

APPALACHIAN AREA PLAN

FY 2010 — 2013

FOR THE APPALACHIAN REGION



APPALACHIAN AGING AND DISABILITY RESOURCE CENTER (AREA AGENCY ON AGING)

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INTRODUCTION

We are delighted to present the 2009-2013 Area Plan for the Appalachian region.

The Area Plan guides the work of the local Area Agency on Aging/Aging and Disability Resource Center (ADRC) for the next four years. It reflects our needs as a community and highlights our goals for developing elder friendly communities. Our major goals are to address basic needs, improve health and well-being, and assist frail older adults and people with disabilities to remain in their homes.

The Older Americans Act (OAA) requires the Area Agency on Aging to establish a Regional Aging Advisory Committee (RAAC) to assist in identifying unmet needs, advise on needed services, and advocate for policies and programs that promote quality of life. As required by the OAA, our plan incorporates suggestions from the RAAC as well as numerous partners in the community. We engage community consumers in several activities to better understand local needs.

The Area Plan highlights key trends in our aging population, including:

- In 2005 almost 15 percent of the population was over age 60; by 2025, 23 percent will be over age 60
- 81 percent of baby boomers expect to work beyond retirement
- Many more boomer women will live in poverty than older men
- Self-care limitations are increasing among 45-64 year olds, and
- Disability rates are increasing among female, low income, less-educated older adults

Besides describing key community needs and trends, the Area Plan also summarizes our annual budget, federal, state, and local resources and addresses services for the next four years.

Purpose

The purpose of Area Plan is to direct the Aging and Disability Resource Center in developing a community that promotes quality of life, independence, and choice for older people and adults with disabilities in the Appalachian region.

VERIFICATION OF INTENT

The Area Plan submitted for the Appalachian Region for the period July 1, 2009, through June 30, 2013, includes all activities and services to be provided by the Appalachian Area Agency on Aging. The Area Agency on Aging shall comply with applicable provisions of the Older Americans Act, as amended and other legislation that may be passed during the period identified. The Area Agency on Aging will assume full authority to develop and administer this Area Plan in accordance with all requirements of the Act and related State policy. In accepting this authority, the Area Agency on Aging assumes responsibility to develop and administer this Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

This Area Plan was developed in accordance with all rules and regulations specified under the Older Americans Act and the Lieutenant Governor's Office on Aging. The Area Agency on Aging agrees to comply with all standard assurances and general conditions submitted in the Area Plan throughout the four year period covered by the plan. This Area Plan is hereby submitted to the South Carolina Lieutenant Governor's Office on Aging for approval.

The Appalachian Area Agency on Aging certifies that it is responsible for the oversight of the provision of Aging Services throughout the Appalachian region. This responsibility includes, but is not limited to, the following functions:

1. Contract management
2. Programmatic and fiscal reporting activities
3. Oversight of contracted service delivery
4. Coordination of services and planning with the state office, service contractors, and other entities involved in serving and planning for the older population in the PSA
5. Provision of technical assistance and training to contractors and other interested parties
6. Provision of public information and advocacy related to Aging Program activities and issues

(Date)	Signature (Executive Director of Area Agency on Aging)
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(Date)	Signature (Aging Unit Director)
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The Area Agency Advisory Council has reviewed and approved this Area Plan Update.

(Date)	Signature (Chairperson, Area Agency Advisory Council)
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The Governing Body of the Area Agency on Aging has received and approved this Area Plan Update.

(Date)	Signature (Chairperson, Governing Board)
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STANDARD ASSURANCES AND GENERAL CONDITIONS

1. The Area Agency on Aging shall use grants made under the Older Americans Act to pay part of the cost of the administration of the area plan, including preparation of plans, evaluation of activities carried out under such plans, development of a comprehensive and coordinated system for delivery of services to older adults and caregivers, development and operation of multipurpose senior centers and the delivery of legal assistance as required under the Older Americans Act of 1965, as amended in 2006, and in accordance with the regulations, policies, and procedures established by the Lieutenant Governor's Office on Aging, the Assistant Secretary of the Administration on Aging, the Secretary of the U.S. Department of Health and Human Services and State legislation. 303 (c) (1) and (2) and CFR 1321.11
2. The Area Agency on Aging shall assure that any funds received under the area plan, or funds contributed toward the non-Federal share, shall be used only for activities and services to benefit older individuals and others specifically provided for in [Title III of the Older Americans Act](#) or in State legislation. This shall not be construed as prohibiting the area agency on aging from providing services by using funds from other sources. 301 (d)
3. The Area Agency will require all programs funded under the Area Plan to be operated fully in conformance with the Lieutenant Governor's Office on Aging [current](#) quality assurance standards and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation.) CFR1321.75(a)
4. The Area Agency on Aging shall assure that any facility authorized for use in programs operated under the Area Plan shall have annual certification that the facility is in compliance with the appropriate fire, safety and sanitation codes. CFR 1321.17(4)
5. The Area Agency on Aging and service contractors shall not means test for any service [under Title III](#). When contributions are accepted, [or cost sharing implemented, contractors shall not](#) deny services to any individual who does not contribute to the cost of the service. 315(b)(3) CFR 1321.61(c)
6. The Area Agency on Aging will comply with Title VI of the Civil Rights Act of 1964 and shall require such compliance from all contractors under the Area Plan. CFR 1321.5(c)
7. The Area Agency on Aging will comply with all the appropriate Titles of the Americans with Disabilities Act of 1990 and require such compliance from all contractors under the Area Plan and assure that otherwise eligible older individual shall not be subjected to discrimination under any program or activity under the Area Plan. CFR 1327.5 and 1321.5 (c)

8. The Area Agency shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.
9. The Area Agency on Aging shall assess the level of need for supportive services including legal assistance, transportation, nutrition services, and multipurpose senior centers within the planning and service area. 306(a)(1)
10. The Area Agency on Aging shall assure that the special needs of older individuals residing in rural areas are taken into consideration and shall describe in the Area Plan how those needs have been met and how funds have been allocated to services to meet those needs. 307(a)(10)
11. The Area Agency on Aging will provide a qualified full-time director of the aging unit and an adequate number of qualified staff to carry out the functions required under the Area Plan. CFR 1321.55(b)
12. The Area Agency on Aging shall consult with relevant service contractors and older individuals to determine the best method for accepting voluntary contributions that comply with the Cost Sharing policies of the Lieutenant Governor's Office on Aging and the Older Americans Act, as amended in 2006. 315(b)(2)
13. The Area Agency on Aging shall assure that any revenue generated from voluntary contributions or cost sharing shall be used to expand the services for which such contributions or co-pays were given. 315(a)and(b)
14. The Area Agency on Aging shall assure that a facility purchased for use as a multi-purpose senior center with Older Americans Act or State Permanent Improvement funds, will continue to be used for the same purpose for not less than 10 years after acquisition, or 20 years after construction.
15. Prior to authorizing use of Older Americans Act or State Permanent Improvement funds for renovation, purchase or construction, the Area Agency shall require assurance from the grantee that funding is, and will continue to be, made available for the continued operations of these senior centers. 312
16. The Area Agency shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention shall be given to the use of multi-purpose senior centers, churches, or other appropriate community facilities for such group dining service. 339(E)

17. The Area Agency on Aging shall assure that no new group dining facility **established** will be funded **unless** an average of 25 eligible participants attend daily. **All facilities established before 2006** must serve at least 25 meals per day through the group dining and home delivered programs. P&P 502.F.1
18. The Area Agency on Aging shall assure that an Older Americans Act III-C-2 home delivered meal will be delivered to a participant for no less than five days a week unless it is documented that the participant is receiving meal(s) from another source. Further, in addition to federal eligibility requirements, special consideration shall be given to those eligible clients living alone, those in isolated rural areas, and those 75 years of age or older. 336
19. The Area Agency shall assure that amounts expended for services to older individuals residing in rural areas will not be less than the amounts expended for such services in fiscal year 2000. 307(a)(3)(B)
20. The Area Agency on Aging shall assure that the Area Agency and all contractors meet all matching requirements for funds awarded under the Area Plan.
21. The Area Agency on Aging shall assure that **any funds that may be** received from the State for Cost of Living Adjustment will be used for personnel costs only.
22. The Area Agency on Aging shall assure that funds received for NSIP will be used only for the purchase of United States agricultural commodities or commercially prepared meals served in the Title III-C services **and that NSIP funds shall be distributed throughout the region based on the percentage of eligible meals served by each contractor.** 311(d)(2)
23. The Area Agency on Aging shall submit an independent audit to the Lieutenant Governor's Office on Aging, Division of Administration, within 180 days after the close of the project year.
24. A final financial report for the grant period shall be submitted to the Lieutenant Governor's Office on Aging, within 45 days of the close of **each State fiscal year in** the grant period **(August 14)** or within 45 days of the last payment made, whichever occurs first.
25. The Area Agency on Aging shall submit a total aging budget, **disclose all sources and expenditures of funds the AAA receives or expends to provide services to older individuals**, and the cost allocation plan, or approval of the indirect cost rate from the cognizant agency, used to prepare such budget. 306(a)(13)(E)
26. The Area Agency on Aging shall contract only with service delivery agencies that will provide to the Area Agency on Aging all program information and reports required by the Lieutenant Governor's Office on Aging. Provision of timely and

correct data shall be in a format and contain such information as the LGOA may require the AAA to submit. 307(a)(6)

27. The Area Agency on Aging will include in each [solicitation for providers](#) of any service under the Older Americans Act, a requirement that the [applicant](#) will-
 - A. Specify how the [organization](#) intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas;
 - B. Provide services to low-income minority individuals in accordance with their need for such services;
 - C. Meet specific objectives set by the Area Agency on Aging, for providing services to low-income minority individuals; 306(a)(4)(A)
 - D. Make a good faith effort to obtain a client consent form from all service recipients to allow their information to be included in AIM for research and advocacy purposes.

28. The Area Agency on Aging will require contractors to use Outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on-
 - A. Older individuals residing in rural areas
 - B. Older individuals with greatest economic need
 - C. Older individuals with greatest social need
 - D. Older individuals with severe disabilities
 - E. Older individuals with limited English-speaking ability
 - F. Older individuals with Alzheimer's disease or related disorders and caregivers
 - G. Low-income minority individuals in each of the above populations.306(a)(4)(B)

29. 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. 306(a)(4)(C)

30. When possible, the Area Agency on Aging will enter into arrangements and coordinate services with organizations that were Community Action programs and meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C.9904(c)(3). 306(a)(6)(C)

31. The Area Agency on Aging will establish effective and efficient procedures for coordination of entities conducting programs under the Older Americans Act and entities conducting other Federal programs for older individuals at the local level. 306(a)(12)

32. The Area Agency will take into account, in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under the area plan. 306(a)(6)(A)

33. Where possible, the Area Agency on Aging will enter into arrangements with organizations providing day care services for children or adults, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. 306(a)(6)(C)
34. The Area Agency on Aging shall assure that demonstrable efforts will be made to coordinate services provided under the Older Americans Act with other State services that benefit older individuals and to provide multi-generational activities involving older individuals as mentors to youth and support to families. 306(a)(23)
35. The Area Agency on Aging shall coordinate any mental health services provided with III-B funds with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations. 306(a)(6)(F)
36. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the Area Agency on Aging shall require outreach activities to such individuals and encourage such individuals to access the assistance available under the Older Americans Act. 306(a)(6)(G)
37. The Area Agency on Aging shall assure the coordination of planning, identification and assessment of needs, and provision of services for older individuals with disabilities, (with particular attention to those with severe disabilities,) with agencies that develop or provide services for individuals with disabilities. 306(a)(5)
38. The Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program will expend not less than the total amount of funds appropriated and expended by the agency in fiscal year 2000 in carrying out such a program under the Older Americans Act. 306(a)(9)
39. The Area Agency on Aging will maintain the integrity and public purpose of services provided, and service contractors, under the Older Americans Act, in all contractual and commercial relationships. 306(a)(13)(A)
40. The Area Agency on Aging will demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and will not result from such contracts or commercial relationships, but rather, will be enhanced. 306(a)(13)(C) and (D)
41. The Area Agency on Aging will not use funds received under the Older Americans Act to pay any part of a cost, including an administrative cost, incurred to carry out a contract or commercial relationship that is not carried out to implement the Older Americans Act. 306(a)(14)

42. The Area Agency on Aging shall not give preference in receiving services under the Older Americans Act to particular older individuals as a result of a contract or commercial relationship. 306(a)(15)
43. The Area Agency on Aging, when seeking a waiver from compliance with any of the minimum expenditures for priority services, shall demonstrate to the State Agency that services furnished for such category within the PSA are sufficient to meet the need for those services and shall conduct a timely public hearing upon request. 306(b)
44. The Area Agency on Aging shall require nutrition service contractors to reasonably accommodate the particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals and require caterers to provide flexibility in designing meals that are appealing to older individuals participating in the program. 339 (A) and (B)
45. The Area Agency on Aging will, to the maximum extent practicable, coordinate services under the Area Plan with services that may be provided under Title VI in the PSA. 306(a)(11)(B) and (C)
46. If providing Case Management services under the Area Plan, the Area Agency on Aging will not duplicate case management services provided through other Federal and State programs; will coordinate with such services provided by other Federal and State programs; and will contract with providers that are-
 - public agencies; or
 - nonprofit private agencies that do not provide, and do not have a direct or indirect ownership or controlling interest in, or direct or indirect affiliation or relationship with, an entity that provides services, other than case management services, under the Area Plan; or located in a rural area and the Area Agency requests and receives a waiver of the above requirement. 306(a)(8)(A-C)
47. The Area Agency on Aging, and all contractors under the Area Plan, shall maintain a disaster preparedness plan that is reviewed and updated annually.
48. If the Area Agency on Aging finds that a contractor under the Area Plan has failed to comply with the terms of the contract or with Federal or State laws, regulations and policies, the Area Agency may withhold that portion of the reimbursement related to that failure to comply. [The Advisory Council shall recommended appropriate procedures for consideration](#) by the Governing Board of the Area Agency on Aging. 306(e)(1)
49. The Area Agency on Aging shall afford contractors due process, as described in OAA 306(e)(2)(B) before making a final determination regarding withholding contractor reimbursements.

