	Spartanburg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartanburg Regional	TW Edwards Center	195 Coleman Pacolet, SC 29372	Spartanburg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartanburg Regional	TK Gregg Center	650 Howard St, Spartanburg, SC 29303	Spartanburg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartanburg Regional	Timken CC	180 Foster St, Cowpens, SC 29330	Spartanburg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartanburg Regional	Woodruff LC	550 Cavins Rd, Woodruff, SC 29833	Spartanburg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Solutions	Oconee Senior Center	101 Perry Ave, Seneca, SC 29678	Oconee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Solutions	Walhalla Senior Center	177 Razorback Lane, Walhalla, SC 29691	Oconee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

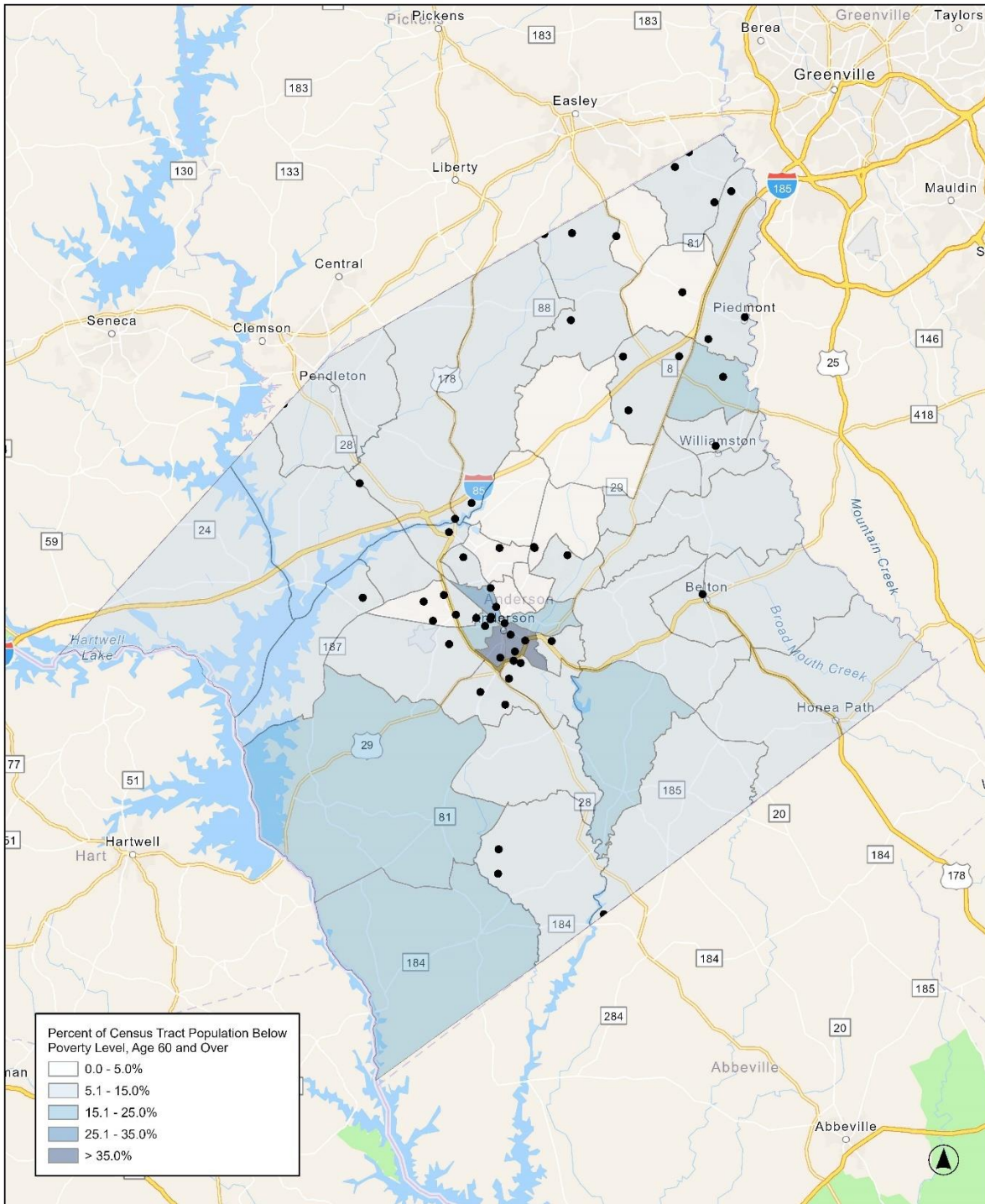
Home Delivered Meals by Client Home Location Anderson County



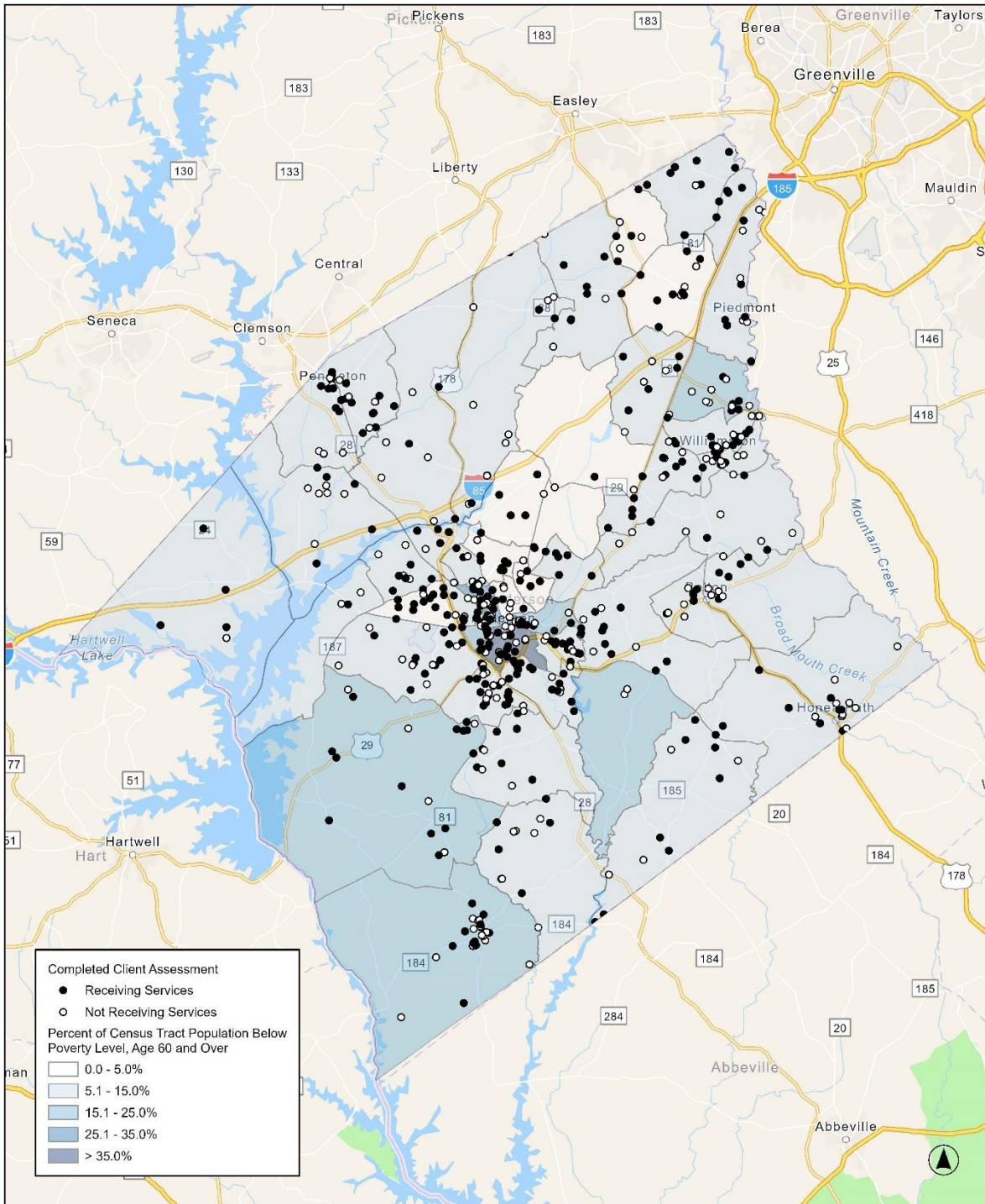
Home Care Services by Client Home Location Anderson County



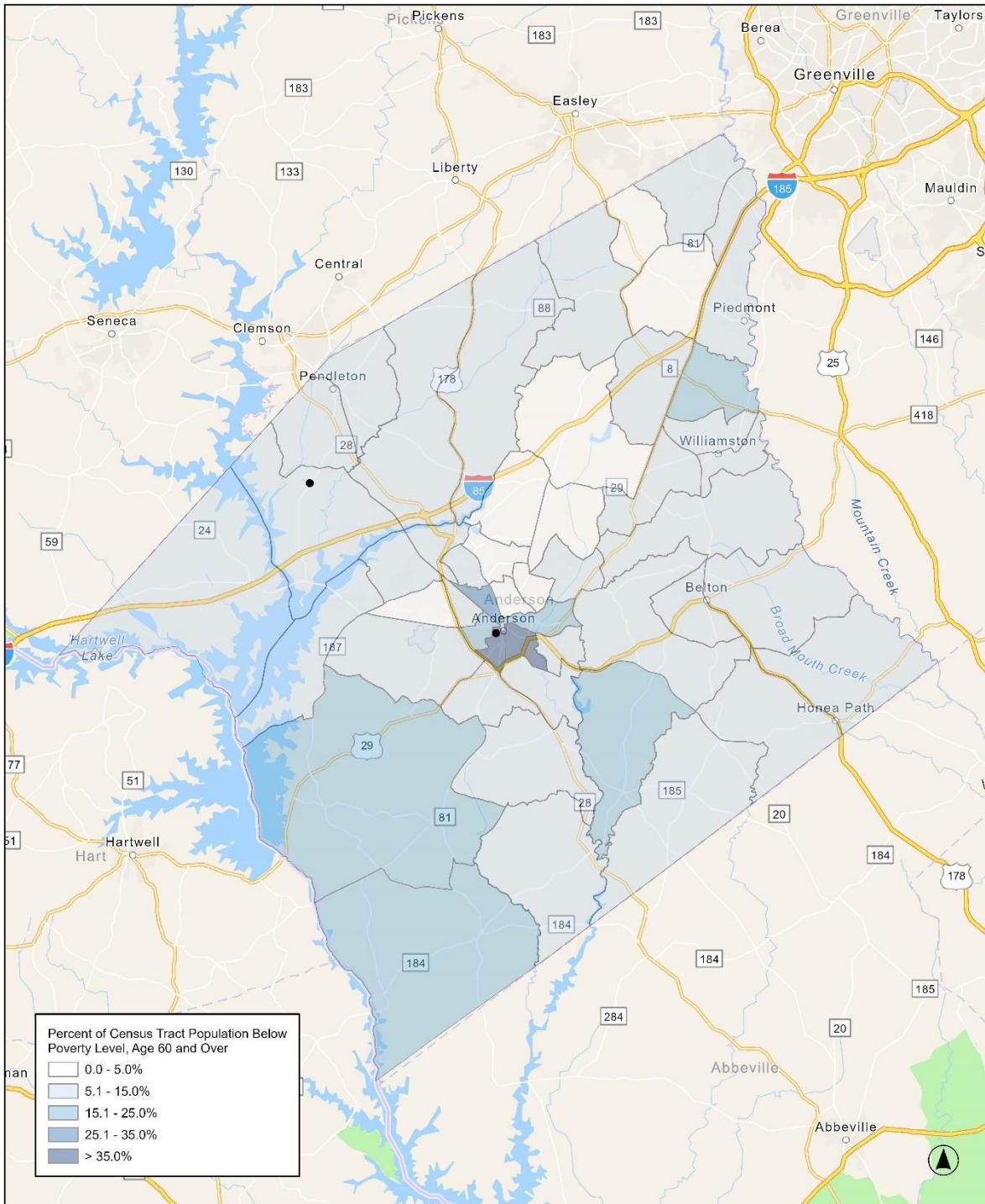
Contracted Transportation by Client Home Location Anderson County



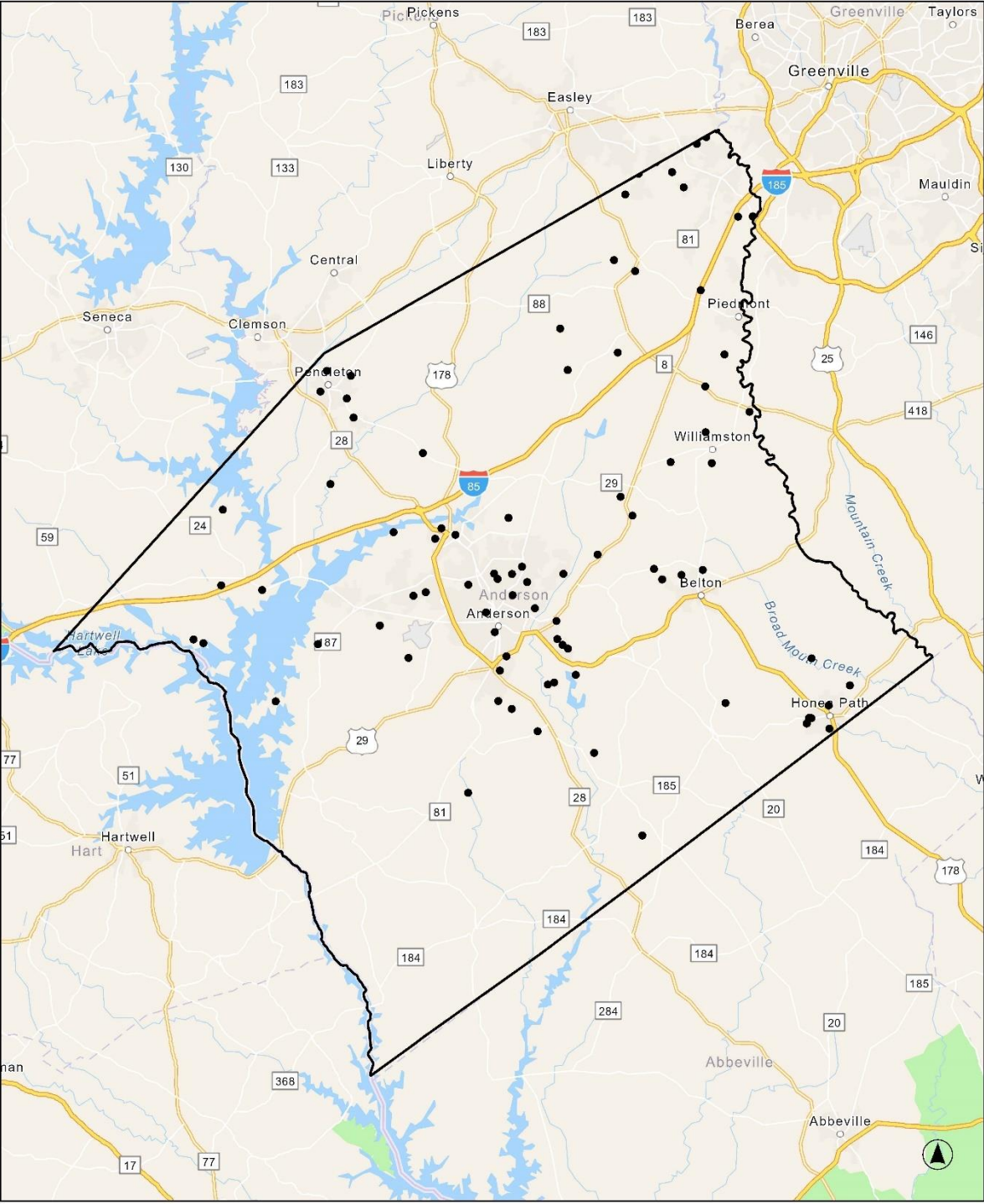
Assessments by Client Home Location Anderson County



