

2009-2013 REGION PROGRAM PLAN

OF

**CATAWBA
AREA AGENCY ON AGING**

FOR THE PERIOD

JULY 1, 2009 TO JUNE 30, 2010

Submitted

July 19, 2009

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INTRODUCTION

Purpose

The Area Plan describes in detail the specific services to be provided to the older population of the planning and service area of the Catawba Region. The plan is developed from an assessment of the needs of the planning and service area determined by public input and the solicited input of those affected their caregivers and service providers. The plan also states the goals and objectives that the Catawba Area Agency on Aging and its staff and volunteers plan to accomplish during the planning period.

The area plan also includes a description of the Catawba planning and service area, the needs assessment, the service plan including goal and objectives and elements relating to service, funding resources and allocations, and other administrative requirements.

VERIFICATION OF INTENT

The Area Plan submitted for the Catawba Region for the period July 1, 2009, through June 30, 2013, includes all activities and services to be provided by the Catawba 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 Catawba Area Agency on Aging certifies that it is responsible for the oversight of the provision of Aging Services throughout the Catawba 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)

(Date)

Signature (Aging Unit Director)

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

(Date)

Signature (Chairperson, Area Agency
Advisory Council)

The Governing Body of the Area Agency on Aging has received and approved this Area Plan Update.

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

The Catawba Area Agency on Aging (Catawba AAA) is the designated Area Agency on Aging for the four-county Catawba Region, offering services in Chester, Lancaster, Union and York Counties. The Catawba AAA serves all senior residents age 60 or older regardless of income, race, or national origin. The Catawba AAA plans and coordinates services and programs for senior citizens and their caregivers in the region.

The Catawba AAA has the responsibility for addressing aging and long-term care issues within the growing and diverse communities in the Catawba Region. During June and July 2008; the Catawba AAA contracted with System Wide Solutions, Inc. to conduct a needs assessment of local older adults and their caregivers and to develop demographic trend analysis to effectively estimate the demands for services and activities now and in the future. Findings from the needs assessment offer the most recent and comprehensive demographic data and service related data available for the Catawba region, providing a strong foundation for future planning and program development for our region's elderly residents. Needs assessments are critical to clearly identifying and maintaining current information to establish priorities for the needs of senior adults. The Catawba AAA is committed to its responsibility for allocating funding to priority services as identified by the 2008 Needs Assessment.

Executing the needs assessment was the first step in the 2009 procurement process. Results of the needs assessment were used to target the services most needed in the Catawba Region. The next step was to complete an open and fair procurement process. The process involved issuing a legal notice of the opportunity to submit a proposal to provide In Home and Community Based Services funded by the Older Americans Act and state. Proposals were reviewed by an evaluation committee made up of Catawba Board members; Regional Advisory Council members, Catawba AAA staff and Lt. Governor's Office on Aging staff. The evaluation committee reviewed and scored proposals and submitted recommendations for the selection of contracting agencies to the Catawba AAA Board of Directors. The Catawba AAA Board of Directors made final approval of the recommendations and funding for the Area Plan

The Catawba AAA is a part of a national network of organizations established to respond to the needs of older adults. As private non-profit corporation, the

Catawba AAA plans, coordinates, develops and delivers services for seniors, persons with long-term care needs and family caregivers of older adults.

The Catawba AAA strives to secure, promote essential services to enhance the quality of life in a diverse and changing society. We meet this challenge through advocacy, coordination, building alliances, and promoting public awareness guided by integrity, vision and sustained commitment.

In the Catawba region there are more than 54,852 seniors living in Chester, Lancaster, Union and York counties. Through federal, state and local funding over 4,000 seniors are served annually; 2,000 contractually and 2000 by the Catawba AAA staff.

During the past decade and continuing into the twenty-first century, seniors will be one of the fastest growing populations in terms of their percentage of the total population. The need for services to assist seniors to remain in their homes for as long as possible will continue to grow. The Catawba Area Agency on Aging is committed to implementing a comprehensive and coordinated delivery system of services to enable older persons to maintain their independence in their own homes and communities.

The Catawba AAA will contract with 3 service providers to deliver in home and community based services in Chester, Lancaster, Union and York counties. The Catawba AAA funds the following services in these counties: Group Dining, Home Delivered Meals, Transportation, Physical Fitness and Home Care Level I. These services benefit seniors in the region by providing access to nutrition, social and intellectual stimulation, companionship and wellness activities. The Catawba AAA is committed to ensuring that existing providers serve the seniors in a manner that meet or exceed the standards as outlined by the Lt. Governor's Office on Aging Policy and Procedure Manual.

Catawba AAA is confident our current service providers have the capacity and experience to provide the services to seniors in the Catawba Region. Furthermore, the Catawba AAA will conduct frequent on-site visits to insure compliance. Catawba AAA's Executive Director and Program Assistant will be involved in this process.

In the Catawba AAA, the Family Caregiver Support Program, LTC Ombudsman, Information and Referral and Insurance Counseling and Referral for Elders (I-CARE) programs serve as the foundation for services offered to seniors in the Catawba Region. These programs are designed as regional programs, and all

four provide linkages between older adults and their caregivers with resources, services, and information.

Catawba AAA staff will continue providing training to Certified Nurses Assistants and Licensed Practical Nurse students through York Technical College who is responsible for training the next generation of long term care providers. Catawba staff will serve on committees planning conferences, which provide training to professionals in the aging industry in conjunction with Winthrop University annually. The Information and Referral Specialist will write a monthly article featuring information for seniors and their caregivers in the "York County Magazine".

The LTC Ombudsman will continue to provide training to Long Term Care facility staff at independent living facilities, nursing homes, technical schools and corporations. The focus of these training included reporting neglect and abuse, when to report incidents and what is an ombudsman. Through collaboration the Caregiver Advocate continues to provide training on care giving to local churches targeting minority individuals and their families. The Catawba staff through media, fairs, expo, and support groups and professional affiliation provides community education training and work with health and community partners. Catawba AAA staff work with organizations to disseminate information to the community regarding senior services, to provide training to professional staff of organizations and to offer education to individuals and families of seniors suffering with terminal illness or diseases impacting seniors being served by these organizations. Further, through coordination the Catawba AAA staff and a local hospice organization revised the pastoral resource guide developed last year as a reference tool for clergy in the Catawba Region. Prayer breakfasts continue to be offered throughout the region to disseminate this resource guide to clergy.

Catawba AAA staff provides consultation to agencies that provide support to seniors struggling with dementia. Staff maintains membership in associations to serve as a resource for information on a wide variety of issues including where to get products and assistance, insurance questions, physician resources or to talk with someone about their care giving responsibilities and how to cope with chronic disease. Catawba AAA maintains an intergenerational focused partnership with Head Start to foster increased assistance and education for grandparents raising children.

Social work interns from the Winthrop University and the University of South Carolina work in the fall and the spring semesters to provide support for the

overall administrative functions throughout the programs of Catawba AAA. The interns are supervised by a licensed social worker on the Catawba staff. The interns provide invaluable assets to the successful operation of the agency in exchange for the opportunity to learn hands-on the issues facing seniors and their caregivers.

Catawba AAA provides training opportunities and technical assistance to seniors, caregivers and professionals in various settings allowing the recipients to choose the most effective and convenient method for themselves. The Catawba AAA staff is qualified to provide professional training and assistance to persons in the Catawba region. The agency staff provides a Speaker's Bureau as a public service and staff conducts brief, informative and educational presentation on aging related topics to churches, human service agencies, senior groups or other community organizations.

Catawba AAA will conduct an annual agency review of service providers, which includes verifying required local match. The Catawba AAA will negotiate prices for services provided by service providers to secure the most competitive price for each unit of service to be delivered. Program evaluation is a vital part of the programs administered by Catawba AAA. Day-to-day evaluation is done by all of the staff of the area agency. Additionally, the Lieutenant Governor's Office on Aging periodically conducts external evaluations of programs offered by the Catawba AAA. All findings addressed promptly to insurance compliance with state and federal guidelines.

The Catawba Region is challenged by changing demographics, limited funding, diverse needs of seniors and caregivers and tremendous senior growth. To address these challenges the Catawba AAA is committed to working with the stakeholders in the Catawba Region.

OVERVIEW OF THE AREA AGENCY ON AGING

Mission

Catawba Area Agency on Aging, in partnership with consumers, families and their diverse communities will assist citizens in the Catawba region with aging issues to improve the quality of their lives.

Vision

Catawba Area Agency on Aging strives to be the focal point of aging in the Catawba Region recognized by seniors and caregivers; as a leader in the aging industry that is innovative and responsive to the changing and complex needs of older adults.

Organizational Structure

The Catawba Area Agency on Aging (Catawba AAA) is a free standing non-profit organization governed by a 12 member board of directors. Three board members for each of the four counties represented in the Catawba Region makeup the membership of the Catawba Board of Directors.

See Organization Chart Appendix A.

Staff Experience and Qualifications

The Catawba AAA agency is headed by an Executive Director with over 25 years of human service experience with the last 4 years providing aging services. The Executive Director reports to the Catawba Area Agency on Aging Board of Directors. She provides the overall management, planning and leadership of the organization. Develops and administers standards and procedures related to human resources, budget and physical facilities. The Executive Director is responsible for the planning and administration of contracts and aging services.

The Program Assistant servers as the primary person responsible for maintaining the accounting function of the agency. The Program Assistant has relevant experience in human service provision and the appropriate accounting experience. She maintains data entry for account software, coordinates disbursements, banking and prepares monthly financial reports, provides supporting documents for payroll service to prepare payroll and compiles financial information in preparation for the annual audit. She works with the Executive Director to assure that required filings at local, state and federal are completed. The Catawba AAA maintains a relationship with Certified Public Account (CPA) who volunteers her time to review the accounting functions of the

Catawba AAA on an as needed basis. This CPA previously contracted with the Catawba AAA to perform the booking functions for over 14 years.

The Catawba AAA plans to add additional administration staff to improve contract monitoring as well as other administrative functions of the agency.

Current Funding Resources for AAA Operations

The Catawba AAA is required to generate twenty-five percent of the funding received for planning and administration to match the allocation of federal funds it receives. The match requirement has been accomplished primarily by utilizing interns who perform administrative functions for the agency as well as assist with program responsibilities.

The Catawba AAA has supported the efforts of service providers in the Catawba Region to increase and develop new services and resources in the planning and service area. A grant from the Alzheimer Resource Coordination Center was obtained to provide education on the disease to caregivers, faith community and community professionals. Catawba AAA agency received the Dimes for Hunger donation from Providence Presbytery of over \$14,750 in FY2009. These funds were redistributed to agencies in Chester, Lancaster, York, Union and Kershaw Counties to expand the home delivered meal program. The Catawba AAA continues to utilize interns from Winthrop University and University of South Carolina throughout its operation to enhance and expand its services.

OVERVIEW OF THE PLANNING AND SERVICE AREA

Service Delivery Areas

The Catawba Region is composed of Chester, Lancaster, Union and York Counties. Although predominately rural the Catawba Region is home of a couple of the fastest growing counties in the state of South Carolina. Both, York and Lancaster counties boarder Mecklenburg County in North Carolina. The rapid growth of Mecklenburg County, North Carolina has lead to increased growth in York and Lancaster counties. In the Catawba Region there are over 54,852 seniors aged 60 and older.

Each county in the region has unique characteristics which must be taken into consideration when planning services for seniors. Just like in the state of South Carolina the senior population is predicted to increase over the next 25 years primarily due to seniors living longer and steady in-migration of seniors from other places in the United States. In appendixes H through L , you will find a map of the region and each county in the Catawba Region indicating where each

county is located in the region and where senior centers and nutrition sites are currently located. Discussed below are some of the unique characteristics of each county.

York County

York County is the largest county in the Catawba Region with over 31,117 seniors aged 60 and older according to US Census Bureau, 2006 Population Estimates. Therefore, roughly fifty- seven percent (57%) live in one county in the Catawba region. York County is one of the top five fastest growing counties in the state of SC with over thirty-two percent growth between 2000 and 2006. This rapid growth is predicted to continue in the next 25 years.

The provider of senior services in York County is York County Council on Aging (YCCOA). The YCCOA has been a provider of senior services for over 30 years. YCCOA operates 1 Senior Center and 3 nutrition sites in York County. The Senior Center location near downtown Rock Hill serves as a focal point for senior services in the county. Also noteworthy is the fact that the senior center is housed in the former administrative offices of a refurbished textile mill. In addition, there is over 80 senior housing units available in the former textile production mill. The second location for senior services is in Fort Mill, SC and located in a church. The third location in York is located in a multilevel renovated store front in downtown. The fourth location in Clover is housed in a former residential property located close to downtown clover. YCCOA provides a variety of senior services including those contracted through the Catawba AAA. Those senior services include physical fitness, Group Dining, Home Delivered Meals, home care (chore services) and Transportation. Group Dining and Home Delivered meals are prepared on-site in kitchens located in York and Rock Hill. Other services provided by YCCOA that benefit seniors are Medicaid transportation, public transportation through contracts with the City of Rock Hill and the county of York, senior meals through funding by Community Long Term Care and life line services. Life-line is a secure personal medical alert emergency response service for seniors and caregivers, helping elderly and disabled live with greater independence.

Lancaster County

Lancaster County is the second largest county in the Catawba Region with over 11,503 seniors according to the US Census Bureau Population Estimates, roughly twenty-one percent (21%). In Lancaster County the communities of Buford and Indian Land which border North Carolina are the fastest growing

segment of the county. In these areas of Lancaster County rapid growth is predicted to continue.

The provider of senior services in Lancaster County is Lancaster County Council on Aging (LCCOA). The LCCOA has been a provider of senior services for over 20 years. LCCOC operates 1 senior center and 3 nutrition sites in Lancaster County. The Senior Center is located near the business district of the City of Lancaster across the street from the City of Lancaster Parks and Recreation facility and in close proximity to the Springs Memorial hospital. Noteworthy is the fact that this senior center was partially constructed with a Permanent Improvement (PIP) grant through the LGOA completed in 2005. The second location is the Heath Springs senior nutrition site recently completed in 2005 through a Community Development Block Grant located in Heath Springs. The third location is the Kershaw Nutrition located in Kershaw. The Kershaw nutrition site shares space with a satellite location of York Technical College. The fourth location is Indian Land Nutrition Center located in Indian Land. Indian Land is also the location of the new housing community of Sun City which has attracted many senior from outside the Catawba Region. LCCOA provides a variety of senior services including those contracted through the Catawba AAA. Those senior services include physical fitness, Group Dining, Home Delivered Meals, Home Care (chore services) and Transportation. Group Dining and Home Delivered meals are prepared in the Newberry Kitchen of Senior Catering, Inc. Meals are delivered to each nutrition location. Group dining meals are served at the nutrition site while home delivered meals are taken to the senior individual residences.

Chester County

Chester County is the third largest county in the Catawba Region with over 6,146 seniors according to the US Census Bureau Population Estimates; therefore, roughly eleven percent (11%) of senior 60 and older lives in Chester County. In Chester County the geographic area of the county is split by the major interstate I-77. Chester County is seeing significantly less growth than York and Lancaster counties in the Catawba region; however population growth is occurring more rapidly around the interstate.

The provider of senior services in Chester County beginning August 2009 will be York County Council on Aging and Union County Council on Aging. Chester County has been the recipients of senior services for over 30 years and that tradition of providing services to the seniors of Chester County will continue. In Chester County there are currently 4 nutrition sites. The first nutrition site in

Chester is located near an industrial site. The second nutrition site is located in the town of Great Falls in a formally commercial building. The third nutrition location is in the town of Fort Lawn. Both Great Falls and Fort Lawn sites border the county line of Lancaster County. In the Fort Lawn nutrition site is housing in the community center. The fourth location is Edgemoor nutrition site located in an educational facility in the rural community of Lando. The following services are contracted through the Catawba AAA: physical fitness, Group Dining, Home Delivered Meals, Home Care (chore services) and Transportation. Group Dining and Home Delivered meals are prepared in the Newberry Kitchen of Senior Catering, Inc. Meals are delivered to each nutrition location. Group dining meals are served at the nutrition site while home delivered meals are taken to the senior individual residences.

Union County

Union County is the fourth largest county in the Catawba Region with over 6,086 seniors according to the US Census Bureau Population Estimates; therefore, roughly eleven percent (11%) of senior 60 and older lives in Union County.

Union county is very rural and is centrally located between Newberry, Spartanburg, Chester and York counties. Union County is starting to see a decline in its senior population. The seniors in Union County are steadily growing older and more fragile. The 85+ senior populations in Union County is one of the fastest growing segments of this age group in the state of South Carolina.

The provider of senior services in Union County is Union County Council on Aging (UCCOA). UCCOA has been the provider of senior services in Union County for over 20 years. In Union County there are 5 nutrition sites. The first nutrition site in Union is located in the downtown area of the city of Union. The second nutrition site is located in the community of Jonesville. The third nutrition location is in the town of Buffalo. The fourth nutrition location is in the town of Lockhart, a former textile mill community. The fifth location is a senior housing facility near the city of Union. The following services are contracted through the Catawba AAA: physical fitness, Group Dining, Home Delivered Meals, Home Care (chore services) and Transportation. Group Dining and Home Delivered meals are prepared in the Newberry Kitchen of Senior Catering, Inc. Meals are delivered to each nutrition location. Group dining meals are served at the nutrition site while home delivered meals are taken to the senior individual residences.