50. The Area Agency on Aging shall provide satisfactory assurance that such fiscal control and accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal and State funds paid under the Area Plan to the Area Agency on Aging, including funds paid to the recipients of grants or contracts. 307(a)(7)(A)
51. The Area Agency on Aging shall assure that funds received under the Older Americans Act shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. 321(d)
52. The Lieutenant Governor's Office on Aging requires [that](#) the Area Agency on Aging [directly](#) provide ombudsman, information and assistance, insurance counseling, and family caregiver services. 307(a)(8)(A)and(C)
53. The Area Agency shall provide other direct services, only with a waiver approved by the State agency, and only when such direct provision is necessary to assure an adequate supply of such services, or where such services are directly related to the Area Agency's administrative functions, or where such services of comparable quality can be provided more economically by the Area Agency on Aging. 307(a)(8)(A)and(C)
54. Each Area Agency shall administer the nutrition programs with the advice of a dietitian (or an individual with comparable expertise). [Whenever the AAA allows contractors to purchase catered meals directly, or has contractors who prepare meals on site, the AAA shall assure that such contractors have agreements with a registered dietitian who provides such advice.](#) 339(G)
55. The Area Agency on Aging shall enter into contract [only](#) with providers of legal assistance [who](#) can:
 - A. demonstrate the experience or capacity to deliver legal assistance;
 - B. assure that any recipient of funding for legal assistance will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act;
 - C. require providers of legal assistance to give priority to cases related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination; and
 - D. attempt to involve the private bar in legal assistance activities. 307(a)(11)(A) through (E)
56. The Area Agency on Aging shall make special efforts to provide technical assistance to minority providers of services [whether or not they are contractors of the AAA.](#) 307(a)(32)
57. The Area Agency 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. 307(a)(18)
58. The Area Agency on Aging shall maintain a Regional Aging Advisory Council whose purpose is:
- A. to advise the Area Agency on Aging on all matters related to the development of the Area Plan;
 - B. on the administration of the plan; and
 - C. on operations conducted under the plan.
- The RAAC shall have no decision-making authority that is binding on the AAA staff or on the Area Agency Executive Board. 306(a)(6)(D)
59. The Area Agency on Aging is responsible for on-going contract management; establishing procedures for contract cost containment; reviewing and approving contracts; setting criteria for contract amendments; reviewing and analyzing contractor fiscal and program reports; conducting quality assurance reviews; and reviewing meal vendor performance.
60. The Area Agency on Aging shall afford an opportunity for a public hearing upon request, in accordance with published procedures, to any agency submitting a plan to provide services; issue guidelines applicable to grievance procedures for older individuals who are dissatisfied with or denied services funded under the area plan; and afford an opportunity for a public hearing, upon request, by a provider of (or applicant to provide) services, or by any recipient of services regarding any waiver requested. 307(a)(5) (A) through (C)
61. The Area Agency on Aging accepts the quality assurance standards and scope of work issued for all services authorized by the Lieutenant Governor's Office on Aging. All contractors and/or vendors of services shall be **monitored for compliance** with such standards and carry out the scope of work in the delivery of each service to be reimbursed with funds awarded under this plan

The Area Agency on Aging certifies compliance with all of these assurances and requirements of the Older Americans Act, as amended, the Federal regulations pertaining to such Act, and the policies of the Lieutenant Governor's Office on Aging throughout the effective period of this Area Plan. Should any barriers to compliance exist, the Area Agency on Aging shall develop procedures to remove such barriers. Some assurances may be modified by Federal regulations issued or the Older Americans Act re-authorization during the plan period. In such event, a revised list of assurances will be issued.

EXECUTIVE DIRECTOR or:

BOARD CHAIR _____
(Signature) (Date)

AGING UNIT DIRECTOR: _____
(Signature) (Date)

EXECUTIVE SUMMARY

In accordance with its responsibilities under the Older Americans Act, the S. C. Appalachian Council of Governments' Area Agency on Aging has prepared and submits this Regional Area Plan for FY 2009-2013. The Appalachian region comprises Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg counties.

In looking at the key issues and challenges facing South Carolina and the Appalachian region over the next several years, it is apparent that state policy makers, providers of services and the public at large must carefully evaluate the trends facing us as the population ages. The growth of the number of older adults needing long term care will have a major impact on the aging network and families. The baby boom has begun, and with the growth of South Carolina's 60+ and 75+ populations, the impact to communities and the aging network will be felt over the next 20 years. The socio-demographic trends impacting the Appalachian region are as follows:

- Of the ten regions in the state, the Appalachian region has the highest number of persons over 65 (123,859), the highest 75+ (58,533), and the highest 85+ (14,010).
- The percent to change in population age 60+ in the Appalachian region between 1990-2000 was the highest in Oconee County, with 30.2 percent, followed by Pickens (21.1%), Greenville (15.1%), Anderson (14.1%), Cherokee (10.6%) and Spartanburg (9.6%).
- Four of the six counties in the Appalachian region have high percentages of persons 60+ living alone as compared to the rest of the state: Anderson (27.9%), Cherokee (29.5%), Greenville (28.6%), and Spartanburg (28.3%); the two remaining counties fall into the next highest block, with Pickens (26.7%) and Oconee (25.2%), respectively.

With the increasing need of support services for seniors and caregivers, we are 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 choices. 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.

PLANNING, ADVOCACY AND PROGRAM COORDINATION

The Appalachian AAA conducted the Regional Needs Assessment in the summer and fall of 2008. Priorities identified through focus groups with older adults and adults with disabilities are:

- Home and community based services that allow individuals to remain independent in their homes; specifically, chore service, home-delivered meals, home repair and modification.
- Affordable health care and assistance with purchasing prescription drugs.
- Accessible and affordable transportation. Greatest need is for non-emergency transportation, including accessing health care, personal shopping, and social/recreational activities.

- More knowledge about how to access programs and resources. Needing more one-on-one or personal assistance rather than “maze” of communication loopholes.

Based on the findings of the regional needs assessment, the Request for Proposals focused on procuring the basic core services of home-delivered meals, group dining, transportation, homemaker, home living support and legal services in the region. There are no new contractors for the planning period.

PROGRAM DEVELOPMENT

The new Connections to Community Living grant will be a major initiative for the next three years. This project will complement plans to further enhance the ADRC’s role and presence throughout the region. The overall goal of the Connections to Community Living program is to maximize opportunities for people to live in the community post hospitalization by developing and executing a “model” discharge planning process. In the early phase of implementing the grant, it has been reinforced that transportation is a problem for the elderly/disabled in Spartanburg County. Transportation to post discharge medical appointments, scheduled follow up tests and pharmacies for medications and medical supplies could very possibly lead to the increase that is seen in re-admissions to Spartanburg Regional Medical Center. The Community Living Grant afforded a new opportunity to serve as a partner with a grant being submitted by the Office on Aging to the Department of Transportation to develop an assisted ride program, a volunteer based transportation program. If approved, the transportation project will be piloted in Spartanburg County with plans to replicate throughout the region.

Piloting the Assisted Rides transportation program in Spartanburg will be the other initiative for our region. A grant has been submitted to DOT, with Appalachian and Santee Lynches as partners in the project. Assisted Ride is a volunteer based transportation program that will serve to fill in the transportation gaps for the disabled/elderly population. Some of the highlights of this program include low cost, makes use of existing providers and their “routes” and utilizes volunteers. By year four of this planning period, the Assisted Rides should be available throughout the region.

In 2011 the large baby boom generation will begin to turn 65. The focus will shift from individuals aging to us as a society. This demographic shift will impact many areas, as noted in the 10-year forecast section of this plan. Recognizing that many resources are quite limited at this time, the time is now for the AAA to help agencies to begin redirecting efforts toward prevention and reduce dependence on government-funded services. Project 2020, which proposes the funding necessary to implement a three pronged approach through the Aging network, focuses on person centered access to information, evidence-based health prevention and health promotion activities, and enhanced nursing home diversion services will be the impetus of our planning efforts. As a role of the ADRC, the agency will focus more on long term care planning. Plans are to offer the Long Term Care Planning sessions on an annual basis in the region. The “New to Medicare” sessions that will be offered to target workers who are new to Medicare. Efforts will be made to market this program to employers as well as identifying the AAA as a resource for retirement planning information. Another potential

contact with employers is with eldercare issues. The Family Caregiver Program, along with the COG staff, will explore ways to better link the AAA as a resource for eldercare issues with local governments in the region.

The provision of services for older adults and adults with disabilities throughout South Carolina and the Appalachian region is in a process of change. With the dramatic growth of the number of seniors and caregivers needing services, this has placed major hardship on limited resources. As a result of this, the Appalachian AAA must plan for and provide quality services in the most cost effective manner. We are charged with the development of innovative and alternative options for service models designed to meet the changing needs of seniors, adults with disabilities and caregivers. 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 Area Agency will focus increased efforts to facilitate planning, collaboration, partnering and advocacy across the spectrum of human service providers and their constituencies.

The challenge of the future is how to address “aging in place” and the readiness of our region to handle the “age wave” and all of the areas that will be impacted.

OVERVIEW OF THE AREA AGENCY ON AGING

Mission

To help seniors and their caregivers maintain their dignity and independence in their homes and communities.

The Appalachian Council of Governments is the designated regional lead agency for the development of a comprehensive, coordinated and cost effective long term care system.

Vision

It is the vision of the Appalachian Area Agency on Aging to:

- Work with others to create a complete and responsive system of services.
- Focus attention on meeting the needs of older people and adults with disabilities.
- Plan, develop new programs, educate the public, advocate with legislators, and provide direct services that include the involvement of older adults and others representing the diversity of our community.
- Promote a comprehensive long-term care system.
- Support intergenerational partnering, planning, and policy development.

Organizational Structure

The S.C. Appalachian Council of Governments Area Agency on Aging (SCACOG AAA) is a public, non-profit organization. The Older Americans Act charges the SCACOG AAA with being the leader for aging issues on behalf of older persons and their caregivers in the Appalachian region. As the designated regional focal point for aging, the SCACOG AAA proactively carries out a wide range of functions related to planning, advocacy, program development, contract management, service delivery, training, technical assistance, service delivery and resource development in the region.

The AAA is a program of the S.C. Appalachian Council of Governments. SCACOG is a voluntary organization of local governments in Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg Counties in Upstate South Carolina. Created in 1971, the Council of Governments has become a valuable resource for area local governments in the areas of public administration, planning, information systems and technology, grants, workforce development and services to the elderly population. While assistance to local government remains as the Council's first priority, the private sector also benefits from services designed to enhance the region's economic environment. These efforts include public/private partnerships in support of economic development, economic research and analysis, and small business lending programs.

The services to the elderly population are provided through the Appalachian Area Agency on Aging (AAA). The AAA is one of the largest divisions within the organization, with staff dedicated solely to the operations of the AAA.

Staff Experience and Qualifications

Current staff for the AAA are:

Aging Unit Director: Beverly Allen - Assumed new role 06/09. Worked as Program Coordinator with AAA since January 2001. Prior to joining AAA, worked with Senior Action for fifteen years, including four years as Executive Director.

Program Coordinator: Vacant

Nutrition Coordinator: Glenda Manigault – Responsible for nutrition site monitoring and ordering congregate and home-delivered meals and works with the AIM database; has staffed the Aging unit for 24 years.

Finance Officer: Carolyn Breeze, Accountant - Responsible for the finance activities of the Aging Program; has worked in the Finance Division of the COG for 27 years.

During the first fiscal year of the planning period, the biggest transition will be a new Aging Unit Director for the agency. Although the staff person has worked within the AAA and within the aging network, there remains a learning curve in the new role. This promotion also creates a vacancy for the program coordinator's position. Adding the CMS grant has also meant a new hire for the I&A position, and the agency will also be hiring a new benefits coordinator. There is anticipated turnover in the Ombudsman

program with the possibility of at least two staff members retiring towards the end of the four year period. There would be a possible promotion within the program if that occurs and the hiring of two Long Term Care Ombudsman.

Current Funding Resources for AAA Operations

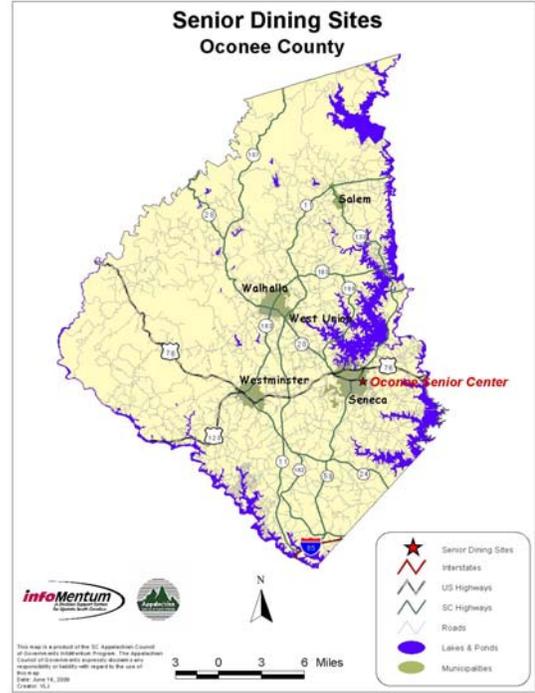
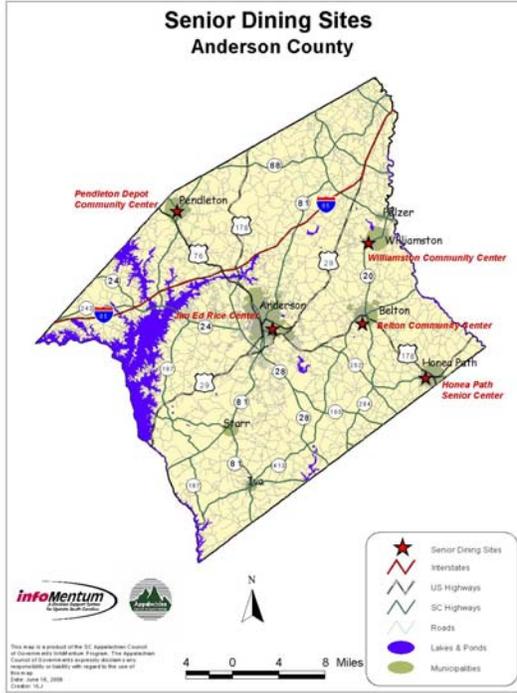
Awards for FY 2010 – Allocations

