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Introduction

The original 1965 Older Americans Act had a vision of full restorative services in a comprehensive and coordinated system for older Americans. Older Americans are to be able to pursue meaningful dignity and the targeted cohorts are designated to be Hispanic, Native Americans, other minorities, people with Alzheimer's, rural residents and those without sufficient resources.

According to the Thomas (Library of Congress) Senate Report 105-036 Part 1 Developments in Aging 1996, "in 1973, the area agencies on aging were authorized. These agencies, along with the State Units on Aging (SUAs), provide the administrative structure for programs under the OAA. In addition to funding specific services, these entities act as advocates on behalf of older persons and help to develop a service system that will best meet older Americans' needs. As originally conceived by the Congress, this system was meant to encompass both services funded under the OAA, and services supported by other Federal, State, and local programs." Congress has never authorized sufficient funds to meet all the requirements of the Older Americans Act. Older Americans Act monies are seed monies supplemented by state, local and private donations and private pay sources.

FUNCTIONS OF AN AREA AGENCY ON AGING (AAA)

THE OLDER AMERICANS ACT OF 1965 as AMENDED establishes area agencies on aging and describes the responsibilities and functions of area agencies on aging. Additionally, the South Carolina State Unit on Aging in its MANUAL OF POLICIES AND PROCEDURES establishes minimum functions an area agency on aging are:

PLANNING

Assess kinds of and levels of services in the Planning and Service Area (PSA)

Assess effectiveness of services in the PSA

Prioritize unmet needs

Set measurable, attainable goals and objectives and standards of performance for meeting priority needs in the initiation, expansion, improvement and coordination of services for older persons:

- Develop strategies to be used in accomplishing objectives
- Identify and analyze barriers which impede accomplishment of objectives
- Conduct on-going analyses to obtain feedback useful for revision and refinement of objectives

Assign staff and financial resources to carry out planning responsibilities

Establish procedures to receive information through public hearing, from Advisory Council Members, local officials, older persons, and public and private agencies

Establish procedures for involvement of seniors participating in aging programs

Plan and implement activities which advocate for older persons

Develop method for distributing resources in the PSA

PROGRAM DEVELOPMENT

Organize and implement activities to maintain and enhance existing programs
Develop new programs as need
Establish method to reduce, eliminate, or expand services

COORDINATION and SERVICE DELIVERY

Structure working relationship between agencies to achieve a full continuum of services

Identify a full continuum of care for community, in-home and institutional services

Develop an accessible service system

- Persons can go to one agency to seek assistance
- Services are geographically distributed
- Barriers are minimized

Maximize independence

- Provide care and services in the least-restrictive setting
- Allow elderly consumer to participate in decisions
- Provide incentives for elderly to remain in communities

VERIFICATION OF INTENT

The Area Plan submitted for the Central Midlands Region for the period July 1, 2009, through June 30, 2013, includes all activities and services to be provided by the Central Midlands 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 Central Midlands Area Agency on Aging certifies that it is responsible for the oversight of the provision of Aging Services throughout the Central Midlands 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 or Board Chair of the Area Agency on Aging)
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_____ (Date)	_____ Signature (Aging Unit Director)
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The Area Agency Advisory Council has reviewed and approved this four year Area Plan.