Objectives and Methods for Services to Target Populations

The projected demographics for the Catawba Region are a faster growing senior population as the baby boomer population reaches retirement age. Each segment of the senior population is expected to increase which include the 60+, 75+ and the 85+ age groups. In addition, the 85+ age group will become increasing frailer and will need additional home and community based services to remain in their communities. It is the goal of Catawba AAA and contracting agencies to increase its outreach efforts to the target populations of consumers with the greatest economic and social need (including minorities and elders in rural communities), assist in identifying consumers eligible for service and inform them of available services. The group of seniors that will be the target of the Catawba AAA and contracting agencies focus include:

- Older individuals with greatest economic need (with particular attention to
- low-income older individuals, including low-income minority older individuals residing in rural areas)
- Older individual with severe disabilities
- Older individuals with Alzheimer's disease and related disorders
- Older individuals at risk for institutional placement
- Caregivers, with particular attention to the targeted population):

Outreach efforts will be designed to increase and/or maintain the cultural diversity of clients served through existing contracts in the Catawba Region. The diversity of senior clients in the Catawba Region remains constant and mirrors the diversity of the senior population in general.

The Catawba AAA will continue to coordinate services with the Catawba Indian Nation to maintain a working relationship with this senior service provider.

Ten Year Forecast

The Catawba AAA will continue to be engaged in activities that serve the growing population of seniors in the Catawba Region. The senior population in the Catawba Region is estimated to reach 76,780 for the 60+ senior populations by the fiscal year 2020. This represents 19,970 additional seniors a 35% increase over the number seniors in 2010. The number of seniors under 75 in 2010 is roughly 65%. In contrast, the number of seniors under 75 in 2020 is roughly 70%. The seniors in the region over 75 years old but under age 85 represented 28% of the senior population but will represent 26% of the senior population in 2020. The senior in the region age 85 years and older represented 7.5 % of the senior population in 2010 but will represent roughly 6% of the senior population in 2020.

The predictions of population change in the Catawba Region in all 3 age categories will remain fairly consistent. This gives the Catawba AAA the opportunity to identify processes now that will address senior issues possibly for

the next ten years. The major population shift will be the diversity of the senior population in the Catawba Region especially in the more populated counties of York and Lancaster as seniors migrate in from outside of the Catawba Region. The more diverse the Catawba Region becomes the more staff will need culturally sensitive training. Although the Catawba Region will grow by over 35% by the year 2020, the percentages of the 60 plus, 75 plus and 85 plus seniors will remain the same yet growth will occur in the age groups overall.

The Catawba Region will be greatly impacted by the following issues;

(1) long term care systems, (2) service expectations of senior and caregivers, (3) distribution of existing resources and (4) creation of new resources.

1. Long term Care Systems

Traditionally, the long-term care system has been thought of as place that seniors go when the immediate family is no longer able to care for their loved one at home. The challenge for the Catawba Region like other regions in the state of SC is the fact that the traditional system of long-term care is too expensive and not longer viable to maintain in the future. The Catawba Region has experienced very little growth in the number of additional beds in the region. Alternatives to institutional care are paramount to solving the issue of long-term care.

Alternatives which allow seniors to remain in their communities are more cost effective and the preferred choice of seniors. The Catawba AAA will have to address the need for long term care in the metropolitan areas as well as the isolated rural areas of the region. Different models applicable to different situations must be developed. Increased life expectancy serves to complicate the model of service as seniors tend to develop more chronic disease that requires additional resources in order to provide care. The incidence of chronic diseases and Alzheimer's is predicted to increase and will require additional space in institutional care facilities or the willingness on the behalf of insurers and Medicaid and Medicare to pay for care at home.

The Catawba AAA will assist in planning for the needs of long term care for the target population. It must engage in program development to identify which programs are best suited to address the needs of the targeted population. Additional resources development is warranted to expand the volume of services as the number of seniors increase and require long term care. The Catawba AAA will need to reevaluate it current service delivery model to make them more cost effective while increasing the ability to serve the needs of a growing population.

Engaging in superior contract and grant management by the Catawba AAA will yield savings and ensure that the return on investment of dollars for the purchase of services will be at its highest level. Training, community education advocacy by the Catawba AAA will increase the awareness of the issues of long-term care.

Finally, coordination of resources will expand resources that are available to meet the needs of long-term care.

2. Service Expectation of Seniors and Caregivers

The service expectation of seniors and caregivers will likely change as we see the demographics and economics of the Catawba Region change especially as the baby boomer generation reaches 65. The baby boomer generation is better educated and will demand different types of services to meet their needs. This presents a problem because of the restrictions placed on current funding streams which limit the flexibility of what and how funds can be used to provide services. On the other hand, the service expectation of seniors and caregivers present an opportunity for open dialogue about what they feel they need. Obtaining input from seniors is the best way to also educate them on what services are available and to identify why the current system is not appropriate for what they feel they need or will need in the future. Through education about programs and services seniors and caregivers will become more knowledgeable about services that will or will not address their needs.

Catawba AAA can encourage new advocates to bring about change in the current way that funding for senior services is allocated through education of seniors and caregivers and encouraging to talk with their legislators about issues that affect them and their family members.

Resource development to fund different initiatives based on the service expectations of seniors will allow their concerns to be addressed. New program development, education on choices will enable seniors and caregivers to direct their care based on what they feel they need. Having choice is empowering for seniors and caregivers.

3. Distribution of Existing Resources

The distribution of existing resources will present increasing challenges for the Catawba Region as the population of seniors increase. The current way that resources are distributed will completely address the needs of a growing and changing senior population. Given the current way that funds are distributed and

the growing 85+ only the frailest of the target population will be served. Others that don't fit in this category will likely go without services. We must educate politicians and decision makers of the needs of the senior population and of the most effective way to distribute resources.

4. Creation of New Resources

The growing demand for services coupled with the economic downturn only further complicates the opportunities to create new resources. The creation of new resources presents a challenge because of limited staff time to devote to grant writing while fulfilling the responsibilities of their program. Foundations, regional and local funders are limiting expenditures as they see their investment portfolio decline as the value of their investments decline.

The Catawba AAA will need to identify what services are being funded and how those services that are getting funded will serve the needs of the seniors in the Catawba region. We will need to coordinate with other organizations to increase the breath of the service model to increase the likelihood of getting funding for senior initiatives.

Emergency Preparedness

The emergency preparedness program (EPP) for the Catawba Region is a necessary and important function of the agency that insures that we assist in serving and protecting South Carolina's vulnerable senior population in a way that is beneficial and manageable. The Catawba AAA will model its EPP based on guidelines provided by the LGOA staff and coordinate our efforts for consistency with local, regional and state emergency management standards. We will serve in appropriate roles should disaster strike including providing contracted services to seniors as needed. The Catawba EPP will encompass a minimum of 4 disaster phases which are (1) Preparation: plans are made with stakeholders and staff prior to the disaster; (2) Response: the period immediately following the disaster; (3) stabilization- period where the disaster is stabilized (4) Restoration-the period when we work to get operations back to normal. We will work with appropriate stakeholders at each disaster phase.

- Catawba AAA will develop and implement along with Emergency Management Offices in all 4 counties flexible and responsive procedures for continuing or discontinuing services in the event of a significant disaster.
- Catawba AAA will assist local service providers in preparing for and recovering for a disaster or emergency

- Catawba AAA will annually review the local service provider's disaster prepared plans and make recommendations as needed.
- Catawba AAA will provide information concerning a disaster or emergency to the local service providers.
- In the event of a disaster, the Catawba AAA will plan for the continuation of the critical operation functions including intake and screening functions.
- Catawba AAA, working with local emergency operating centers and local service providers will provide detailed damage assessments to determine the need for supplemental federal assistance.
- Catawba AAA will assist with long-term recovery efforts to include assisting with community redevelopment and restoring the economic viability of the disaster area(s) through collective efforts of governmental and non- governmental organizations.

AAA OPERATIONAL FUNCTIONS AND NEEDS

Assessment of Regional Needs

The Catawba Area Agency on Aging conducted a Need Assessment in June and July 2008. The results of the needs assessment were compiled by the System Wide Solutions, Inc. Over 1000 surveys were distributed to various organizations throughout the Catawba region via hard copy through health clinics, churches, and dialysis clinics, the united way interagency coalition, community groups, sororities, human service organizations, aging service providers and to individuals receiving services through the Catawba AAA. In addition, the survey was placed in each county newspaper. Out of 1000 surveys distributed 375 surveys were returned.

Based on the population of the Catawba region, 214,742, a 95% confidence level can be assigned indicating that there is a 95% probability that the findings in the report represent the responses that would be expected from most individuals in the service area. Of the 375 total responses, 224 of the respondents were considered potential service recipients indicating that there is a good probability that the findings for potential service recipients represent the responses that would be expected from all individuals age 60 and older in the service area population of 45,392 individuals. Roughly 28% of the survey respondents were 75 years or older, 54% of the total respondents were between the ages of 60 and 74. Thirteen percent live in Chester County, 18% live in Lancaster County, 5% live in Union County and 57 % live in York County mirroring the senior population by county in the Catawba Region. Survey respondents were 70% female and 24.5% male. Twenty-two percent of the respondents were widowed which is higher than the percentage of widows in the general population. Of the potential 224 service recipients, 46.9% are married, 14.9% are single or single and living with someone, 22% are widowed and 10% are divorced or separated. Six

percent of the respondents did not disclose their marital status.

The education level of respondents is similar to that of the general population for ages 65 and older showing 36% with high school diplomas/GED, 27% with some college or Associates Degrees, 9% with Bachelors Degrees, and 6% with Advanced Degrees. Of the potential service recipients that responded 154 or 58% are disabled. One hundred and two (102) of the 375 survey respondents were already receiving services from the area agency on aging or a council on aging and 159 or 42% feel that they will need services of the aging network within the next five years. Forty-six percent or 171 of the survey respondents reported that they are responsible for the care of one or more person who is elderly, disabled or both.

The top six needs identified by the survey respondents include:

- Information about services available in the community
- Counseling on how to stay healthy
- Temporary relief for the caregiver
- Options for care for caregivers
- How the caregiver can pay for services
- Help applying for services

The Catawba Area Agency on Aging will use the information from the Needs Assessment to shape the service delivery model it uses to provide services in the next four years. In addition, the agency will conduct a less formal needs assessment to expand of the issues identified in the regional assessment. See Appendix B for Executive Summary of needs assessment.

Program Development

The Catawba Area Agency on Aging will focus its efforts on strategic planning as a means of modernizing its internal and contracted services. We face the same challenges as other aging and business systems throughout the country mainly limited resources and the growing demand for services. In spite of the challenges, we will ensure that services are provided to the targeted population as specified in the Older American's Act. Resources will be allocated to address this targeted population. We will identify options allowing consumer choice and encourage contractors to implement options for greater consumer choice that are

appropriate. We will encourage contractors to be flexible in their service delivery model to offer more choices to consumers including more options for seniors willing to pay for services.

Program Coordination

Catawba AAA staff provides regional organizations with information for distribution to the community regarding senior services, training for professional staff and education opportunities for individuals and families of seniors suffering with terminal illness or diseases impacting seniors being served by these organizations. Through coordination, Catawba AAA staff has updated its pastoral resource guide as a reference tool for clergy in the Catawba Region. Several prayer breakfasts will be offered throughout the region to disseminate the resource guide to clergy.

Catawba AAA staff provides consultation services to agencies that provide support to seniors struggling with dementia. Staff will maintain membership in associations to serve as a resource for information on a wide variety of issues including where to get products and assistance, insurance issues, physician resources or to talk with someone about their care giving responsibilities and how to cope with debilitating diseases. In Lancaster County, staff will work in conjunction with an agency to foster awareness and promote the availability of agency services benefiting seniors. Catawba AAA will maintain its relationship with Head Start to foster increased assistance and education for grandparents raising children.

Catawba AAA Caregiver Advocate mentors social work interns from the Winthrop University- School of Social Work and the University of South Carolina -School of Social Work in the Fall and the Spring semesters. The Caregiver Advocate also hosts a part-time Close Scholar intern available through a partnership with Winthrop University. Interns are provided the opportunity to learn hands-on the issues facing seniors and their caregivers. Interns also become familiar with multiple aspects of the Catawba AAA operation.

Conversion to Aging and Disabilities Resource Center

The Catawba AAA will begin the process of conversion to an Aging and Disabilities Resource Center (ADRC) at the beginning of this grant period so that when and if additional funding becomes available we will have already begun the conversion process. The conversion process will start with an assessment of existing staff skills and matching those skills needed to be successful as an ADRC. Information from the staff assessment will be used to identify where we may lack staff expertise. The Catawba AAA Board of Directors will be apprised of this requirement to transition to an ADRC and we will seek their expertise and support. We will work to apprise the community of the changes in our current

operation needed to become an ADRC. We will seek additional volunteers to serve on our Regional Aging Advisory Council to support the Catawba AAA and to advocate for the need to become an ADRC.

The Catawba AAA plans to seek guidance from the existing ADRC's in the state and southeast region. Catawba AAA will continue coordination with CLTC offices covering the Catawba Region. We have a working relationship with CLTC and most of our contractors maintain a working relationship with CLTC. We will expand our efforts based on the guidelines of section 306(a)(7)(A-Dii).

Advocacy

Catawba AAA staff and volunteers supported advocacy efforts to retain the 2.9 million in state funds to maintain services to seniors that had previously been on a waiting list for in-home and community services by engaging in a letter writing campaign to legislators. We have worked with Silver Haired Legislators in our region to draft resolutions for changes needed to existing legislation and to propose new legislation to benefit seniors in our state.

The staff of Catawba AAA work tirelessly as advocates for the seniors they serve to insure that they receive all of the services they need in a timely manner that will better improve their livelihood. Catawba staff continues to deal with unscrupulous individuals and organizations that prey on vulnerable seniors misrepresenting the facts of the products and services they are selling.

Priority Services

The Catawba AAA uses guidelines established by the Regional Advisory Council. These guidelines are in keeping with the minimum percentage of Older American Act funds received by Catawba AAA that shall be expended on priority service categories (1) fifteen percent (15%) for services associated with access: transportation, outreach, and information, referral, and assistance; (2) ten percent (10%) for in-home services: homemaker and home health aide; telephone reassurance, chore maintenance ;(3) one percent (1%) for legal services; and in percentages listed above per the LGOA policy and procedure manual.

Priority Service Contractors

The Catawba AAA does not provide or contract for case management services in the region. It does contract for legal services with licensed attorneys. Effective July 1, 2009, we will insure with greater emphasis that priority be given to legal services based on the guidelines required for legal assistance service providers according to section 307(a)(11)(A) through (E).

Nutrition Services

Nutrition services have not changed over the past four years. The Catawba Region has expended all funds awarded for the nutrition services awarded by the LGOA. The demographics of clients have remained as most of the service recipients have remained the same. Through attrition clients have been replaced with clients of similar demographics. As in the past in the Catawba Region, there have not been transfers of funds from group dining to home delivered or vice versa. There have been some differences from county to county in service recipients. It is worth noting that the seniors in Union County are among the most significant grouping of over 85 participants of group dining programs.

Training and Technical Assistance

Outcomes of past service delivery monitoring indicate there is significant variance in the quality of services being delivered. Most services are provided at or approved requirements as outlined in the LGOA policy and procedures manual. During the most recent area plan period the area of programming required a great deal of attention to address the items that needed correction. As a result the Catawba Region is planning regional training in the area of successful programming activities at senior centers and nutrition sites.

The Catawba AAA will continue to provide technical assistance to companies interested in providing services to the senior population. We will continue to make ourselves available for training of the regions aging network providers of senior services. Catawba staff will serve on committees planning annual training conferences for professionals in the aging industry.

The Catawba AAA staff is committed to identifying areas where improvement is needed. We will provide the training as need or make the connection requirement to experts who can provide the training or technical assistance that is needed.

Resources that are being used in providing technical assistance include staff having expertise in the area of training that is needed and guidance by other contractors who provide successful programs. Additional expertise and advice is sought from experts in the region and the LGOA staff.

The LTC Ombudsman has continued to provide training to facility staff at independent living facilities, nursing homes, technical schools and corporations. The focus of these training included reporting neglect and abuse, when to report incidents and what is an ombudsman. Through collaboration the Caregiver Advocated continues to provide training on care giving to local churches targeting minority individuals and their families. Staff provides education through media, fairs, expo, and support groups and training through professional affiliations with community education training and community health partners.

In addition, the Information and Referral Specialist writes a monthly article featuring information for seniors and their caregivers in the York County Magazine. The Executive Director continues to respond to media requests as they occur featuring issues that impact the senior population in the Catawba Area. The I-Care Coordinator has conducted several information sessions as requested to senior groups in the community. The Catawba AAA staff attended trainings as needed to maintain professional licenses and certifications or to obtain required certifications.

Monitoring

The primary method of monitoring in the Catawba Region includes site visits to senior centers and nutrition sites. These monitoring visits will continue to be announced and unannounced visits. The Catawba AAA will target providers of services who have had difficulty in meet LGOA program standards in the past to ensure that past performance problems are being reduced and eventually eliminated. We will work with our contractors to assist them in providing the best possible service to the seniors of the Catawba Region. Monitoring visits will be used as a tool to identify and celebrate those service providers who are providing services that exceed requirements in the aging program.