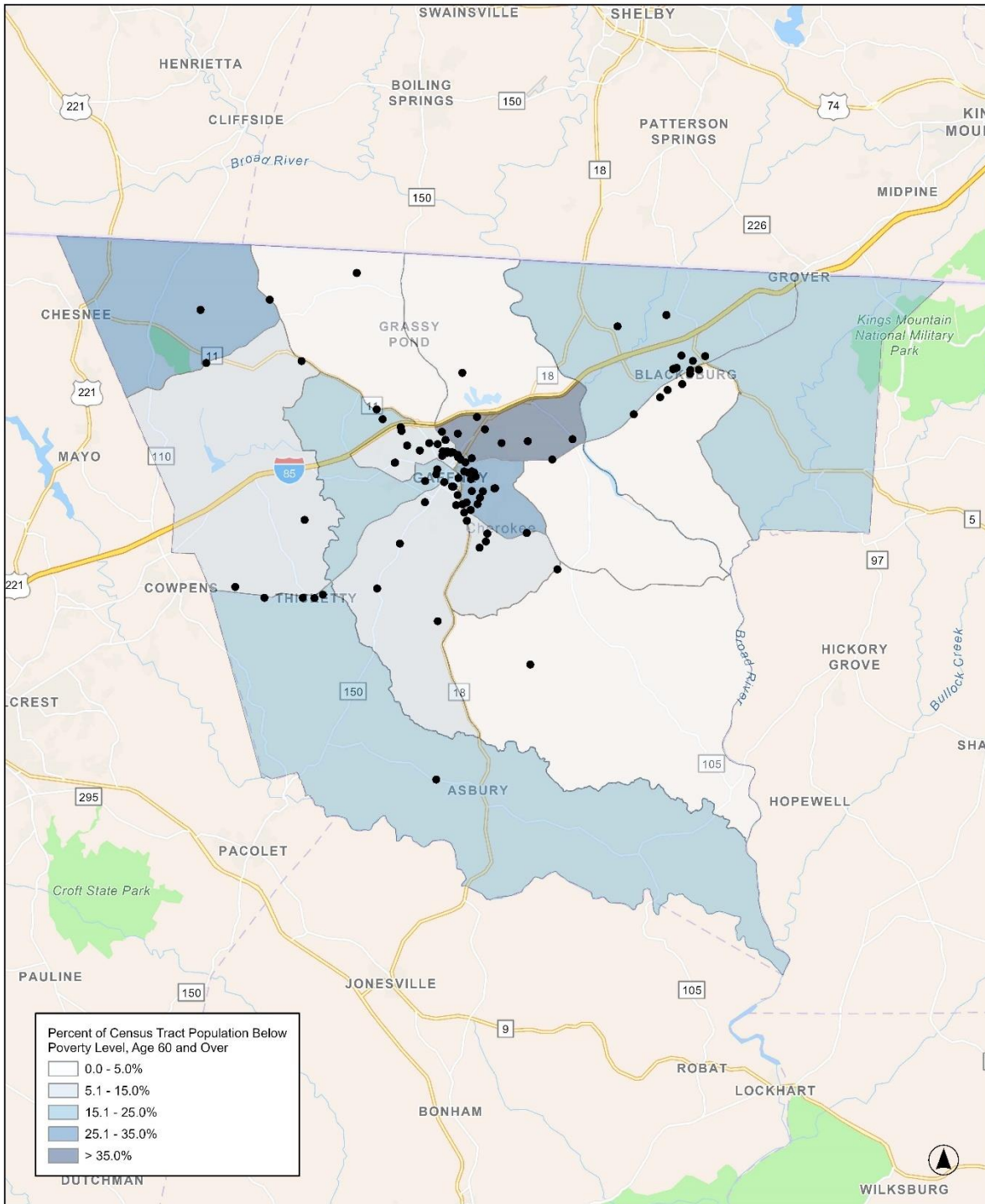
Contracted Senior Centers Location Anderson County



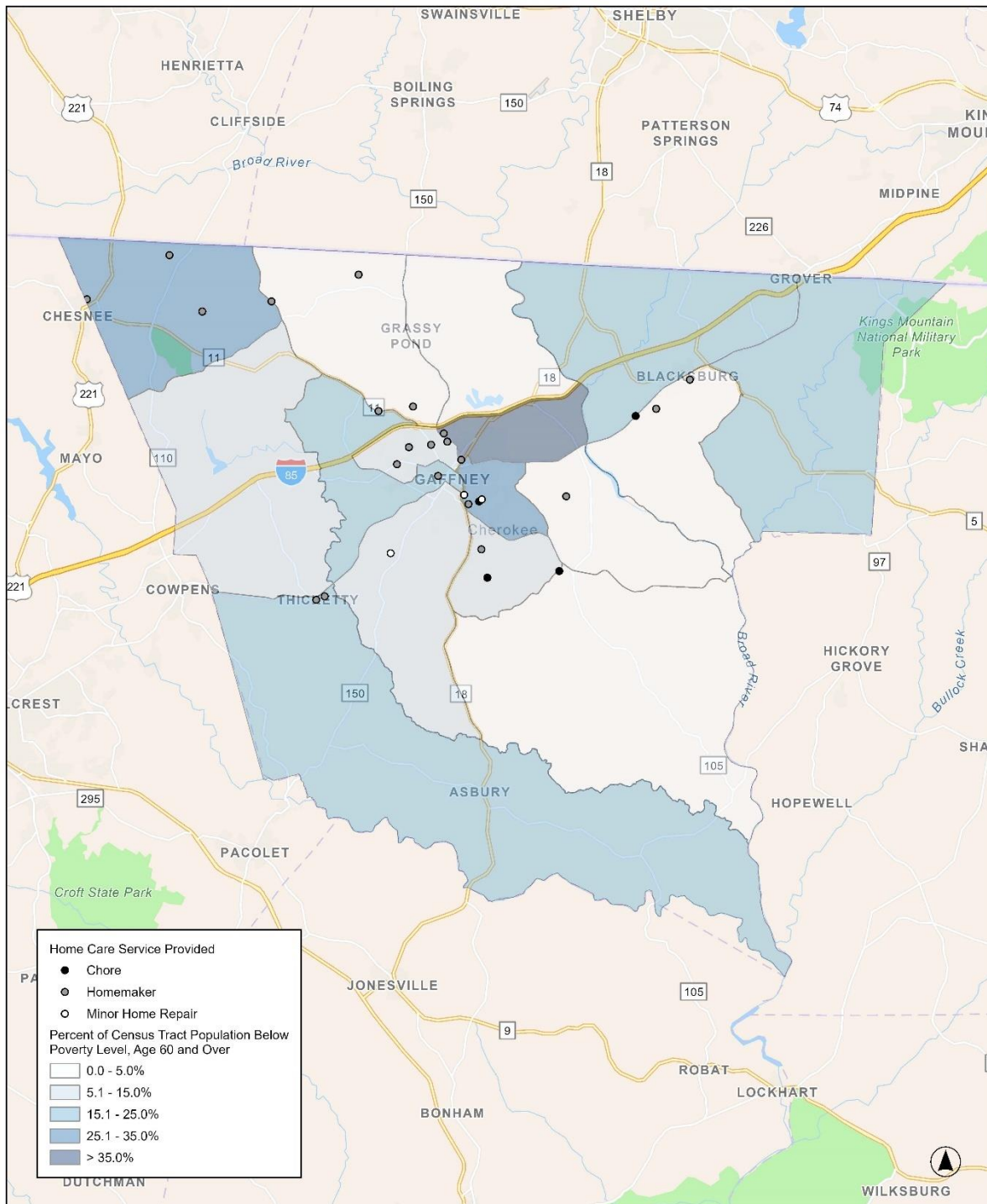
Family Caregiver Respite Vouchers by Caregiver Location Anderson County



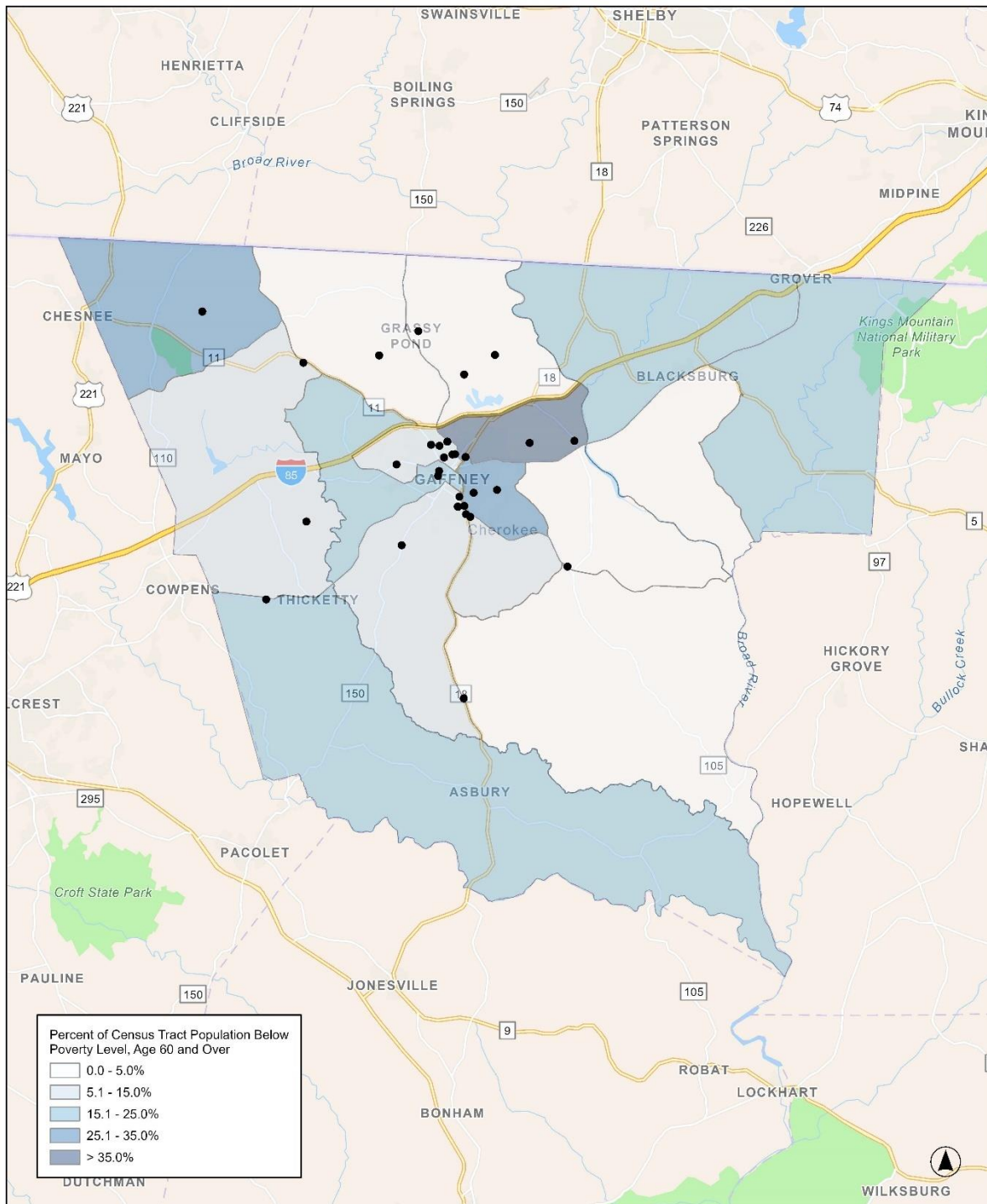
Home Delivered Meals by Client Home Location Cherokee County



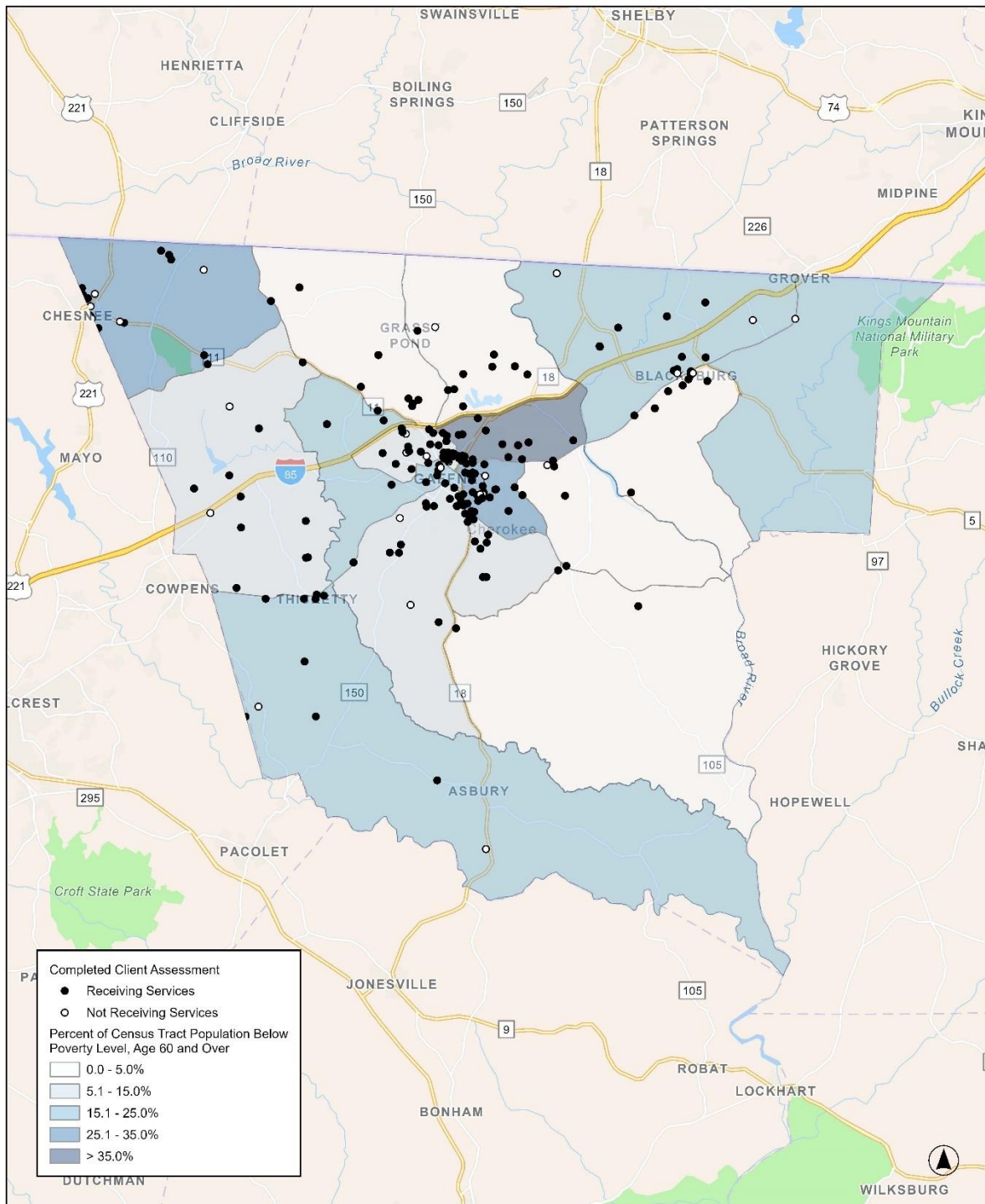
Home Care Services by Client Home Location Cherokee County



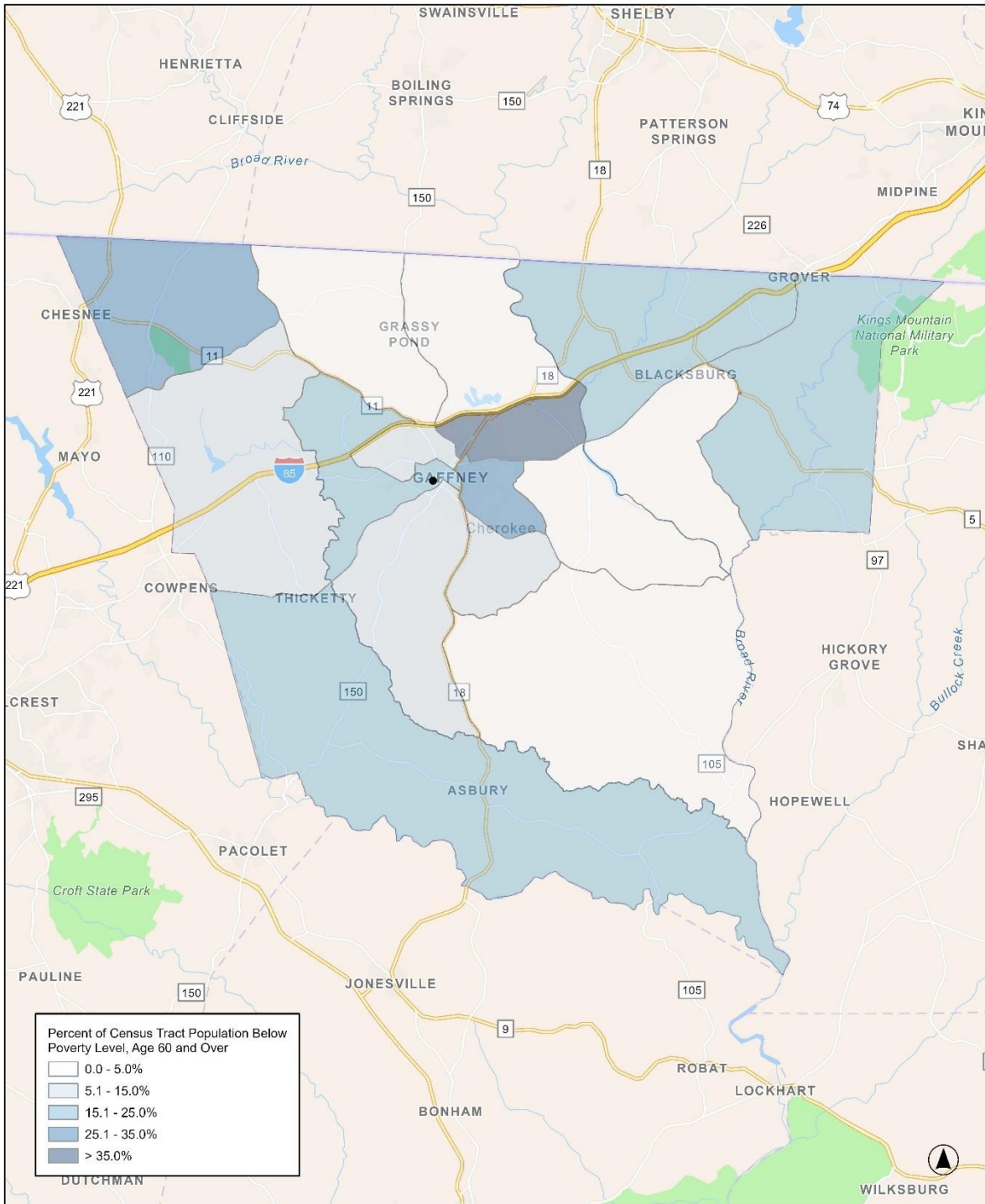
Contracted Transportation by Client Home Location Cherokee County