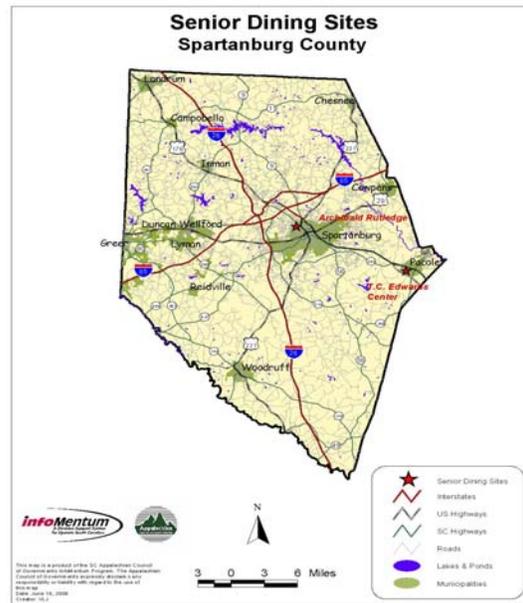
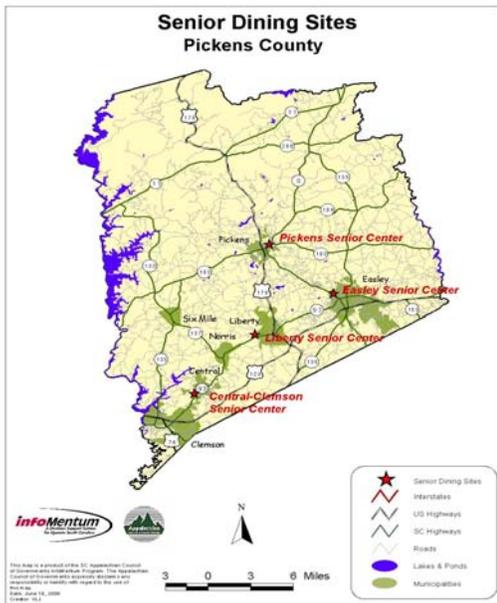
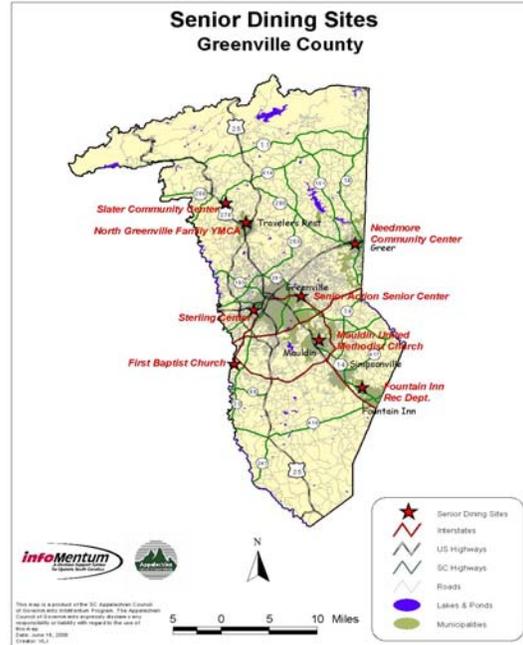
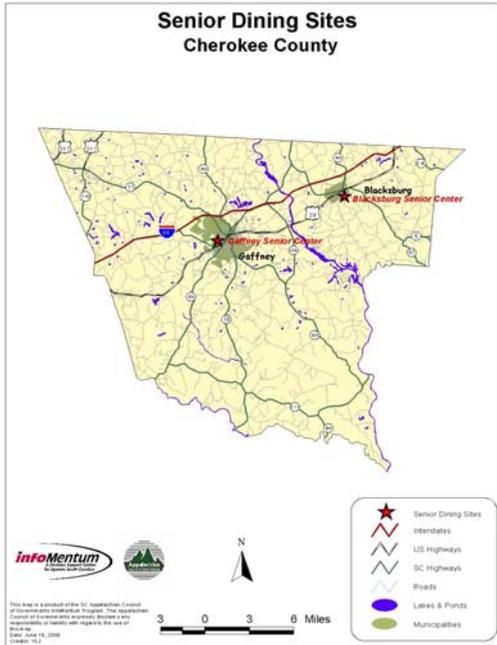
Title III – P&A	231,131
ARRA – Congregate	10,039
ARRA – Home Delivered	4,942
State Grant Funds – OMB Support	0
I-CARE	52,562
Medicare Patrol	15,815
MIPPA	
SHIP	10,490
ADRC	19,584
III-D Medication Management	12,722
III-E Family Care Giver P&A	33,544
III-E Family Care Giver Advocate	116,500
IR&A (III-B)	55,250
MAXIMUS	30,795
Digital TV	8,750
III-B Ombudsman	86,135
Title VII – EA	28,647
Title VII – LTC	79,666
Medicaid – Ombudsman	67,635
State – Ombudsman	65,738
CMS Hospital Discharge	48,260
Family Care Giver	185,397

OVERVIEW OF THE PLANNING AND SERVICE AREA

Service Delivery Areas

The Appalachian AAA serves six (6) counties, Anderson, Oconee, Cherokee, Greenville, Pickens, and Spartanburg. Maps of each county with the geographic boundaries identified in the RFP are below.





Objectives and Methods for Services to Target Populations

The socio-demographic trends impacting the Appalachian region are as follows:

- Of the ten regions in the state, the Appalachian region has the highest number of persons over 65 (123,859), the highest 75+ (58,533), and the highest 85+ (14,010).
- The percent to change in population age 60+ in the Appalachian region between 1990-2000 was the highest in Oconee County, with 30.2 percent, followed by Pickens

- (21.1%), Greenville (15.1%), Anderson (14.1%), Cherokee (10.6%) and Spartanburg (9.6%).
- Oconee County is one of the six counties in the state with the highest concentration of persons 60+.
 - Out of 21 counties in the state, Pickens and Oconee counties ranked 9th in the state for the in-migration of persons 65+, Anderson ranked 13th, Greenville 16th, Spartanburg 17th, and Cherokee 21st.
 - Cherokee County's percentage (14.4%) of persons 60+ living in poverty ranked higher than the state's level (13.5%), followed by Anderson (12.4%), Spartanburg (12.3%), Oconee (11.4%), Pickens (10.6%) and Greenville (9.7%)
 - Minorities make up 22.8 percent of the 60+ population statewide, with the lowest percent residing in Oconee County (6.3%), Pickens (6.6%), Anderson (12.4%), Greenville (13.8%), Cherokee (14%) and Spartanburg (15.3%)
 - Four of the six counties in the Appalachian region have high percentages of persons 60+ living alone as compared to the rest of the state: Anderson (27.9%), Cherokee (29.5%), Greenville (28.6%), and Spartanburg (28.3%); the two remaining counties fall into the next highest block, with Pickens (26.7%) and Oconee (25.2%), respectively.

Consistent with the language of the Older Americans Act Amendments of 2006, the SCACOG targets older persons with greatest social need (i.e., older persons who are without formal or informal support), older individuals with greatest economic need (i.e., those who are unable to meet their basic needs), and older individuals at risk of institutional placement (i.e., those who are frail and/or having difficulty living independently).

Ten-Year Forecast

A U.S. Census Bureau report said the number of citizens age 65 and older will more than double their current number from 38.7 million to 88.5 million in 2050. American residents who are 85 and older will meanwhile triple in number from 5.4 million to 19 million by mid-century, the federal agency projects. A shrinking of the working-age population (i.e., those 18 to 64) is expected to occur along with the enlargement of the older population; working-age residents are expected to be 57 percent of all residents in 2050, down from 63 percent now. The Census study also projects that racial minorities, making up about a third of the U.S. population today, will constitute a majority in 2042 and reach 54 percent of the population by mid-century, or 235.7 million out of 439 million total U.S. residents. These shifts will impact every aspect of the service delivery systems to the elderly on the local, state and national levels.

Although all of these statistics are a reality, it is very difficult at this time to address a Ten-Year Forecast in the current economic climate. Without any idea of when there may be some level of recovery, it could be 3-5 years before services return to the 2008 level. This factor alone will significantly impact any projections since many services have been significantly curtailed in 2009. All areas of service provisions mentioned (workforce availability, policy changes, etc.) will be impacted by a growth in the number of older adults, which in turn will increase the demand for services. With a better educated, more

savvy consumer, baby boomers will have higher expectations for service provisions, creating a definite challenge for service provisions. Consumer expectation could also lend itself to many system changes as consumers take a more active role in “demanding” system changes.

For the Appalachian region, we see the **issues addressing the basic needs for elders and adults with disabilities as affordable housing, emergency preparedness, transportation and long term care systems as areas that planning, program coordination and advocacy efforts will continue to focus upon.**

Transportation Systems

Transportation is fundamental to assuring elders are able to meet their basic needs and age in place in their communities. For those unable to travel independently due to health issues or affordability, travel opportunities can be extremely difficult to come by without community-based services and supports. Whether going to the store or the hospital, elders need access to safe transportation. Inadequate transportation, as individuals deal with limited mobility, can put an older person at higher risk of poor health, isolation and loneliness.

In order to address this need, the AAA will continue to work with the Office on Aging’s efforts to develop a coordinated statewide transportation plan. Strategies identified in the mobility system as being developed in the Lower Savannah region will be monitored as opportunities to implement in the Appalachian region. Resource allocation will need to seek creative options (i.e., voucher systems) that expand consumer options and better leverage limited III-B dollars. Where feasible, resources should be allocated to contractors that demonstrate coordination of transportation funding sources. Communities must assess their existing public transportation systems to see if they are available, accessible, affordable or adaptable to the needs of a mobility-impaired aging population.

Long Term Care Systems

Many of the aging baby boomers reaching retirement age in the next decade can be expected to live independently for many years. However, the sheer numbers of these retirees coupled with the fast growing contingent of those age 85 years and older will place an unprecedented demand on long-term care services and the revenues needed to sustain the growth of such services. The fact that our older citizens are the highest users of health care services poses some serious issues for policymakers. The Centers for Medicare and Medicaid services project that the three major areas of health care spending that will continue to rise dramatically through 2012 are: nursing home care, home health care and prescription medication. It is apparent that state and national policy makers must carefully evaluate the trends facing us as the population ages.

Affordable Housing

As people age, they need affordable, accessible housing with the option for supportive services to help with daily tasks. The demand for affordable housing for older adults and adults with disabilities exceeds in supply in 2009, with this demand expected to grow.

Several factors are anticipated to create more of a gap between the supply and demand for affordable housing with supportive services

- An increasing population of older adults and people with disabilities living longer
- Decreased availability of Section 8 vouchers
- Loss of low income housing available due to condominium conversions, renovations and rent increases
- High housing costs especially in Greenville and Spartanburg counties

The need for supportive services will continue to grow as many individuals age in place and their needs change. The AAA, with community and housing partners, will advocate to create more housing and support service options for older adults in public housing in an effort to help people remain at home as long as possible.

Emergency preparedness may not seem to be a priority when there are areas such workforce availability and medical facilities that will be significantly impacted with this major demographic change, but the recent rise in disasters – whether it is prolonged heat or cold conditions, hurricanes, wildfires or flooding, or terrorism incidents – have also illustrated the vulnerability of older adults during times of natural and man-made emergencies.

In addition to the public safety concerns related to elder abuse and neglect, older adults are also more vulnerable during emergencies. The AAA must advocate and communicate with local emergency management teams to ensure that public safety personnel and first responders are trained to handle the specialized needs of older adults and that these needs are specifically addressed in community disaster plans. Hurricane Katrina evacuation demonstrated that needs and/or resources for frail adults were not readily identified. Continued coordination and enhanced relationships with local emergency management staff must serve as a priority within the agency.

Emergency Preparedness

The AAA collaborates with Federal, state and local entities that have an interest or role in meeting the needs of older individuals in planning for, during, and after natural, civil defense, and/or manmade disasters.

Procedures. The AAA employs specific procedures that include, but are not limited to, the following:

- a) Notifying the State Unit on Aging of its need to provide emergency management activities when a disaster occurs.
- b) Providing information to the SUA regarding the impact of the disaster on the older population in its service area, provide emergency management services in accordance with current Administration on Aging disaster relief guidelines, and collecting pertinent data necessary to submit reimbursement requests for disaster services.
- c) Communicating with county Emergency Preparedness office for guidance.
- d) Participating in planning activities with other entities and organizations that are charged with meeting the needs of disaster victims in emergency situations.

- e) Contractually stipulating that service providers develop plans for emergency management and that the plan is integrated into the respective county emergency preparedness plan for both staff and their clients.
- f) Providing technical assistance to service provider staff regarding emergency management activities.
- g) Maintain up to date contact information for Emergency Preparedness offices, American Red Cross, etc., in each service delivery area. (Updated contact info for region is below.)
- h) During on-site visits to the facilities, Ombudsman staff will be checking on the facility's Emergency Preparedness plan and will keep a current record of relocation plans.

ACCESS INFORMATION FOR EMERGENCY PREPAREDNESS ACTIVITIES

REGION: I – APPALACHIAN	FISCAL YEAR 2008-2009
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ANY CHANGES TO THIS INFORMATION MUST BE REPORTED TO THE AAA, EPO, AND LGOA WITHIN TEN WORKING DAYS

COORDINATING AGENCIES (Agency Name & Street Address)	EMERGENCY CONTACT STAFF (Names and Job Titles)	CONTACT NUMBER After Business Hours
Area Agency on Aging		
S.C. Appalachian COG/AAA	Beverly Allen, AAA Director Carolyn Breeze, Aging Finance Nancy Hawkins, Long Term Care Ombudsman Supv Glenda Manigault	864-277-1587;864-350-2979 cell 864-848-0426 864-269-9454;864-616-7347 cell 864-963-0963;864-430-9314 cell
Area Agency Contractors		
Senior Action, Inc., 50 Directors Dr., Greenville, SC 29615	Andrea Smith, CEO Sheila Lewis, Center Director	864-801-1351;864-303-5974 864-458-9618;864-363-1640
Senior Solutions, 3420 Clemson Blvd., Anderson, SC 29621	Doug Wright, CEO	864-226-3401;864-933-0929 cell
Senior Centers of Cherokee, 499 West Rutledge Ave., Gaffney, SC 29340	Joan Wood, Executive Director	864-487-4238;864-490-6263 cell
Senior Centers of Spartanburg, 142 S. Dean Street, Spartanburg, SC 29302	Sandra Owensby, Executive Director	828-286-8777;864-580-1554 cell
Pickens County Seniors Unlimited 114 Pumpkintown Hwy, Pickens, SC 29671	Al Parsons, Executive Director	864-878-9025;864-637-8813 cell
S. C. Legal Services 701 South Main Street, Greenville, SC	Patrick Doyle, Deputy Director Thomas Bruce, General Counsel	864-297-9892;864-915-8757 cell
Sr. Catering, Newberry Kitchen	Donnie Edwards	800-768-8922;803-276-7350 (H)
Sr. Catering, Seneca Kitchen	David Chellam	800-756-8720;864-332-4244 (H)
Emergency Preparedness Offices		
Anderson County	Taylor James	864-226-4646
Cherokee County	Rick Peterson	864-487-2540/2590;761-6189 cell
Greenville County	Scott Wendelken	864-467-2680;864-271-5210 cell
Oconee County	Henry Gordon	864-638-4200
Pickens County	Don Evett	864-898-5945
Spartanburg County	Mary Beth Solesbee	864-596-5366

Volunteer Organizations Active in Disasters		
American Red Cross Upstate Chapter	Ann Wright	864-271-8222
American Red Cross Cherokee Chapter	Shellie Wylie	864-489-6066
American Red Cross Pickens Chapter	Amanda Dow	864-855-2557
Lt. Gov's Office on Aging	John Legare	803-734-9917; 803-604-2215 cell

AAA OPERATIONAL FUNCTIONS AND NEEDS

Assessment of Regional Needs

The Regional Needs Assessment and service prioritization is critical in the development of the Area Plan and guides the competitive procurement process. The Appalachian AAA conducted the Regional Needs Assessment in the summer and fall of 2008. The process was based on the following:

- Open-ended discussion with small numbers of older individuals, disabled adults and caregivers. The format from these discussions was based on their everyday lives and what kinds of needs limit their community access, quality of life or independence, knowledge of available resources/services.
- Key informant interviews with community human service providers involved in delivery of services to the target populations and with policy makers and advocates.