At each visit, time will be spent with administrative and service delivery staff as well as seniors in attendance. Records are reviewed as needed. Visits to homebound seniors in the region were made. In addition, Catawba AAA administrative staff has placed an increased emphasis on desktop monitoring of reports received for services requiring reimbursement to insure that all required information is being received. Statistical data is also reviewed to identify trends in services and target services.

Contractors who fail to deliver contracted services or to follow the methods of service delivery described in request for proposal response are notified of non-compliance and given the opportunity to become compliant before additional action is taken.

Grant Management

The criteria used by the Catawba AAA to determine if a contractor will receive a contract extension or termination at the end of each year includes the following:

- (1) The contractor's ability and willingness to continue providing the services.
- (2) The contractor's ability and willingness perform services according the requirements of the standards as outlined in the LGOA policy and procedure manual.
- (3) The contractor's willingness to provide services in a fiscally responsive

- manner.
- (4) The results of monitoring visits as well as desk top monitoring that indicated full compliance with requirements

The monitoring visits as well as desk top monitoring is the procedure used to verify that services are delivered according to each program's requirements.

Grievance Procedures

The Catawba AAA maintains grievance procedures accessible to service recipients throughout the Catawba Region. The Catawba region's grievance procedures are required to be posted in each senior center throughout the Catawba Region on a bulletin board.

In addition, to the grievance procedure being posted in senior centers and nutrition sites each service provider contracting with in the Catawba Region has a grievance policy which supplements the grievance policy which is posted where service recipients can have their grievance addressed with the service provider organization. The grievance procedures of each contractor were a required document in the request for proposal document issued this year.

Performance Outcome Measurement

- Ensure elder consumers information need for health insurance and pre-planning for long-term care needs (including long-term care insurance are provided).

Strategies/Action Steps:

-Make the I-Care counselor available throughout the region and senior centers and other places where senior congregate.

-Continue to promote volunteerism and civic engagement to improve the quality of life for elders

- Encourage elder lifestyles that incorporate routine physical activity in all aspects of their lives.

Strategies:

-Provide physical fitness evidenced-based program at targeted locations throughout the PSA.

-Utilize the agency's website to promote the importance of physical activity throughout one's lifetime.

-Teach older adults the importance maintaining a balance and preventing falls through providing and evidences-based prevention program at targeted locations through the PSA.

- Teach older adults with chronic disease the importance of physical activity through the provision of the Chronic Disease Self Management program at targeted locations throughout the PSA.
 - Encourage development of additional public and private partnerships to enhance PSA-wide Health and Wellness programs and services.
- Address health needs of people 60 and older by focusing on a holistic approach to their physical and mental health.

Strategies:

- Expand the agency's evidenced-based health programming to include a falls preventions curriculum with a focus on ensuring an older adults independence.
- Promote healthy lifestyles for elders through improved nutrition.
- Coordinate activities between Title III C-1 and Title-D programs to ensure older adults receive comprehensive nutrition education at the local meal sites.
- Coordinate activities between the Title III-C-2 and Title III-D programs to ensure that older adults receive comprehensive nutrition through the home-delivered meal program.
- Utilize agency's website to educate the public about incorporating proper nutrition into a healthy lifestyle.
- Conduct annual consumer satisfaction surveys targeted to participants of the nutrition program and incorporate feedback into the service delivery process.
- Encourage nutrition providers to make available nutrition counseling services to consumers with who are nutritionally at risk.

Outcome: Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.

Output: Number of congregate and home delivered meals provided.

Resource Development

The Catawba AAA has kept contractors abreast of changes in funding for aging services and encouraged contractors to update their service models to attract more senior who can afford to pay for services. We have encouraged contractors to solicit contributions from participants in all services allowing contributions or cost sharing. In the fiscal year ending June 30, 2008, over \$60,000 was collected in grant related income in the following areas.

- Title III-B-\$1,248,
- Title III-C1- \$39,244, and
- Title III-C-2-\$15,195.

It is estimated that these funds have been used to purchase the following units of service based on the average price of each unit. Title III-B GRI of \$1,248 would have purchased 1,189 units of service in transportation or 73 units of Home Care Level One. Title III-C1- \$39,244 would purchase 6,037 Group Dining Meals and serve 24 senior 249 meals for a year. Title III-C-2-\$15,195 would purchase 2,374 Home Delivered Meals and serve 10 seniors 249 meals for a year.

The Catawba AAA will continue its efforts in working with contractors to develop methods to increase grant related income and /or institute cost sharing for allowable services.

AAA DIRECT SERVICE DELIVERY FUNCTIONS

Staff Experience and Qualifications

Ombudsman

The LTC Ombudsman has a Bachelor of Science from Wingate University in Human Services with a minor in Business. She received her Ombudsman certification in 2001. In addition to her Ombudsman certification I am certified as a I-Care Counselor. I have additional training/certificates for Advance Directives: Respecting Choices, Dementia Dialogues Train the Train, and a South Carolina Geriatric and Gerontology Certificate.

Information and Referral Specialist

The current Information and Referral (I&A) Specialist has served the Catawba Area Agency on Aging for sixteen (16) years. For thirteen (13) years, she functioned as Program Assistant to the Executive Director assisting with grants management, coordinating training for grantees, providing technical assistance to grantees, conducting community activities, developing written procedures for complying with required functions, conducting quality assurance reviews both in-home, on-site and using AIM, developing new grant opportunities, providing information and advocacy to individuals or agencies seeking assistance, and developing written resources to enhance or promote public awareness of problems and needs of older persons.

As the I&A Specialist, she continues to help the Executive Director by assisting with Board and Regional Aging Advisory Council responsibilities, conducting quality assurance reviews using AIM, coordinating area caucus activities, and assisting with grants management. She primarily provides information, referral or advocacy services to individuals or agencies seeking assistance and develops written resources to enhance or promote available programs/services or increase public awareness of problems and needs of older persons.

I-Care Specialist

The I-CARE Coordinator has been in her position for the past three years. She has a background in social work and has been certified in I-CARE counseling. She has previous experience as a Pharmacy Technician which has enhanced her ability to understand the medications taken by her clients and be more proficient in assisting beneficiaries with their Medicare benefits. Over the past three years I have work with the senior population at large to provide information, training, and counseling on insurance and fraud and abuse. To keep abreast of the changes and updates on Medicare and Medicaid and to providing accurate information to beneficiaries and caregivers, I have participated in numerous hours of additional training and continuing education opportunities.

Family Caregiver Advocate

License Social Worker with extensive experience working with diverse populations including aging, special needs, disabled, children, low income, and rural. Additionally, significant ongoing grant writing, trainings, and certifications in areas related to program development and service delivery. An understanding and working knowledge of the expansion of service integration within the AAA and other community programs and partners. Counseling and support skills set to assist caregivers, individuals, families, and community programs.

All staff working in these programs will be cross-trained to allow for at least one back up person for each program in the absence of the primary staff person resulting in more accurate and complete information being provided regardless of the nature of the call for assistance.

Long-term Care Ombudsman Services

The Catawba Regional Long Term Care Ombudsman (CRLTCO) advocates on behalf of residents living in nursing homes and assisted living facilities; investigates concerns/complaints regarding long term care facilities as they relate to resident rights, quality of care, quality of life, family and resident councils, transfer and discharge; educates the public on long term care issues and promotes increased community involvement in long term care facilities. The Catawba Region includes Chester, Lancaster, Union and York County, South Carolina and has 1, 282 nursing home beds and 1,203 assisted living beds. In the last fiscal year the CRLTCO opened a total of 13cases which including a total of 266 complaints.

The CRLTCO has and will continue to focus on improving the complaint investigation process. The area of response times, and resolution strategies and follow-up are identified strengths of the program, however, improvement in the process is always possible. Other strengths of the CRLTCO include a live voice to callers when asking questions or filing a complaint, thus insuring timely access to Ombudsman staff which results in a timely response to complaints and

requests for assistance. An additional strength is the visibility of the Ombudsman program within the community through such activities as presentations, fairs and outreach, which publicizes the accessibility and availability of the program. Lastly, the Catawba Region, being small and rural in size, brings intimate knowledge of the long term care facilities in the Catawba Region and strong two-way communication between the CRTLCO and facility administrators.

The CRTLCO seeks to initiate opportunities in the community to educate others about its services through trainings, presentations and discussions at local agencies, service clubs or meetings of religious organizations. The CRTLCO seeks to improve the quality of life for Long Term Care (LTC) residents by educating facility staff concerning resident rights, the Ombudsman Program and providing sensitivity training. The CRTLCO also will continue working with York Technical College Certified Nursing Assistant (CNA) certification classes. This collaboration occurs two to three times a year depending on course schedules.

The CRTLCO works to expose the participants of the certification classes to the Ombudsman program and LTC issues. The CRTLCO will continue to provide services and collaborate with other agencies to identify and address educational outreach efforts in the region. These efforts will build on the existing collaborative strengths and help to prevent exploitation, neglect, abuse and abandonment. One weakness of the Catawba Ombudsman program is there is only one full time Ombudsman to investigate, advocate, educate, conduct friendly visits, attend family and resident councils and respond to questions, thus there may not be immediate access to the CRTLCO. An additional challenge facing the CRTLCO is the loss of assisted living facilities in the Catawba Region that are willing to accept Optional State Supplement (OSS) for payment. This is a pressing concern for consumers with limited resources who need to reside in an assisted living facility. There is also a statewide urgency for a guardian ad litem program for senior adults. The CRTLCO has seen an increasing trend of seniors in long term care facilities with no responsible party or Power of Attorney. Thus, the resident does not have anyone to make decisions for them concerning medical treatment or financial matters when they are no longer competent to make such decisions. As the senior population grows the lack of available OSS beds and a guardian ad litem program will result in more calls to the Ombudsman Program in the state of South Carolina.

The CRTLCO intends to train and maintain the four volunteers awaiting training to participate in the Friendly Visitor Program. The goal of the Friendly Visitor will be to maintain a continual presence in long term care facilities, and assist the CRTLCO continue outreach training in the community concerning LTC issues and the Ombudsman program.

GOALS

- The CRLTCO will work to improve the quality of care and quality of life of residents in nursing and adult care homes by providing technical assistance to residents, families, and facility staff and by investigating and resolving complaints.
- The CRLTCO will increase outreach efforts and provide training to community members, church groups, retiree groups and others regarding residents rights, sensitivity and aging issues, elder abuse, advance directives and other LTC issues, resulting in increased prevention and decreased incidences of abuse. Thus, ensuring the rights of older adults and prevention of their abuse, neglect and exploitation. This public visibility within the community will also publicize the accessibility and availability of the Ombudsman program.
- The CRLTCO will provide workshops for facility staff regarding issues such as Alzheimer 's disease, residents rights, elder abuse prevention, dealing with challenging resident behaviors, and sensitivity training.
- The CRLTCO will provide quality advocacy efforts on behalf of LTC facility residents and their families.
- The CRLTCO will participate in nursing home surveys/inspections with the Department of Health Environmental Control (DHEC), sharing concerns and patterns with DHEC upon notice of their facility entrance to conduct inspections and attend DHEC exit meetings when possible.
- The CRLTCO will act as an expert and reliable source of information for families seeking information on long term care options or general requests for assistance.
- The CRLTCO will continue to gain knowledge of LTC issues by obtaining a minimum of thirty hours of continued education training per year.
- The CRLTCO will make a minimum of ten friendly facility visits per year.
- The CRLTCO will discuss the Emergency Preparedness Plans with facility administrators.
- The CRLTCO will seek to educate local law enforcement about the Ombudsman program and its advocacy role in LTC facilities. The CRLTCO will have a minimum of one law enforcement contact in each county to help the CRLTCO implement this goal.
- The CRLTCO will continue to assist LTC facility staff in developing and maintaining family and resident councils.

Information, Referral, and Assistance Services

The Older Americans Act requires Information Referral Service providers to offer information that enables older people and their families to find help to remain independent in their own homes and communities. Catawba Access Information Referral Services is the key source of integrated information that brings older adults and services together every day with ease, compassion, and quality to meet vital needs in Chester, Lancaster, Union and York counties. The vision is for all consumers (older individuals, caregivers, and professionals) to have easy access to information about the full range of health, human, and emergency/crisis services provided in the Catawba region. Through our toll-free and/or local number, email address, or web site, Catawba Area Agency on Aging is a point of entry for older people and their caregivers to learn about, and connect with, the programs that will meet their needs.

The Older Americans Act was designed to provide services to all older persons over the age of 60. Unfortunately, funding does not keep pace with the demand for aging services. On the basis of U.S. Bureau of Census data, the Catawba Region can expect to experience a rapid increase in the elderly population between 2010 and 2030 as the baby boomer generation, persons born from 1946 to 1964, becomes the aging boomer generation. The Catawba Regions fastest growing population is persons 85 and older. Serving these two diverse aging populations presents the Catawba Area Agency on Aging with a number of challenges and opportunities. The issues are complex and so are the solutions.

Long-Term Goals-The Catawba Access Information Referral Services Specialist will increase public awareness about the existence of the Area Agency on Aging and the availability of programs, services and resources that support aging persons to remain in their homes and communities. Every month, the YC Magazine will publish an article written by the Catawba Access Information Referral Services Specialist covering age-related topic and issue impacting consumers living in York County. Distribute Area Agency on Aging information describing other programs and services when responding to requests for information and referral services. Online technologies represent an increasingly important dissemination strategy, but many people still lack access. Support the revision of the Area Agency on Aging web site.

The Catawba Access Information Referral Services Specialist will:
inform consumers about the regional information and referral program provides access to a network of choices and assists with making informed decisions in a complicated changing maze of services and resources.
Distribute new Catawba Access brochures and SC Access bookmarks via fairs, expos, meetings, presentations, trainings, mailings .Continue to develop and distribute and timely, educational information and referral fliers when needed

such as county tax assistance sites, advanced directives assistance, etc.

Update Catawba Access Guide, the aging directory providing access to information, resources, and services in the Catawba region. The certified Information Referral Specialist for Aging uses this region specific directory for programs and agencies including those not listed in SC Access. When a simple, direct request for information is received, this directory provides quick and easy access to the organizations name, telephone number and/or address. The Catawba Access Guide also allows the specialist to copy, print and mail lists of service agencies, such as Home Health and Food Service for in-home or long-term care facilities by county, to inquirers.

Will maintain Certified Information Referral Specialist for Aging certification

Will maintain documentation of Information and Referral contacts/clients served by entering the information into SC Access.

Will coordinate information and referral services with Catawba Area Agency on Aging the Caregiver Access Advocate, Long Term Care Ombudsman, Insurance Counseling and Referral for Elders (ICARE) and Senior Medicare Patrol Program Specialist by identifying ways the programs may work together to inform and educate consumers in the Catawba region. The certified Information Referral Specialist for Aging and designated ICARE/Senior Medicare Patrol Specialist work together responding to and documenting Medicare inquiries. Having received certification as a Long Term Care Ombudsman from the Office of the Governor, Division on Aging in 1996, the certified Information Referral Specialist for Aging is an Intake Ombudsman and takes complaints when necessary. The certified Information Referral Services Specialist provides information to callers/clients of both the LTC Ombudsman and Caregiver Access programs when they call with inquiries or follow-up questions for clarification purposes. The certified Information Referral Services Specialist also provides support services to the Catawba Area Agency on Aging Program Assistant and Executive Director as needed.

Insurance Counseling and Referral Services Senior Medicare Patrol

Catawba Area Agency on Aging (CAAA) has worked relentlessly to reach the underserved populations within the Catawba Region. We have increased community awareness of the services available through our agency by contacting local medical professionals, pharmacies, churches, libraries, and senior groups to set up a broader outreach network of referrals. We have accomplished these goals by providing interactive presentation, distributing vital Medicare information, getting involved in local health and educational fairs, etc. We have made ourselves visible at large through our partnership with the above entities. Our agency has also participated in numerous trainings provided by the

Lieutenant Governor's office on Aging (LGOA), the Centers for Medicare and Medicaid Services (CMS), and other entities in regarding to Medicare benefits, insurance options, and fraud and abuse.

Long-term goals (1) to establish a strong collaboration of professionals, business owners, volunteers, and senior advocates for the purpose of reaching the un-served and underserved populations. (2) To create reoccurring outreach opportunities that will target and benefit the rapidly growing baby boomer population and caregivers of the 85+ age group.(3) To establish watchmen within church congregations who will be a point of contact and resource to senior in addressing insurance inquiries and concerns.(4) To diminish cases of fraud and abuse by providing ongoing outreach and education through interactive presentations and by way of media to encourage Medicare beneficiaries to be proactive to prevent fraud and abuse.

To accomplish these goals, there are a few weaknesses that must be addressed. To reach the un-served and underserved population we must first identify who they are. In the past years we have found that often times this population includes those who are low-income, low-education, and physically and/or mentally disabled. To be successful in fulfilling our goals, we will need committed volunteers who are willing to attend I-CARE trainings, and submit their time to one-on-one consultations and community outreach. Measures that we will use to accomplish our goals are the following Distributing flyers and handbills, work with local media, door to door campaigning, meeting senior where they congregate within the community, and collaborating with community agencies and organizations.