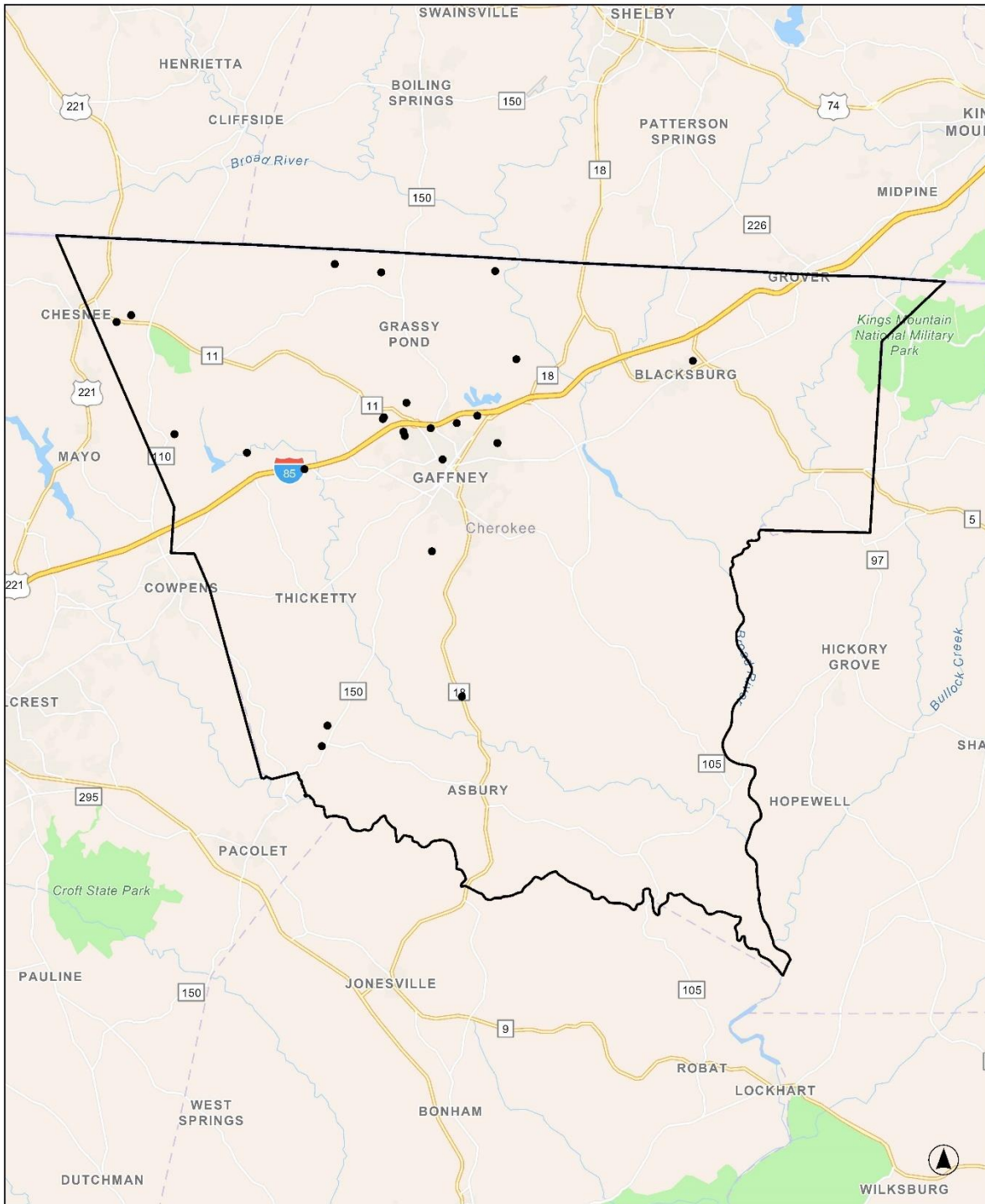
Assessments by Client Home Location Cherokee County



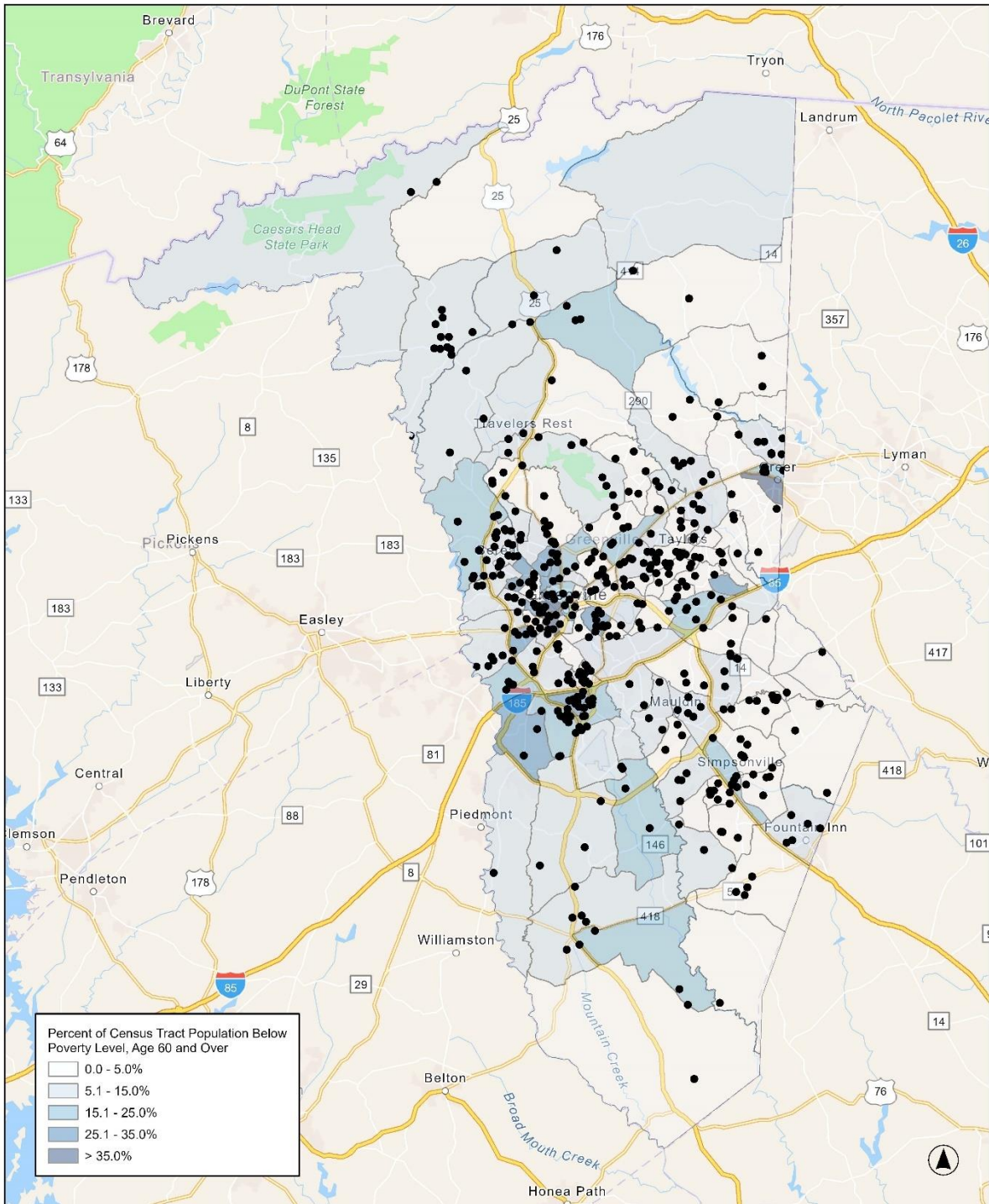
Contracted Senior Centers Location Cherokee County



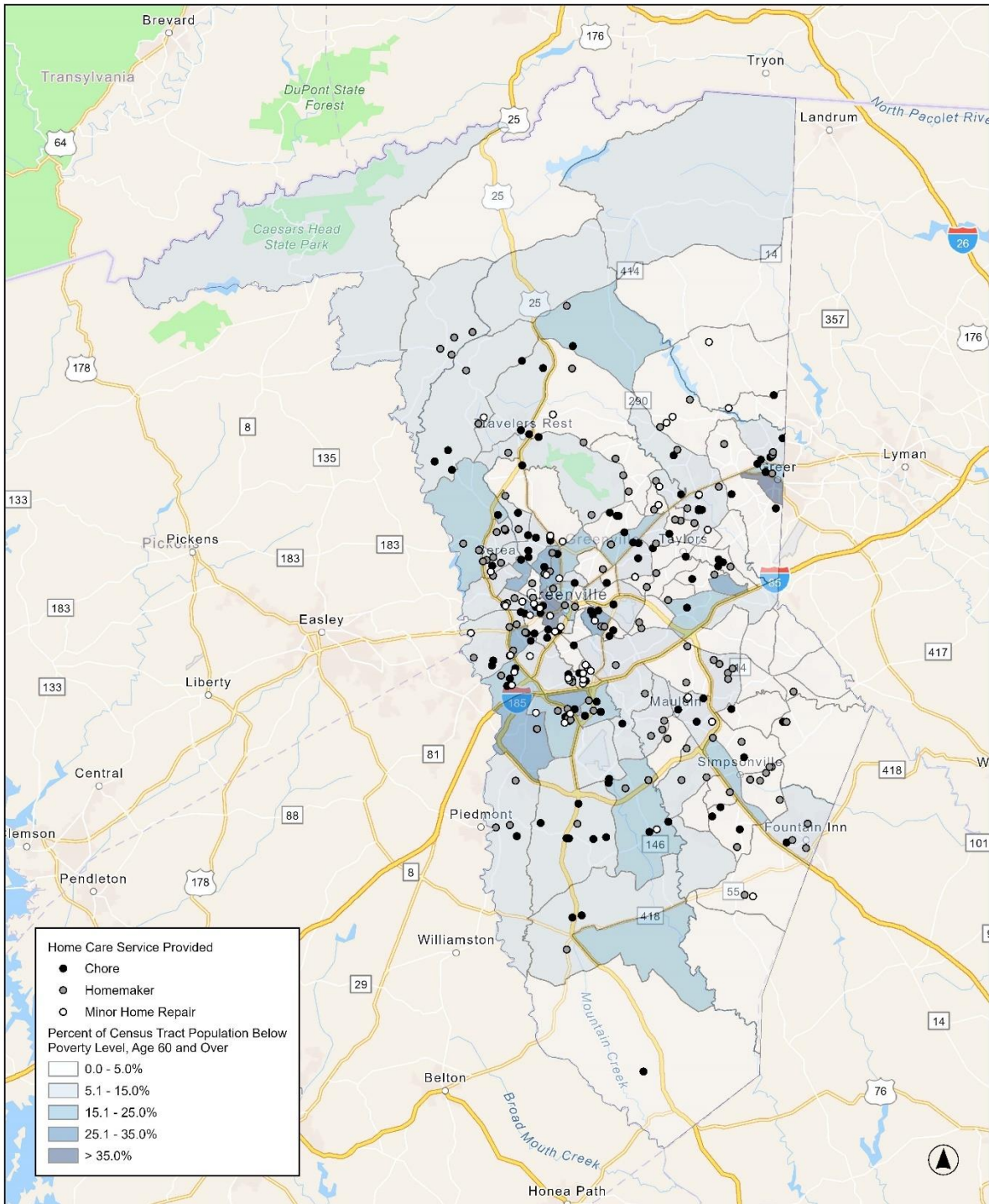
Family Caregiver Respite Vouchers by Caregiver Location Cherokee County



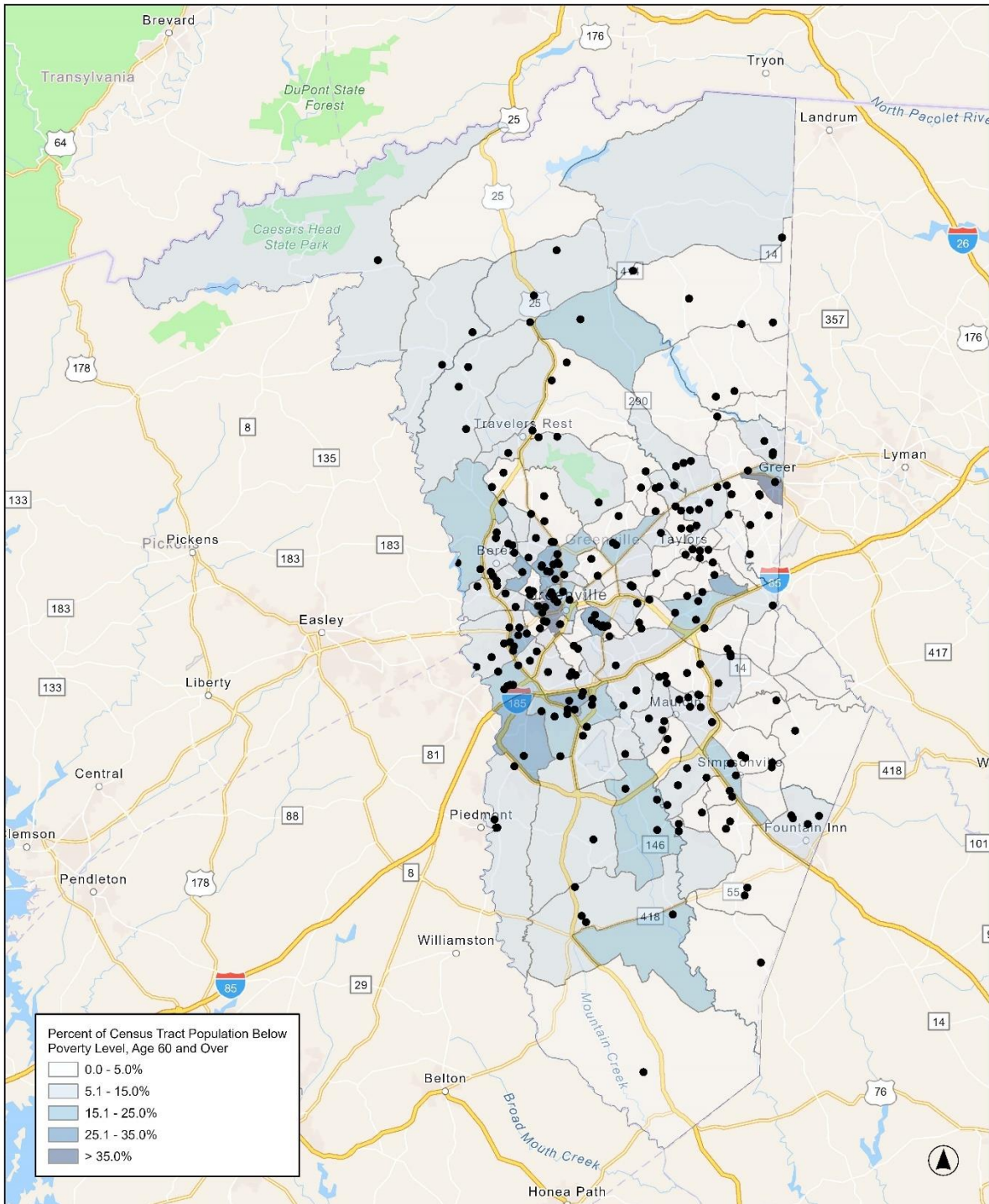
Home Delivered Meals by Client Home Location Greenville County