Priorities identified through focus groups with older adults and adults with disabilities are:

- Home and community based services that allow individuals to remain independent in their homes; specifically, chore service, home-delivered meals, home repair and modification.
- Affordable health care and assistance with purchasing prescription drugs.
- Accessible and affordable transportation. Greatest need is for non-emergency transportation, including accessing health care, personal shopping, and social/recreational activities.
- More knowledge about how to access programs and resources. Needing more one-on-one or personal assistance rather than “maze” of communication loopholes.

A copy of the Regional Needs Assessment is included as Appendix B.

Program Development

Program Development is an ongoing activity to meet the ever-changing needs of the service population. The new Connections to Community Living grant will be a major initiative for the next three years. This project will complement plans to further enhance the ADRC’s role and presence throughout the region.

The overall goal of the Connections to Community Living program is to maximize opportunities for people to live in the community post hospitalization by developing and executing a “model” discharge planning process. Key components of the South Carolina model build on results from numerous recent programs and systems within our healthcare, and aging and disability services networks to formalize person-centered planning.

A major component of the grant is that the discharge process features person-centered planning. A second component to the grant is called Option 1. This is an adjunct to the base plan on issues that may impact the outcome of discharges. Money is allocated to the expansion of the ADRC, upgrading of SC Access to include more information in the “Learn About” section (targeting information of use to individuals and caregivers), and a modality manager to assist with transportation concerns. The enhancement and expansion of the Appalachian Aging and Disability Resource Center will complement the development and implementation of the person-centered hospital discharge planning model by promoting access to vital information resources and streamlining the process of engaging home and community based services.

Through the Community Connection’s grant, collaborations have been initiated with: USC and Clemson departments of study on aging and health education, respectively, Spartanburg Regional Medical Center and its various components such as their community pastoral care group, home health, case management and transportation providers. These are mostly from the Spartanburg area. Through these partnerships, the grant seeks to show that with an enhanced person centered discharge plan, coupled with an increased awareness and cooperation of identified community resources, readmission rates to Spartanburg Regional Medical Center will decrease. With a successful outcome, replication can begin taking place in other hospitals and counties.

Connections for Community Living is in the initial planning phase of the grant, which is scheduled to last approximately 18 months, or until March 2010. By that time, the process and any enhancements that need to be added to the Spartanburg Regional Medical Center’s model will have been identified, the technological developments needed to incorporate our ideas will have been drafted, and protocols and procedures finalized.

The next 18 months will address the issues found in Option 1 and also mark the implementation phase of the Connections for Community Living. Training will take place with person-centered assessments, technology and the enhanced discharge process. After formal implementation, monitoring and the analysis of outcomes will take place and adjustments made to those procedures.

Ombudsman – Friendly Visitor Program

The Ombudsman Program will be working to increase the number of volunteer facilities as well as the number of volunteers. Efforts will be made to retain a volunteer recruiter who will work with local community groups in an effort to recruit volunteers for the program. Additional on-site "Friendly Visits" will be made to facilities that are not involved in the volunteer program in an effort to recruit their services as a volunteer

facility. Presentations will be offered and provided to promote the program and its benefits for not only the residents but also for the facilities. Recruitment mailings will be sent out to facilities quarterly.

Contacts will be made to local Community groups, Church groups and other Professional organizations in an effort to recruit volunteers. Presentations about the volunteer program and the need for volunteers will be offered and provided as opportunity is available. The goal for the program is to have volunteers in at least 50 residential care/assisted living facilities and 50 nursing homes.

Because facilities are not required to participate in this program, much effort will have to be made in recruiting the facilities as well as the volunteers. The Volunteer Coordinator will be responsible for this and will also be responsible for training the volunteers going into the facilities.

Program Coordination

As an ADRC, our agency has enhanced its relationships with fellow service providers in all counties of the region and forged new partnerships with those supporting resources for the disabled populations. With affordable housing difficult to locate, transportation almost non-existent and service agency dollars diminishing, we will work with local churches, civic organizations, local governments to advocate towards a common goal of keeping our neighbors healthy, safe and with, at least, their basic needs being provided. The ADRC strives to eliminate duplication of services; identify service gaps and where to target advocacy efforts.

Through the Community Connection's grant, collaborations have been initiated with USC and Clemson departments of study on aging and health education, respectively, Spartanburg Regional Medical Center and its various components such as their community pastoral care group, home health, case management and transportation providers. These are mostly from the Spartanburg area. Through these partnerships, the grant seeks to show that with an enhanced person centered discharge plan, coupled with an increased awareness and cooperation of identified community resources, readmission rates to Spartanburg Regional Medical Center will decrease. With a successful outcome, replication can begin taking place in other hospitals and counties.

ADRC and Long Term Care

The ADRC in the Appalachian region was begun in Anderson and Oconee counties to broaden the scope of the Information, Referral & Assistance component to encompass the disability community. Persons 18 years old and older with disabilities would be served in the same manner as the elderly are currently being served in the region.

In 2008 the ADRC expanded its vision to include all of the counties in the region. In addition, a mobile unit was purchased and refitted to include an office and intake area where participants could come onboard in their communities and receive personalized benefits counseling, I-Care/Family Care Giver/Healthy Connection assistance. Equipped with wireless computers, the specialist, advocates and counselors could apply for

services, receive insurance comparisons and enroll in plans specifically for them without the client having to find transportation to the agency or wait in long lines, which are often difficult for those with disabilities or the elderly.

ADRC functions embedded in PSA:

- Efficient and simplified access to a wide range of public/private resources/benefits/services for an array of consumers through diverse entry points
- Key partner in the provision of information/referral/assistance and coordination of resources
- One-on-one benefits counseling and education on available long term care options
- Streamlined intake and assessments
- Established and recognized in the PSA; the value of the ADRC mission and philosophy valued as worthwhile and needed
- Person centered, holistic approach to addressing individual and family needs
- Strengthening and promoting strategic partnerships; coordinating closely with informal and formal providers, caregivers and consumers
- Advocating for and implementing policies to protect consumer privacy and facilitate data sharing at the state, regional and local level

Lessons Learned:

- Establish relationships with new partners and advisory committee members early and educate them about the purpose of the ADRC; the integration of services/resources to be offered
- Identify champions in partnering organizations and work closely with those who best understand and support the ADRC mission
- Set clear and realistic expectations for ADRC staff by providing cross training on integrating services/programs and a more person centered approach
- Keep marketing approaches simple and appropriate for the diverse populations to be served, i.e., cultural differences and literacy levels

Because the Area Agency on Aging will now be known as the Appalachian Aging and Disability Resource Center, the visibility and partnerships already created will continue on when the grant ends. Since the approach has not been to create “another program of the AAA” but rather the new “ADRC” as an all encompassing one stop focal point in the Upstate, it will not dissolve as the grant ends.

Sustainability of the Project - As mentioned above, the development of the ADRC and the blending and transition that has occurred both internally with AAA staff and externally with marketing and increasing the visibility of the new initiative was done intentionally in order to sustain the effort. The administrative staff have worked hard to develop alternate funding streams and have been successful in obtaining DHHS funding for the ADRC’s part in the Healthy Connections Choices initiative, possible DOT funding for a pilot transportation program, and a three-year grant from CMS/AOA targeted at diverting individuals facing institutionalization upon discharge from an acute hospital episode to being supported in the community through a continuum of case management and resource coordination. Advocacy efforts will continue with state,

regional and local policymakers for sustainable funding from all levels of the aging network.

Conversion to Aging and Disabilities Resource Center

The Appalachian Area Agency on Aging became an Aging and Disability Resource Center in 2006.

Advocacy

Utilizing the expertise of N4A, the AAA will continue to review and comment on public policy issues that impact older adults and their caregivers. This will include efforts at both the local, state and Federal levels. The AAA will continue to staff the Appalachian Caucus of the Silver Haired Legislature. Updates on key legislative issues are provided at Regional Aging Advisory Committee (RAAC) meetings and e-mailed to advocates and contractors in the region.

For this planning period, RAAC members will be given an opportunity to review key issues identified for their county in the needs assessment process. This information will be shared and compiled for the group so the committee can identify two to three issues where they will focus their efforts. The RAAC will receive updates on the selected areas during the year, including Project 2020, and talking points will be developed for their use.

Priority Services

Based on the findings of the regional needs assessment, the Request for Proposals focused on the basic core services of home-delivered meals, group dining, transportation, homemaker, home living support and legal services. Services were bundled in the RFP process. Contract negotiations proceeded with looking at the project services areas, number of units proposed, the service history for the area and the service delivery plan. Responders to the RFP were given latitude in what they were willing to provide with the revenue in their geographic area.

The AAA uses a funding formula to satisfy requirements of the Older Americans Act (OAA) and Title III regulations. It is intended to be simple and easy to apply; to ensure equal access to the system by eligible persons; to objectively apply all requirements; to correlate services with need; and to achieve balance between prevention and intervention in the allocation of resources. The guiding philosophy is to provide equitable funding to ensure quality services to persons age 60 and older, including those older persons with the greatest economic and social needs, low-income minority persons and persons residing in rural areas.

Priority Service Contractors

The AAA will contract with S.C. Legal Services for legal services in the region. The agency has a tri-part approach to help seniors with legal problems: (1) one-on-one representation, (2) education of seniors, and (3) outreach to seniors. If consumers needing services are immobile and unable to reach an office to see an attorney, the attorney visits the homebound clients. For clients in outlying counties where staff

attorney/client may encounter difficulty in maintaining contact, the client may be referred to a private attorney in the applicant's area. Costs are paid by the law firm under its Private Attorney Involvement Program or to the S.C. Bar Pro Bono Program so that one way or another the client's needs are met. Elder law, housing, maintenance of income and public benefits are some of the priorities identified for the agency. These agency priorities are in accordance with the requirements of Section 307 (a)(11)(e).

Nutrition Services

Both congregate and home-delivered meals are provided in the Appalachian region, with 21 group dining sites located throughout the region. The participants have aged in place or have become homebound, moved to the home-delivered meals program, or to nursing home placement. In comparing FY 06-07 and FY 07-08 in the group dining program, 858 new participants were served in FY 07-08. In the same time period, there were 601 new participants in the home-delivered meals program. Both programs provided services to a total of 2,366 in FY 06-07, and 2,829 in FY 07-08, with females outnumbering males in all cases.

For the region in FY 06-07, the average age of a participant was 77 for group dining and 78 for home-delivered meals, and ages 76 and 75, respectively, for FY 07-08.

Attendance at group dining has declined substantially at some sites to well below the 25-minute requirement; however, there was an increase as a whole in total participation throughout the region, 1,509 and 1,760 in respective fiscal years. The home-delivered meals program had seen an increase in demand as well, 857 and 1,069, respectively. Low attendance puts some sites at risk of closing or combining with another site in close proximity to make better use of financial resources.

Based on 20 average serving days per month, in FY 06-07 there were 127,821 (daily average of 534) congregate and 54,098 (daily average of 226) home-delivered meals served. In FY 07-08, there were 139,312 (daily average of 580) congregate and 121,092 (daily average of 505) meals served. The sharp increases were probably due to the availability of additional funds (e.g. State Supplemental Funds) to provide additional meals in the region.

The follow table showing participation in congregate and home-delivered meals is based on 2006 poverty guidelines for one person for FY 07-08:

	Title III-C1	Title III-C2
Low Income (%)	798 (51%)	462 (53%)
Minority (%)	504 (32%)	276 (32%)
Low Income Minority (%)	201 (13%)	96 (11%)
Rural (%)	662 (42%)	269 (31%)
Social Need	683 (44%)	490 (56%)
Frailty/Disabled (5%)	440 (28%)	537 (62%)
All Clients (%)	1,570 (39%)	872 (21%)

Source: AIM database.

In FY 08-09, there has been a reversal with group dining boasting 1,480 participants, and home-delivered 815 participants, an indication of declines in both meal programs.

Group dining sites located in Anderson, Oconee, Cherokee, Greenville, Pickens and Spartanburg counties are as follows:

Region County	Site	Days Meals Served
APPALACHIAN		
Anderson	Jim Ed Rice	MWF
Anderson	Belton	MWF
Anderson	Honea Path	MWF
Anderson	Pendleton	MWF
Oconee	Oconee Senior Center	MWF
Cherokee	Blacksburg	M-F
Cherokee	Gaffney	M-F
Greenville	Fountain Inn	M-F
Greenville	Mauldin	M-F
Greenville	Needmore/Greer	M-F
Greenville	Piedmont	M-F
Greenville	Senior Action	M-F
Greenville	Sterling	M-F
Greenville	North Greenville	M-F
Greenville	Slater	M-F
Pickens	Central	M-F
Pickens	Easley	M-F
Pickens	Liberty	M-F
Pickens	Pickens	M-F
Spartanburg	Rutledge	M-F
Spartanburg	Pacolet	M-F

MWF – Monday, Wednesday & Friday

M-F – Monday through Friday

The RFP Review Committee recognized the decline but also noted that many providers did not outline significant plans for enhancing the group dining program. Hence one of the recommended requirements for potential contractors: (1) outline outreach plans to increase attendance numbers for all sites; (2) identify how serving entire county; and (3) specify programming plan to enhance appeal of sites. Although not a funded service, the need for outreach was noted by the RFP review committee and based on correct service numbers, outreach needs to be included on the list of priority services.