We find that beneficiaries in our rural communities often struggle with access to transportation, quality doctors, and other resources within their community. The strengths of each of these programs are that the rural community leaders, agencies, businesses, and organizations will participate in reaching an enormous number of Medicare beneficiaries by providing accurate information, advocating for beneficiaries who would not otherwise be able to do on their own, and assisting them in making informed decisions as it pertains to their healthcare. For we understand that it takes a community effort to reach out to beneficiaries within rural communities. In conjunction with outreach education we believe that through collaborative efforts, fraud and abuse toward Medicare beneficiaries will decrease. Again our goal is that beneficiaries would be more proactive toward Medicare fraud and abuse rather than reactive.

In our efforts to deliver I-CARE services to Medicare beneficiaries effectively, we have offered training to staff members, volunteers, and professionals so that accurate information is provided to beneficiaries and caregivers within the community. Ongoing Medicare updates are also provided to the above entities, as CMS, Social Security, and other governing bodies make them current. Once

our targeted audience, which is the current un served and underserved population, has been identified, our goals is that our volunteers would assist in providing outreach to beneficiaries in the hard to reach areas.

To address Medicare Part D enrollment, the CAAA has been available to receive enrollment referrals, provide one-on-one consultations in regards to narrowing prescription drug plan search, assist with enrollment into plan of the beneficiaries choice, provide assistance with possible fraud and abuse complaints, advocate in regard to billing concerns/errors, and screen Medicare beneficiaries for possible eligibility of Medicaid, the Low Income Subsidy Program (LIS) and/or the State Pharmacy Assistance Program (SPAP). Over the course of the next four years period, the CAAA will continue to build upon the past years and intend to meet the needs of the high volume of beneficiaries needing enrollment assistance as they are identified by providing the following(1) enrollment clinics to beneficiaries and their caregivers interested in plan change and those new to Medicare on an ongoing basis; (2) educational outreach on Medicare Part D, programs available for individual needing help with drugs coverage, and information on how to protect one-self against fraud and abuse; and (3) Provide training to volunteers and other professionals on how to assist beneficiaries that they encounter with prescription drug plan and other health plan enrollments.

Family Caregiver Support Program

Catawba Caregiver Access

Caregiver Support Program Goal Statement: Our goal is to become the regional leader in planning, support, training, and advocating for the development of caregiver services to meet the needs of older adults, their families, and caregivers.

In 2008 a Community needs assessment was completed by the Catawba Area Agency on Aging. Caregivers identified top needs were information about services available in the community; training on how to stay healthy; caregiver relief, options for care, pay for services, support, and planning. The Catawba Caregiver Access Program goals are to provide assistance in these requested areas and continue to be caregiver person centered program.

Goal

Increase the public's awareness of health, wellness, and risk factors for Alzheimer's disease and other dementias.

Objective: Participate in community Health Fairs and other exhibitions. The number will be determined by those available during the year and the format of the event.

Goal

Continue to network within the community to ensure persons with early stage Alzheimer's, other health issues, caregivers and families are aware of the full range of community services that are available.

Objective: Improve the clients' ability to make healthy life-style choices in relation to mental activity, social interaction, a brain healthy diet, physical exercise, and accessing resources. Simple lifestyle modifications can have an enormous impact on a person's health. Individual assessments and interviewing will be used to evaluate.

Goal

Increase the utilization of technology by caregivers and older adults to stimulate learning, challenge older adults, and foster independent responsibility.

Objective: Increase the use of computers by senior adults to communicate with others, search for information and available resources, and to stimulate learning.

Goal

Expand interagency coordination in public and private efforts to aid in training older adults, caregivers, and families about Alzheimer's disease and other chronic health problems.

Objective: Increase efforts to build new relationships with new and diverse groups throughout the region. Catawba AAA currently has ongoing partnerships with local community agencies, and will seek to recruit new partner agencies each year. An emphasis will be placed on Adult Day Care Services Providers, Alzheimer's Support Groups, Caregiver Support Groups, local institutions of learning, and churches.

Goal

Enable older adults and families to make informed decisions and gain access to community living options.

Objective: Educate caregivers and the community about long term issues, quality of care, pay sources, and provide information about long term care options available in the community.

Goal

Support the decisions of caregivers and older adults to remain in the setting of their preference by continually improving the quality of home and community services.

Objective: Assist caregivers and families to develop realistic long term care plan and provide necessary materials and training to caregivers and community partners.

Goal

Provide seamless transition for care giver and their families and appropriate use of services through increased program alignment including further coordination with the community resources and agencies.

Objective: Continue to update procedures, information, and linkage to ensure compatibility with other agencies and partnerships.

Weaknesses

AIM-This year the family caregiver program migrated to the new AIM system for records management. The AIM system, however, does not work well for the caregiver program's needs. Information is not displayed in an easily accessible format to the user. In addition, the entire system was unavailable for several months during the migration, causing a backlog of records management for staff. New processes and procedures have had to be established at the agency-level in order to accommodate the use of this new system with our clients. The FCSP has been using AIM for one year and several areas are still not functional.

Data systems compatibility-Each program in the AAA has different software systems, therefore there is no capacity to match records to assist individuals who may be eligible for other program services or enrollment.

Universal application section- A common section, to gather information to determine eligibility for multiple programs in one intake interview. This would reduce the consumer repeating their story and additional phone calls. This would also be a less costly and time effective alternative for the AAA and the consumer.

Strengths

Person centered -The Catawba FCSP is caregiver driven. The application/approval process is streamlined and timely in a way that reduces stress to the caregiver as they receive personalized service from our staff. We take extra steps to ensure that materials sent to clients are easy to read and understood by our diverse client base. Individualized Plan of Care- An individual assessment is completed with each caregiver to assist the family to determine and access any and all other services or resources they are eligible to receive. This process assists the FCSP advocate and family to design a realistic caregiver plan of care for the future.

Seamless transition- The Catawba FCSP objective is to ensure an efficient service delivery system with minimal barriers, for the caregiver, in obtaining the needed services.

Volunteer Efforts

The ability to operate the Catawba FCSP is entirely based on volunteer efforts. The Catawba FCSP has only one paid staff person and continually uses 3-5 volunteers per week. Volunteers include interns, students, older adults and community partners. Volunteers work in all areas of the program, facilitator, intake, assessment, grant writing caregiver support, fairs, training, DTV transition and all others areas of the program. The scope of the Catawba FCSP is completely dependent on volunteers in order to retain the quality and diversity of our program. Catawba is continually recruiting volunteers and community partners

Challenges

1. Support the decisions of older adults to remain in the setting of their preference by continually improving the quality of home- and community-based services.
2. Increase the effectiveness of services and training to enable care giver and older adults to remain healthy, active and age in place.
3. Use contemporary technologies and resources to promote consumer independence.
4. Improve the decision making skills of older adults, caregivers, and families so they are able to make healthy lifestyle choices.
5. Continue to improve training and prevention services for older adults, caregivers and senior raising children.
6. Design and promote services to reflect local community's needs.
7. Continue to seek new funding, volunteer, and grant sources to enhance FCSP services.

CHANGING DEMOGRAPHICS IMPACT ON AAA EFFORTS

In order to discuss the impact of changing demographics in Catawba one must review the current demographics that make an impact. Those demographic factors discussed will include population trends, socio-economic profile and health status. The Catawba Region of South Carolina has experienced a significant growth of seniors or mature adults over the last few decades. The baby boomer generation has begun to have a dramatic impact as they reach retirement age and will continue to affect the Catawba Region and the State of South Carolina communities and institutions over the next twenty years.

Population Trends

The region's population has grown from 45,392 persons aged 60+ in 2000 and is predicted to reach 87,110 in the year 2025. This will represent a 92% increase in the over 60 population in 25 years. A great deal of the growth in the Catawba region will be from in-migration especially in York County which is one of the fastest growing counties in the State of South Carolina. Between 2000 and 2025 York County's population of seniors aged 60+ is predicted to increase by 29,105. This represents 124% increase by the year 2025. The tables below highlight the population changes that are predicted to occur among seniors in the Catawba Region over the next 15 years and what has happened in roughly the last 10 years. The information is retrieved from Census Bureau Data.

CATAWBA REGION POPULATION BY AGE 60+ YEARS (2000-2025)

CATAWBA PSA	2000	2005	2010	2015	2020	2025
Chester County	5751	6080	6940	7790	8960	9860
Lancaster County	10107	10360	11780	13220	15290	16410
Union County	6139	6370	6900	7310	8050	8340
York County	23395	26270	31190	36850	44480	52500
Region Total	45392	48080	56810	65170	76780	87110

CATAWBA REGION POPULATION BY AGE 75+ YEARS (2000-2025)

CATAWBA PSA	2000	2005	2010	2015	2020	2025
Chester County	1954	1880	2030	1850	2450	2919
Lancaster County	3279	2930	2990	3050	3930	4170
Union County	2180	2260	2360	2300	2550	2870
York County	7507	8050	8520	8940	10890	13510
Region Total	14920	15120	15900	1640	19820	23469

In the Catawba Region the demographics of aging continue to change dramatically. The older population is growing rapidly and the aging of the baby boomers born between 1946 and 1964 will accelerate this growth. This larger population of Americans will be more radically diverse and better educated than previous generations. There will be an increase in the number of men over age 85 that are veterans. In the Catawba Region the county with the highest concentration of persons 60+ is Union County with 20% of its population in this age group.

CATAWBA REGION POPULATION BY AGE 85+ YEARS (2000-2025)

CATAWBA PSA	2000	2005	2010	2015	2020	2025
Chester County	446	310	550	280	490	490
Lancaster County	752	650	450	440	1000	400
Union County	505	510	640	460	680	540
York County	1773	1970	2310	1930	2480	2420
Region Total	3476	3440	4250	2110	4680	3850

There is a growing trend of people living longer in the US, and as a result we are seeing increasing numbers of the over 80+ population. The needs of the “old old” are different because they have often outlived their peers and their family support systems. Many of them have relatively good health but are generally frail and need additional assistance to remain independent and stay at home. Also, the over 80 population is more likely to become socially isolated and have increased difficulty accessing available information and resources.

Socio-Economic profile

In the Catawba Region most seniors aged 60+ are better off financially than previous generations. There is an increase in the proportion of seniors with high incomes while, in general a decrease in the proportion of seniors living in poverty. Major inequalities exist for older blacks without high school diplomas that have not fared as well as other seniors. Households headed by whites have incomes that are 6 times greater than that of households headed by blacks.

Factors such as income, poverty, employment, living arrangements, education and health insurance all make up the socio economic profile of seniors. As people grow older and leave the workforce their income declines. This fact is also true in the Catawba Region although the region has been fortunate to have an influx of retirees from other states with very high incomes. While metropolitan areas like Rock Hill, SC located in York County continue to grow in wealth the more rural areas of the region increase the struggle just to survive. This factor places many strains on a much overloaded senior service delivery system.

In the Catawba Region, coupled with the number of low income senior living primary on social security low income is a significant concern. The incidence of poverty is greater among women and blacks. The largest group of older people is comprised of single women either widowed, divorce or separated. Many of this senior group never worked outside of the home. They are dependent upon their husband’s pension or social security benefits from their spouse. Many older blacks live only on social security due to limited job opportunities where pensions could be earned.

Of special interest is the number of seniors who have lived in poverty all of their adult life and their situation becomes even more difficult as they grow older and leave the work force. Even the slightly economic adversity is enough to make their financial situation collapse.

Employment continues to be an important, although not primary, source of income for older adults. About 36% of seniors aged 65+ live in household with incomes from employment. Many older workers are strongly encouraged to leave their jobs whether or not they are financially prepared to do so and end up having trouble finding replacement jobs at the similar salaries. The picture for seniors only grows dimmer as employers are reducing or eliminating pensions and no job security and therefore nothing to plan your retirement. Many seniors want to continue to pay for basic living expenses but are often not allowed. If this trend continues employers may face labor shortages and will need older workers to work at least part-time longer.

Health Status, Health Insurance and Ethnicity

A significant factor especially for persons 65 and older who do not have adequate health insurance is that they may have to choose between purchasing expensive prescription medicines and food or housing. Minorities make up approximately 21.9% of the 60 and older population statewide. The disparity in life expectancy between whites and blacks has remained at over 5 years, reflecting differences resulting from low income and inadequate health and preventive care. As the total population becomes more heterogeneous, the composition of the older population will likewise begin to reflect this diversity. As with gender, racial and minority status continues to pose additional vulnerability beyond that of old age.

The disparity in life expectancy between males and females, and whites and minorities is evident as they age. Health insurance is a very important component of economic security. As the population ages, they are plagued with more chronic diseases and disabling diseases that are acute. Having health insurance, even if it is Medicare, will allow seniors to get the medical care they need. According to reports, some 99.8% of all seniors in SC have health insurance mainly, Medicare. However, most elderly do not have long term care insurance to assist them in paying the tremendous cost of long term care in a facility which makes them very vulnerable financially if they were to need care at a long term care facility.

Education

Education is a powerful predictor of health status and income. Educational attainment offers the hope of improved health status and quality of life.

Educational attainment varies greatly among older South Carolinians. As the baby boomers generation reach retirement age they will be better educated which will provide more opportunities for less expensive self-directed care.

Living Arrangements

As persons grow older or have chronic illnesses or conditions, the level of need for assistance raises the issue of living arrangement. Social and family supports are an important determinant of the well being and continued independence of older adults. Although more than 50% of the senior residents in the Catawba region live with someone else. York County has the highest percentage of its senior population living alone at 21%. It is likely that in the future the number of seniors living alone may increase as the baby boomer generation ages because many have chosen to remain single with no children.

Aging adults living independently may become increasingly vulnerable to injury within the home. Inadequate home safety contributes to the number of in-home injuries among older people.

Other living arrangements for senior residents in the Catawba region include institutional care which offers a wide range in the types of facilities available to seniors. Senior residents may call a skilled nursing care facility home or they make live in a boarding or group home where the care is more an assisted living type of arrangement.

Based on the anticipated changes discussed previously, the Catawba AAA must brace itself to be more adaptable to making changing to its service delivery system to meet the needs of the changing senior population. The needs of seniors will need to be addressed more often and in a less formal way to identify the specific needs of our targeted population of seniors. We should take advantage of the fact that the baby boomer generation will be better educated and we may be able to address their needs through education which much less costly than direct service. We will need to work closely with other senior service provider to share our limited resources while avoiding duplication of service and providing a single point of entry for multiple services to the senior population.

Intervention vs. Prevention

Catawba AAA can promote health by offering information assistance and resources to individuals and families for the prevention of chronic disease and disability (1) enables individuals to enhance and sustain a higher quality of life, reducing acute and long-term care crises, and (2) lessens the burden of costly medical care. Prevention defined by common prevention terms, including health promotion, disease prevention, disease management, chronic disease self-

management, behavior change intervention, geriatric care management, and health management.

Prevention occurs on three levels. Primary prevention targets healthy individuals and groups to stop disease before it starts; secondary prevention targets those at early stages of disease or with high risk behaviors but who are asymptomatic; and tertiary prevention targets those with symptomatic disease, to manage or improve their conditions. Catawba AAA can promote health by offering information assistance and resources to individuals and families on each of these levels to enable informed decision-making before crises ensue.

Beginning Goals

1. Research state and community resources on health promotion and disease prevention.
2. Engage in public education.
3. Advocate for services in the community.
4. Create linkages.
5. Form partnerships.

Objectives

- Promote and raise awareness of the individual's responsibility in determining their own health decisions and options.
- Coordination and development of prevention and wellness materials.
- Facilitation of public access to prevention and wellness information and services
- Assist consumers and partners in accessing available community resources, i.e. trainings, support groups, services, health information, and planning.
- Identify and support consumers with specific needs with individualized materials to encourage informed and healthy lifestyle choices.

Challenge/Opportunities

- Ageism in health promotion and disease prevention.
- Disparities based upon race, ethnicity, income and location.
- Fragmented systems and services in aging, medical care, mental health and public health.

- Difficulty in providing and maintaining updated evidence based interventions that positively impact health and quality of life for adults.

Senior Center Development and Increased Use

The role of the Catawba AAA is to ensure that all service providers providing services funded with Older American Act funds or State funds provide services at or above the levels stated in the LGOA Policy and Procedures Manual. The Catawba AAA can assist staff at senior center and nutrition sites to provide a significant resource for prevention and education programs necessary for promoting intervention by providing training and materials for seniors. The Catawba AAA can communicate the importance of prevention and education programs to the well being of the seniors in the PSA.

The Catawba AAA can promote the development of senior centers throughout the Catawba PSA encouraging the modernization of existing senior centers to make them more relevant to a wide range of incomes and preferences of today's active senior. Catawba AAA needs to focus on senior centers in the Catawba Region and current aging operations in the region to improve the sustainability of the senior center as a community focal point increasing access for more seniors. Encourage the change of the image of the traditional senior as only a place of for a specific group of seniors. Today's seniors want more activities to participate in and they want choice and input into the programming. Senior Centers can enhance their role as a community focal point by promoting awareness, training, knowledge and resourcefulness. The Catawba AAA can recommend that Senior Center operators seek accreditation of the National Council on Aging (NCOA) established senior center standards or at a minimum model their senior center after best practices of the NCOA.