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

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

1. The Area Agency on Aging shall use grants made under the Older Americans Act to pay part of the cost of the administration of the area plan, including preparation of plans, evaluation of activities carried out under such plans, development of a comprehensive and coordinated system for delivery of services to older adults and caregivers, development and operation of multipurpose senior centers and the delivery of legal assistance as required under the Older Americans Act of 1965, as amended in 2006, and in accordance with the regulations, policies, and procedures established by the Lieutenant Governor's Office on Aging, the Assistant Secretary of the Administration on Aging, the Secretary of the U.S. Department of Health and Human Services and State legislation. 303 (c) (1) and (2) and CFR 1321.11
2. The Area Agency on Aging shall assure that any funds received under the area plan, or funds contributed toward the non-Federal share, shall be used only for activities and services to benefit older individuals and others specifically provided for in [Title III](#) of the Older Americans Act or in State legislation. This shall not be construed as prohibiting the area agency on aging from providing services by using funds from other sources. 301 (d)
3. The Area Agency will require all programs funded under the Area Plan to be operated fully in conformance with the Lieutenant Governor's Office on Aging [current](#) quality assurance standards and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation.) CFR1321.75(a)
4. The Area Agency on Aging shall assure that any facility authorized for use in programs operated under the Area Plan shall have annual certification that the facility is in compliance with the appropriate fire, safety and sanitation codes. CFR 1321.17(4)
5. The Area Agency on Aging and service contractors shall not means test for any service [under Title III](#). When contributions are accepted, [or cost sharing implemented, contractors shall not](#) deny services to any individual who does not contribute to the cost of the service. 315(b)(3) CFR 1321.61(c)
6. The Area Agency on Aging will comply with Title VI of the Civil Rights Act of 1964 and shall require such compliance from all contractors under the Area Plan. CFR 1321.5(c)
7. The Area Agency on Aging will comply with all the appropriate Titles of the Americans with Disabilities Act of 1990 and require such compliance from all contractors under the Area Plan and assure that otherwise eligible older individual shall not be subjected to discrimination under any program or activity under the Area Plan. CFR 1327.5 and 1321.5 (c)
8. The Area Agency shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.
9. The Area Agency on Aging shall assess the level of need for supportive services including legal assistance, transportation, nutrition services, and multipurpose senior centers within the planning and service area. 306(a)(1)

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, [such as that](#) described for AAAs in OAA 306(f)(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:
demonstrate the experience or capacity to deliver legal assistance;
assure that any recipient of funding for legal assistance will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act;
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
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 FY 2010-2013 Central Midlands Council of Governments (CMCOG) Aging Services Plan describes priority goals, objectives, and outcome measures to be undertaken by CMCOG on behalf of older persons in the Midlands region. The plan is a formal commitment to the South Carolina Lieutenant Governor's Office on Aging as to how Central Midlands Council of Governments intends allocating federal and state funds to meet the needs of older persons in the region. The plan is developed as a part of an ongoing planning and management process that incorporates information including: the 2008 needs assessment, service priorities, 2000 census data and 2006 and 2008 estimates, Advance Information Manager (AIM) data and State Unit on Aging State Plan information.

The Central Midlands Council of Governments Area Agency on Aging (CMCOG/AAA) serves as the regional focal point for the aging network. The four counties that comprise the region are Fairfield, Lexington, Newberry and Richland. There are one hundred and one thousand three hundred and sixty eight (**101,368**) persons over 60 in the region according to the 2006 census data. Fifty seven thousand four hundred and eighty nine (57,489) of these are female. The Older Americans Act and state programs served approximately four thousand (4,000) of this population in fiscal year 2006-2007. This includes Family Caregiver Support program recipients and callers to the Information, Assistance and Referral program. Approximately forty two percent (**42%**) of the seniors served are minority and sixty seven (**67%**) percent live in a rural area. Forty nine (**49%**) percent of the population served is below poverty as defined by the Bureau of the Census.

The number of clients on the waiting list are two hundred and seventy (270). It is expected that this number will increase when State Supplemental Funds (which are non-recurring) are decreased or eliminated. The contractors' units have decreased in the Older Americans Act programs through the years and individuals served have decreased in programs with funding from the Area Agency on Aging due to increases in unit costs because of stable or decreasing funding. It is expected that the Economic Stimulus funds- American Recovery and Reinvestment Act (ARRA) will assist with decreasing the waiting list, but not completely eliminate it. The ARRA funds are earmarked for approximately two thirds group dining meals and one third home delivered meals. The State Supplemental funds are earmarked for both types of meals. **The AAA needs flexibility in both types of funding to serve in-home and community based services as needed in the region.**