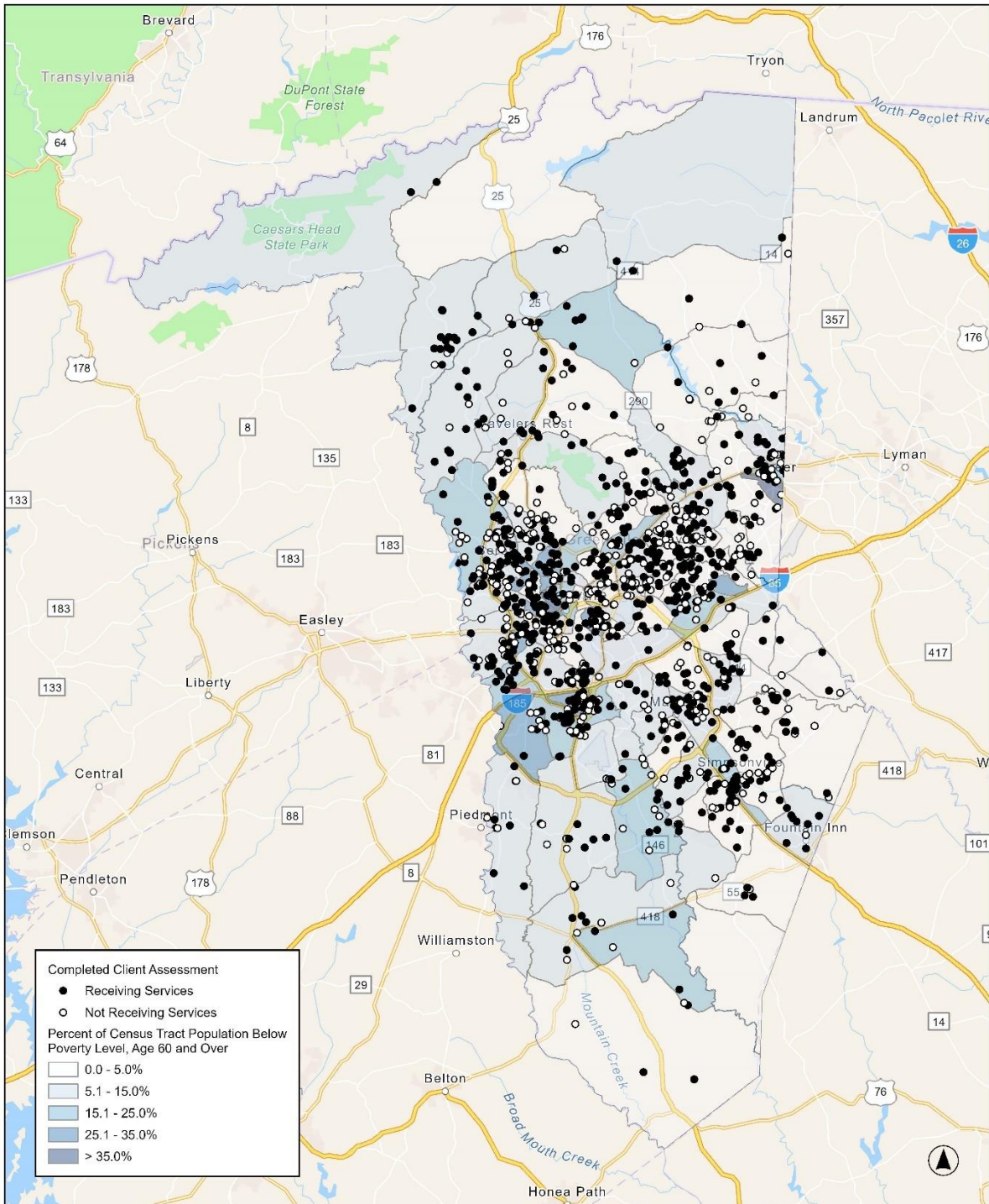
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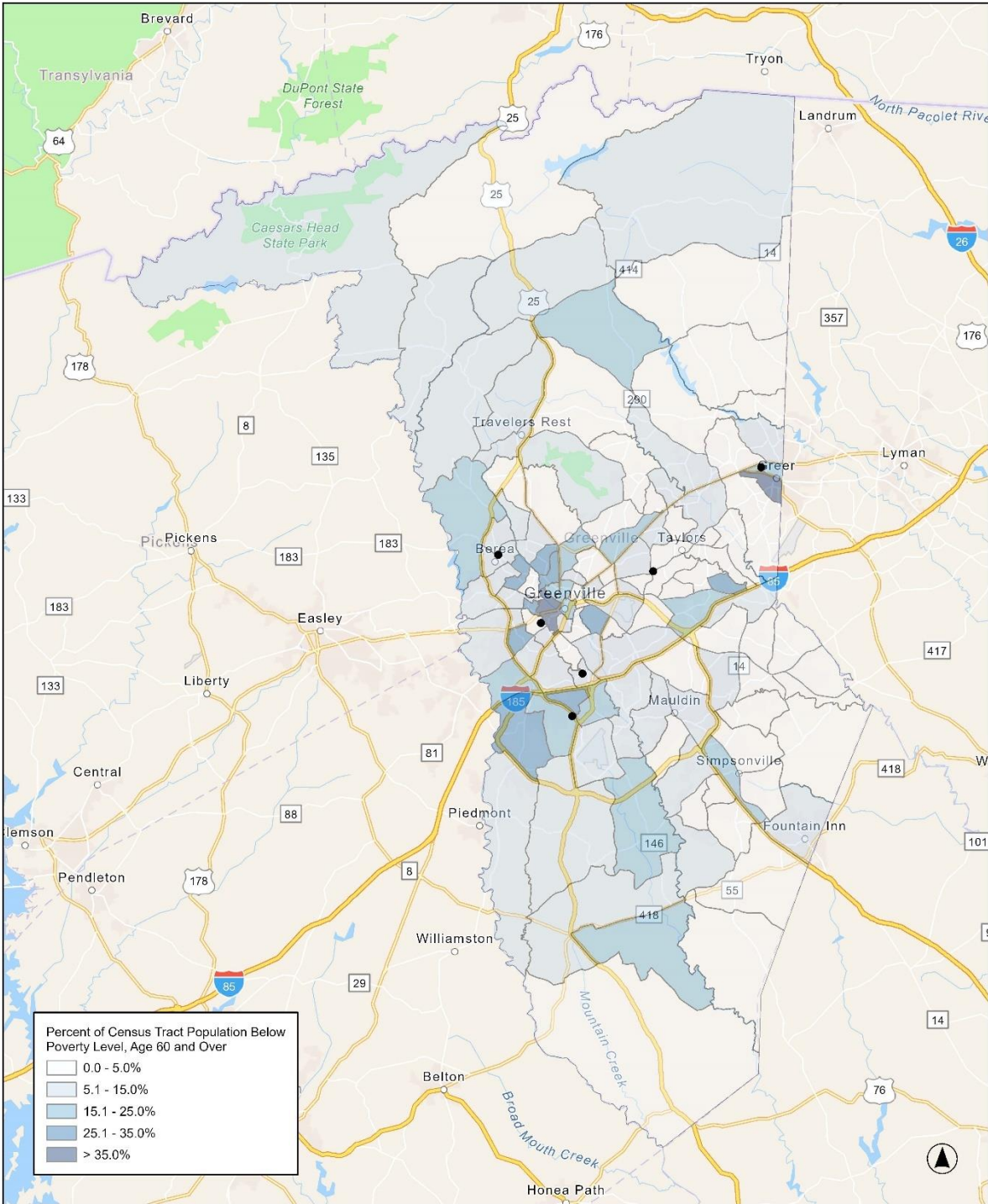
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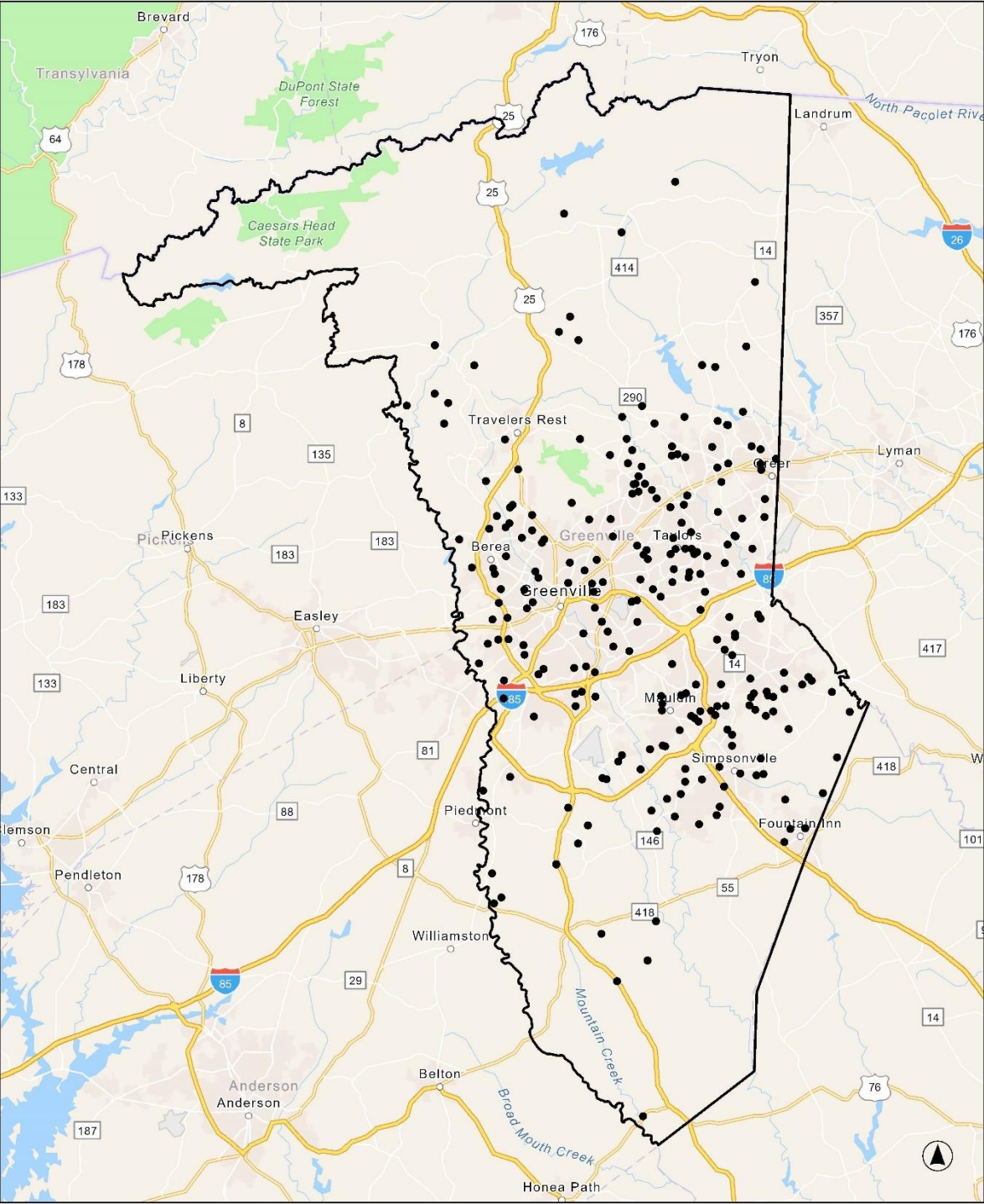
Assessments by Client Home Location Greenville County



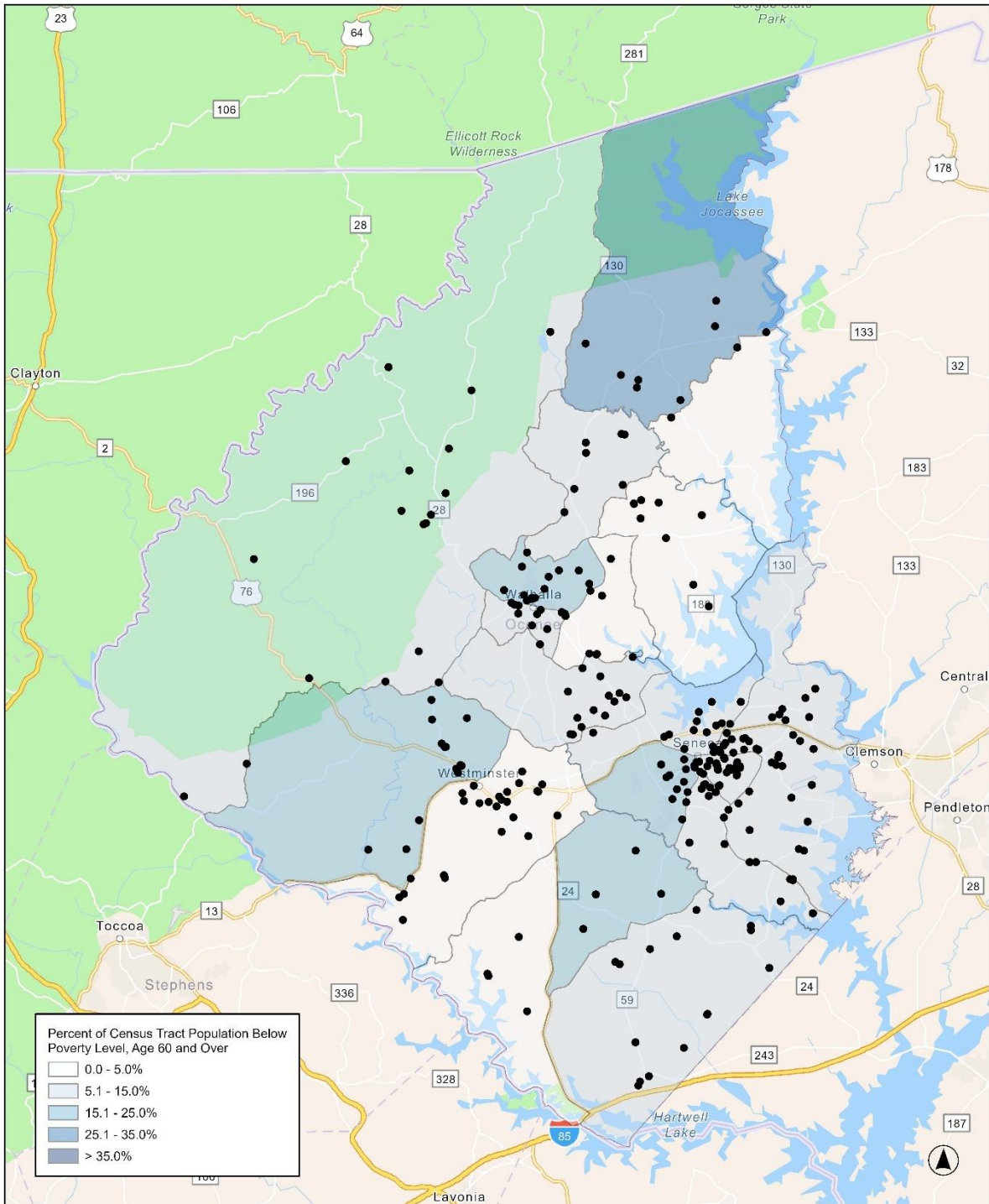
Contracted Senior Centers Location Greenville County