The Catawba AAA can continue working hand in hand with the service provider to develop programming materials for use at Senior Centers and nutrition sites. Board members of the Catawba AAA will continue to work with service providers to conduct programming at Senior Centers. Catawba AAA staff will continue to research information and ideas for programming and make it available to service providers. The Catawba AAA will continue visits to Senior Centers and nutrition sites to work directly with service provider staff to encourage them to embrace the value of programming to for their seniors. We will provide technical assistance to aging service providers in the Catawba region and arrange for training as needed. The Catawba AAA will assist service providers in marketing of senior centers and programs and encourage the adoption of best practices based on the NCOA model.

Alzheimer's disease and the Purple Ribbon Report-2009

In South Carolina, 9% of the persons age 65 or over and 27% of the persons over age 85 have Alzheimer's and other dementias (Alzheimer's Association, 2008). Of the South Carolinians diagnosed 64% have Alzheimer's, 16% have dementia due to stroke, and 20% have dementia related to other chronic conditions. In 2000 there are approximately 67,000 people in South Carolina age 65 and over with Alzheimer's disease. It is projected that in 2010 this number will increase by 19%, or 80,000 people. In the Catawba region, the number of persons age 85 and over with a diagnosis of Alzheimer's and other dementias is estimated to be as high as 36 percent.

The agency goals in assisting caregivers, families and person's with Alzheimer's disease are integrated into the strategy of all the programs of the Catawba Area Agency on Aging. All programs will seek to increase the effectiveness of services and resources to enable older adults to remain healthy and active. Our goals also correspond to one of the top priorities identified during the 2008 Needs Assessment, the need for counseling and education on staying healthy. Catawba Area Agency on Aging has identified the top level goals that will drive our agency's efforts over the next several years. Within this framework The Catawba Caregiver Access Program has established specific goals accompanied by their supporting objectives. All of our goals will be used in guiding our ongoing Alzheimer's activities.

- To increase the public's awareness of health, wellness, and risk factors for Alzheimer's Disease and other Dementias.
- To improve the decision making skills of older adults, caregivers, and families so they are able to make healthy lifestyle choices and service care options.
- To increase access to quality culturally sensitive care, services, education, and support to people with Alzheimer's disease and other dementias, their families, caregivers, and partners
- To network within the community to ensure persons with early stage Alzheimer's, caregivers, and families are aware of the full range of community services that are available.
- To increase the utilization of technology by older adults to stimulate learning and to challenge caregivers, and when appropriate, the person with Alzheimer's disease.
- To raise awareness of the benefits of respite, planning, and support for caregivers, families and person's with Alzheimer's

- To create individualized person centered care plans to reflect the current family situation and provide appropriate referrals, training, support, and/or materials.
- To expand interagency coordination in public and private efforts to aid in educating older adults, caregivers, and families about Alzheimer's Disease and other dementias.

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

In the Catawba Region, Project 2020 represents a vital strategic opportunity to adequately deal with the multitude of issues facing the senior population as well as the communities in which seniors live. The Catawba Region is not unique in the senior issues it faces and the goals of Project 2020 will go a long way to address senior issues. The goals of Project 2020 are as follows:

- Person- Centered Access to Information
- Evidenced-Based Disease Prevention and Health Promotion
- Enhanced Nursing Home Diversion Services

For the seniors in the Catawba Region person-centered access to information will provide information to anyone interested in long-term care. This will allow long terms care systems more consumer responsive and more focused on in-home and community based services that empower consumers to make informed decision about their care option. The evidences based disease prevention and health promotion will help consumers adopt behavior changes that will reduce their risk of disease, disability and injury while enhanced nursing home diversion services will divert people away from nursing home care.

Some of the potential benefits of adoption the goals of Project 2020 by the Catawba Region Aging Network are as described below:

- Implementing a streamlined access to information will provide for greater efficiencies
- Assistance with making difficult decisions about long-term care and determining the most appropriate services through option counseling, future planning, and care management
- Streamlined access to public long-term care benefits through efforts to shorten and simplify the eligibility process for consumers.
- Aims at assisting individuals to behavioral changes that have proven to be effective in reducing the risk of disease and disability among the elderly through chronic disease self management programs, falls prevention and other evidenced based health promotion or disease prevention programs, such as physical activity.

- Targets private pay individuals to provide an incentive for certain individuals at high functional risk of nursing home placement to stay in the community.

The Catawba AAA is planning to meet the goals of the Project 2020 by working on its infrastructure to become an ADRC. The ADRC model represents the catalyst of change to become a one stop shop for providing services to seniors at a single location whether it's an office building or a mobile unit to travel throughout rural communities. Adoption of changes will improve access and reduce confusion in seeking information and the application for assistance. Staffs cross training and retraining is needed to ensure that we have the appropriate skill set where they are needed to serve the needs of our senior consumers.

Through membership in N4A and SE4A, the Catawba AAA gains access to a wealth of well written information available in various formats including, flyers, power point presentations, and PDF files that are available by downloading or ordering to distribute in within the Catawba Region. In addition, training is available on the background and goals and implementation of Project 2020 while attending N4A and SE4A conferences. These conferences offer workshops and forums to increase the understanding of the strategies that will be used to implement Project 2020.

The promotion and adoption of Project 2020 will be crucial to securing funding for services in the future as the maintenance and growth in funding of senior services target the goals of Project 2020. Advocacy efforts by Catawba AAA staff, Board members and Region Aging Advisory Councils can assist in promoting the goals of Project 2020. Consumer education will be the key to successful implementation of the goals of Project 2020.

Legal Assistance Services

The Catawba AAA has begun utilizing local attorneys to provide legal services targeting seniors in the Catawba Region. In this program attorneys agree to provide legal services on a sliding fee scale. At least two attorneys have been identified in each county that are willing to provide legal services based on the sliding fee scale as proposed for the Catawba Region. We plan to expand the list of attorneys who participate in the program each year. Attorneys have provided seniors with legal services including Will preparation and Power of Attorney.

In the Catawba Region we have seen that as seniors age there is an increased difficulty in understanding their legal rights. Family members, caregivers and medical and social service providers often gain financial control over the seniors life in order to exploit the senior financially. In our region this has led to cases of fraud which are often unreported or underreported because the guilty party is a family member or someone that the senior is dependent upon for care.

Particularly troubling is the issue of guardianship faced by many seniors in long term care facilities that do not have a responsible relative or friend to make the necessary decisions on the seniors' behalf.

The Catawba AAA determines the need for legal services by tracking the requests for legal services and reviewing the information that is provided in the request. We also review complaints received through our Ombudsman program that would require legal services. Legal services have not been formally marketed in the Catawba Region with priority given to legal assistance related to the issues identified in Section 307(a)(11)(E) specifically. Referrals have been made from caregivers and service providers. We have made it a stipulation for being on the attorney referral list that they are willing to provide legal services to seniors who are homebound. We have made referrals to attorneys for legal based on the request for services we have received from seniors or their caregivers. In the future, we will develop flyers and market the legal services program to insure that priority be given to legal assistance related to the issues identified in Section 307(a)(11)(E). This section stipulates that the Area Plan" ... contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination...."

The Catawba AAA Ombudsman and other staff continue to be advocates of Elder Rights in the areas of legal services, financial exploitation/scam and fraud protection. Fraud alerts provided by SC Consumer Affairs are shared with service providers for distribution as a means to keep seniors informed. Catawba AAA I-Care staff has attended free lunch seminars as a way of deterring fraud among sellers of Medicare Advantage Plans and other products and services.

In addition, the Catawba AAA provides referrals to seniors for obtaining legal resources through the South Carolina Center for Equal Justice, the National Elder Law Foundation, and the South Carolina Bar Association. General information and documents for Living Wills and Health Care Powers of Attorney are available for mailing to seniors and are distributed at fairs. We are in the process of updating our website and will provide additional resources on Elder Rights and other legal services information of value to seniors and their caregivers.

REGION SPECIFIC INITIATIVES

Catawba AAA adoption of the Aging and Disability Resource Service Model

Strategies we can use to be an Aging and Disability Resource (ADRC), even if funding is delayed or not available.

Our clients should receive and expect great service at the regional level. Catawba Area Agency on Aging will develop and promote the strategies and tools to deliver effective services in more flexible and innovative ways. Catawba AAA staff will be challenged to work smarter and be more creative.

Our challenge is to find ways to deliver excellent service that people find helpful and timely. We need to think of new approaches and new ways of working so that our clients get help and we fulfill our mission. This will require our rethinking everything from our agency's outreach, to how the agency structures services and staff. Catawba AAA will create new ways to fulfill our mission and serve the targeted population in the Catawba Region.

Catawba AAA will investigate and develop the following strategies:

Non Traditional Agency Work Schedule- Catawba AAA will survey clients and partners to determine if alternative hours, before 8am, after 5pm, and/or Saturday hours would provide better access to our targeted populations. This strategy may vary in form from a fully operational opened office to staff available to offer telephone assistance. These strategies may well be very helpful, particularly to working adult children as caregivers and/or disabled adults.

Satellite Locations- Catawba AAA will develop and research the feasibility and need, in each of our four counties, for satellite offices. These offices will assist in addressing the problems of accessibility, isolation, and lack of transportation, in rural areas. The access to local sites will assist in ensuring accessibility to information, services, and communications with our targeted populations. These satellite locations will be enhanced with help services (by telephone or the Internet) or quickly obtain advice or information needed by the client, the support will be provided by Catawba AAA staff or volunteers.

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Budget Narrative for Catawba AAA Comprehensive Operating Budget

The Area Agency on Aging budget accounts for all formula allocations of Federal and State funds for State Fiscal Year 2008-2009 issued by the Lieutenant Governor's Office on Aging. The total budget of the Aging Unit is **\$591,586**. The budget narrative follows the sequence of the budget line items on form AAA Comprehensive Operating Budget State Fiscal Year 2008-2009 provided in the Area Plan Update format.

SALARIES - \$302,371 Total

This is the cumulative total of all salaries for the **6** full time and **1** part time staff of the Aging Unit and 3 interns.

FRINGE BENEFITS - \$77,745 Total

Fringe benefits for staff are **\$16382** FICA, **\$3,831** Medicare, **\$1,635** Workman's Compensation, **\$31,534** insurance, **\$23,688** retirement, and **\$636** unemployment

Note: (**\$30,227** annual leave, sick leave and **12** holidays included in Salaries).

CONTRACTUAL - \$137,918 Total

\$11,500	Audit and other financial services
\$ 3,422	Office Equipment Leases
\$19,000	Office Rent
\$ 3,500	Computer Support Services
\$100,496	Family Caregiver consumer directed services

TRAVEL - \$18,082 Total

The Area Agency on Aging reimburses staff for use of personal vehicles for necessary agency business and professional development activities at the rate of \$.55 per mile. When the travel schedule requires it, meals and overnight accommodations are reimbursed.

OUT OF REGION TRAVEL: \$8,072 Total

The Director, Program Assistant, Long-Term Care Ombudsman, Information and Referral Specialist, Insurance Counselor and Family Caregiver Advocate have regularly scheduled meetings with the LGOA.

The cost of each meeting is calculated by computing the miles driven times the approved agency rate of \$.55 per mile and adding parking fees and lunch expenses as applicable. Receipts are required for parking and lunch.

Registration and room fees for State-wide training events (Summer School of Gerontology and Aging Network Conference) are also included in this portion of the travel budget. Annualizing the current year-to-date actual cost for these trips and training events shows a need for **\$8,072** for out of region trips.

OUT OF STATE TRAVEL: \$4,145

The director attends the annual N4A conference and the SE4A Conference each year. The average cost of registration, air fare, land travel, rooms and meals for these two events for the last three years is **\$4,145**

Long Term Care Ombudsmen attend one National Conference each year. The average cost for registration, airfare, land travel, room and meals for the past three years is **\$0,000**

Add similar information for out of state travel for other staff as needed.

IN-REGION TRAVEL: \$5,864

The Director travels in region for Quality Assurance Visits, public presentations, community advocacy, technical assistance, menu review and caterer monitoring. The cost associated with these mandated activities is **\$2,041**.

The Finance Manager provides technical assistance related to fiscal matters and the client data system, monitors contractors, attends regional meetings. The cost associated with these mandated activities is **\$000**.

The Program Planner provides on-site evaluation of meal service, conducts quality assurance reviews and program monitoring, and provides technical assistance. These activities have an annual travel cost of **\$000**.

Staff in the Long Term Care Ombudsman program travel throughout the region to investigate complaints from residents of nursing homes and residential care facilities. The travel cost for these activities over the last three years averaged **\$1,600**.

I-CARE staff travel has increased greatly because of the demand for presentations and requests for assistance with Medicare Part D. The current year cost, annualized will be **\$890**.

The Family Caregiver Advocate travels around the region to conduct activities related to the mandated caregiver services and to provide information, assistance, support groups, counseling, and develop resources to meet caregiver needs. The travel cost for these activities over the last three years averaged **\$1,200**.

The Information. Referral and Assistance Specialist has travel expenses related to maintaining certification. Some information services are best delivered in a group setting and these may require in region travel on a limited basis. The annualized cost for the I&A Specialist travel is **\$0,000**.

NON-EMPLOYEE TRAVEL: \$0,000

The Area Agency is mandated to establish and support a Regional Aging Advisory Council and a Family Caregiver Program Advisory Group. The membership is made up of citizens and program participants from the counties. The AAA reimburses the members for their travel and lunch cost at the rate approved by the Board of Directors. The annualized reimbursements for the current year are **\$0,000**.

EQUIPMENT - \$2,111 Total

Based on the four year rotating equipment upgrade plan of the Area Agency on Aging, One computers and one color printer will be purchased this year.

Computer	\$1,500
Color Printer	\$ 611

A desk, credenza, chair, bookcase and file cabinet will be purchased for the Volunteer Ombudsman coordinator position.

Office Furniture Total	\$0
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SUPPLIES- \$5,000 Total

Office supplies for eight staff positions	\$2,000
Copy/printer paper	\$1,500
Toner for Printer and Copiers	\$1,500

ALLOCATED COSTS - \$46,201 Total

Utilities	\$3,700
Postage	\$2,000
Communications:	
Phone and Internet	\$8,000

Printing	\$2,000
Insurance	\$6,500
Education & Training	\$2,000
Meeting Supplies	\$250
Housekeeping	\$2,392
Advertising	\$500
Training Supplies	\$500
In-Kind Services	\$16,359
Program Development	\$2,000

OTHER DIRECT COSTS - \$2,153 Total

Subscriptions **\$353**

Membership Dues **\$1,800**

TOTAL OPERATING BUDGET: \$591,586

REGION: CATAWBA

EXPENDITURES FOR PRIORITY SERVICE CATEGORIES

As required by the Older Americans Act and State policy, an adequate amount allotted for Part B will be expended for the delivery of each of the categories of service identified on this form. Based upon the most recent needs assessment, I&A reports, Caregive reports, and AIM data, enter the percentage set by the Area Agency on Aging for each priority service category based on the regionwide needs identified from all these sources.

Access Services 79 % In-Home Services 19 % Legal Assistance 1.5 %

Enter Total III B after Transfers for SFY 2008-2009			and SFY 2009-2010	\$377,904
ACCESS SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Transportation	\$179,296		\$226,804	
B. Information & Assistance (III-B funding Only)	\$45,516		\$60,567	
C. Case Management				
D. Outreach				
TOTAL ACCESS EXPENDITURES	\$224,812	#DIV/0!	\$296,559	78.47%
IN-HOME SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Level I Housekeeping and Chore	\$54,924		\$84,867	
B. Level II Homemaker with Limited Personal Care				
C. Level III Personal Care with Limited Medical Assistance				
TOTAL IN-HOME EXPENDITURES	\$54,924	#DIV/0!	\$84,867	22.46%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
TOTAL L.A. EXPENDITURES	\$2,036	#DIV/0!	\$5,999	1.59%

REQUESTED TRANSFER OF FEDERAL FUNDS SFY 2009-2010

Per requirements of the Older Americans Act, the Area Agency on Aging may, without a waiver, elect to transfer no more than 40% of the funds received under Title III-C between subpart 1 and subpart 2, for use as the Area Agency considers appropriate to purchase services that meet the nutritional needs of older adults in the area served.

The formula for computing the maximum transfer from C-1 to C-2 without a waiver is (Title III-C-1 X .40) + III-C-2 original allocation.

The formula for computing the maximum transfer from C-2 to C-1 without a waiver is (Title III-C-2 X .40) + III-C-1 original allocation.

If the Area Agency on Aging determines that a transfer of more than 40% is required to purchase services at a level that satisfies the need for III-C-1 or III-C-2 services, the agency must request a waiver that justifies the transfer of an additional amount, not to exceed an additional 10% of the funds received under Title III-C, between Subpart 1 and Subpart 2.

Because the LGOA transferred 30% of Title III-C-1 to Title III-B prior to allocating Title III funds, **the Area Agency on Aging may elect to transfer not more than 30% of the funds received for Title III-C-2 state fiscal year 2010**, between programs under part B and part C-2, for use as the Area Agency considers necessary to purchase services to meet the need for in-home and community based services.

FOR STATE FISCAL YEAR 2010: The formula for computing the maximum transfer from Part C-2 to Part B is (Title III-C-2 X .30 + Title III-B allocation).
 The formula for computing the maximum transfer from Part B to Part C is Title III-B X .30. The resulting 30% can be spread between III-C-1 and III-C-2 or applied to either of the subparts of Title III-C.