The Older Americans Act core services; congregate, home delivered meals, home care and transportation are given priority as well as those identified by the Regional Aging Advisory Committee. The State Plan requires that Access services be funded at fifteen percent (15%), in-home services at ten percent (10%) and legal assistance services at one percent (1%). The CMCOG/AAA allocates at a higher level than these minimum requirements. Adequate attention must be given to protecting services for the frail and vulnerable seniors according to the State Unit on Aging. The needs assessment developed by CMCOG Area Agency on Aging was utilized to set service priorities and this needs assessment continues to be in effect through the 2010-2013 planning period.

CMCOG/AAA implemented the competitive procurement process successfully in the past fiscal year. The AAA intends to award contracts to: SC Legal Services (Legal Services), Fairfield County Council on Aging (Group Dining, Home Delivered Meals, Transportation), Senior

Matters for Fairfield County (Home Care I and III) (Home Care III) for Lexington, Newberry and Richland, Lexington County Recreation and Aging Commission (Group Dining, Home Delivered Meals, Transportation), Newberry County Council on Aging (Adult Day Care for Fairfield, Lexington, and Newberry counties, Group Dining, Home Delivered Meals, Health Promotion for Fairfield and Newberry counties, Transportation) Traditions Elder Care (Adult Day Care for Richland County) and Senior Resources, Inc (Group Dining, Home Delivered Meals, Health Promotion, Transportation) Carepro (Home Care I for Lexington, Newberry and Richland counties) (Home Care II for Fairfield, Lexington, Newberry and Richland counties) which have been posted on the agency web site. These contracts will be extended in the next fiscal year provided a unit rate can be negotiated.

At this time the region does not expect to have a regional caterer. There was not enough interest to justify a regional caterer. The numbers of persons served in the region have decreased due to increasing unit costs.

One of the region's contractors, Senior Resources, Inc. plans to investigate combining the Hopkins site with the Pacific Park site. Newberry County plans to add the Whitmire site as an Older Americans Act site. Crooked Creek Park will be added to Lexington County's Older Americans Act sites. Jenkinsville will be added in Fairfield County.

Central Midlands Council of Governments staffed the Human Services Transportation Coordination Council beginning in the fiscal year 2007-2008. The Area Agency on Aging staff will continue to participate in this Safe, Accountable, Flexible, Efficient Transportation Equity Act- A Legacy for Users (SAFE-TEA-LU) required activity. One Area Agency on Aging staff person will be assigned to this task part-time.

During the past fiscal year, the Area Agency on Aging received a grant through the National Association of Area Agencies on Aging (N4A) from the National Telecommunications and Information Administration to facilitate the DTV transition in the older population of the region. This project will be implemented over a six and one half month period.

Several staff have completed the Boston University Geriatric Social Work Aging certificate program. Another staff person will be obtaining the Certificate in Gerontology from Midlands Technical College.

The Information, Referral and Assistance Specialist and her back-up staff received two thousand three hundred and twenty-five (2325) contacts in the fiscal year 2007-2008. The Information, Assistance and Referral Program has received two hundred and ten (210) concerning Emergency Rental Assistance.

The Family Caregiver Support Program served two hundred and thirty-one (231) caregivers during the fiscal year 2007-2008. Three hundred caregivers (300) have been served in the current fiscal year.

All of the home delivered meals contractors provide Social Service Block Grant (SSBG) meals to individuals who can be under sixty (60) years of age. The CMCOG/AAA does not require contractors to have distinct client populations for each funding source; however, since the CMCOG/AAA requires the contractors to request monthly no more than one twelfth of the total funds contracted annually, this happens naturally.