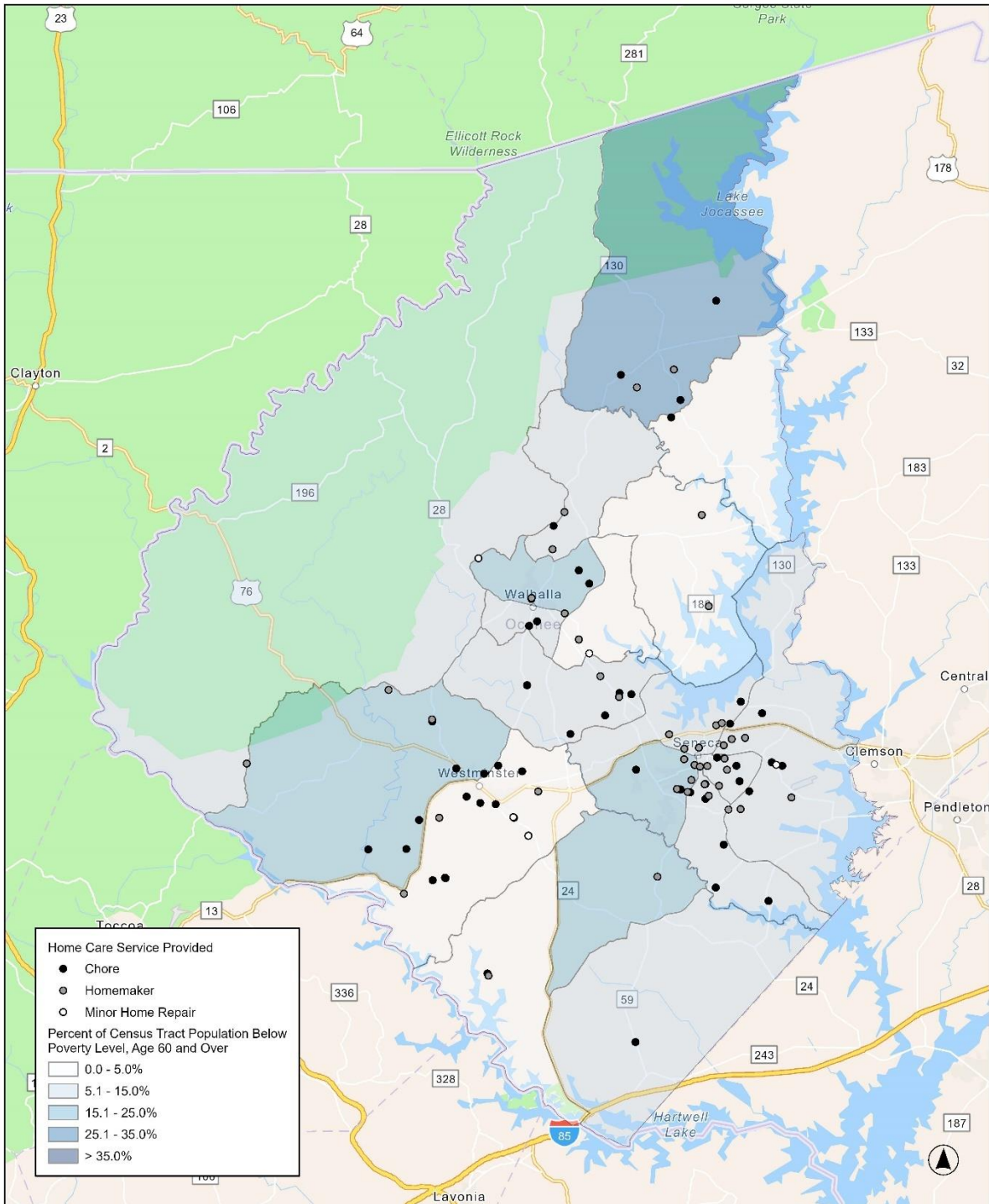
Family Caregiver Respite Vouchers by Caregiver Location Greenville County



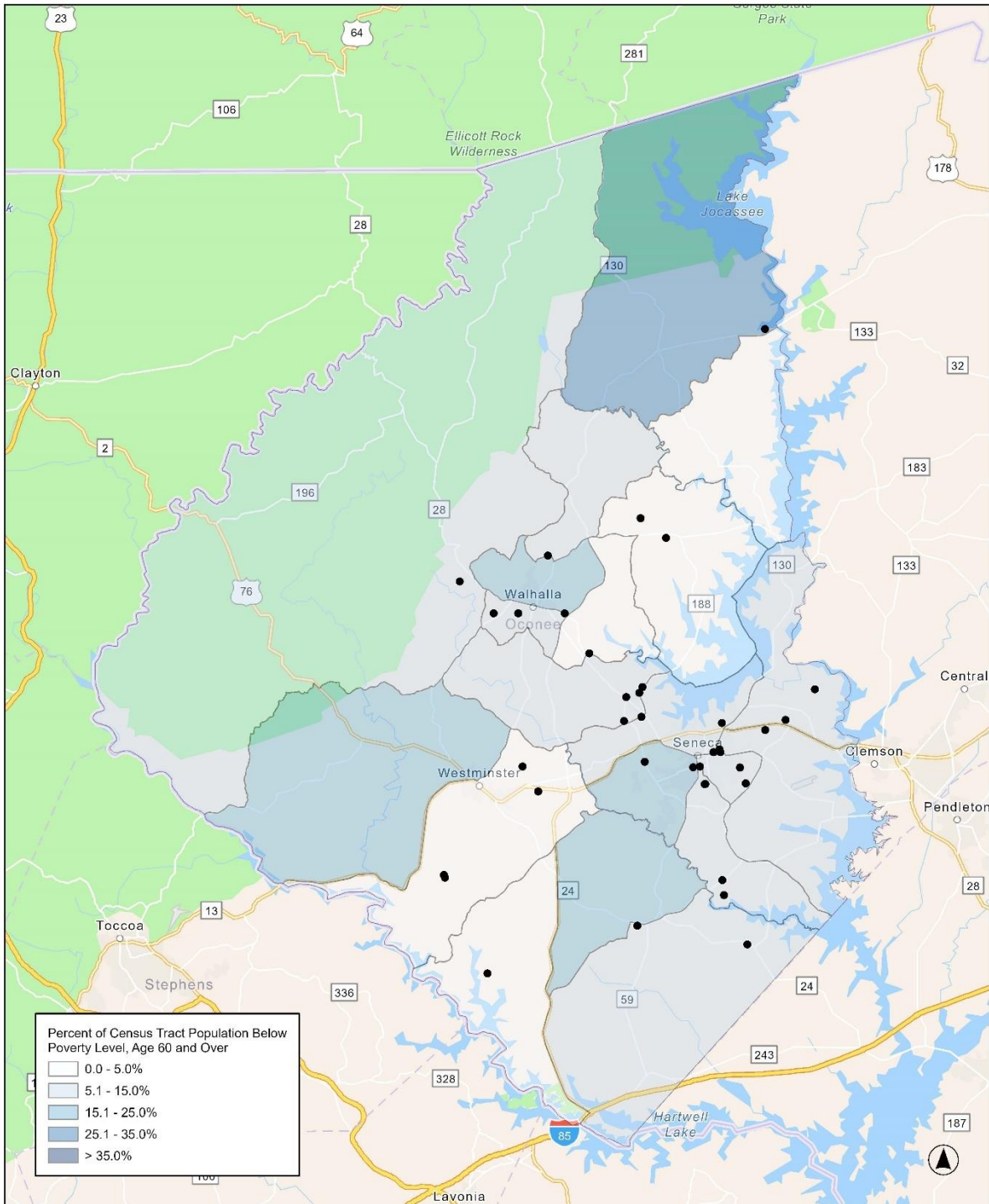
Home Delivered Meals by Client Home Location Oconee County



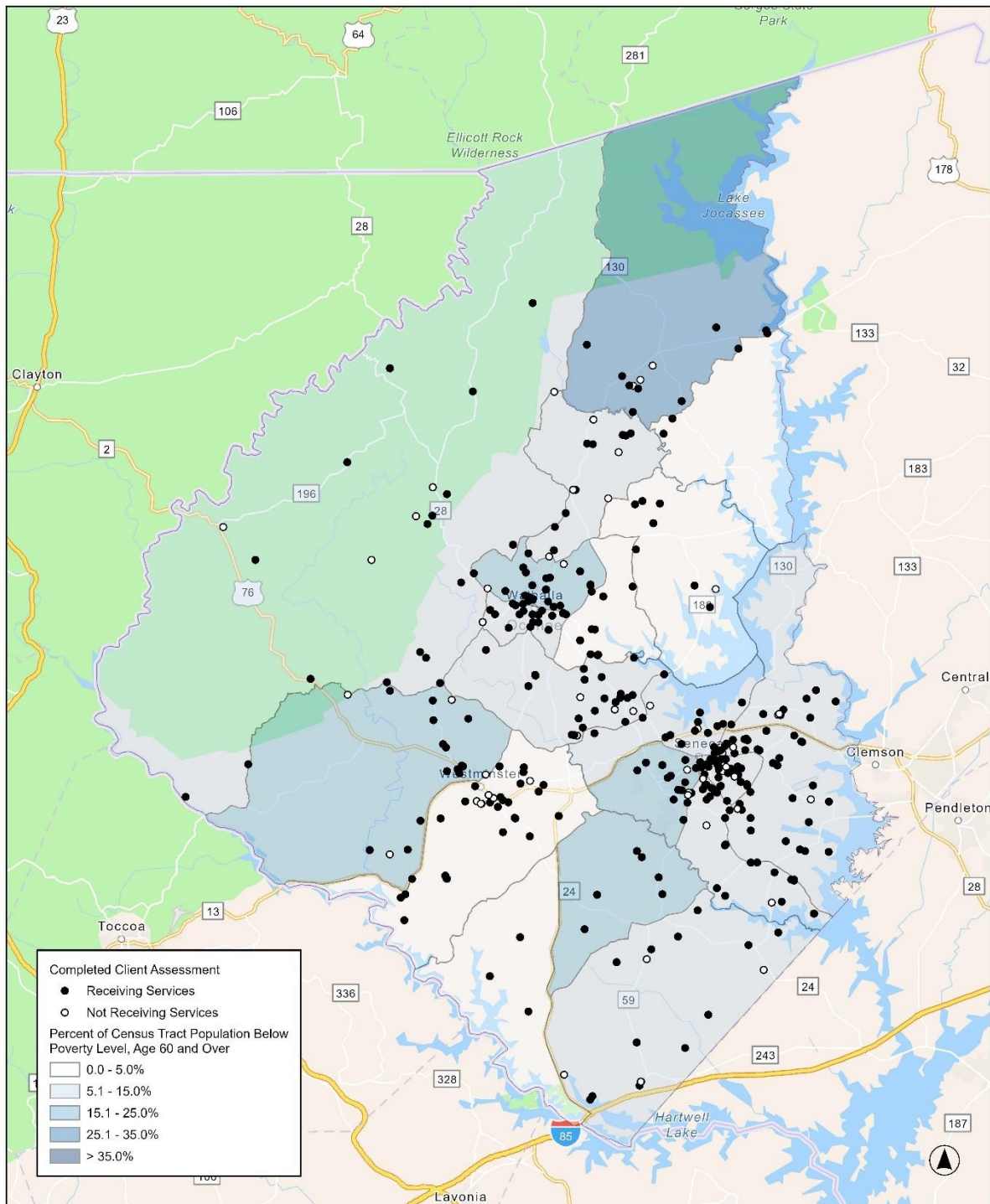
Home Care Services by Client Home Location Oconee County



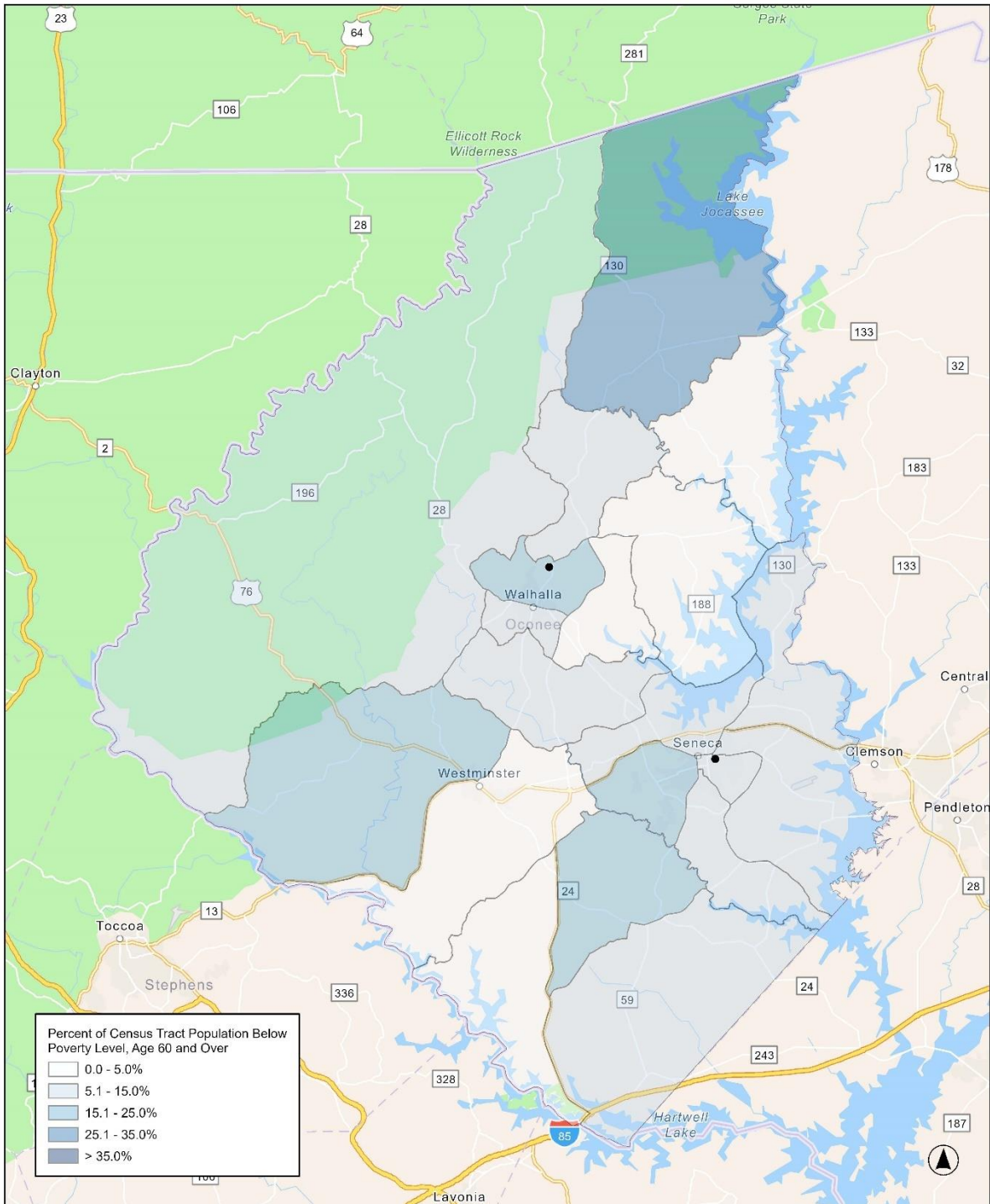
Contracted Transportation by Client Home Location Oconee County



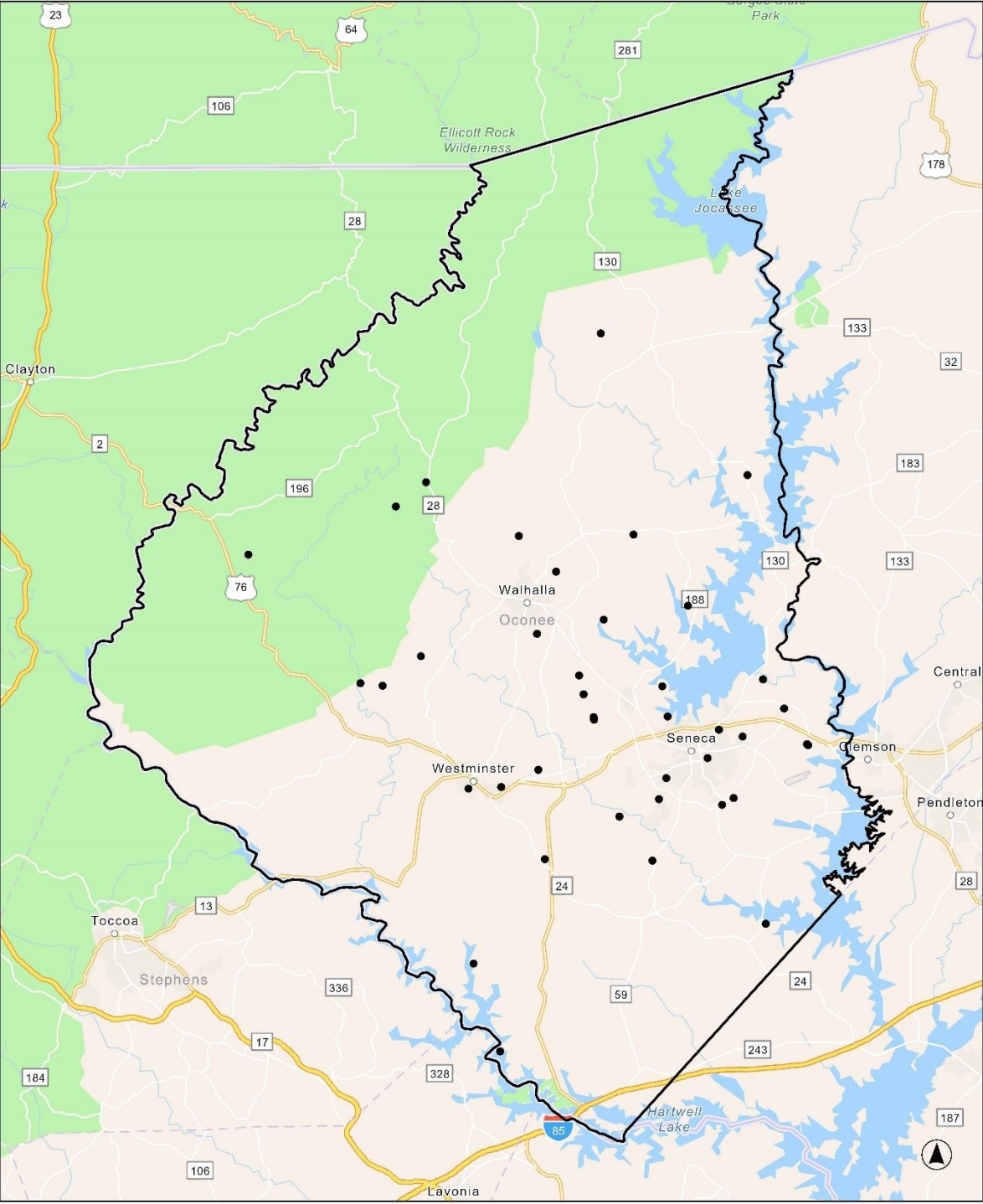
Assessments by Client Home Location Oconee County