The RFP called for expansion of services into outlying areas that are not currently being served and modernization of group dining sites with a break from the traditional noon day meal to consumer choice. This could mean breakfast, lunch, or dinner, along with programs and activities that meet the needs of the participants. Over time most of the dining sites that are not located in the main senior center have suffered from stagnation, continuing to offer programs to aging-in-place participants who are reluctant to welcome changes. In turn, the group dining program is not attracting younger “60+” to make up for attrition that naturally occurs in order to keep the dining sites vibrant and ongoing.

The nutrition program needs an overhaul, with programs that meet the needs of the more active older adults who are looking for fitness programs, intellectually enriching and informative seminars, events, travel, etc. At the same time, programs and services must be available to meet the needs of those who are not as active and mobile. Outreach is also essential because there are participants who were once working and active in the community and are now sitting at home because of a change that has occurred in their life and they are not aware of the benefits available to them being a part of a group dining program.

Outreach efforts focusing on working with Parish Nurses and local community health centers are part of the planned MIPPA activities.

Training and Technical Assistance

Technical assistance is available during monitoring visits, QA reviews, site visits and contractor meetings. It is also available upon request. Plans are to resume contractor meetings and to provide training on a regular basis during contractor meetings. Potential topics include AIM, contract management issues, increasing grant-related income and stimulating fee collection in Bingo-funded services.

The AAA will provide training on federal, state and regional fiscal and programmatic requirements, including reporting to new service providers or when there is a change in key staff with a contractor. Once training has been provided to any new providers, the AAA will conduct frequent announced and unannounced on-site visits to insure compliance. Since there are a number of new contractor directors, the AAA will work with the SUA to provide new directors training.

SCACOG AAA provides regional training for contracted service provider agencies. Topics and training format are determined each year by the agency directors and the AAA. Contractors will be surveyed to identify training needs, especially for the areas of

homecare, transportation and care management. Training will be provided based on needs identified. Traditionally, semi-annual training has been provided to nutrition site managers and staff. This will be expanded to quarterly and will include topics on programming as well as nutrition services. Information about available training resources will be shared with contractors and agency staff on a regular basis. Priority for year one will be scheduling site managers training and scheduling evidence based programs trainings in the region.

Local law enforcement agencies are offered the opportunity to participate in training programs provided by the Ombudsman Program concerning abuse/neglect/exploitation and the Laws regarding vulnerable adults. One county has participated in this training and the goal is to have the training in all six counties within the next four years. Training is provided to facility staff, resident and family councils on Residents Rights, Abuse, Neglect and Exploitation, the Omnibus Adult Protection Act, Dealing with Difficult Behaviors and the volunteer ombudsman program.

IR&A/ADRC SC Access training will be available to any agency or organization wanting to become familiar with this system. As the site is refined to make it more user friendly and enhancements are made through the Option 1 segment of the Connections to Community Living Project, SCACCESS usage will be promoted.

The agency will explore the option of offering Long Term Care Planning and Long Term Care Planning for Parents with Disabled Children sessions on an annual basis in the region.

Connections for Community Living Project expects to train various departments at Spartanburg Regional Medical Center in performing person-centered assessments that will assist the discharge planning team create an individualized plan with consideration given to the individual/caregiver desires. The person-centered training will be expanded to community organizations/agencies such as Mobile Meals' Nursing Ministries, pastoral nurses and the councils on aging.

Through the Option 1 component, the Assisted Ride Program will require several training modules: a form of defensive driving, use of program software, policies and procedures to implement the program and CPR.

Monitoring

The AAA will utilize the following monitoring mechanisms: 1) review and approve annual program planning documents; 2) RFP and grant agreement; 3) reviewing reports; 4) reviewing and approving expenditure reports including reimbursement requests, unit verification, and funds utilization; 5) perform on-site visits (announced & unannounced) to observe delivery of services, review record keeping and client eligibility and process, interview staff and program participants. The AAA will follow up on deficiencies and non-compliance as well as highlight significant accomplishments. A review of past non-compliance deficiencies will be monitored to determine if the situation has improved.

The AAA conducts annual fiscal and program monitoring of each program area. The visit is followed up with a written report. Any concerns are noted with a required written plan of action within a specific time period. The plan of action is monitored, with additional follow up as needed.

Grant Management

As noted in the previous section on monitoring, the AAA will follow-up on deficiencies and non-compliance. A review of non-compliance deficiencies will be monitored to determine if the situation has improved. In situations where there is not adequate progress of improvements, a meeting will be scheduled with the contractor to determine the next course of action, i.e., additional training. Per contract with vendors, determination of acceptable performance is guided by the programmatic requirements, Scope(s) of Services and Quality Assurance Standards of the services. The AAA will document whether a contractor has met the terms and conditions of their agreement. Failure to meet programmatic requirements could result in contract termination.

Grievance Procedures

At this time, a poster outlining the grievance procedures is posted at all group dining sites of contractors. This obviously does not reach many service recipients, especially if receiving services in the home. Identifying additional methods to communicate with service recipients will need to be addressed before year end 09-10.

General Guidelines – Any older individual who feels he/she has been discriminated against for any of the reasons listed below in “Grievable Concerns” may file a verbal or written complaint with the SCACOG/AAA. Prior to agreeing to accept the complaint, SCACOG/AAA will ensure that the complaint has followed the contractor’s grievance procedures and all potential remedies have been exhausted. Complainants who indicate dissatisfaction with the disposition of their complaint shall be referred immediately by the contractor to the SCACOG/AAA.

Grievable Concerns:

- Residency or citizenship imposed as a condition for provision of service.
- By reason of handicap, be excluded from participation in, be denied benefits of, or be discriminated against under any program or activity.
- On the basis of race, color, national origin, sex or sexual orientation be excluded from participation in, be denied benefits or, be discriminated against under any program or activity.
- Person’s receipt of services limited or denied based upon non-payment of fees for service used as a condition (all persons will be offered an opportunity to freely and voluntarily contribute to the cost of the service) unless it is a cost shared service or private pay service.

Area Agency on Aging Responsibilities:

- Acceptance of the complaint and acknowledged in writing within three working days of receipt of the complaint.

- Immediate contact with the named contractor requesting a written summary of their involvement with the complaint. This summary to be provided within three working days of the request.
- Make follow-up or investigative contacts with all parties involved, including on-site review of the case file of the contractor, as deemed appropriate.
- Schedule the complaint review, advising complainant, subject and contractor. This will be accomplished within forty-five (45) days of receipt of the complaint. Notify all parties of the decision on the complaint; inform all parties of their recourse, if not satisfied with the resolution—such notification to be in writing within three working days.
- Advise the State Office on Aging of the complaint when deemed grievable by the AAA. Advise the State Office on Aging of the specific resolution through copy
- Maintain documentation of grievable concerns in a confidential file for no less than three years.
- Advise the Atlanta Office of the Administration on Aging and the Atlanta Office of Civil Rights whenever complaints of discrimination covered by Federal Laws are received.

Performance Outcome Measurement

Since the POMP project, the AAA has not established a formal process to assess performance outcomes. Clients are interviewed during the quality assurance monitoring for each service area. A plan to randomly survey service recipients in a service area annually is being explored. This could also provide another mechanism to communicate the grievance procedure to consumers.

Resource Development

Of the following services, CI, Homecare Level 1 and Transportation in the region for the past 2 years, the GRI for the region has had some decline. GRI levels for these periods will be reviewed with contractors to discuss trends. One of the training topics for contractors meeting will address GRI – use of and communicating suggested contributions to consumers. AAA will research best practices and contractors that have been successful in increasing program support beyond current funding sources. Information regarding best practices and private pay options will be another area of training for contractors. Information regarding grant opportunities will continue to be shared with contactors.

Program Income (GRI)						
Appalachian AAA						
	2006		2007		2008	
	1st Qtr.	2nd Qtr.	1st Qtr.	2nd Qtr.	1st Qtr.	2nd Qtr.
Congregate Meals	\$20,448	\$18,995	\$18,165	\$18,943	\$17,608	\$16,815
Level I Home Care	\$1,325	\$1,511	\$1,250	\$1,284	\$1,232	\$ 945
Transportation	\$1,333	\$1,204	\$2,135	\$1,297	\$1,932	\$1,156

AAA DIRECT SERVICE DELIVERY FUNCTIONS

Staff Experience and Qualifications

- Nancy Hawkins, Regional Long Term Care Ombudsman
Certified as LTC Ombudsman
Worked 10 years in the Ombudsman Program (08-01-98)
- Sandy Dunagan, Long Term Care Ombudsman
Certified as LTC Ombudsman
Worked 10 years in the Ombudsman Program (08-01-98)
- Jamie Guay, Long Term Care Ombudsman
Certified as LTC Ombudsman
Worked 7 years in Ombudsman Program (11-11-02)
- Jessica Winters, Long Term Care Ombudsman/Volunteer Coordinator
Certified as LTC Ombudsman
Worked 3 years in Ombudsman Program (08-15-07)
- Rhonda Monroe, Long Term Care Ombudsman
Certified as LTC Ombudsman
Worked 5 years in Ombudsman Program (05-31-02 thru 12-07-07)
Begins July 1, 2009 as LTC Ombudsman
- Vacant, Intake Long Term Care Ombudsman

Jean Stegall - Administrative Assistant to the Family Caregiver Support Program. Brought over 30 years of office management and billing skills to the SCACOG as she began working with the Title V program in 2003.

Sam Wiley, Jr. - Family Caregiver Advocate since 2003; has worked with local provider, DSS APS before joining the Family Caregiver Support Program.

Debra L. Brown - original Family Caregiver Advocate for the Upstate; developed the initial format for the Family Caregiver Support Program in 1999; has worked at the COG since 1991 in the Governmental Services Division as an Administrative Assistant, transitioning to a Management Trainee position and then finally served for over six years as a Trainer.

Tiwanda Simpkins, MSW, CIR-A – IR&A Specialist; over three years experience; counselor with Vocational Rehab and mental health services.

Barbara Jardno, M.Ed, - Connections for Community Living Project/ADRC, Certified AIRS, Certified in I-CARE, holds SHIP counselor status, Living Will Ombudsman and over 30 years experience with assisting the needs of the elderly and/or disabled population.

During the first fiscal year of the planning period, the biggest transition will be a new Aging Unit Director for the agency. Although the staff person has worked within the AAA and within the aging network, there remains a learning curve in the new role. This promotion also creates a vacancy for the program coordinator's position. Adding the

CMS grant has also meant a new hire for the I&A position, and the agency will also be hiring a new benefits coordinator. There is anticipated turnover in the Ombudsman program with the possibility of at least two staff members retiring towards the end of the four-year period. There would be a possible promotion within the program if that occurs and the hiring of two Long Term Care Ombudsman.

Long-Term Care Ombudsman Services

The Regional Ombudsman is supervisor of both the Ombudsman Program and the Friendly Visitor Program. Three Ombudsman staff members devote 100 percent of their work hours to their assigned Ombudsman job responsibilities. The Volunteer Coordinator's time is divided between assigned Ombudsman responsibilities and her work as the Volunteer Coordinator.

Recent State budget cuts have been made to the Ombudsman program. The Intake Coordinator's position became vacant and was not filled.

There is anticipated turnover in the Ombudsman program with the possibility of at least two staff members retiring towards the end of the four-year period. There would be a possible promotion within the program if that occurred and the hiring of two Long Term Care Ombudsman.

The Long Term Care Ombudsman investigates complaints made by or on behalf of residents living in nursing homes, residential care/assisted living facilities, special needs and disabilities facilities, sub-acute units in hospitals, psychiatric hospitals, clients of mental health centers and hospice homes.

Ombudsman staff are also responsible for advocating for residents, providing mediation, consultations, and presentations in the community about the Ombudsman Program; doing "Friendly Visits" in facilities and providing training programs in facilities to help educate staff about various issues, i.e., Laws regarding Abuse, Neglect and Exploitation and Residents Rights.

Local law enforcement agencies are offered the opportunity to participate in training programs provided by the Ombudsman Program concerning Abuse/Neglect/Exploitation and the Laws regarding vulnerable adults. One county has participated in this training and the goal is to have the training in all six counties within the next four years.

During on-site visits to the facilities, Ombudsman staff will be checking on the facilities' Emergency Preparedness plans and will keep a current record of relocation plans.

The long range goals of this program are to provide all of the above services in a timely and efficient manner that is most beneficial to the residents living in the facilities.

Major strengths of the Ombudsman Program include:

- Improved working relationship with facilities. Each of the Ombudsman staff strives to work with facility staff in promoting open communication and

encouraging efforts be made that will be most beneficial to the resident. In recent years, the program has seen the number of consultations more than double and the number of complaints/cases decline.

- The number of mediations has increased and Ombudsman staff members have been able to have both the facility and the family sit down and work together toward finding ways to resolve issues of concern.
- The Ombudsman program is working with the Greenville County Probate Court in implementation of a monitoring program. Ombudsman staff provide monitoring visits to those residents who have a Guardian and/or Conservator assigned by the court. A report is then sent in to the Probate Court.
- The Ombudsman program has a Friendly Visitor Program in which volunteers are assigned to a facility that they visit weekly. During the volunteers' weekly visits, they strive to build a relationship with the residents. The volunteer also works closely with staff members, offering encouragement and support for their efforts. While visiting, the volunteer is able to monitor the residents' care and activities. If there are issues of concern, they are able to advocate on the residents' behalf and work with staff members to resolve the issues. This program has been very successful in that those facilities who are currently participating have shown a decrease in the number of complaints reported to the Ombudsman program.

Weaknesses of the Ombudsman Program include:

- The lack of sufficient number of Ombudsman staff to complete all assigned job tasks in a timely manner. Due to the loss of one position, all staff members have had to take on additional responsibilities. Each Ombudsman who investigates complaints has an average of 20-25 open cases at all times.
- An ongoing backlog of cases to be investigated.

The State Long Term Care Ombudsman Program has taken on the responsibility for investigating the Department of Disabilities and Special Needs and the Department of Mental Health cases. This has helped reduce the case load for this program.

Recently, this program did receive notification that we are to investigate complaints concerning hospice homes, thus this is an increase of 19 facilities for which the Ombudsman program is responsible.

The Ombudsman Program does not have the opportunity to attend Resident Council meetings very often due to the fact that we must be invited in order to attend. In an effort to become more involved in these meetings, the Ombudsman staff will meet with the resident council president during our on-site visits to facilities and offer to provide a presentation concerning advocacy for residents or request to have permission to attend one of their meetings.

This program is also looking at the possibility of additional cuts in the State Budget in the upcoming year. Because of cuts to this program, efforts are going to have to be made to increase the number of volunteers working with the program.