The Area Agency on Aging Director and Aging Program Coordinator are the CMCOG/AAA staff responsible for the monitoring and oversight of the home and community based programs. The Quality Assurance Standards are utilized to determine if contractors are delivering the services according to program requirements. The SSBG monitoring tool is completed every three years for SSBG sites. Original documentation is examined during the Annual Assessment of the agency.

Program Development funds are not received in the region; however, the staff of the Area Agency on Aging are committed to applying for grants, fellowships and awards that will advance new programs in the region. Recently the agency has applied for an Eldercare Trust Fund grant for Medication Management/ Medication Abuse, the Digital TV grant and a Geriatric Fellowship for one staff member.

Program Coordination occurs with contractors and others who offer services in the region. Staff attend the Lexington and Richland Interagency Council meetings. Staff participate as members of the Health and Recovery Council of the United Way of the Midlands as well as Chair of the Special Populations Committee at the United Way.

Services in this period will be purchased from SC Legal Services, an agency providing legal services in other parts of the state. Although the agency is new as a contractor in the region, twelve attorneys with substantial experience will be serving the region. SC Legal Services' mission statement says it "... is a statewide firm that provides civil legal services to protect the rights and represent the interests of low-income South Carolinians."

Two counties applied for Permanent Improvement Program funds for renovating senior centers to meet the needs of the growing population of seniors. Lexington County Recreation and Aging Program applied to expand the Lexington County site and Newberry County Council on Aging applied to expand the Dave Waldrop Center in Newberry.

Medicare Part D enrollment sites are available through all contractors in the region and at the CMCOG/AAA. The CMCOG/AAA received two hundred and twenty (220) calls pertaining to Medicare Part D during the period July 2007 – June 2008. The agency uses the Aging Administrative Assistant or Workforce Investment Act (WIA) workers for SHIP TALK (a federal reporting mechanism) entries.

The need for advocacy for additional state funding for home and community based services has been identified and the South Carolina Association of Area Agencies on Aging collaborated with AARP in this attempt. The Area Agency on Aging sees the need to continue to address hunger in the elderly population as well as Healthy Lifestyle programs for seniors.

The Area Agency on Aging is fortunate to have retained qualified staff; however as is a problem across the country, many of the staff plan to retire in the next few years. Staff are cross trained to allow staff to be promoted from within the agency. Staff have and will if funding is available attend the National Association of Area Agencies on Aging Leadership Institute which is designed to prepare potential leaders because of the expected AAA staff shortage.

Current funding for the agency includes reductions from the state budget and slight increases from the federal budget and stimulus funds. Services are targeted to the groups outlined in the Older Americans Act and according to the State Policies and Procedures.

There are increasing numbers of older adults with disabilities in the region. Funding is needed for Aging and Disability Resource Centers (ADRC) in every region in the state. The Central Midlands Area Agency on aging will implement an ADRC in the region when adequate funding is available.

The four areas of need that have the most impact on the region are: transportation which is a critical access to services need, long term care systems including more home and community based services and more coordination available in the services available, creation of new resources including private pay services and the creation of affordable housing. Two new housing endeavors in the region will alleviate some of the problem of lack of senior housing. **The AAA will coordinate with the affordable housing projects. Human Services Transportation planning should eventually assist with transportation problems. Long term systems planning will need to begin at the state with the new reorganization of the aging agencies. Creation of new resources will occur with successful grant writing.**

The Aging Program Coordinator serves as the Emergency Preparedness Coordinator for the region. The agency attends all meetings presented by the state unit on aging as well as other emergency preparedness agencies.

The 2008 Needs Assessment for the region showed the following priority areas:

- 1) information about services available in the community,**
- 2) help applying for services,**
- 3) counseling on how to stay healthy and counseling on insurance options,**
- 4) financial assistance for services and**
- 5) counseling on prescription drugs.**

System Wide Solutions recommended CMCOG/AAA consider means to address more directly the growing financial difficulties of its clientele and potential clientele, examine marketing efforts to take into account the segmentation of the client population and consider undertaking a public information effort on long term care costs and how these costs are paid.