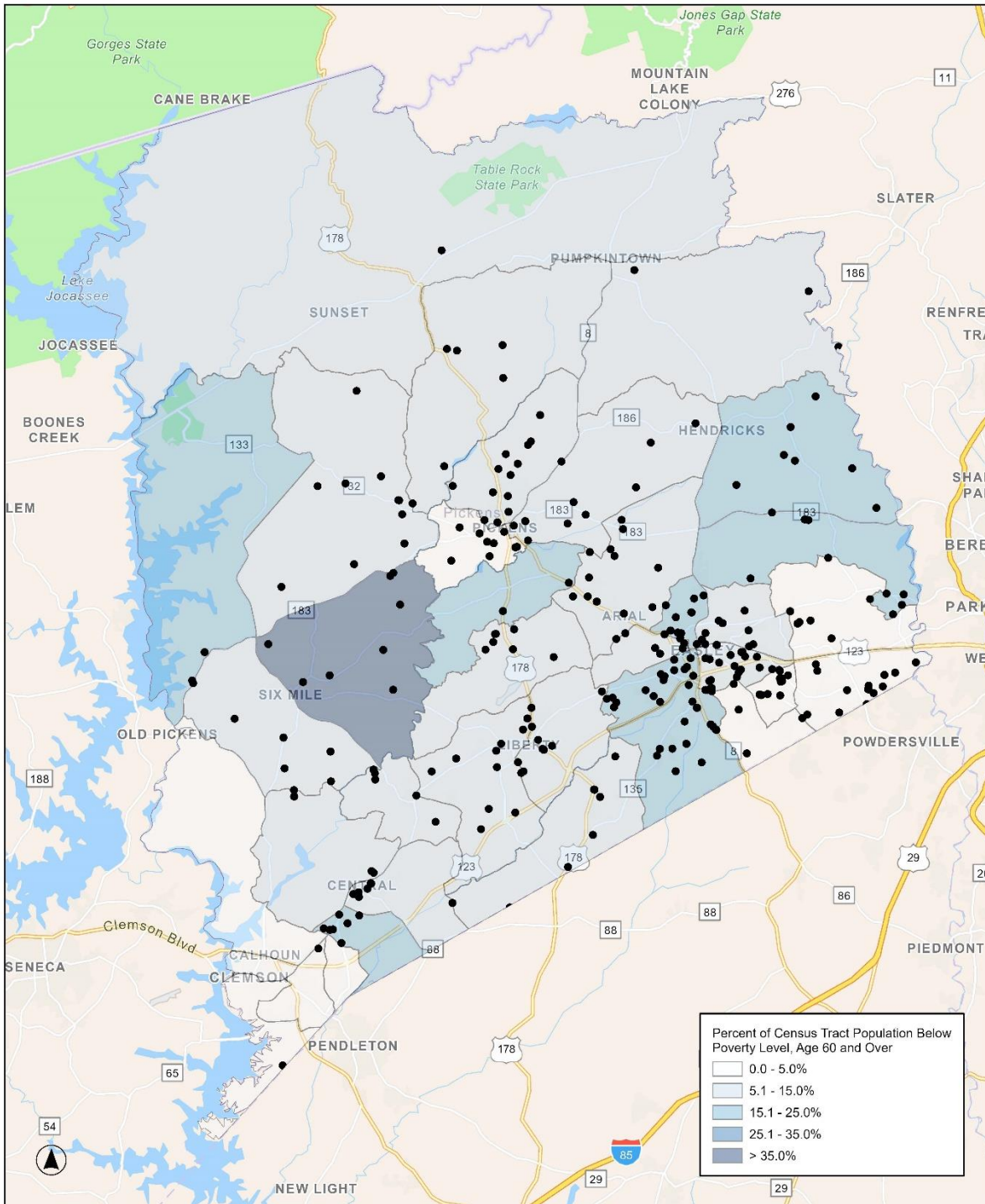
Contracted Senior Centers Location Oconee County



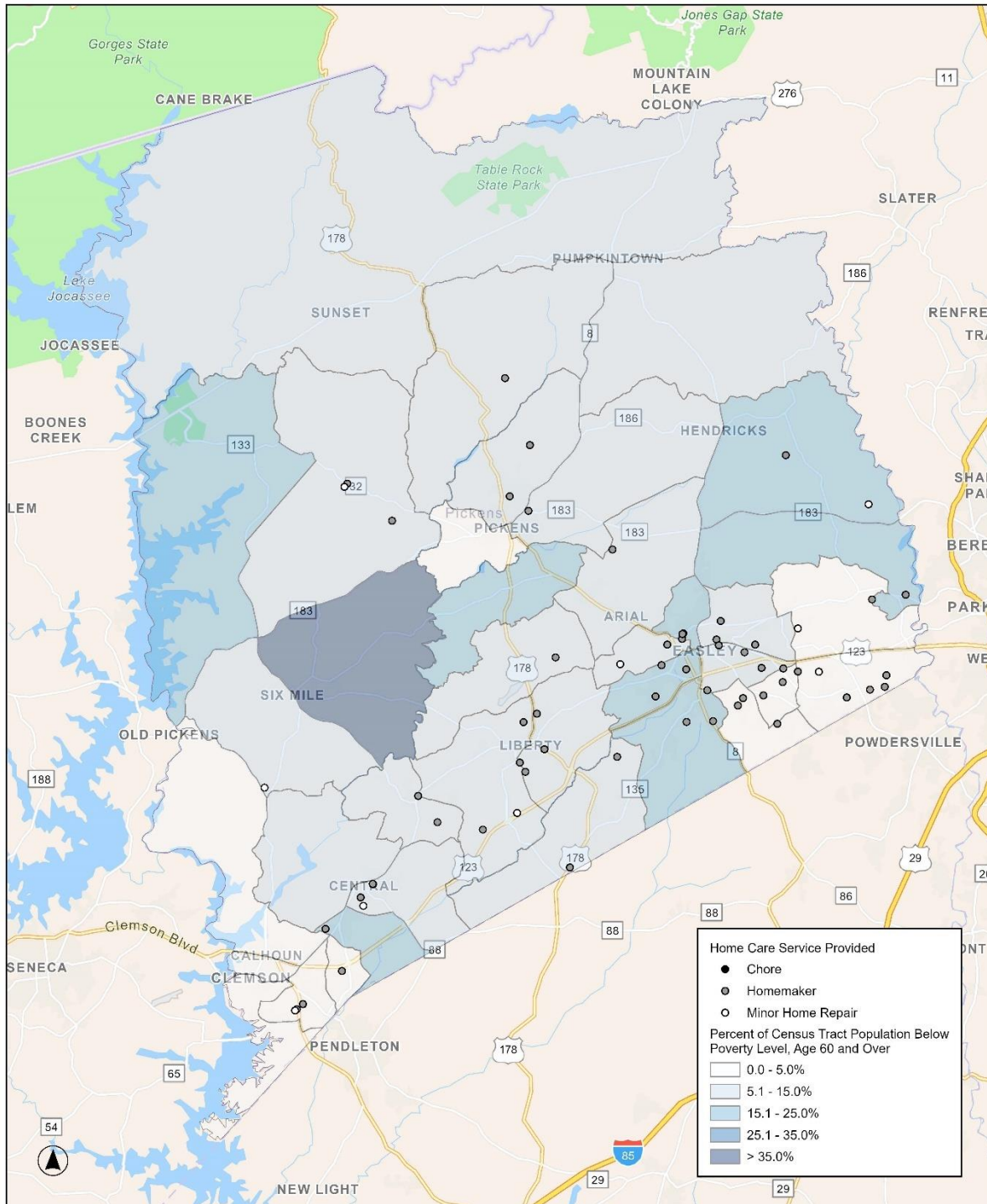
Family Caregiver Respite Vouchers by Caregiver Location Oconee County



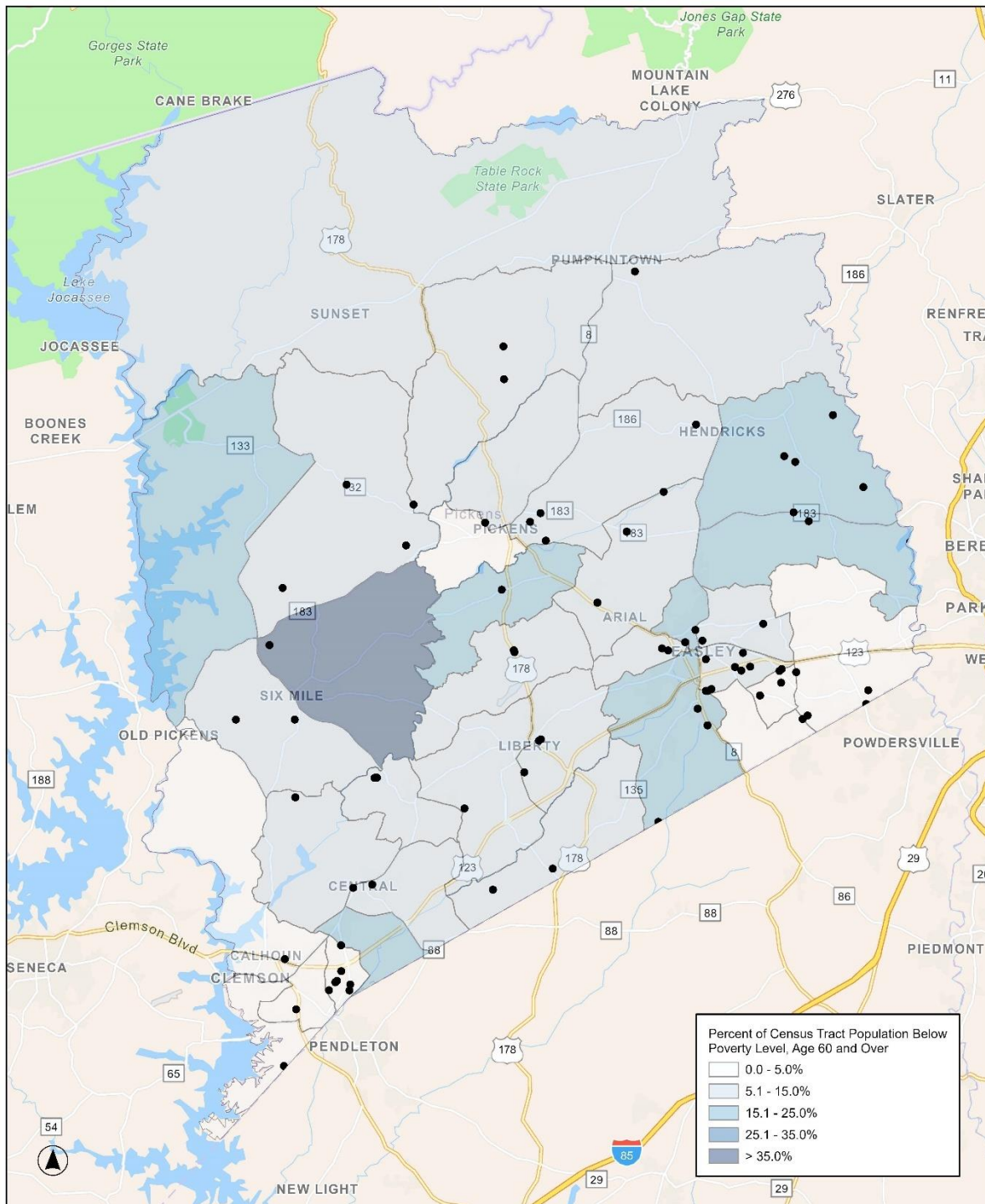
Home Delivered Meals by Client Home Location Pickens County



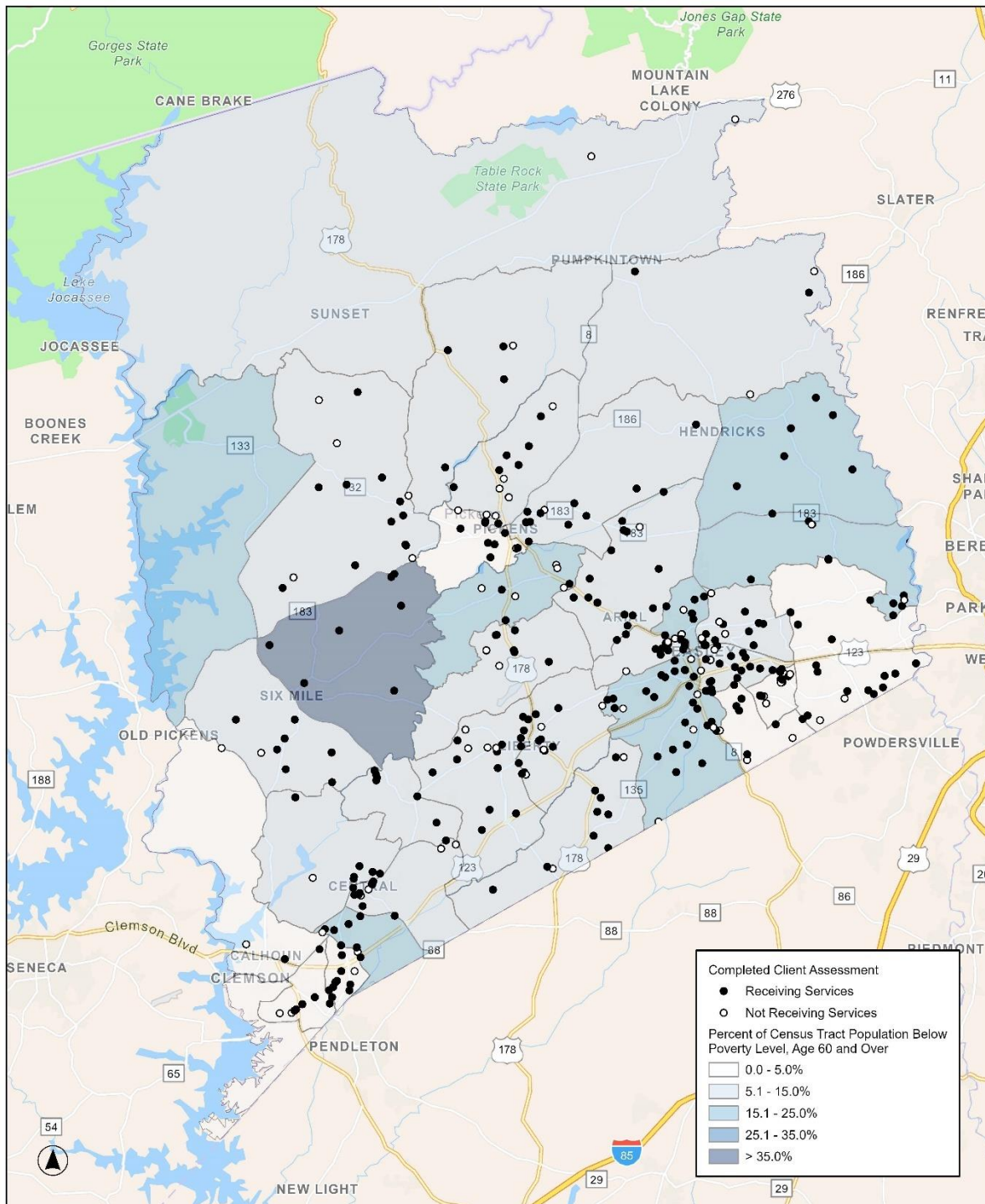
Home Care Services by Client Home Location Pickens County