REQUESTED TRANSFERS

TITLE	ORIGINAL ALLOCATION (See Note Below)	REQUESTED TRANSFER	REQUESTED ALLOCATION	% OF TRANSFER
III-B	\$506,552	(\$128,648)	\$377,904	-27.38%
III-C-1	\$311,630	\$85,675	\$397,305	27.49%
III-C-2	\$158,283	\$42,973	\$201,256	27.15%
TOTAL	\$976,465	\$0	\$976,465	

INSTRUCTIONS

Total of ORIGINAL ALLOCATION column must total the Title III-B plus III-C-1 plus III-C-2 allocations for services transmitted to the region in the ALLOCATIONS FOR SERVICE PROVISION - AREA PLAN PERIOD 2009-2010.

Total of REQUESTED TRANSFER column must be **ZERO**

Total of REQUESTED ALLOCATION column must equal total of the ORIGINAL ALLOCATION column

A formula will compute the % of TRANSFER based on the OAA provisions cited at the top of this form.

All Title III-B service funds allocated to the AAA must be included on the III-B line in the Original and Requested Allocations columns including any III-B funds expended **at the AAA** for III-B community-based services to older adults. (*Do not include Program Development or III-B Ombudsman funds*)

SUMMARY OF SERVICE FUNDING, CONTRACTED UNITS and AVERAGE UNIT COST SFY 2010-2013			
SERVICE	TOTAL AAA FUNDING PER SERVICE	TOTAL UNITS FOR REGION	REGIONAL AVERAGE UNIT COST
Transportation	\$381,521	343,713	\$1.1100
Housekeeping or Chore	\$169,869	9,458	\$17.9604
Homemaker with Limited Personal Care	\$0		#DIV/0!
Personal Care with Limited Medical Assistance	\$0		#DIV/0!
Home Living Support	\$0		#DIV/0!
Adult Day Care			#DIV/0!
Legal Assistance	\$6,666	60	\$111.1000
Information, Referral & Assistance	\$76,720	979	\$78.3657
Outreach	\$0		#DIV/0!
Respite Care	\$0		#DIV/0!
Care Management	\$0		#DIV/0!
Group Dining	\$731,752	93,098	\$7.8600
Home Delivered Meals	\$517,369	65,573	\$7.8900
Health Screening	\$0		#DIV/0!
Nutrition Risk Follow-Up	\$0		#DIV/0!
Health Promotion Program	\$0		#DIV/0!
Physical Fitness	\$22,979	15,371	\$1.4950
Home Injury Prevention	\$0		#DIV/0!
Senior Games	\$0		#DIV/0!
Minor Home Repair (State Funds Only)	\$0		#DIV/0!
Medication Management	\$6,828	341	\$20.0235
I-Care Calls/Contacts	\$27,736	5,030	\$5.5141
SMP Calls/Contacts	\$10,960	409	\$26.7971
Caregiver Services	\$95,012	11,242	\$8.4515
NUMBER OF MINORITY PROVIDERS			0
NUMBER OF RURAL PROVIDERS			3
TOTAL NUMBER OF PROVIDERS			3

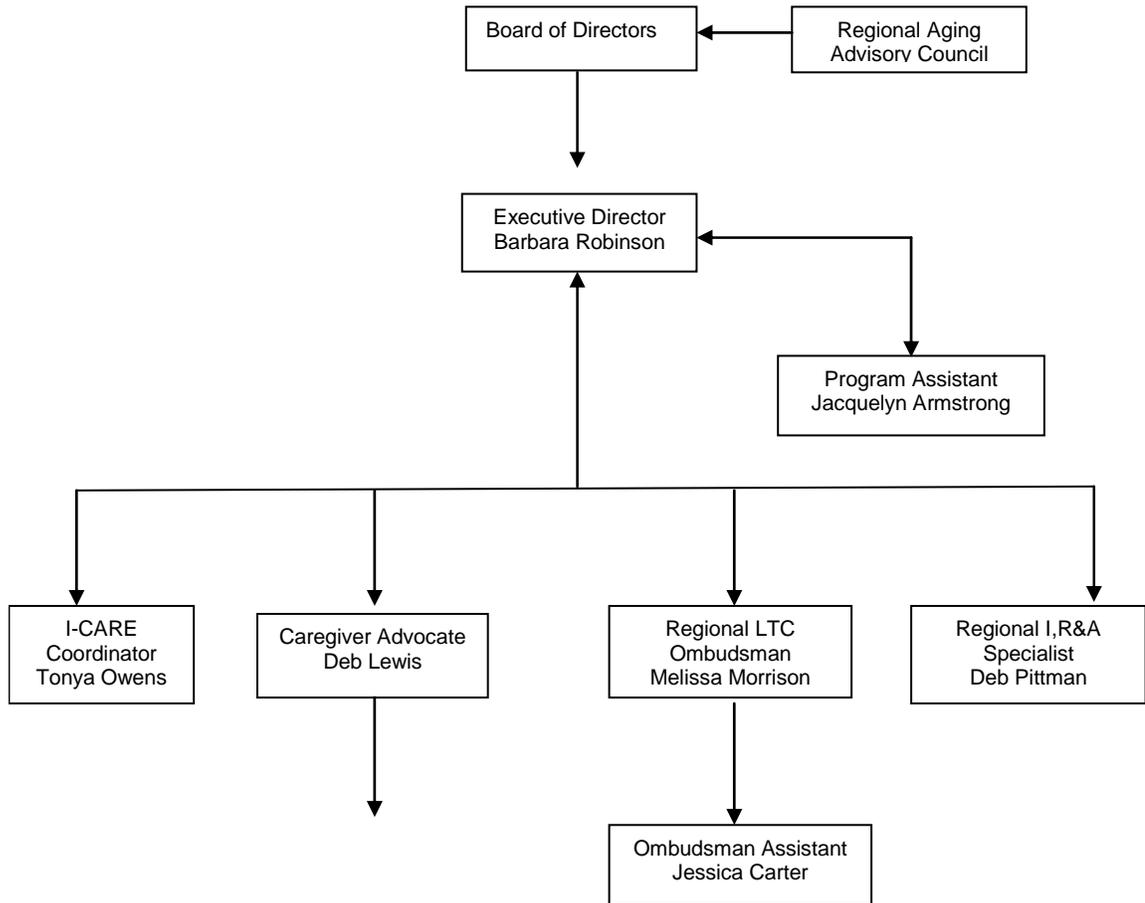
NOTE: Match Ratio if using III-E is 88.24(F) to 11.76(L)	CY ON AGING SUMMARY PROGRAM BUDGET-COMPUTATION OF					NUTRIT Congrega Meals
	IN-HOME & COMMUNITY-BASED SERVICES					
	Transportation	Chore or Housekeeping	Legal Assistance.	Information & Assistance See NOTE Upper Left	TOTAL Supportive Services	
CONTRACTED UNITS	343,713	9,458	60	1,500		93,098
Title III Federal B, C	\$226,804	\$84,867	\$5,666	\$60,567	\$377,904	\$397
ARRA Funds - Cong. & HDM						\$69
Title III Federal E				\$5,625		
State 5% Match B,C, ARRA	\$13,342	\$4,942	\$333	\$3,563	\$22,180	\$27
Local:Cash match	\$26,683	\$9,984	\$667	\$6,965	\$44,299	\$54
Local:In-kind match	\$0	\$0	\$0	\$0	\$0	
Total Local Match	\$26,683	\$9,984	\$667	\$7,875	\$45,209	\$54
ACE-Bingo		\$47,227		\$0	\$47,227	
SC General Revenue Services	\$36,766	\$22,849	\$0	\$0	\$59,615	
State Services-Non-recurring	\$77,926	\$0	\$0	\$0	\$77,926	\$103
NSIP					\$0	\$79
Est. Income-State Services	\$0	\$0			\$0	
Estimated GRI for Title III	\$0	\$0	\$0		\$0	
SSBG HDM Funds					\$0	
Other SSBG Grants to AAA					\$0	
Total Contracted Funds	\$381,521	\$169,869	\$6,666	\$76,720	\$629,151	\$731
Contracted Rate	\$1.1100	\$17.9600	\$111.1234	\$51.1428	NA	7.8
NOTE: Contracted rate Includes Local Match						
COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE						
Net Contracted (AIM) Rate	\$1.1100	\$17.9600	\$111.1234	\$51.1428	NA	\$7.8
AIM Units:Other SSBG Svs						
AIM Units: SSBG HDMs						
AIM Units-Non-recurring State	70204	0				13
AIM Units:State Funded Svs	33123	1272	0	0		
AIM Units: ACE-BINGO		2630	0	0		
AIM Units: State Svs Income	0	0				
AIM Units: ARRA Funds						10
NSIP Share of CUC						\$1.
AIM Title III Meal Rate						\$6.
AIM Units:Title III (F+S+L)	240386	5556	60	1500		69
AIM Units: GRI (Estimate)	0	0	0	0		
TOTAL CONTRACT UNITS	343,713	9,458	60	1,500	NA	79,972
NOTE: Contracted Units for All Services Include Units Projected for GRI and State Services Income						
Total of All Other Resources by Service	\$0	\$0	\$0	\$0	NA	
Total of Units Served with those Other Resources	0	0	0	0	NA	
TOTAL SERVICE BUDGET	\$381,521	\$169,869	\$6,666	\$76,720	NA	\$731
Total Unit Cost	\$1.1100	\$17.9600	\$111.1234	\$51.1428	NA	\$7.8

Client Demographics - Target Populations Served Shown as % of Total Persons Served													
REGION: Catawba Area Agency on Aging Region 3					YTD Data From AIM SFY2008-2009								
Service Delivery Contractors	Total People Served (a)	Number of Minority Served (b)	Of Total Persons Served % Who Are Minority	Number in Rural Areas Served (c)	Of Total Persons Served % Who Live in Rural Area	Number At or Below Poverty Served (d)	Of Total Persons Served % Who Are Below Poverty	Number of Minority Poor Served (e)	Of Total Minority Served % Who Are Poor	Number of Non-Minority Poor Served (f)	Of Total Non-Minority Served % Who Are Poor	Number of Clients Served for First Time in SFY2009 (g)	Of Total Persons Served % Who Received Services for the First Time in SFY09
SSOCC	668	280	41.92%	660	98.80%	244	36.53%	104	42.62%	140	57.37%	233	34.88%
LCCOA	525	161	30.67%	524	99.81%	314	59.81%	91	56.52%	223	71.00%	225	42.86%
UCCOA	265	50	18.87%	255	96.23%	110	41.51%	28	56.00%	82	74.50%	105	39.62%
YCCOA	730	265	36.30%	210	28.77%	408	55.89%	181	68.30%	227	48.82%	207	28.36%
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Regionwide	2188	756	34.55%	1649	75.37%	1076	49.18%	404	53.44%	672	46.93%	770	35.19%
(a) This is the number of unduplicated persons served under AAA purchase of service contracts in SFY09.													
(b) Of total persons served, this is the number who were minority (Show breakout of minority population on next page.)													
(c) Of the total persons served this is the number that reside in rural areas (outside incorporated cities and towns.)													
(d) Of the persons served, this is the number whose self reported income was at or below the 2008 poverty level established by the Bureau of the Census.													
(e) Of those whose income was below the poverty level established by the Bureau of the Census, this is the number who were minority													
(f) Of those whose income was below the poverty level established by the Bureau of the Census, this is the number who were not minority													
(g) Of the total number served, this is the number who received services for the first time in SFY 2009 or who had not received any contracted service since June 30, 2007													

SUPPLEMENTAL DETAIL - BREAKOUT OF MINORITY POPULATIONS SERVED SFY 2008-2009					
Service Delivery Contractors	African-American	Hispanic	Native American or Alaskan Native	Asian/ Pacific Islander	Unknown Ethnicity
SSOCC	280	0	2	0	0
LCCOA	161	0	0	0	0
UCCOA	50	0	0	0	0
YCCOA	260	0	4	1	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Regionwide	751	0	6	1	0

DESIGNATED AND UNDESIGNATED FOCAL POINTS IN THE PSA IN 2009-2010				
County	Focal Point Organization	Focal Point Street Address	AAA Designated Focal Point	Type of Organization or Facility
Lancaster, Union, York,	Catawba Area Agency on Aging	2051 Ebenezer Road, Suite B, Rock Hill, SC 29732	No	AAA
York	York County Council on Aging	917 Standard Street, Rock Hill SC 29730	Yes	COA-Group Dining Center
Lancaster	Prime Time for Seniors	309 S. Plantation Road, Lancaster, SC 29720	Yes	COA-Group Dining Center
Union	Union County Council on Aging	237 Gadberry Street, Union, SC 29379	Yes	COA-Group Dining Center
INSTRUCTION: In addition to any focal points officially designated by the Area Agency, include those community facilities and programs that are considered by older adults to be their community's source of information or access to services, activities and programs as <u>undesigned</u> focal points.				

Organizational Chart



EXECUTIVE SUMMARY

The purpose of this needs assessment is to provide information that will assist the Catawba Area Agency on Aging develop its multi-year comprehensive area plan. The findings of the needs assessment paint a rich picture of the needs of older persons in Union, Chester, Lancaster and York Counties. It is a complex picture and not easy to reduce to a simple listing of needs.

The sample was reasonably reflective of the older population of the area who could be expected to require services. The sample breaks down into two subgroups. Each of these subgroups has its own specific set of needs and priorities. The Caregiver Subgroup includes 46% of the respondents. The Caregiver Subgroup consists of those respondents who are caring for someone in the home. This subgroup also has limited resources and has multiple needs. Persons with Disabilities Subgroup includes 56.8% of the respondents. This subgroup has needs that center around specific services.

The top six service needs identified by the respondents were somewhat different from those in the past. They are reflective, however, of the high proportion of caregivers and persons with disabilities found among the respondents.

The conclusions reached by the needs assessment are:

1. The market for services of the Catawba Area Agency on Aging can be segmented into two groups based on the responses to this needs assessment. These are the Caregiver Subgroup and the Disabilities Subgroup. Each subgroup has its own set of needs and characteristics.
2. Among the traditional services provided by the Catawba Area Agency on Aging, the top six needs identified by the respondents are:
 - Information about services available in the community
 - Counseling on how to stay healthy
 - Caregiver-Temporary Relief
 - Caregiver- Options for Care
 - Caregiver-Pay for Services
 - Help applying for services

The recommendation made in the needs assessment is:

The Catawba Area Agency on Aging should examine its marketing efforts to take into account the segmentation of its client population.

**Total Opened ANE Cases
with Medicaid As The Funding Source
State Fiscal Year July 01, 2007 Through June 30, 2008**

Region: Catawba					
	1st Quarter July 1, 2007 - September 30, 2007	2nd Quarter October 1, 2007 - December 31, 2007	3rd Quarter January 1, 2008 - March 31, 2008	4th Quarter April 1,2008 - June 30, 2008	Total For July 1, 2007 - June 30, 2008
Total of All Opened ANE Cases	11	10	6	8	35
Total of All Opened ANE Cases With Funding Source Medicaid	8	7	5	7	27
Percent % Of Opened ANE Cases that are Medicaid Funded	72.73%	70.00%	83.33%	87.50%	77.14%
Total Number of Opened ANE Cases Referred to Law Enforcement / SLED	0	2	1	0	3
Total Number of Opened ANE Cases Referred to Attorney General	11	5	3	8	27

Note: The Figures entered on this page should be obtained from the ANE Case Report. Add total ANE cases for each facility type listed on the report. Add total ANE Medicaid Funded Cases for each facility type. Add all ANE Cases Referred to Law Enforcement and Sled. Add total ANE cases referred to the Attorney General.

Note: #DIV/0! Will appear until you have entered numbers in line 3 and line 4. All of Column I (Total For) and Row 7 are calculated for you.

**Total Opened ANE Complaints with Medicaid As The Funding Source
State Fiscal Year July 01, 2007 Through June 30, 2008**

Region: Catawba					
	1st Quarter July 1, 2007 - September 30, 2007	2nd Quarter October 1, 2007 - Decembe r 31, 2007	3rd Quarter January 1,2008 - March 31, 2008	4th Quarter April 1,2008 - June 30, 2008	Total For July 1, 2007 - June 30, 2008
Total of All Opened ANE Complaints for Abuse Complaints: 001,002,003,006,& 117	8	8	5	6	27
Total of All Opened ANE Complaints With Funding Source Medicaid for Abuse Complaints: 001,002,003,006,& 117	6	5	4	6	21
Total of All Opened ANE Complaints for Neglect Complaints: 005	2	2	0	0	4
Total of All Opened ANE Complaints With Funding Source Medicaid for Neglect Complaints: 005	1	2	0	0	3
Total of All Opened ANE Complaints for Financial Exploitation Complaints: 004 & 121	1	0	1	2	4
Total of All Opened ANE Complaints With Funding Source Medicaid for Financial Exploitation Complaints: 004 & 121	1	0	1	1	3
Total Number of Opened ANE Complaints	11	10	6	8	35
Total Number of Opened ANE	8	7	5	7	27

Complaints With Funding Source Medicaid					
--	--	--	--	--	--

Note:

Abuse Complaints:

- 001 Abuse, physical (including corporal punishment)
- 002 Abuse, sexual
- 003 Abuse, verbal/psychological (including punishment, seclusion)
- 006 Resident-to-resident physical or sexual abuse
- 117 Abuse/neglect/abandonment by family member/Friend/guardian or, while on visit out of facility, any other person

Neglect Complaints:

- 005 Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)

Financial Exploitation:

- 004 Financial exploitation (use categories in Section E for less severe financial complaints)
- 121 Financial exploitation or neglect by family or other not affiliated with facility

Note: There are 6 Queries in Ombud Query to give you the totals for each complaint type. You need to add the total on the reports and enter them in the correct line.