Information, Referral, and Assistance Services

Overview

Information, Referral and Assistance services for the Appalachian Council of Governments is provided to all six counties in the region through one specialist housed within the AAA offices in Greenville. This service provides personal assistance in a “one stop shop” environment to older adults, people with disabilities and their caregivers. All pertinent aspects of the individual’s situation are reviewed to ensure that the most appropriate referrals are made to meet their needs. An evaluation is made of: financial resources, age, diagnoses, current insurance coverage, activities of daily living, transportation, family supports, rent/mortgage, nutrition, advance directive/legal needs and physical/mental well-being. All of these factors assist in determining qualifications for obtaining assistance to their request. Persons are primarily supported through phone conversations, but they may also be seen in the home or where they are currently residing, or through emails.

Community resources are constantly updated through networking, attending interagency meetings, utilizing SC Access, United Way portals, the Internet and word of mouth. Communication with those councils on aging that have case managers is helpful. Our intra-agency teamwork with the Family Caregiver, I-Care/SHIP, Ombudsman and Healthy Connection programs has brought added resources to light and benefits all involved.

In addition to the Information, Referral & Assistance responsibilities, the specialist also complements the I-Care and SHIP Counselor activities and is a Resource Coordinator for the Aging and Disability Resource Center. The current specialist is nationally certified in Information & Referral and as a SHIP counselor.

Through the Information, Referral & Assistance process, the specialist at the Appalachian Council of Governments strives to utilize its process to provide the identified resource information that will give the maximum quality of life, safety and independence to the individual or caregiver.

Current trends

Referrals have consistently run from 75-100+ each month, with no particular pattern towards a particular need except during open enrollment periods for Medicare programs. The latest needs assessment notes that persons requesting insurance counseling prefer to have it done on a one-on-one basis, which the ACOG has been able to provide. Unfortunately, this year has seen the SC GAPS insurance take a plunge, assistance reduced to only 10 percent for eligible seniors during the gap period. The future of this program’s ability to assist seniors is strictly wait and see.

With the downturn of the economy, there has been a slight increase in the requests for mortgage assistance but not to the extent that one would think. Basic needs assistance remains constant, while providers are finding it more difficult to fulfill those requests. Community Long Term Care has fluctuated its services with the various State cuts. While it has returned many of its former announced cuts to their previous levels, the waiting

lists remain long to obtain in-home services needed to keep persons in their homes. As more employment is being lost, caregivers are requesting reimbursement possibilities in order to take care of that loved one.

Transportation for non-medical purposes continues to be an ongoing problem. Elderly and handicapped individuals must rely on neighbors, relatives or non-accessible public transportation to purchase the basic essentials for living. With fluctuating fuel prices, the altruistic ways of the community are diminishing.

Future Needs

It is difficult to assess what the next several years will look like for the aging population in the Appalachian region. With one of the fastest growing aging groups in the State, we know that the resources that are currently in place are lacking. While there has always been a prideful generosity in the region, it will take the coordination of all agencies—State and local—to weather the current economy crisis.

The Information, Referral & Assistance Specialist will need to continue to stay abreast of any and all resources that may assist the individual/family/caregiver. Coordination of services with the I-Care and Family Caregiver Support programs is indispensable to positive outcomes. The specialist will encourage the expansion and participation of all resources to SC Access so that accurate referral information is available to agencies, caregivers, both local and in other states, and individuals.

It is imperative that the specialist remain on top of the guidelines for State funding for Medicaid eligibility, both for nursing home, assisted living placement and Community Long Term Care. Families are seeking more ways to maximize their financial resources. As family financial resources diminish, there is the potential for abuse of the powers of attorney. Continued coordination with the Appalachian Ombudsman program is essential.

Referrals to programs that can empower the individual to make better medical, nutritional and health decisions such as the Living Well programs should be continued. Identification of community case managers needs to be made as there is only one specialist for the entire region, making initial return calls and follow ups are slower than ideal. This program can encourage the development of additional congregational nurses, nursing ministries and the use of vehicles from the faith-based communities to promote additional transportation to the community.

Insurance Counseling and Referral Services/Senior Medicare Patrol

The Medicare State Health Insurance Program (SHIP), known in South Carolina as the I-CARE (Insurance Counseling Assistance and Referral Program for Elders), is a counselor-based program designed to assist Medicare beneficiaries and caregivers with information on Medicare and prescription drug coverage. The program strives to provide:

- (1) Information and assistance to beneficiaries and caregivers regarding Medicare and prescription drug programs;
- (2) Educate consumers regarding Medicare, targeting new enrollees;

- (3) Outreach to assist beneficiaries with extra help applications and Medicare savings programs; and
- (4) Educate consumers on methods to prevent Medicare waste, fraud and abuse.

Counseling is usually provided by phone, and this effort is supplemented by on-site enrollment events in each county during the Medicare open enrollment period, and individual appointments are made as needed. Topics during the open enrollment period relate more to plan selection. During the year, consumer issues ranged from beneficiaries accessing benefits, coverage in the gap, Medicare advantage plans, to LIS (low income subsidy) information and medigap plans.

During the open enrollment period of November 15 – December 31, contractual staff are utilized on site in Greenville and Anderson counties to expand services offered. Staff is available to answer calls daily and enrollment events are scheduled in each county of the region. With the additional staff support, enrollment assistance is provided daily in Anderson County. In Oconee, a volunteer assists staff to provide on-site aid three days a week, and weekly in Cherokee County. In Anderson and Oconee counties, Medicare beneficiaries have access to a Medicaid eligibility worker, who is also on site.

The Appalachian AAA is fortunate to have counselors in every county and has been able to maintain this effort. There are not any bi-lingual counselors at this time but there have also been very few requests from ESL (English as a second language) consumers. A contract with a language line to better assist non-English speaking callers is being explored. There have been more requests for assistance from hearing impaired individuals than non-English speaking consumers. When interpreters are needed, a translator service is required. This is one area where volunteer services have not been available. Yet, to meet the needs of the consumer, this is a necessary expenditure. With plans to coordinate with Upper Savannah COG to offer annual I-CARE training in the Upstate, we hope to increase the number of volunteers available in each county, especially Pickens and Spartanburg. Since many potential volunteers seem apprehensive to take on a significant role with Medicare Part D, it is hoped that a new role with consumer education/Medicare fraud can be developed for volunteers.

One key initiative will be continuing the pilot seminar “New to Medicare” conducted with the Social Security Administration in 2008. Daily, over 6000 beneficiaries reach the age of 62. When the first group of baby boomers turns 65 in 2011, having some type of educational tool regarding Medicare will be essential. Discussion is underway to work with MyPHRSC to see if these program could work together to target new Medicare enrollees.

Key partnerships are with agencies where there is an ongoing need to share client information – Department of Health and Human Services and Social Security Administration. Other partnerships have developed through outreach efforts at county housing authorities, community centers, faith congregations, local councils on aging, mental health centers, home health agencies, pharmacies and home-delivered meal

providers. With the Medicare Advantage plans entering the market, hospital discharge planners regularly seek assistance for patients needing to return to original Medicare.

The Appalachian region continues to seek new avenues to reach Medicare beneficiaries. Efforts are underway to strengthen outreach efforts with the MIPPA requirements. Plans are to initiate a Parish Outreach program to identify potential LIS beneficiaries and assist with LIS applications. The ADRC benefits counselor will conduct outreach at a minimum of 5 senior and disabled housing complex's in all six counties. During sign up for the SFMNP (Senior Farmers Market Nutrition Program), Medicare information and fraud tips will be made available. Traditional forums of health fairs, expos and agency presentations will always be utilized. Information is reviewed regularly for continuous improvements to better reach the consumer.

Family Caregiver Support Program

In 2000 the Family Caregiver Support Program (FCSP) was given the honor of being the new concept program of the Older Americans Act. With a purposely loosely structured law, staff was asked to create a flexible, consumer-directed program through which support and assistance could be offered to caregivers who provide approximately 80 percent of long term care in our state, and who do so in an informal setting. The advocates of the FCSP began creating a program that was essentially opposite from everything then in existence, geared to the caregivers rather than the care recipients.

In 2009 the Advocates have the advantage of hindsight and have experienced some changes in responsibilities. Informal caregivers still provide the majority of long term care in our state. There are an estimated 364,804 family caregivers of adults in South Carolina, 26% of whom live in the Upstate region's six counties (approximately 94,849). As of 2007-2008, the eligible client population to be served expanded. The program now supports: caregivers of adults over 60, who have at least two activities of daily living (ADLs) they cannot accomplish alone, kinship caregivers (SRC) over the age of 55 caring for grandkin under the age of 19, adult caregivers caring for loved ones with early-onset Alzheimer's or related dementias, and adults who are caring for an adult relative ages 19 to 59 with a disability. The immediate effect of the new changes were that our workload increased by approximately 29 percent. Staffing remained static.

The Appalachian region has two full-time caregiver advocates and one part-time advocate's assistant. With this staff, the program has to serve an ever increasing numbers of people. Primary responsibility has been one-on-one work with caregivers in the region. In order to support our clients, it requires significant investments of time by phone and through correspondence to provide the services and support needed. Both advocates have taken every opportunity to speak to groups in the region to advance the use of the program by diverse groups from faith based, to medical communities, also any non-profits, corporate, municipal or county government entities in the area. Brochures are routinely mailed to anyone requesting information regarding the program.

Some of the weaknesses with the current staffing level are a lack of time to maintain support groups badly needed in the region; also, more interaction with local groups of all

types would be beneficial for the advocates. Time to devote to the recruitment and education of volunteers and to educate care providers in the area would be beneficial. With the past year's changes to the database used to maintain clients' information, the Advocates were thrown further behind in documenting not only what was being done, but left us without adequate resources within the database to function effectively on a daily basis. It is understood that upgrades will be coming to the AIM database; however, they will have to be done slowly and we will be in a catch-up mode of operation for some time to come. The logic of having one central database to serve everyone's needs appears to have been at best faulty. The three-month delay in having the database operational for the Appalachian region was quite a blow.

More funding could always be used to serve our clients; however, again, the time it takes to interview, process and maintain records also grows with more assets. This is the first year that the advocates in this region have had the support of the Finance Division in our Council of Governments as far as having them write our checks as the advocates wrote the requisitions. Prior to this time the advocates wrote the requisitions and resulting checks, with safety precautions administered through Finance. Although more flexible when the process was done by the advocates, the support of Finance has saved invaluable time.

It is critical that volunteers in our region who might be willing to man support groups or other efforts to collaborate with our program have our guidance and input. The advocates have been most fortunate in having other staff within the ACOG/AAA who have been willing to help us in any way they are able. Collaborations with the Information and Referral Specialists, the Ombudsmen and the I-Care Specialists have provided us with more depth in assisting our clients. The addition of the ADRC Unit and the CMS grant have also served to provide further one-on-one contact with clients we might otherwise have been unable to see. More home visits in our region would be advantageous. As it stands now, due to time constraints, home visits are often done by social workers or employees with related expertise from other agencies (i.e., licensed social workers). In the Appalachian region, the affirmation by a third party of all activities of daily living has been key to helping us resolve and serve the number of clients we currently have on file. While we have considered using an intern for home visits, however, we have to consider that it might present more of a liability than an advantage. Staff maintain a waiting list of 100+ people either waiting to be served for the initial time, or waiting for a re-application for service once per budget year while eligible. The FCSP program serves well over 1,000 people per year with information and/or financial grants.

In the coming months, the Advocates will be asked to dovetail with the CMS representative in order to assist in the transition of many of our clients from hospital to home setting. The value of our program for some time has been our ability to move quickly to provide limited but critical services to the caregiver. In the case of someone coming out of the hospital, the chances are extremely good that without such support the patient will end up back in the hospital prematurely, and that benefits no one.

The FCSP looks forward to having an even more outstanding track record as we move forward to determine how best to meet the needs of our clients and the demands of our program. We have an excellent team willing to be adaptable to the situations and needs of our region. We look forward to the productive execution of our plan in the future.

Long Term Goals:

- Form and maintain additional support groups for:
 - Male caregivers
 - Grandkin Caregivers
 - General Caregivers of Adults
- Increase Educational opportunities for the aging population in the areas of:
 - Alzheimer's Impact on the Caregiver
 - Medicare
 - Medicaid
 - Caregiving techniques
 - Disease/Health Management
 - Legal Issues and Rights of Seniors
- Promote transportation opportunities for seniors
- Promote accessibility to Family Caregiver Advocates
- Increase contact with caregivers by establishing an on-line newsletter
- Coordinate with the ADRC unit as it visits the six-county area
- Increase visibility of the program in the community at large
- Continue to search for resources as directed by consumer's wishes
- Be cognizant of opportunities to find new funding streams

CHANGING DEMOGRAPHICS IMPACT ON AAA EFFORTS

Intervention vs. Prevention

In 2011 the large baby boom generation will begin to turn 65. The focus will shift from individuals aging to us as a society. This demographic shift will impact many areas, as noted in the ten-year forecast section of this plan. Recognizing that many resources are quite limited at this time, the time is now for the AAA to help agencies to begin redirecting efforts toward prevention and reduce dependence on government-funded services. As a role of the ADRC, the agency will focus more on long term care planning. Plans are to offer the Long Term Care Planning sessions on an annual basis in the region. The "New to Medicare" sessions that will be offered to targeted workers who are new to Medicare. Efforts will be made to market this program to employers as well as identifying the AAA as a resource for retirement planning information. Another potential contact with employers is with eldercare issues. The Family Caregiver Program, with the COG staff, will explore ways to better link the AAA as a resource for eldercare issues with local governments in the region.

Promoting good health is another key component of this shift. Evidence-based disease prevention and health promotion will be a primary focus with funding being directed to only evidence based programs by year three of the planning period. Training for at least

two evidence based programs will be offered in the region to increase the number of leaders available in each county.

Senior Center Development and Increased Use

The AAA has always been supportive of senior centers, seeking ways to assist in the promotion of their programs. The AAA plans to work with senior centers/group dining sites in the service area to offer at a minimum quarterly training to enhance programming efforts. The AAA will work with contractors to identify internship options with Clemson University and USC-Upstate for senior centers.

At this time, no contractor has identified any plans for senior center projects. When the PIP funding cycle is released, information will be shared with potential service providers and the area. Staff within the AAA and COG will provide grant assistance as needed.

Alzheimer's Disease and the Purple Ribbon Report – 2009

The agency has always coordinated with local Alzheimer's chapters; that role has strengthened with the expanded role of the Family Caregiver Support Program (FCSP) to caregivers of adults with Alzheimer's disease and with the expansion of the ADRC. With the recommendations of the Purple Ribbon Task Force, the coordination role has taken to a new level as specific roles for the AAA are identified in the provision of services to individuals with Alzheimer's disease, their families and caregivers.