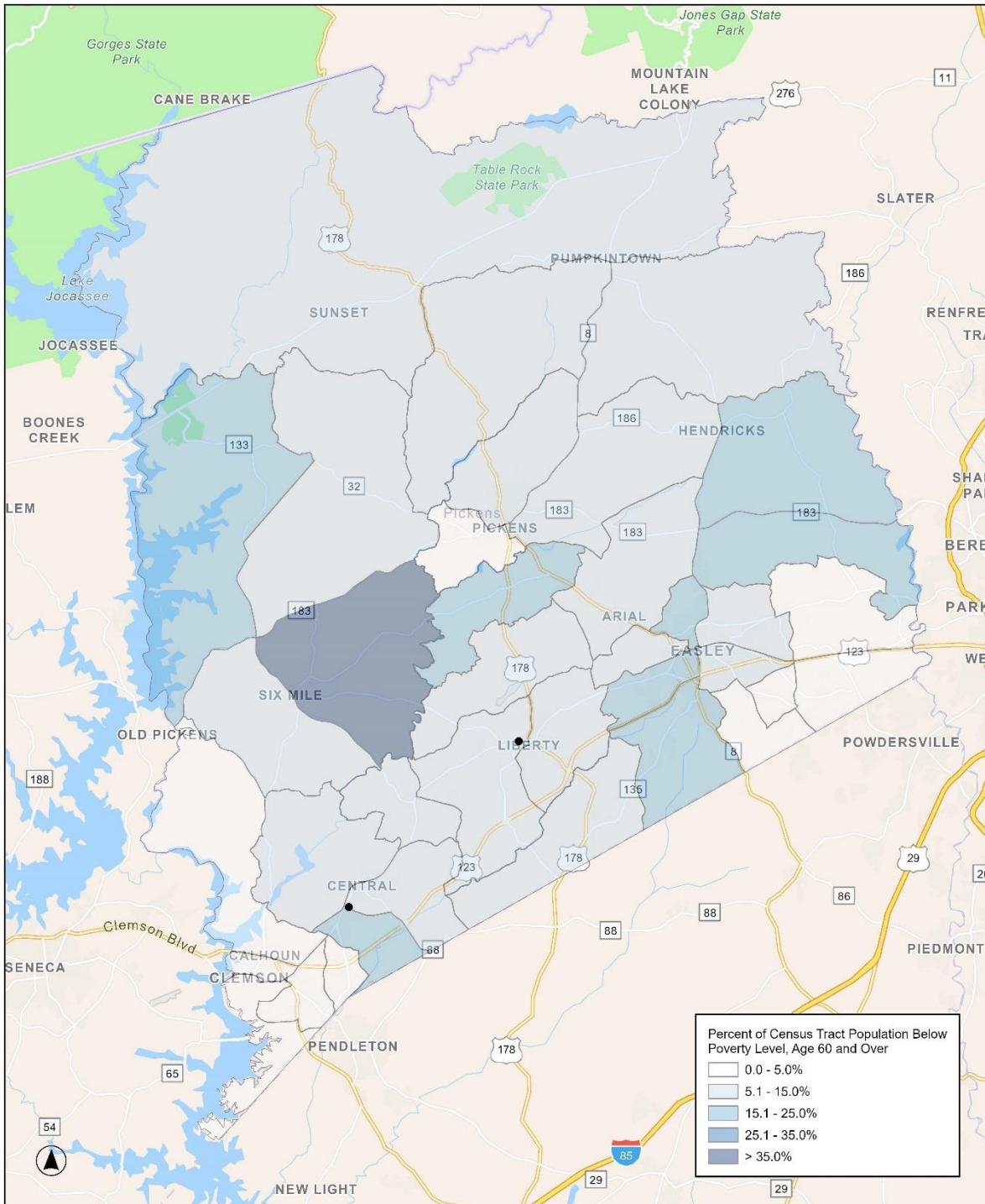
Contracted Transportation by Client Home Location Pickens County



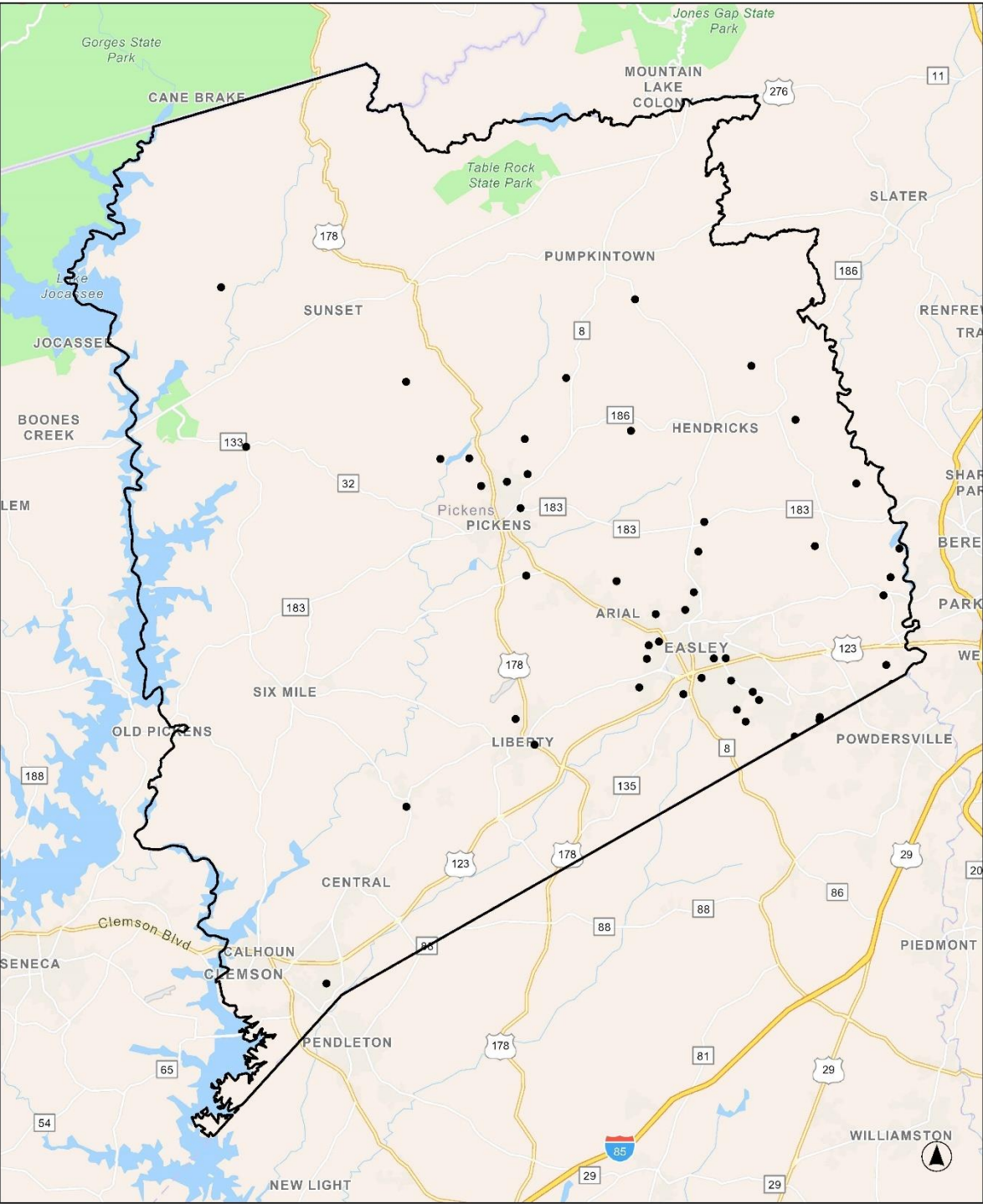
Assessments by Client Home Location Pickens County



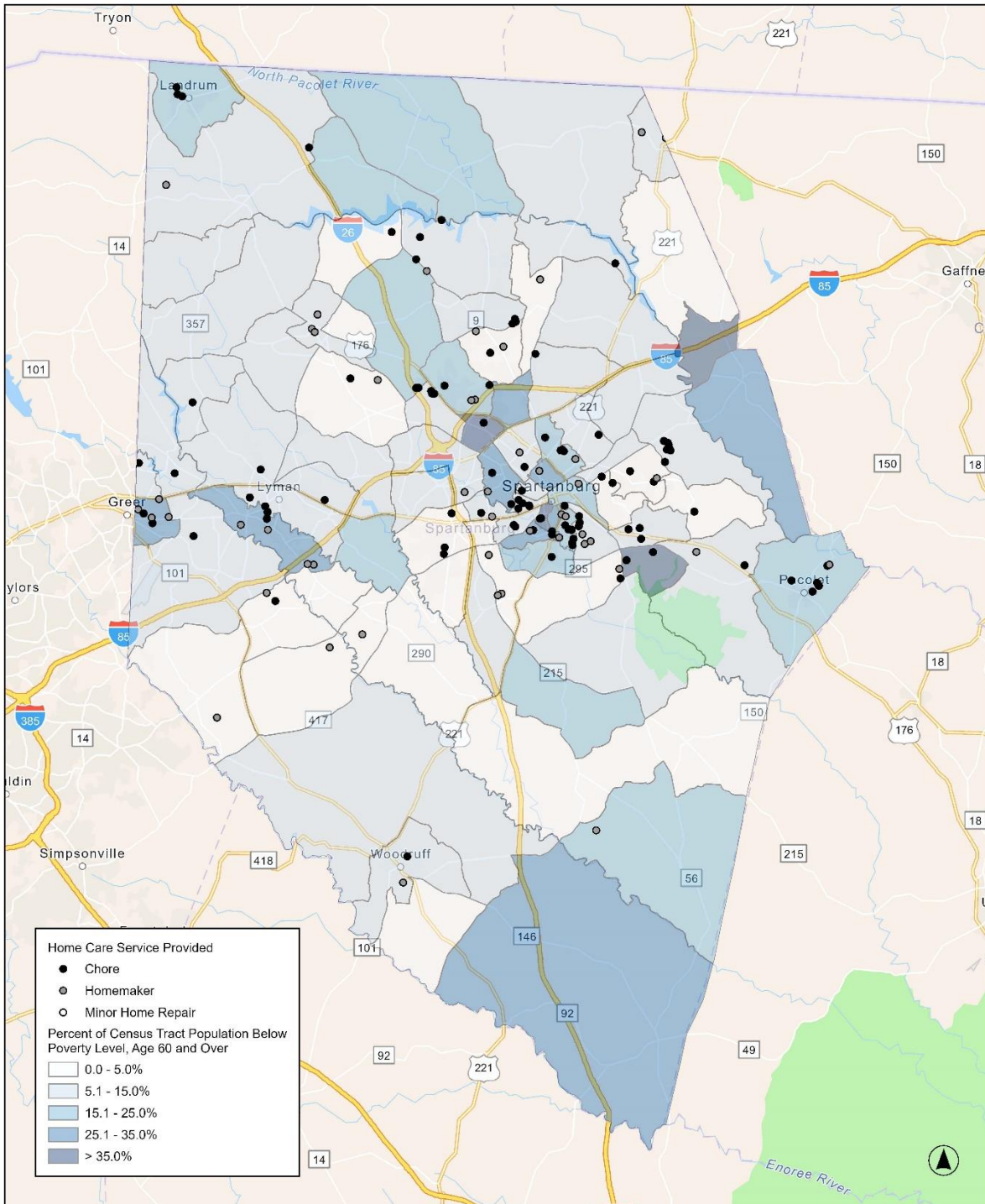
Contracted Senior Centers Location Pickens County



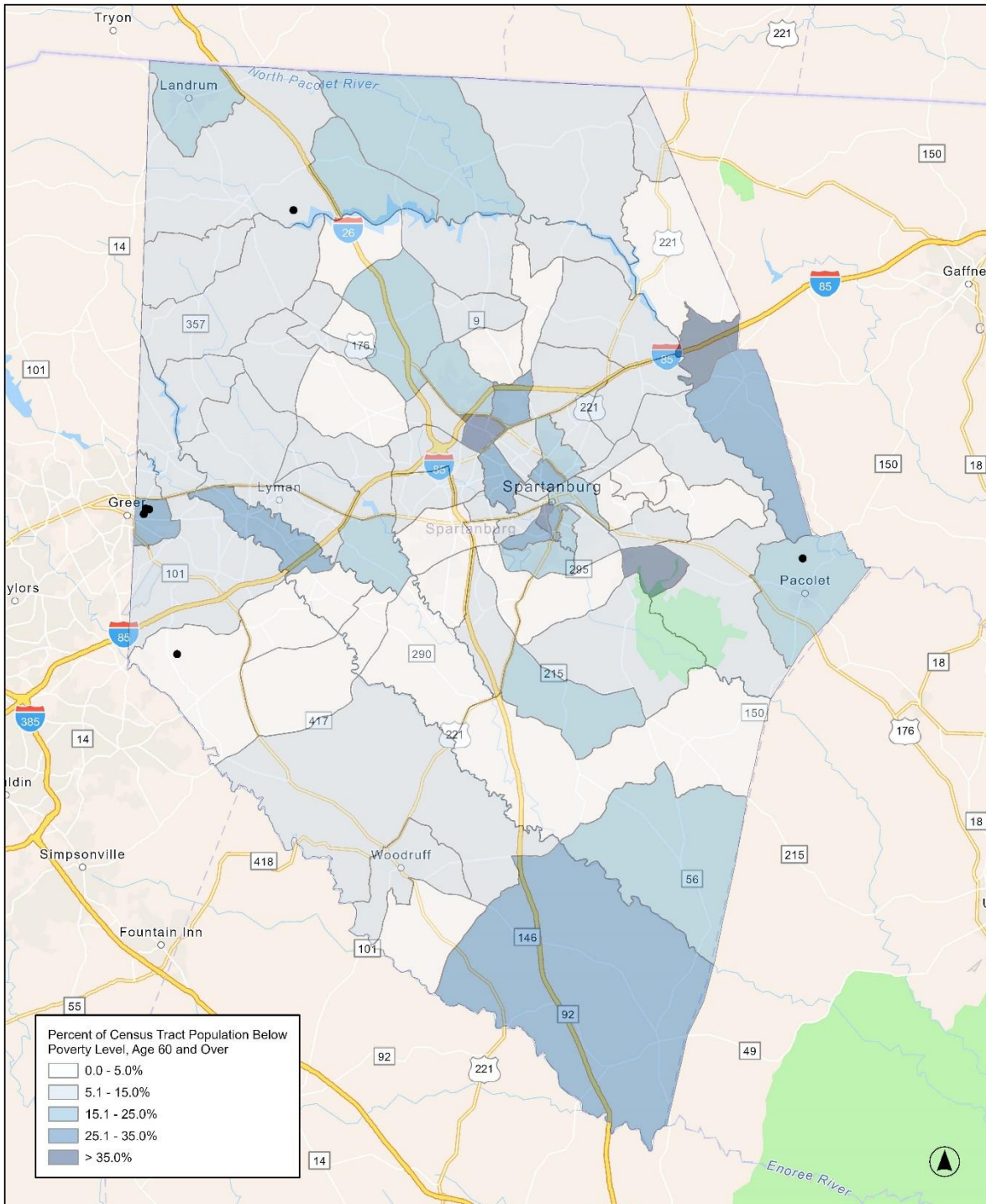
Family Caregiver Respite Vouchers by Caregiver Location Pickens County