**Total Closed ANE Cases
with Medicaid As The Funding Source
State Fiscal Year July 01, 2007 Through June 30, 2008**

Region: Catawba					
	1st Quarter July 1, 2007 - September 30, 2007	2nd Quarter October 1, 2007 - December 31, 2007	3rd Quarter January 1, 2008 - March 31, 2008	4th Quarter April 1,2008 - June 30, 2008	Total For July 1, 2007 - June 30, 2008
Total of All Closed ANE Cases	14	14	8	6	42
Total of All Closed ANE Cases With Funding Source Medicaid	11	11	5	4	31
Percent % Of Closed ANE Cases that are Medicaid Funded	78.57%	78.57%	62.50%	66.67%	73.81%
Total Number of Closed ANE Cases Referred to Law Enforcement / SLED	0	2	0	0	2
Total Number of Closed ANE Cases Referred to Attorney General	14	12	7	5	38

Note: The Figures entered on this page should be obtained from the ANE Case Report.

Add total ANE cases for each facility type listed on the report. Add total ANE Medicaid Funded Cases for each facility type. Add all ANE Cases Referred to Law Enforcement and Sled. Add total ANE cases referred to the Attorney General.

Note: #DIV/0! Will appear until you have entered numbers in line 3 and line 4. All of Column (Total For) and Row 7 are calculated for you.

**Total Closed ANE Complaints with Medicaid As The Funding Source
State Fiscal Year July 01, 2007 Through June 30, 2008**

Region: Catawba					
	1st Quarter July 1, 2007 - September 30, 2007	2nd Quarter October 1, 2007 - December 31, 2007	3rd Quarter January 1,2008 - March 31, 2008	4th Quarter April 1,2008 - June 30, 2008	Total For July 1, 2007 - June 30, 2008
Total of All Closed ANE Complaints for Abuse Complaints: 001,002,003,006,& 117	13	11	5	5	34
Total of All Closed ANE Complaints With Funding Source Medicaid for Abuse Complaints: 001,002,003,006,& 117	11	8	4	4	27
Total of All Closed ANE Complaints for Neglect Complaints: 005	1	1	2	0	4
Total of All Closed ANE Complaints With Funding Source Medicaid for Neglect Complaints: 005	0	1	0	0	1
Total of All Closed ANE Complaints for Financial Exploitation Complaints: 004 & 121	0	2	1	1	4
Total of All Closed ANE Complaints With Funding Source Medicaid for Financial Exploitation Complaints: 004 & 121	0	2	1	0	3
Total Number of Closed ANE Complaints	14	14	8	6	42
Total Number of Closed ANE Complaints With Funding Source	11	11	5	4	31

Medicaid					
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Note:

Abuse Complaints:

- 001 Abuse, physical (including corporal punishment)
- 002 Abuse, sexual
- 003 Abuse, verbal/psychological (including punishment, seclusion)
- 006 Resident-to-resident physical or sexual abuse
- 117 Abuse/neglect/abandonment by familymember/Friend/guardian or, while on bvisit out of facility, any other person

Neglect Complaints:

- 005 Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)

Financial Exploitation:

- 004 Financial exploitation (use categories in Section E for less severe financial complaints)
- 121 Financial exploitation or neglect by family or other not affiliated with facility

Note: There are 6 Queries in Ombud Query to give you the totals for each complaint type. You need to add the total on the reports and enter them in the correct line.

Catawba Access Information and Referral Program Report

During the most recently completed program year, FY2008, the Information and Referral Program had 979 contacts, according to SC Access. Most requests for assistance originated from York County. The most common requests originated by phone and were for

- affordable housing information,
- utility or rental/mortgage assistance,
- medical/dental assistance,
- caregiving assistance,
- transportation services,
- housekeeping or sitter services,
- medication assistance,
- home repair/modification assistance
- nursing home/assisted living information, and
- insurance assistance

The I&A Specialist gives callers different types of information and assistance depending on the requests. Sometimes callers' requests don't match available programs and services and when talking to them about their situations the I&A Specialist has to access their needs and respond appropriately.

The I&A Specialist primarily provided information, referral or advocacy services to individuals or agencies seeking assistance and developed written resources to enhance or promote available programs/services or increase public awareness of problems and needs of older persons. She also helped the Executive Director by assisting with Board and Regional Aging Advisory Council responsibilities, conducting quality assurance reviews, coordinating area caucus activities, and assisting with grants management.

**State Health Insurance Assistance Program (SHIP)
Client Contact Summary Report
from 4/1/2008 to 3/31/2009
Form Submitter: Owens, Tonya (South Carolina)**

	Count
Number of Client Contact Forms	793
Type of Client/Assistance Req by:	
Beneficiary (self)	468
Couple	31
Caregiver	244
Agency	62
Number of Beneficiaries with Multiple Contacts	63
Where Client Learned About the SHIP	
CMS (1-800-Medicare, www.Medicare.gov, Medicare & You, CMS mailing)	19
Presentations/Fairs	0
State-specific mailings/brochures/posters	0
Agency (senior org, disability org, Social Security)	79
Friend/Relative	25
Media (PSA, ad, newspaper, radio, etc)	4
Other	63
Not Collected	609
Type of Contact:	
Telephone	702
Quick Call (<10)	15
In-Person (site)	75
In Person (home visit)	2
E mail / Fax / Postal Mail	66
Average Minutes Spent with Beneficiary for All Contacts	46
Total Minutes Spent with Beneficiary for All Contacts	40135
Section 2 - Beneficiary Demographics	
Beneficiary Age:	
Under 65	153
65-74	136
75-84	94
85 or Older	39
Not Collected	341
Beneficiary Gender:	
Female	560
Male	192
Not Collected	41
Beneficiary Ethnicity / Race:	
American Indian or Alaska Native	7
Asian	0
Black or African American	95
Hispanic or Latino	5
Native Hawaiian, or other Pacific Islander	0
White, Not of Hispanic Origin	341
Other	4

	Not Collected	330
Beneficiary Income:	Below 150% of FPL	211
	At or greater than 150% of FPL	87
	Not Collected	483
Beneficiary Disabled:	Yes	202
	No	65
	Not Collected	516
Section 3 – Topics Discussed		
Medicare Prescription Drug Coverage (PDP/MA-PD):	Plan eligibility, benefit comparisons	209
	Low-income assistance - eligibility, benefit comparisons	59
	Enrollment / application assistance	51
	Claims / billing	22
	Appeals/ quality of care/complaints	23
Other Sources of Prescription Drug Coverage/ Assistance:	Medicare-Approved Drug Discount Card	14
	State Pharmacy Assistance Program	12
	Union/Employer plan	31
	Manufacturer's Assistance Program	31
	Discount plans	5
Other	32	
Medicare (Parts A and B):	Enrollment, eligibility, benefits	136
	Claims/billing	31
	Appeals/ quality of care/complaints	7
Medicare Health Plans (HMOs, PPOs, PFFS, Special Needs Plans):	Enrollment, disenrollment, eligibility, comparisons	50
	Plan or benefit changes/non-renewals	3
	Claims/billing	21
	Appeals/ quality of care/complaints	6
Medicaid (enrollment, eligibility, benefits):	QMB/SLMB/QI	67
	Other Medicaid	96
Medigap/ Supplement/ SELECT:	Enrollment, eligibility, comparisons	113
	Change coverage	4
	Claims/appeals	2
Other:	Long-Term Care	36
	Fraud and Abuse	35
	Military Health Benefits	2
	Employer Health Plan or Federal Employee Health Benefits Program	0
	Customer Service Issues/complaints	209
	Other	22

**Public and Media Activity Summary Report for 4/1/2008 to 3/31/2009 by
Tonya Owens (South Carolina)**

SECTION 1 - TYPE OF ACTIVITY

Total # of activities:	0	*Non-	0
*RFACT		RFACT	
	Totals		Totals
A. # Interactive Present. to public	12	E. # TV/cable show (not PSA/ad)	0
Estimated # of attendees	320	Estimated # of people reached	0
Estimated # of people enrolled	0	# times re-aired	0
	Totals		Totals
B. # Booths/exhib. at fairs	1	F. # Enrollment Event	0
Estimated # of people reached	300	Estimated # of people enrolled	0
Estimated # of people enrolled	0		
	Totals		Totals
C. # Radio shows (not PSA/ad)	0	G. # Other (e.g. PSA, mailing etc.)	6
Estimated # of people reached	0	Estimated # of people reached	4130
# times re-aired	0	# times re-aired/re-printed etc.	0
	Totals		Totals
D. # of Web-site events	0		
Estimated # of people reached	0		

SECTION 2 - ACTIVITY INFORMATION

Total # hours for length of events/activities 45 hours (round to the nearest hour)

Types of presenters:	Totals
SHIP Staff/coordinator/sponsor	13
SHIP Counselor/volunteer	3
Other	1

SECTION 3 - TOPIC FOCUS

# events/activities that covered:	Totals		Totals
Medicare (Parts A and B)	14	Other Prescription Drug Coverage/Assistance	2
Non-coverage Situation	0	Medicare Health Plans	3
Long-Term Care	1	QMB/SLMB/QI	0
Medigap/Medicare Supplements	5	Other Medicaid	2
Fraud & Abuse	10	General SHIP program information	3
Medicare Prescription Drug Coverage (PDP/MA PD)	4	Other (specific health topics - ESRD, diabetes)	1

SECTION 4 - TARGET AUDIENCE

Totals Totals

Medicare beneficiaries and/or pre-enrollees	8	Family members/caregivers of Medicare beneficiary	8
Low-income	9	American Indian or Alaska Native	2
Asian	0	Black or African American	11
Hispanic or Latino	1	Native Hawaiian or other Pacific Islander	0
White, Not of Hispanic origin	8	Disabled	6
Rural	12	Other (such as professionals)	5
* Medicare beneficiaries and/or pre-enrollees	0	* Hispanic	0
* Family members/caregivers of Medicare benes.	0	* American Indian	0
* Low-income	0	* African American	0
* Low-education	0	* Disabled	0
* Asian/Pacific Islander	0	* Rural	0
* Eskimo & Aleut	0	* Other (such as professionals)	0

* Refers to version 1 of the Public and Media Activity form

Catawba Area Agency on Aging
South Carolina Family Caregiver Support Program
Report for Period from
07/01/07 through 06/30/08

End of Year Report

This year Catawba AAA has spent \$91,008 on respite services. This represents 13,177 units of respite @ an average cost of \$6.91 per hour. \$14,521 was spent on Supplemental Services this provided 364 units. \$2805 was spent on Senior Raising Children; however these dollars are reflected in the totals of respite and supplemental dollars. The total amount spent for direct caregiver respite and supplemental services for 07-08 is \$105,529. This amount includes the \$5000 ARCC funds provided to serve people with Alzheimer's disease.

The \$ 5000 ARCC funds provided 9 caregivers and their families with 1825 hours of respite at a cost of \$2.74 per hour. The respite type chosen by the caregivers were; in home sitters, non-medical home care companies, adult day cares, and assisted living facilities.

We currently have a wait list and stopped approving any additional dollars for respite or supplemental services in May 2008. We had 59 caregivers on our list as of June 2008. Our wait list was started 05/01/08. We started approving new the caregiver's funds July 1, 2008. Family Caregivers caring for someone with Alzheimer's disease and high caregiver burden scores have priority.

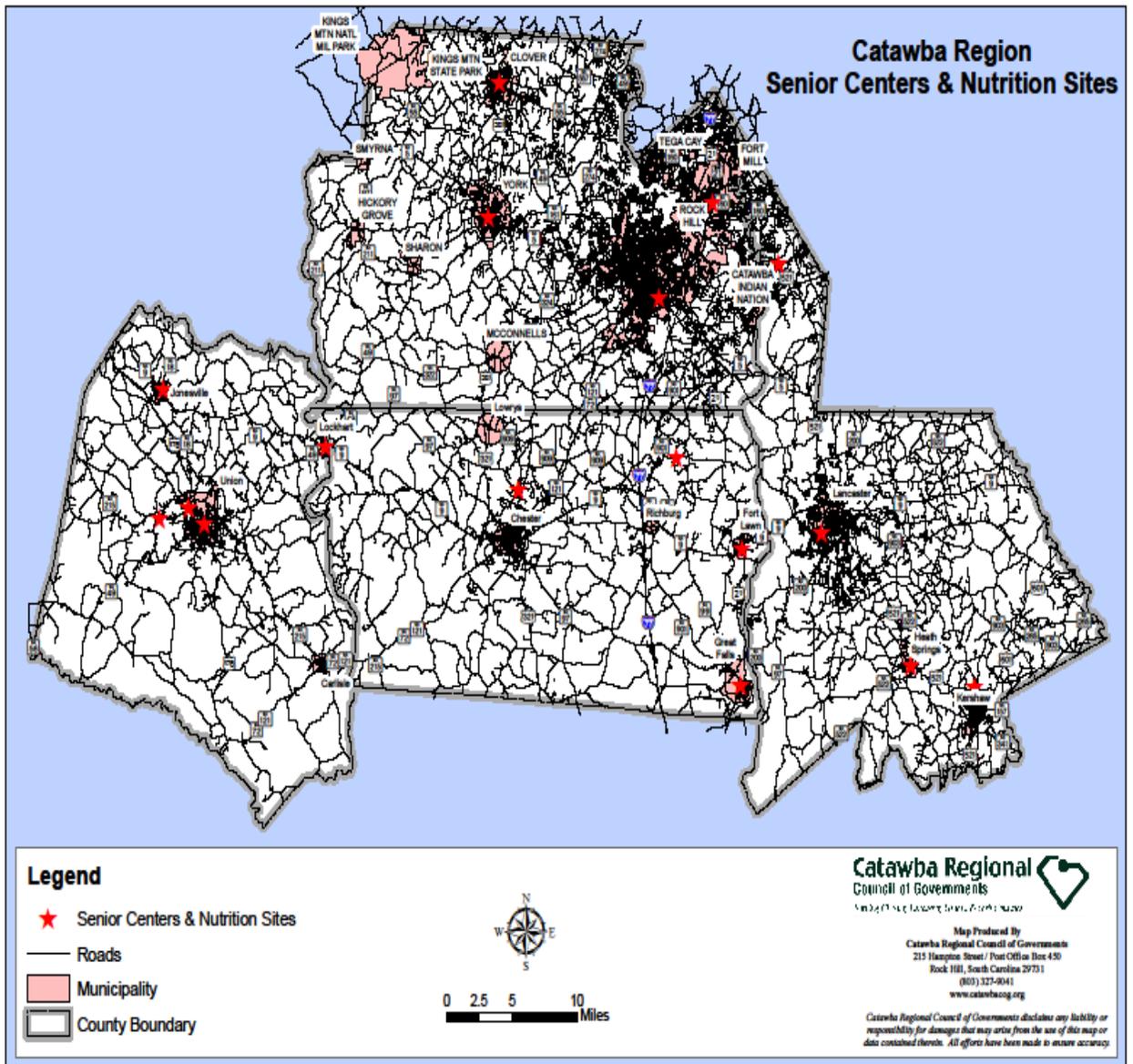
We have continued our monthly support and education groups and have a partnership with Agape Hospice to provide a quarterly Prayer Breakfast for local clergy and the faith community. We have had Prayer breakfasts in York, Chester, and Lancaster County in 2008. A ministerial resource guide has been developed and given to all attendees. Several new support groups have been started in the region. We have support group in all of our 4 counties; they are conducted by this office or through partnerships with other groups or agencies.

Completed and returned satisfaction surveys are also enclosed with report. We have completed a caregiver assessment instrument for ARCC and assisted in developing a new AIM Assessment. The Catawba Region, along with Appalachia, Santee Lynches, Trident, and Upper Savannah is piloting the AIM Assessment starting July 15, 2008. The assessment is a joint project involving ARCC, USC, MSW Interns, Office on Aging, AAA, and private sector groups and individuals.