To create a single point of entry for persons seeking assistance with Alzheimer's related needs complements the main focus of the ADRC – a single point of entry to access public long term support services. The ADRC provides personal assistance in a “one stop shop” environment to older adults, people with disabilities and their caregivers. All pertinent aspects of the individual's situation are reviewed to ensure that the most appropriate referrals are made to meet their needs. An evaluation is made of: financial resources, age, diagnoses, current insurance coverage, activities of daily living, transportation, family supports, rent/mortgage, nutrition, advance directive/legal needs and physical/mental wellbeing. All of these factors assist in making appropriate referrals.

Providing the caregiver with the option of selecting services that best meet their needs, especially home and community based services, is the philosophy of the FCSP but is also the focus of the staff of the ADRC assisting caregivers. The agency is a strong advocate of consumer-directed services and has been quick to offer such options to its clients. Currently, consumers may self-direct the caregiver respite voucher through the FCSP.

Focus groups with caregivers was a major component of the needs assessment for the region. In the next planning cycle, caregivers of individuals with Alzheimer's disease and related disorders patients will be specifically targeted for a focus group. The AAA will seek opportunities to be a part of local forums addressing the needs of ADARD caregivers.

Project 2020: Building on the Promise of Home and Community-Based Services

Project 2020 proposes the funding necessary to implement a three pronged approach through the Aging network, focusing on person centered access to information, evidence-based health prevention and health promotion activities, and enhanced nursing home diversion services. The Regional Aging Advisory committee and ADRC partners group will be provided information on Project 2020. Project 2020 will be a frequent agenda item for RAAC meetings, including information about planning activities on Project 2020 from other states and person center training. The RAAC and ADRC Partners group will engage in a planning session Spring, 2010 related to Project 2020. Updates from N4A, including talking points will be provided to committee members.

Legal Assistance Services

The RFP criteria for legal services targeted access to the judicial system through advocacy, advice and representation in order to protect the dignity, rights, autonomy and financial security of persons 60+, caregivers and their families, particularly those who are economically needy. The requirements specified that legal assistance services must be provided in one or more priority areas identified in the Older Americans Act, including entitlement, health care, long term care, housing, utilities, protective services, and defense of guardianship, abuse, neglect, and age discrimination.

The AAA will contract with S.C. Legal Services for legal services in the region. The agency has a tri-part approach to help seniors with legal problems: (1) one-on-one representation, (2) education of seniors, and (3) outreach to seniors. If consumers needing services are immobile and unable to reach an office to see an attorney, the attorney visits the homebound clients. For clients in outlying counties where staff attorney/client may encounter difficulty in maintaining contact, the client may be referred to a private attorney in the applicant's area. Costs are paid by the law firm under its Private Attorney Involvement Program or to the S.C. Bar Pro Bono Program so that one way or another the client's needs are met. Elder law, housing, maintenance of income and public benefits are some of the priorities identified for the agency. These agency priorities are in accordance with the requirements of Section 307 (a)(11)(e).

REGION SPECIFIC INITIATIVES

CMS Grant

Overview

Connections to Community Living is a three-year grant from the Centers for Medicare and Medicaid Services addressing the need for hospitals to review their discharge planning process to prevent readmissions to their facilities. Hospitals are being pressured to move patients out of the hospital as quickly as possible to cut down on costs. Yet, research shows that 1 in 5 Medicare patients have a readmission within 30 days.

The grant was written in July 2008 and the grant award notice of \$1.2 million came in August 2008. A major component of the grant is that the discharge process features person-centered planning.

A second component to the grant is called Option 1. This is an adjunct to the base plan on issues that may impact the outcome of discharges. Money was allocated to the expansion of the Aging Disability and Resource Center; upgrading SC Access to include more information in the “Learn About” section (targeting information of use to individuals and caregivers); and a modality manager to assist with transportation concerns.

Connections for Community Living is in the initial planning phase of the grant, which is scheduled to last approximately 18 months, or until March 2010. By that time, the process and any enhancements that need to be added to the Spartanburg Regional Medical Center’s model will have been identified, the technological developments needed to incorporate our ideas will have been drafted, and protocols and procedures finalized.

The next 18 months will address the issues found in Option 1 and also mark the implementation phase of the Connections for Community Living. Training will take place with person-centered assessments, technology and the enhanced discharge process. After formal implementation, monitoring and the analysis of outcomes will take place and adjustments made to those procedures.

Piloting the Assisted Rides transportation program in Spartanburg will be the other initiative for our region. A grant has been submitted to DOT, with Appalachian and Santee Lynches as partners in the project. Assisted Ride is a volunteer based transportation program that will serve to fill in the transportation gaps for the disabled/elderly population. Some of the highlights of this program include low cost, makes use of existing providers and their “routes” and utilizes volunteers. By year four of this planning period, the Assisted Rides transportation program should be available throughout the region.

With the economic downturn, availability of community resources to those persons choosing to remain in their homes is diminishing. It is difficult to gauge how much and in what ways the community will be able to step up their support to individuals and their caregivers. Medicaid and Medicare services may change drastically for waiver services through Community Long Term Care and the Part D prescription drug programs. Close monitoring of all resources – Federal, state and local—is crucial to the health, well-being and quality of life of the older adults, disabled adults and caregivers in our communities. All of these factors, coupled with an increased senior population, guarantee a challenging planning period.

LONG TERM CARE OMBUDSMAN

INTAKES:

Intakes received by this office during the time period of October 1, 2007 through September 30, 2008 totaled **830**. Of those cases, there were **470** cases filed on behalf of Medicaid Recipients, which was **60%**. There were **3** cases with VA funding and **14** were unknown funding source. Of the **830** cases, there were a total of **1,372** complaints. **360** of those complaints were verified; **1,012** were not verified; and **0** complaints were for information only. A total of **830** cases were closed by the Ombudsman program during this time period.

ABUSE, NEGLECT, AND EXPLOITATION CASES:

There were a total of **334** ANE cases. **262** of those were filed on behalf of Nursing Home residents, **69** were filed on behalf of Assisted Living/Residential Care residents, **3** were filed on behalf of the Department of Disabilities and Special Needs, and **0** was filed on behalf of a the Department of Mental Health resident.

The majority of the abuse and neglect cases received by this office named a staff member as the alleged perpetrator. The majority of exploitation cases received by this office named a family member as the alleged perpetrator. According to the Ombudsman Monthly reports, the following were reported for investigation:

- Physical Abuse: **82**
- Verbal/Mental Abuse: **101**
- Abuse by a family member: **3**
- Sexual Abuse: **12**
- Neglect: **42**
- Exploitation: **15**
- Exploitation by a family member: **52**
- Resident to Resident Abuse: **68**
- Other (Quality of Care): **979**

FUNDING SOURCE:

The number of Medicaid recipients varied each month and quarter.

- October 2007 had 68% Medicaid recipients
- November 2007 had 54% Medicaid recipients
- December 2007 had 47% Medicaid recipients
- October 2007 – December 2007; Quarter 1 had **57%**
- January 2008 had 65% Medicaid recipients
- February 2008 had 63% Medicaid recipients
- March 2008 had 54% Medicaid recipients
- January 2008 – March 2008; Quarter 2 had **65%**
- April 2008 had 57% Medicaid recipients

- May 2008 had 53% Medicaid recipients
- June 2008 had 64% Medicaid recipients
- April 2008 – June 2008; Quarter 3 had **58%**
- July 2008 had 58% Medicaid recipients
- August 2008 had 56% Medicaid recipients
- September 2008 had 56% Medicaid recipients
- July 2008-September 2008; Quarter 4 had **59.2%**
- **October 01, 2007-September 30, 2008 had 60% Medicaid recipients.**

REFERRALS:

There were **192** complaints of the **334** ANE cases which were referred to the Office of the Attorney General and/or Law Enforcement for review and any further action deemed necessary. The remainder of the cases were not referred based on criteria i.e. resident-to-resident abuse, DDSN cases. This office received their investigation reports and results and reviewed. Some of these cases, upon review by this office, were forwarded to law enforcement for review/action. There were a total of **171** cases referred to the AG office and **14** cases referred to LE; **159** cases were referred to DHEC Licensing/Certification; **1** case were referred to SLED; **9** cases were referred to other agencies.

OTHER ACTIVITIES PROVIDED:

- Consultations: **687**
- Friendly Visits by Volunteers: **127**
- Friendly Visits by Ombudsman staff: **50**
- Presentations to facilities: **21**
- Community Education: **10**
- Media Events: **0**
- Family/Resident Councils: **0**
- Training per each Ombudsman: **72**
 1. Nancy Hawkins: **14**
 2. Jamie Guay: **10**
 3. Jessica Arnone: **13**
 4. Greg Taylor: **17**
 5. Sandy Dunagan: **12**
 6. Siri Taylor: **6**

**Family Caregiver Support Program
Appalachian Region**

July 1, 2007 – June 30, 2008

Justification to Data Report by Category: *End of Year Report*

I. Information and Outreach

- A. Assisted **940** CGs and **57** SRC with some form of information and referrals, care coordination, and/or follow-up/evaluations by phone and/or mail.
- B. Presentation to CG Support Group at Shady Grove Baptist Church in Greenville County – July 07’.
- C. Presented to Hospice of Foothills in Oconee County – September 07’.
- D. Presented to SRC support group at The Riley Center in Greenville County – October 07’.
- E. Set up and manned booth in Anderson County for Senior Expo - November 07’.
- F. Set up and manned booth for CG Expo at Hospice of the Upstate in Anderson County – January 08’.
- G. Presented to Diabetes Support Group at 1st Baptist Church in Pickens County – January 08’.
- H. Presented to SRC support group at Golden Strip Child Development Center in Greenville County – February 08’.
- I. Presented to BIMA (Belton Interfaith Ministries Assoc.) in Anderson County – March 08’.
- J. Presented to African-American Alzheimer’s Association Support Group at Royal Baptist Church in Anderson County - April 08’.
- K. Advocate participated on Caregiver Panel in Anderson County – May ‘08
- L. Monthly articles written and published in the Viewpoint produced by ACOG and mailed to over 450 recipients.

II. Major Resource Development Accomplishments

- A. Located new resource: Family Connection of SC - SRC
- B. Located new resource: Southeastern Kidney Council - CG
- C. Located new resource: Cancer Fund of America – CG/SRC
- D. Located new resource: AnMed Health Lung and Sleep Center – CG

- E. Located new resource: A Place For Mom - CG
- F. Continued working relationship with Hospice of the Upstate to help identify CGs.
- G. Continued relationship with Assisting Angels for Respite in-home.
- H. Continued relationship with Interim Health Care for Respite in-home.
- I. Continued relationship with Loving Care of SC for Respite in home.
- J. Continued relationship with Home Instead Senior Care for Respite in-home.
- K. Continued relationship with Home By Choice for Respite in-home.
- L. Continued relationship with No Place Like Home for Respite in-home.
- M. Continued relationship with Caring Angels for Respite in-home.
- N. Continued relationship with Comfort Keepers for Respite in-home.
- O. Continued relationship with Heavenly Care Services for Respite in-home
- P. Continued relationship with Home Helpers for Respite in-home
- Q. Continued relationship with Alexander Home Health for Respite in-home
- R. Continued relationship with Greer Active Day Care for Respite – ADC
- S. Continued relationship with Moon’s Medical Supply for Supplemental Services
- T. Continued relationship with J.C. Plumbing for Supplemental Services
- U. Continued relationship with Shaw’s Pharmacy for Supplemental Services
- V. Continued relationship with Smith Drug for Supplemental Services
- W. Continued relationship with Holliday’s Carpet Cleaning for Supplemental Services
- X. Continued relationship with Grove Medical Supply for Supplemental Services
- Y. Continued relationship with HDIS for Supplemental Services
- Z. Continued relationship with We Care Durable Medical Equipment & Diabetic Supplies for Supplemental Services
- AA. Continued relationship with Abel Medical Supply for Supplemental Services.
- BB. Continued relationship with Bryant Pharmacy & Supply for Supplemental Services.
- CC. Continued relationship with Buford St. Drugs for Supplemental Services.
- DD. Continued relationship with Ford Drugs and Medical for Supplemental Services.
- EE. Continued relationship with Home Care Medical Aides for Supplemental Services.
- FF. Continued relationship with Peak Medical for Supplemental services.
- GG. Continued relationship with Home Helpers as another resource for Supplemental services for CGs.
- HH. Continued relationship with Medicine Mart as another resource for Supplemental services for CGs.

- II. Continued relationship with Mobile Health Care as another resource for supplemental services for CG
- JJ. Continue to receive donations of incontinent supplies from CG's.
- KK. Continued to work with all governmental agencies in identifying CGs/SRCs.
- LL. Continued to work with non-profit human service agencies in identifying CGs/SRCs.

(Please See Attachment A)

III. **Assistance**

- A. FCA assisted 315 CGs/SRC with Assessment or Screening.
- B. FCA assisted 8 CGs/SRC with Assessment or Screening in home.
- C. FCAs assisted 971CGs/SRC with Care Coordination.
- D. FCAs assisted 249 CGs/SRC with Follow-Up or Evaluation.
- E. FCAs assisted 55 CGs/SRC with Information and Assistance – Referrals.
(See Regional Data Report)

IV. **Support Groups, Training, Counseling**

- A. CG support group continuing at Shady Grove Baptist Church in Greenville County.
(Please See Attachment B)
- B. Conducted “5 Wishes” training to CG Support Group at Shady Grove Baptist Church in Greenville County – September 07’.
- C. Advocates attended conference – Alzheimer’s Association– May 08’
- D. Advocates attended conference - Partners In Action – June 08’

V. **Respite**

- A. Respite in-home continues to be the majority of services needed by CGs.
- B. Served 204 CGs with Respite care.
- C. Served 9 SRCs w/ Respite
(See Regional Data Report)

VI. **Supplemental Services**

- A. Incontinent Supplies continue to be the most immediate need for CGs from the Supplemental Services category.
- B. Served 200 CGs with Supplemental services
- C. “Other” category is used for most SRCs - for school supplies, school clothing, school fees, and school activities.
- D. Served 113 SRC w/ Supplemental services(See Regional Data Report)

VII. Barriers/Problems

- A. 1. Barrier: Providing financial assistance to CG in timely fashion.

Problem: Due to increase in applications, for assistance for respite and/or supplemental services, waiting list composed.

Solution: Increase funding to FCSP for hiring of another advocate to better address needs of CGs in the Appalachian region. As program grows, more CGs seeks assistance, more funding needed to hire more Advocates to provide quality care and/or services to CGs.