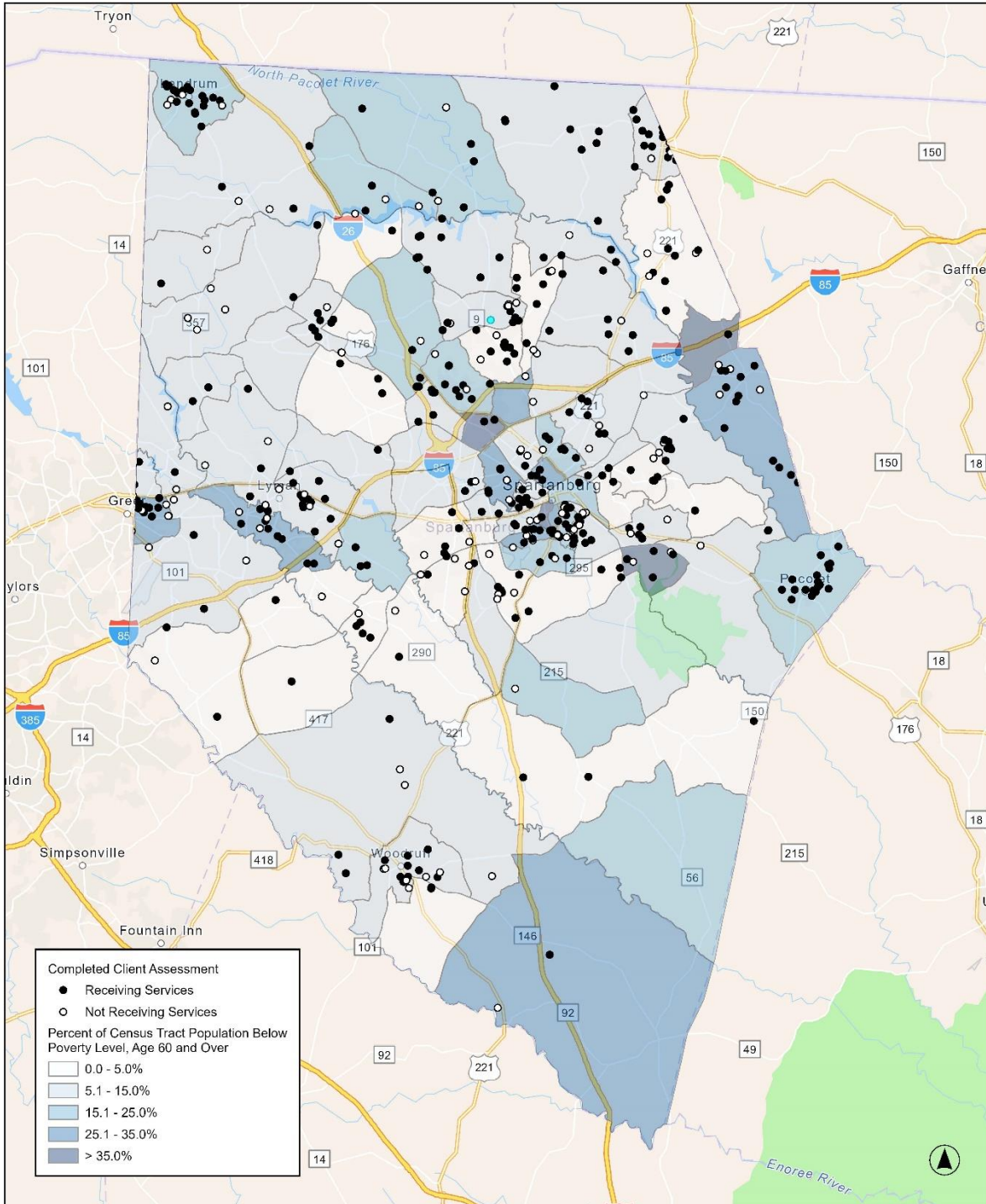
Home Care Services by Client Home Location Spartanburg County



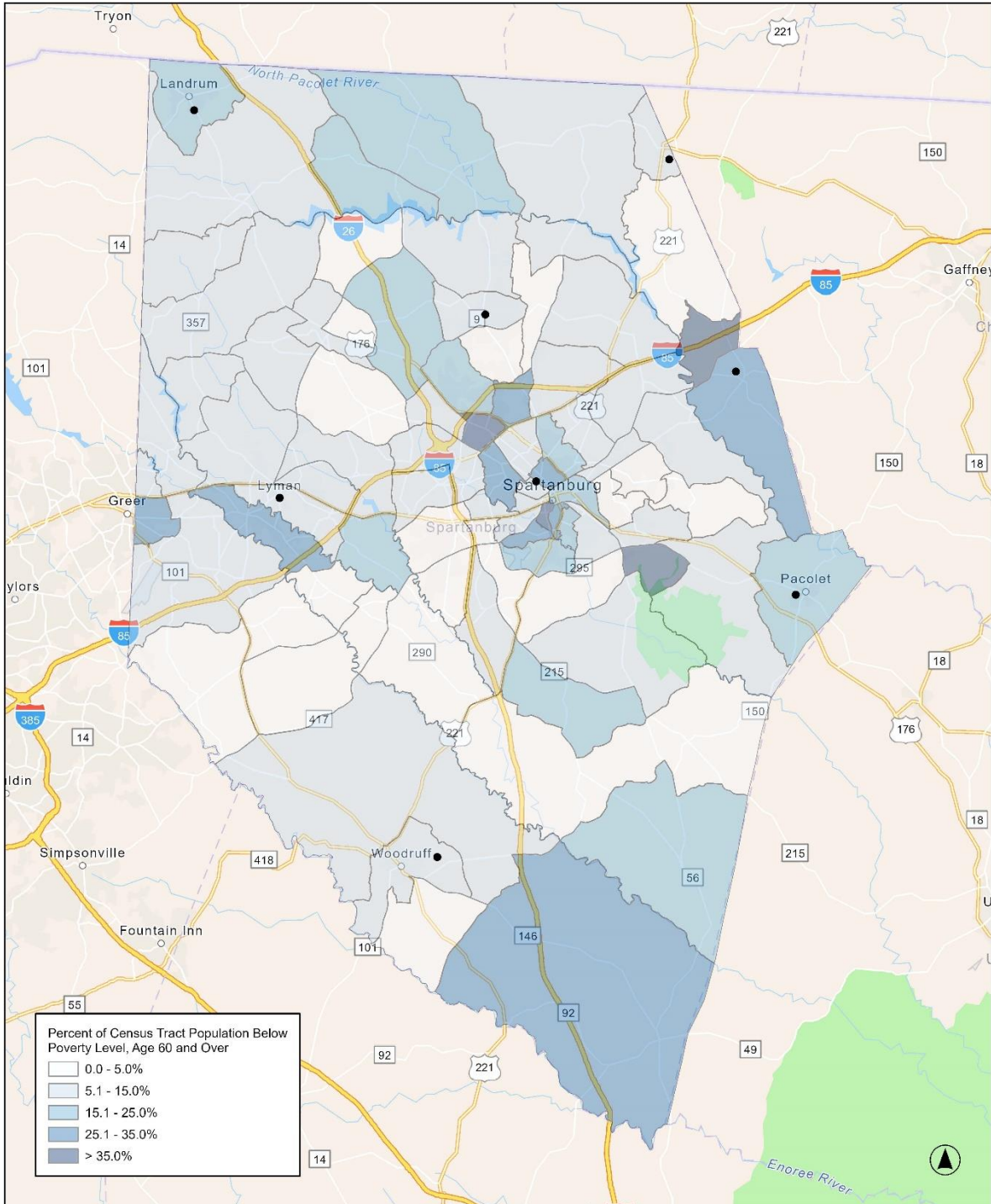
Contracted Transportation by Client Home Location Spartanburg County



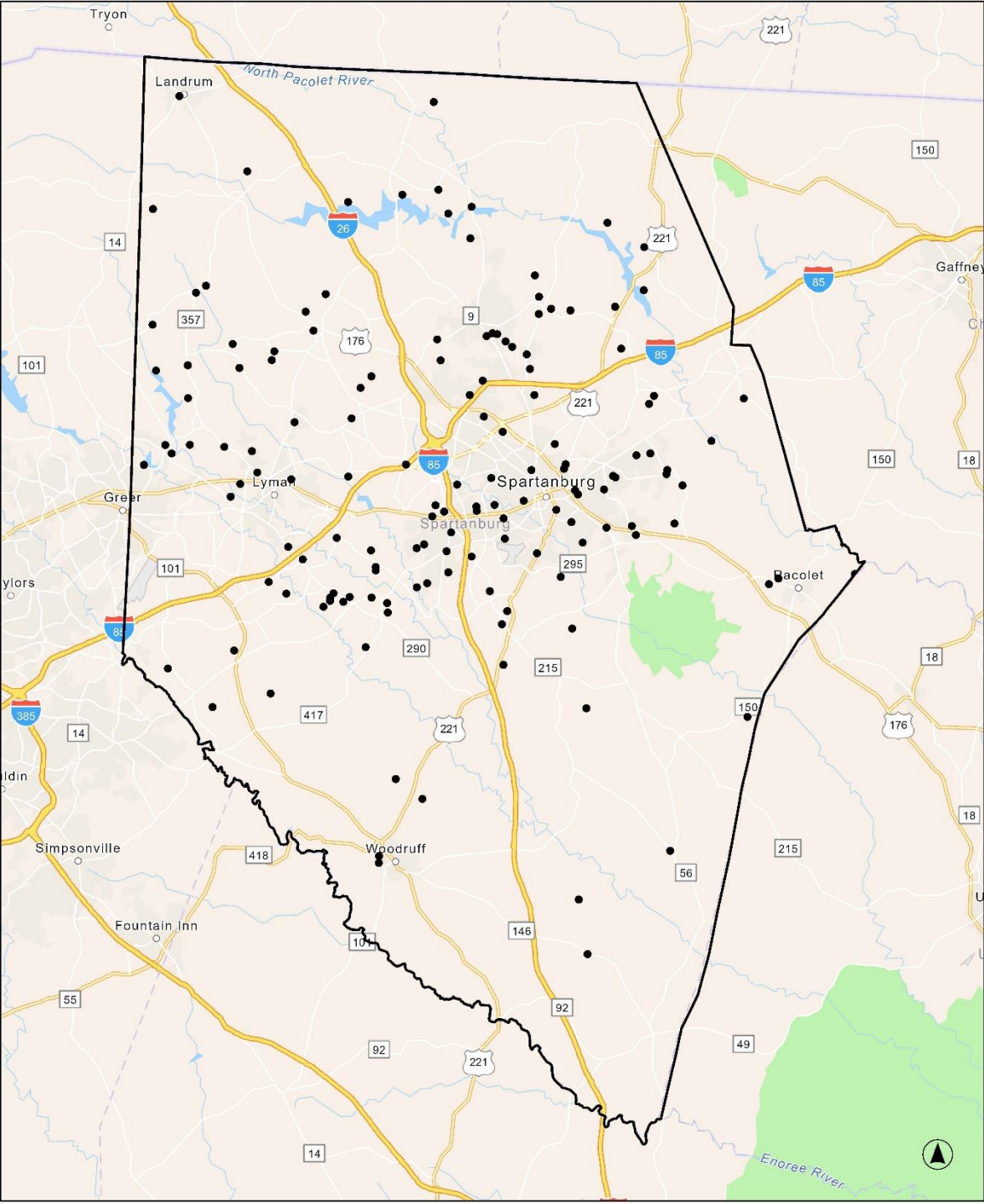
Assessments by Client Home Location Spartanburg County



Contracted Senior Centers Location Spartanburg County



Family Caregiver Respite Vouchers by Caregiver Location Spartanburg County



Attachment I – Fiscal

Match

The matching funds currently provided by the SCDOA have reduced the financial strain on ACOG/AAA as well as service providers. As a result, ACOG/AAA and service providers are able to focus on service delivery, quality assurance, program compliance, and consumer satisfaction. Should the SCDOA discontinue providing the matching funds, the service providers would redirect more of their time to fundraising activities and soliciting monetary and in-kind donations in order to maintain services. Valuable time would be taken away from areas that support quality programming and overall consumer satisfaction.

The majority of senior centers and/or meal sites are owned by municipalities alleviating the need to pay rent for the facilities. In some cases, the staffing for these facilities is also offered by the employees within these municipalities and doesn't rely on the provider's funding. Home delivered meals in most counties are delivered through the volunteer network eliminating excess salary requirements. Periodically, donated meals and community partnerships are utilized for supplemental meals delivered to our clients. The minor home repair program also utilizes in-kind donated hours through their volunteer base. The providers have opportunities to raise money through various fundraising events and grant opportunities as the need arises to sustain their services.

Fiscal Monitoring

The Executive Director, Aging Grants Manager and other program and administrative staff work jointly in the oversight of contractual requirements. ACOG/AAA conducts fiscal monitoring annually. As a part of fiscal monitoring, ACOG/AAA reviews audits, service delivery documentation, such as sign-in sheets and transportation logs, documentation of paid expenses, and liability insurance documentation. In addition, ACOG/AAA requires that service providers submit monthly supporting documentation in order to be reimbursed for services provided to eligible program participants. Such documentation includes: signed and dated invoices, copies of receipts, reports from the state-approved data collection system, catering vouchers, participant care notes, participant contribution documentation, and the Site Manager Meal Certification Reports. If areas of concern are identified, both ACOG/AAA and the service provider work together to develop a plan to remedy the concern.

A service provider may be considered "high-risk" if ACOG/AAA determines that the service provider has a history of unsatisfactory performance, is not financially stable, has a management system which does not meet with standards set forth in the OMB Uniform Guidance for Federal Awards, has not conformed to terms and conditions of the Agreement, or is otherwise not responsible. Special conditions or restrictions may include: requiring additional, more detailed financial reports, additional monitoring, requiring the service provider to obtain technical or management assistance, or establishing additional

prior approvals. If ACOG/AAA decides to impose such conditions, the agency will notify the service provider in writing. The notification will include the:

- nature of the special conditions/restrictions;
- reason for imposing conditions/restrictions;
- corrective actions that must be taken before they will be removed and the time allowed for completing the corrective actions; and
- method of requesting reconsideration of the conditions or restrictions imposed.

The final decision to put an agency on “high-risk” would be the result of a recommendation from ACOG/AAA Executive Director to the ACOG/AAA Board of Directors. It would remain the discretion of ACOG/AAA Board of Directors to decide if an Agreement would be made to the service provider on “high-risk” and what special conditions/restrictions would be included in the Agreement.

If the service provider is unable to take appropriate corrective action(s), then the Agreement will be terminated in accordance with the “Termination Clause.”

Competitive Procurement

Below is a chart showing the contracts, memorandums of understanding, and memorandums of agreement with all providers for the Appalachian Region.

Provider Name	Original Execution Date	End Date	Contractor/ Sub-recipient	Counties Served	Services Awarded
SC Legal Services	July 1, 2019	June 30, 2024	Contractor	Anderson, Cherokee, Greenville, Pickens, Oconee, Spartanburg	Legal Services
Senior Catering	July 1, 2019	June 30, 2024	Contractor	Spartanburg, Cherokee	Hot/Frozen Meals
Able Care	July 1, 2019	June 30, 2024	Contractor	Pickens	Transportation
ACOG	July 1, 2019	June 30, 2024	Contractor	Anderson, Cherokee, Greenville, Pickens, Spartanburg	Homemaker
Rebuild Upstate	July 1, 2019	June 30, 2024	Contractor	Greenville, Oconee, Pickens	Minor Home Repair
Anderson Meals on Wheels	July 1, 2019	Nov. 11, 2024	Contractor	Anderson	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion, MHR
Senior Center of Cherokee	July 1, 2019	June 30, 2024	Contractor	Cherokee	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion, MHR
Senior Action	July 1, 2019	June 30, 2024	Contractor	Greenville	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion

Pickens County Meals on Wheels	July 1, 2019	June 30, 2024	Contractor	Pickens	Congregate, Home Delivered Meals, Evidence-Based/Health Promotion
Senior Solutions	July 1, 2019	June 30, 2024	Contractor	Oconee	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion
Spartanburg Regional	July 1, 2019	June 30, 2024	Contractor	Spartanburg	Congregate, Home Delivered Meals, Transportation, Evidence-Based/Health Promotion, MHR

Allocation Methodology

ACOG/AAA uses the Board-approved funding formula to allocate Federal and State funding to services and providers. When ACOG/AAA receives allocations, the funding formula is applied and distributed to each county based on the most recent Census data.

ACOG/AAA may adjust the allocation if there is a greater documented need (based on waiting list information or most recent Needs Assessment) for in-home and community-based services within another county or service delivery area. The ACOG/AAA utilizes the following configuration for guidance as well as the needs assessment in allocating Title III and SSBG funds:

- A. Fifty percent (50%) of available amount to be divided equally among the six counties of Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg. This amount allows each county an equal base amount of support.
- B. Twenty percent (20%) funding distributed to each county based on their applicable most current 10-year census 60+ general population in relation to percentage of Appalachian Regional totals.
- C. Ten percent (10%) of funding distributed to each county based on their applicable most current 10-year census 60+ minority population in relation to percentage of Appalachian Regional totals.
- D. Ten percent (10%) of funding distributed to each county based on their applicable most current 10-year census 60+ population in relation to percentage of Appalachian Regional totals.
- E. Five percent (5%) of funding distributed to each county based on their applicable most current 10-year census 60+ rural population in relation to percentage of Appalachian Regional totals.
- F. Five percent (5%) of funding distributed to each county based on their applicable most current 10-year census 85+ frail population in relation to percentage of Appalachian Regional totals.

State ACE BINGO funding: Per South Carolina state allocations.

State funding for in-home and community services: Distributed based on the needs assessment.

Deviation of this funding formula can be made based on needs assessments and meeting previous years' service levels with adjusted increases based on documented needs or waiting list data.

Budget Narrative

Each year, ACOG/AAA assesses SCDOA funding received from prior years to identify financial trends with Federal and State allocations. The Executive Director and Aging Grants Manager review prior year expenses, to include internal operations and contracted services by provider, to determine expenses for the up-coming year. Based on historical data, future growth plans, and provider spend rates, the Aging Grants Manager develops a budget for the AAA Director's review. Budgets are allocated equitably in correlation to population and county need/resources for a specific service. The Internal Budget is submitted to the Financial Director prior to presenting the operations budget for Board approval.