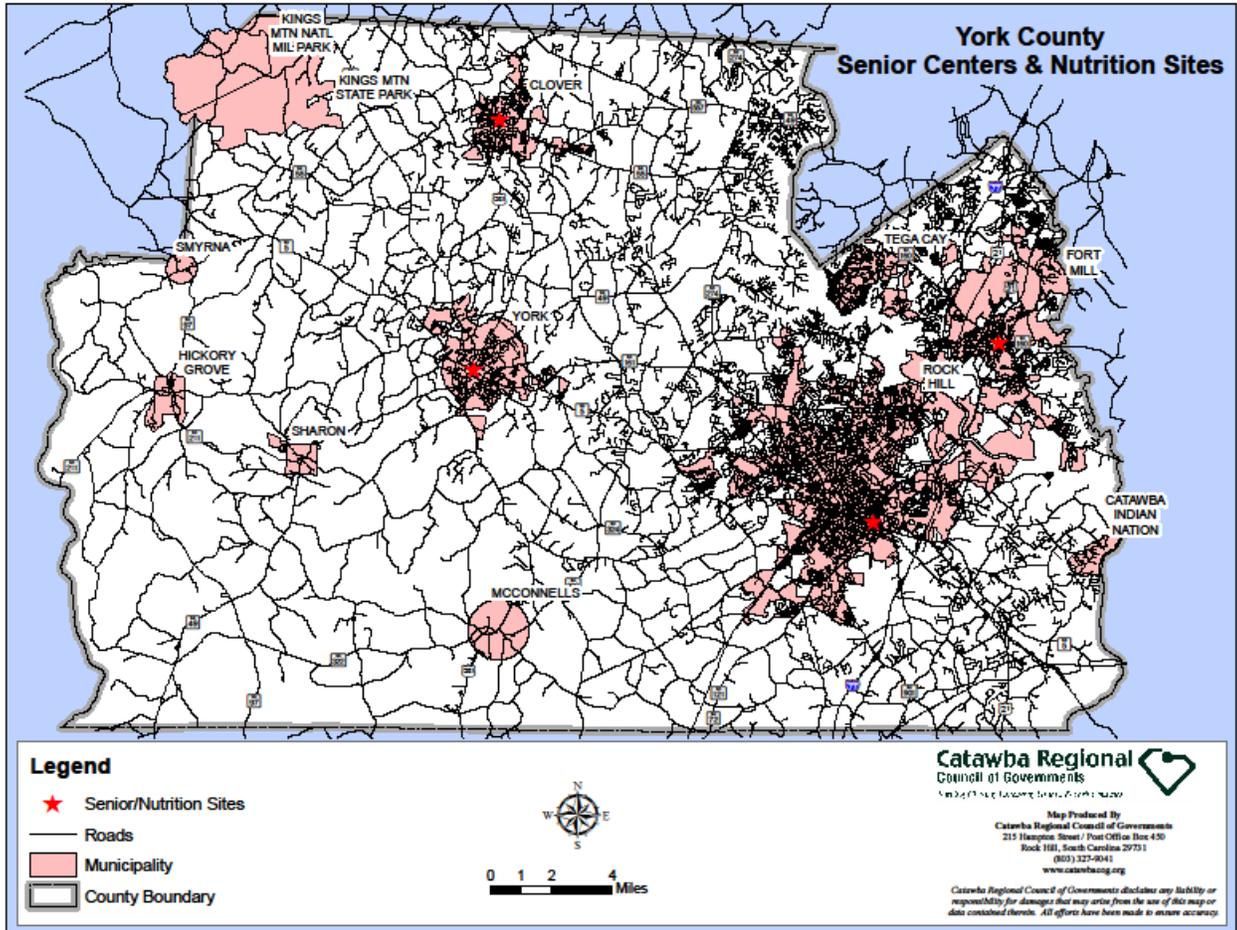
We have continued to do workshops and trainings for caregivers and professionals. The topics covered were: advance directives, Medicare, healthy heart healthy brain, reverse mortgage, stress reduction, financial planning, Dementia Dialogues and participated in the You Can Walk event in October 2007.

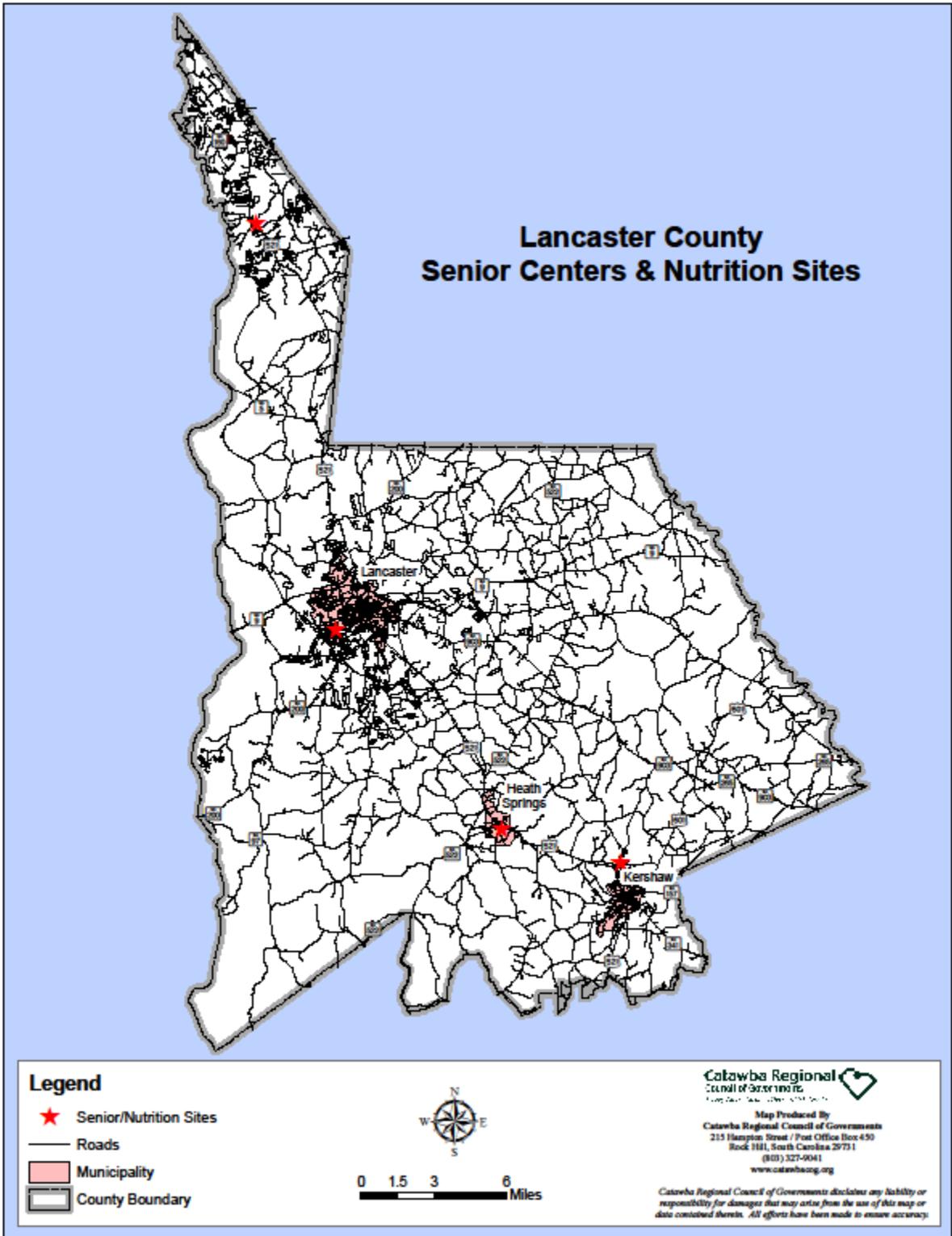
We have written and received an ARCC Grant for the upcoming year of 08-09 of \$30,000. These funds will be used for an education in our 4 counties. We submitted caregiver surveys and they include 4 handwritten statements from caregivers.

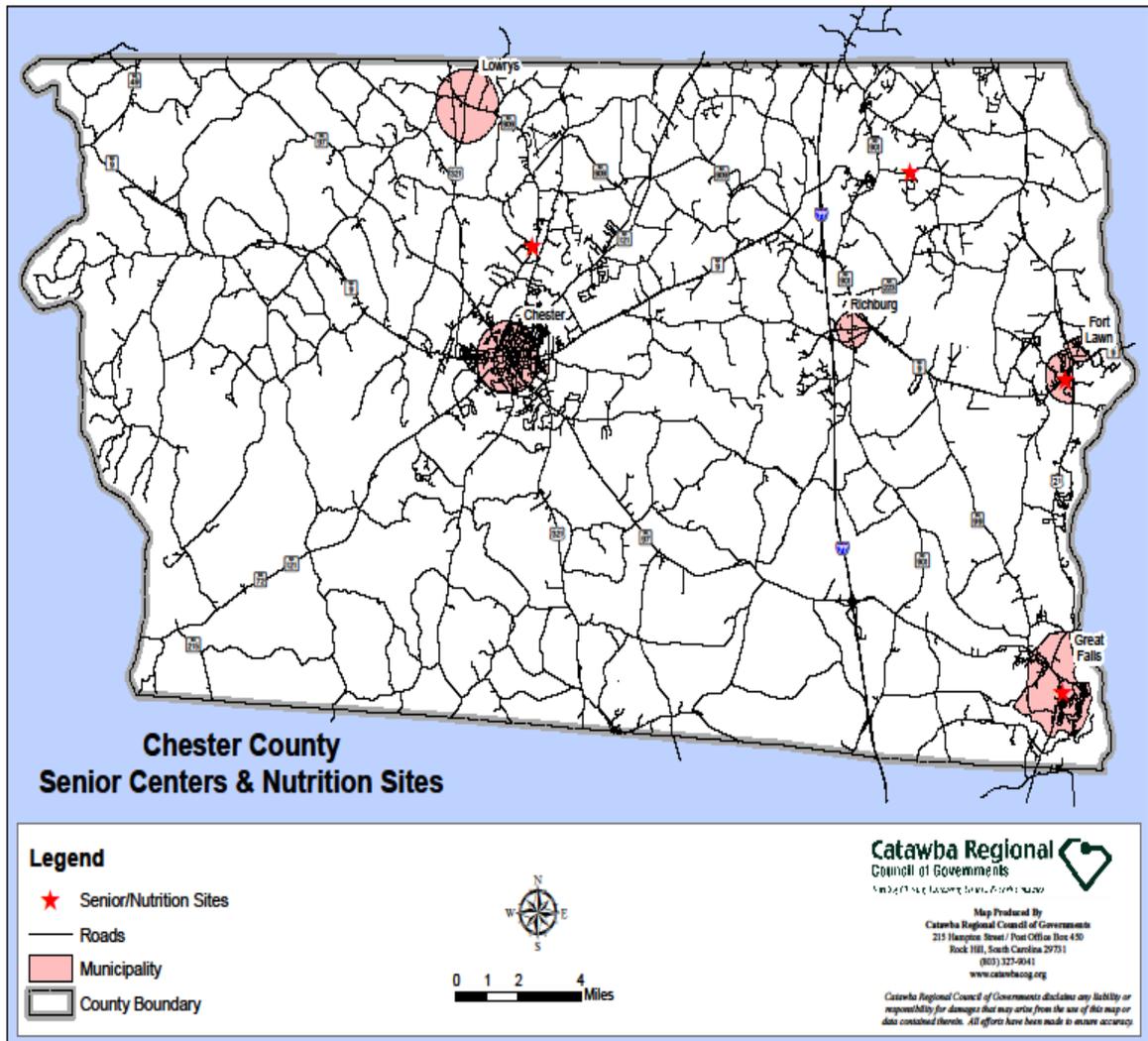
Appendix H

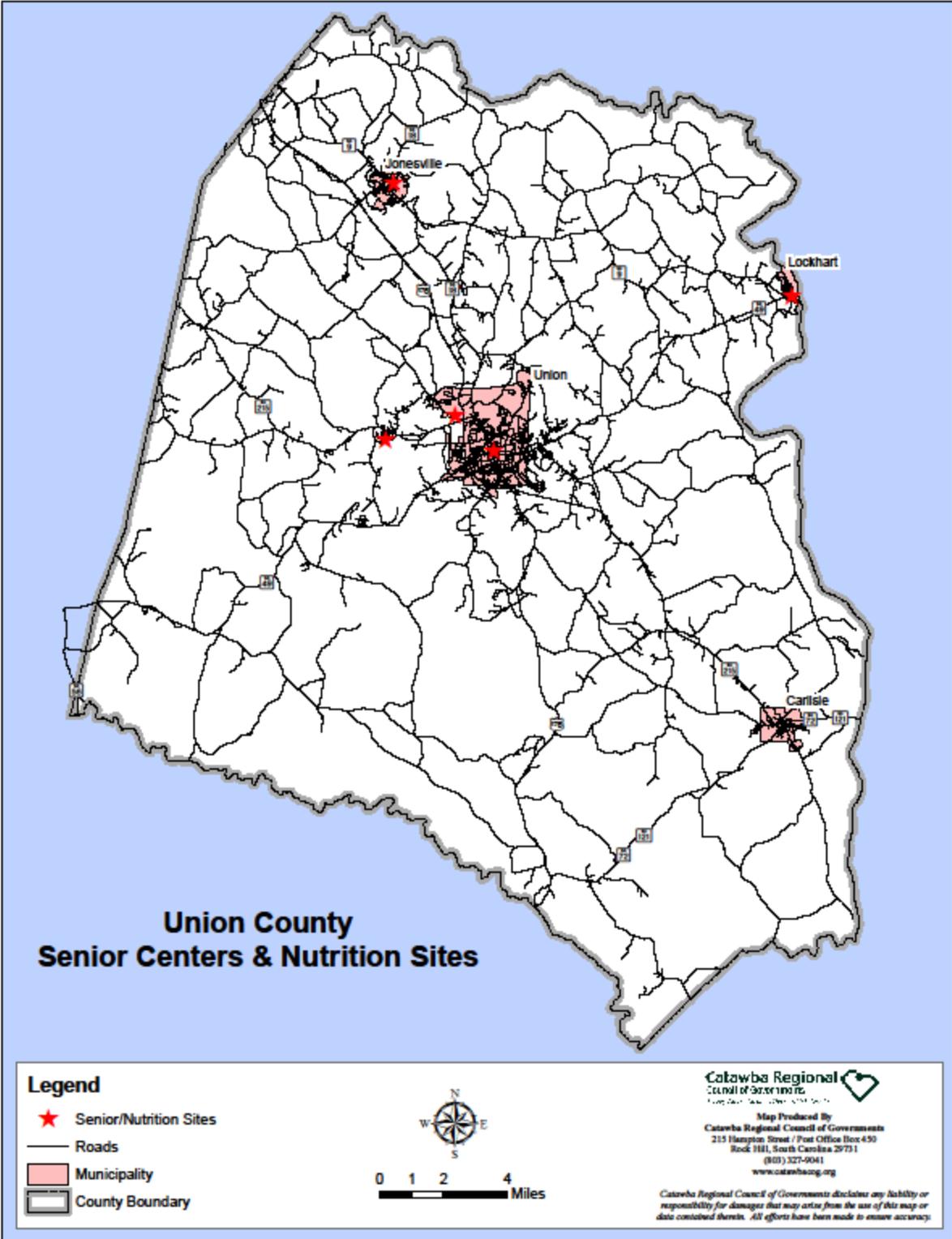


Appendix I









	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1													
2	ARRA P&A 75/25	ARRA P&A 75/25	AoA Medicare Patrol 75/25	CMS I-CARE 100	MIPPA 100	P&A PD SSBG	P & A ARRA	Ombudsman	I&A	FCSP	INSURANCE COUNSELING	TOTAL AAA BUDGET	LINE ITEM
3	\$5,906	\$2,907	\$6,445	\$17,184	\$16,000	\$113,514	\$8,813	\$46,667	\$50,098	\$43,650	\$39,629	\$302,371	Personnel Salaries
4	\$1,786	\$879	\$2,153	\$5,107	\$2,147	\$28,442	\$2,665	\$12,661	\$13,976	\$10,593	\$9,407	\$77,745	Fringe Benefits
5			\$945	\$2,393	\$1,892	\$14,296	\$0	\$6,205	\$5,782	\$106,406	\$5,230	\$137,918	Contractual
6			\$465	\$1,176	\$588	\$7,033	\$0	\$3,049	\$2,843	\$2,928	\$2,229	\$18,082	Travel
7			\$53	\$135	\$107	\$804	\$0	\$351	\$326	\$335	\$295	\$2,111	Equipment
8			\$133	\$337	\$98	\$2,015	\$0	\$765	\$814	\$840	\$568	\$5,002	Supplies
9						\$0	\$0	\$0	\$0	\$0	\$0	\$0	Indirect Costs
10			\$712	\$1,269	\$1,003	\$31,818	\$0	\$3,934	\$2,986	\$4,483	\$2,984	\$46,204	Allocated Costs
11			\$54	\$135	\$107	\$845	\$0	\$351	\$326	\$335	\$296	\$2,153	Other Direct Costs
12	\$7,692	\$3,786	\$10,960	\$27,736	\$21,942	\$198,767	\$11,478	\$73,982	\$77,152	\$169,569	\$60,638	\$591,586	TOTAL OPERATING BUDGET
13												\$0	LESS: In-kind Not for Match
14												\$0	LESS: Local Cash Not for Match
15	\$7,692	\$3,786	\$10,960	\$27,736	\$21,942	\$198,767	\$11,478	\$73,982	\$77,152	\$169,569	\$60,638	\$591,586	TOTAL AREA PLAN BUDGET: LGO
16													
17	\$7,692	\$3,786	\$10,960	\$21,942	\$198,767								
18													
19	\$7,692	\$3,786	\$10,960										
20													
21	\$1,923	\$947	\$2,740										
22	\$5,769	\$2,840	\$8,220	\$0	\$0								
23	\$1,923	\$947	\$2,740										
24													
25													
26													
27	\$0	\$0	\$0										
29													
30													