- B. 2. Barrier: Advocates performing all duties required by the FCSP.

Problem: Due to increase in CG referrals, advocates spend majority of time Assessing, Info & Referrals, Care Coordination, and Authorizing awards, and less time working on support groups, training, outreach, etc.

Solution: Increase funding to FCSP for hiring more advocates in order to better balance duties of advocates to ensure that advocates are meeting all requirements of duties at quality work in order to better serve CGs/SRC in Appalachian region.

VIII. Waiting list

- A. Waiting list still must be used due to the increase of requests for assistance for Respite and/or Supplemental services.
- B. Number of CG's on waiting list: **192**

APPENDIX D

Provision of Information, Referral and Assistance to LTC Support Options Activities, Events, Significant Findings:

ADRC	% pop. 60+	% of total calls	Calls	% of total contacts	Contacts
Calls and Contacts 4/1/07-9/30/07					
Appalachia	26.5	21.2	1060	18.4	1417
Lower Savannah	8.0	13.8	689	20.4	1571
Pee Dee	8.1	8.8	439	6.8	525
Santee Lynches	5.3	7.1	355	13.4	1029
Trident	11.8	26.0	1301	18.0	1384
Total ADRC Regions	59.7%	76.9%	3844	77.0%	5926
Non-ADRC Regions					
Catawba	7.0	2.8	140	3.2	247
Central Midlands	12.6	12.2	613	10.4	798
Lowcountry	6.0	2.6	130	2.4	185
Upper Savannah	5.7	4.6	238	5.8	449
Waccamaw	9.0	.8	42	1.3	97
Total non-ADRC Regions	40.3%	23.0%	1163	23.1%	1776
Total I&R Calls/Contacts	100%	99.9%	5007	100.1%	7702

Provision of Information, Referral and Assistance to LTC Support Options Activities, Events, Significant Findings:

ADRC 10/01/07-03/31/08

Calls and Contacts	% pop. 60+	% of total calls	Calls	% of total contacts	Contacts
Appalachia	26.5	14.2	933	10.9	1050
Lower Savannah	8.0	15.1	922	19.6	1893
Pee Dee	8.1	10.5	689	7.8	753
Santee Lynches	5.3	9.6	627	13.2	1277
Trident	11.8	21	1013	14.6	1405
Total ADRC Regions	59.7%	70.4%	4616	66.1%	6378
Non-ADRC Regions	40.3%	29.6%	6550	33.9%	9446
Total I&R Calls/Contacts	100%	100%	100	100%	100

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF		
2	REGION: APPALACHIAN																																	
3	LINE ITEM	100% AAA Budget	Planning & Admin. B and C 75/25	Program Development 85/5/10	SSBG 100	III-B Ombudsman 85/5/10	VII Ombudsman 100	VII Elder Abuse 100	XIX Ombudsman 100	State Ombudsman Funds 100	III-B I, R & A 85/5/10	III-E I, R & A 88.24/11.76	Planning & Admin E 75/25	III-E Services Staff 88.24/11.76	III-E Caregiver Services 100	ARRA P&A 75/25	ARRA P&A 75/25	AoA Medicare Patro 75/25	CMS I-CARE 100	MIPPA 100	III-D Medication Management	Other AAA Direct Services & Projected CarryOvers	P&A PD SSBG	P&A ARRA	Ombudsman	I&A	FCSP	INSURANCE COUNSELING	III-D Medication Management	Other AAA Direct Services & Projected CarryOver	TOTAL AAA BUDGET	LINE ITEM		
3	Personnel Salaries	\$638,382	\$150,292			\$57,525	\$45,087	\$15,547	\$37,314	\$36,773	\$35,608		\$23,418	\$74,576		\$7,833	\$3,849	\$11,288	\$29,396	\$16,432		\$93,444	\$150,292	\$11,682	\$192,246	\$35,608	\$97,994	\$57,116		\$93,444	\$638,382	Personnel Salaries		
4	Fringe Benefits	\$201,993	\$51,408			\$17,787	\$13,941	\$4,807	\$11,537	\$11,370	\$11,010		\$7,241	\$23,059		\$2,422	\$1,195	\$3,429	\$8,812	\$5,081		\$28,894	\$51,408	\$3,617	\$59,442	\$11,010	\$30,300	\$17,322		\$28,894	\$201,993	Fringe Benefits		
5	Contractual	\$237,684													\$185,397						\$14,967									\$14,967	\$37,320	\$237,684	Contractual	
6	Travel	\$39,958	\$15,400			\$2,518	\$2,214	\$1,940	\$3,536	\$1,578	\$3,920		\$375	\$500				\$955	\$1,501			\$5,521	\$15,400	\$0	\$11,786	\$3,920	\$875	\$2,456		\$5,521	\$39,958	Travel		
7	Equipment	\$0																					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Equipment
8	Supplies	\$14,178	\$1,500			\$118	\$93	\$32	\$77	\$1,168	\$219		\$2,100	\$3,536				\$800	\$500			\$4,035	\$1,500	\$0	\$1,488	\$219	\$5,636	\$1,300		\$4,035	\$14,178	Supplies		
9	Indirect Costs	\$254,809	\$60,117			\$23,010	\$18,035	\$6,219	\$14,928	\$14,709	\$14,243		\$9,367	\$29,830		\$3,130	\$1,545	\$4,515	\$11,758	\$6,573		\$36,832	\$60,117	\$4,675	\$76,899	\$14,243	\$39,197	\$22,846		\$36,832	\$254,809	Indirect Costs		
10	Allocated Costs	\$0																					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Allocated Costs
11	Other Direct Costs	\$48,555	\$29,457			\$377	\$296	\$102	\$245	\$140			\$2,224	\$525				\$100	\$595	\$1,988		\$12,506	\$29,457	\$0	\$1,360	\$0	\$2,749	\$2,683		\$12,506	\$48,555	Other Direct Costs		
12	TOTAL OPERATING BUDGET	\$1,435,559	\$308,174	\$0	\$0	\$101,335	\$79,666	\$28,647	\$67,635	\$65,738	\$65,000	\$0	\$44,725	\$132,026	\$185,397	\$13,385	\$6,589	\$21,087	\$52,562	\$30,074	\$14,967	\$218,552	\$308,174	\$19,974	\$343,021	\$65,000	\$362,148	\$103,723	\$14,967	\$218,552	\$1,435,559	TOTAL OPERATING BUDGET		
13	LESS: In-kind Not for Match	\$0																					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	LESS: In-kind Not for Match
14	LESS: Local Cash Not for Match	\$0																					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	LESS: Local Cash Not for Match
15	TOTAL AREA PLAN BUDGET: LGOA	\$1,435,559	\$308,174	\$0	\$0	\$101,335	\$79,666	\$28,647	\$67,635	\$65,738	\$65,000	\$0	\$44,725	\$132,026	\$185,397	\$13,385	\$6,589	\$21,087	\$52,562	\$30,074	\$14,967	\$218,552	\$308,174	\$19,974	\$343,021	\$65,000	\$362,148	\$103,723	\$14,967	\$218,552	\$1,435,559	TOTAL AREA PLAN BUDGET: LGOA		
16	COMPUTATION OF GRANT																																	
17	APPROVED AREA PLAN BUDGET	\$1,435,559	\$308,174	\$0	\$0	\$101,335	\$79,666	\$28,647	\$67,635	\$65,738	\$65,000	\$0	\$44,725	\$132,026	\$185,397	\$13,385	\$6,589	\$21,087	\$52,562	\$30,074	\$14,967	\$218,552	\$308,174	\$19,974	\$343,021	\$65,000	\$362,148	\$103,723	\$14,967	\$218,552	\$1,435,559			
18	LESS: State Funds (Non-Match)	\$133,373							\$67,635	\$65,738																								
19	NET MATCHABLE AP BUDGET	\$1,302,186	\$308,174	\$0	\$0	\$101,335	\$79,666	\$28,647			\$65,000	\$0	\$44,725	\$132,026	\$185,397	\$13,385	\$6,589	\$21,087	\$52,562	\$30,074	\$14,967	\$218,552	\$308,174	\$19,974	\$343,021	\$65,000	\$362,148	\$103,723	\$14,967	\$218,552	\$1,302,186			
20	LESS: State 5% Match	\$9,375		\$0		\$5,067					\$3,250											\$748												
21	LESS: Required Grantee Match	\$141,904	\$77,043	\$0		\$10,133					\$6,500	\$0	\$11,181	\$15,526		\$3,346	\$1,647	\$5,272				\$1,497												
22	Federal Share	\$1,150,907	\$231,131	\$0	\$0	\$86,135	\$79,666	\$28,647	\$0		\$55,250	\$0	\$33,544	\$116,500	\$185,397	\$10,039	\$4,942	\$15,815	\$52,562	\$30,074		\$12,722												
23	BREAKOUT OF LOCAL MATCH (L22)	\$141,904	\$77,043	\$0		\$10,133					\$6,500	\$0	\$11,181	\$15,526		\$3,346	\$1,647	\$5,272				\$1,497												
24	Local Cash Match Resources	\$141,904	\$77,043			\$10,133					\$6,500		\$11,181	\$15,526		\$3,346	\$1,647	\$5,272				\$1,497												
25	Local In-kind Match Resources	\$0																																
26	State Funds Used as Local Match	\$0																																
27	Total Local Match (Must = Line 25)	\$141,904	\$77,043	\$0		\$10,133					\$6,500	\$0	\$11,181	\$15,526		\$3,346	\$1,647	\$5,272				\$1,497												
29	FRINGE RATE AS % OF SALARIES	31.64%											30.32%																					
30	Yellow cells are calculated values DO NOT enter data in these cells. Blue indicates cells in which data normally should not be entered. Green and Gold columns are for ARRA P&A expenditures related to ARRA activities.																																	

Worksheet for Staffing Budget and NAPIS Staffing Profile for SFY 2009-2010

Enter the names of staff involved in each service or activity. If an individual is considered a member of a racial or ethnic minority put "(M)" after the name. Enter the number of hours in a year that the individual devotes to the specific activity or service. Then follow the instructions for completing the worksheet.

Names of Staff Performing Each AAA ACTIVITY AND/OR SERVICE	Annual Hours Budgeted to these Activities or Services	Percent Charged to P&A	Percent Charged to PD	Percent Charged to SSBG	Percent Charged to Ombudsman Services	Percent Charged to I&A III-B	Percent Charged to III-E	Percent Charged to I-CARE/SMP	Percent Charged to Other III-B Services	Percent Charged to Other Grants or Local Funding	List Names of Aging Unit Staff	Annual Payroll Hours All Sources
Planning and Administration	4626	236.26%		0.00%						-136.26%	AGENCY'S FTE	1958
Allen (m)	1,465	74.82%		0.00%						25.18%	Allen	1958
Manigault (m)	1,437	73.39%		0.00%						26.61%	Manigault	1899
Breeze (m)	1,468	74.97%		0.00%						25.03%	Breeze	1469
Pelissier	170	8.68%		0.00%						91.32%	Pelissier	170
Hawkins	86	4.39%		0.00%						95.61%	Hawkins	1958
FTEs 2.37											Brown	1958
Program Development	255		69.96%	(Actually charged to P&A. Appalachian does not receive)						30.04%	Dunagan	1958
Allen (m)	195		9.96%	Program Development funds.)						90.04%	Guay	1958
Manigault (m)	50		50.00%							50.00%	Jardno	1958
Hawkins	10		10.00%							90.00%	Bridges	1749
FTEs 0.13											Simpkins	1958
Ombudsman	10032				512.36%					-412.36%	Stegall	1040
Hawkins	1,790				91.42%					8.58%	Wideman	817
Dunagan	1,958				100.00%					0.00%	Monroe	1958
Guay	1,958				100.00%					0.00%	Hayes	1459
Monroe	1,942				99.18%					0.82%	Hollifield	699
Winters	1,958				100.00%					0.00%	Wiley	1958
Bridges	426				21.76%					78.24%	Hoefler	367
											Fuller	689
											Andersen	22
											Jenkins	252
											Winters	1958
FTEs 5.14												
I & A	2022					100.00%				0.00%	Contractors	0
Simpkins (m)	1,958					100.00%				0.00%	Volunteers	0
Hawkins	64					3.27%						
	0					0.00%				100.00%	Total Hours	30,212
FTEs 1.04												
Insurance Counseling/SMP & MIPPA	2996							88.10%		11.90%		
Hayes	892							45.56%		54.44%		
Hollifield	699							35.70%		64.30%		
Hoefler	367							18.72%		81.28%		
Allen (m)	120							6.13%		93.87%		
Wideman (m) - MIPPA	817							41.73%		58.27%		
Jardno	85							4.34%		95.66%		
Monroe	16							0.82%		99.18%		
FTEs 1.54												
Family Caregiver Program	5051							257.97%		-157.97%		
Allen (m)	79							4.03%		95.97%		
Brown	1,958							100.00%		0.00%		
Wiley	1,958							100.00%		0.00%		
Stegall	1,040							53.12%		46.88%		
Manigault (m)	16							0.82%		99.18%		
FTEs 2.59												
Other AAA Direct Services	4541								231.92%	-131.92%		
Allen (m)	99							5.06%		94.94%		
Manigault (m)	396							20.22%		79.78%		
Breeze (m)	1							0.05%		99.95%		
Bridges	1,323							67.57%		32.43%		
Hawkins	8							0.41%		99.59%		
Hayes	567							28.96%		71.04%		
Jardno	1,873							95.66%		4.34%		
Andersen	22							1.12%		98.88%		
Jenkins	252							12.87%		87.13%		
FTEs 2.33												
COMBINED SERVICE DELIVERY	29523											
Access/Care Coordination	0							0.00%		100.00%		
	0							0.00%		100.00%		
FTEs 0.00												
Clerical/Support Staff	689	35.19%			35.19%	35.19%	35.19%			-40.76%		
Fuller	689	35.19%			35.19%	35.19%	35.19%			-40.76%		
FTEs 0.35												
Volunteers	0				0.00%					100.00%		
TOTAL PAID HOURS	30,212											
TOTAL PAID FTEs	15.43											

NOTES:
 1. Enter the agency's FTE hours in cell N4
 2. List each individual assigned to the aging unit either full or part time.
 3. The annual payroll hours in Column N shall reflect the time charged or allocated to both the aging unit and any non-aging unit duties.
 4. Any staff charged to indirect costs shall not be listed either as part of the aging unit or non-aging units.
 5. The total of an individual's breakout hours in Column B of the spreadsheet must equal the number of hours shown in the above section.