Planning for the 2008 needs assessment was on-going during the 2007-2008 fiscal year. A Request for Qualifications (RFQ) for a survey tool, data entry of the results and data compilation was issued. System Wide Solutions was chosen to develop the survey, enter the data and analyze the data. There were 2,350 paper surveys distributed and 732 surveys were completed. The survey was publicized through the newspaper, email notices, CMCOG website, health fairs, events and at conferences. The survey was posted on the web, but only eight people completed the survey on-line.

Long term goals for the Central Midlands Council of Governments Area Agency's I-CARE program include providing accurate information on all Medicare issues, reaching beneficiaries who need help in understanding all facets of Medicare, and reaching beneficiaries who need all the "Extra Help" programs offered by the state and the federal government. Another goal is to be able to offer education on Long Term Care issues.

Goals for increasing the effectiveness of the volunteers are to provide recognition events, give out current report forms and provide important messages from Medicare.*

Long term goals for the Senior Medicare Patrol program include education of the beneficiaries on types of fraud and to be able decrease complaint resistance. The Senior

Medicare Patrol program will become more visible to the public as information and education is presented.*

The long term goals for the Central Midlands Family Caregiver Support Program are:

1. Continue to serve one hundred percent (100%) of caregivers who contact the program with information and referral services

2. The staff will continue to offer a support group for five-ten (5-10) family caregivers and one for ten-twenty (10-20) seniors raising children (SRC) monthly.

3. The staff will attempt to serve two hundred (200) caregivers with phone call support, newsletters, support groups and five hundred dollars (\$500.00) for respite care and supplemental services. However, due to the documentation requirements to enroll people and to send out checks, the FCSP may only be able to serve one hundred twenty (120) caregivers in the coming years due to a staff shortage. The FCSP may serve caregivers with additional funds due to extenuating circumstances, when the staff deems this necessary as related to their caregiving role.

The Long Term Care Ombudsmen staff will make efforts to equip residents and families with the resources and tools needed to self advocate, and enhance the quality of care and quality of life of the resident as their goal. *

***Outcome Measures are outlined in the Overview of the AAA.**

Overview of the AAA

Mission-The Mission statement of the Central Midlands Area Agency on Aging is to promote a positive experience of aging for older individuals and their families. The Central Midlands Council of Governments is the regional lead agency for advocating, planning and coordinating and developing resources to help localities provide a comprehensive range of social and health related services within a statewide aging network.

Vision-The vision for the next four years for this AAA is to serve any segment of the older adult and persons with disabilities population deemed necessary, taking funding and staff restraints into consideration. Different segments of the population may be served as long as older adults and/or the disabilities population comprise one of the segments. For instance the relatives raising children portion of the Family Caregiver Support Program will serve minor children as well as the older adults who are raising them.

As long as Choices for Independence is an initiative of the Administration on Aging (AoA), the following principles will be incorporated into the vision for the agency:

- Enabling consumers to remain in their own homes through the provision of home and community based long term care;
- Empowering consumers to stay active and healthy through disease prevention and health promotion services;
- Streamlining access to home and community based services and
- Enhancing organizational capacity of the aging network for home and community based long term care systems.

Organizational Structure- The Central Midlands Regional Planning Council (CMRPC) was created by state legislation in 1969. Aging planning began at the CMRPC in the Central Midlands region in 1976. Area agencies on aging were required by the Older Americans Act and the South Carolina Commission on Aging designated the Council as the region's area agency on aging in 1977. As an arm of the Council, the Central Midlands Development Corporation (CMDC) was established as a South Carolina corporation on May 17, 1982. CMDC is organized for charitable purposes as delineated in Community Development, Environmental Conservation, Elderly Services, and Transportation Improvement. The name of the Central Midlands Regional Planning Council was changed to Central Midlands Council of Governments in 1996.

CMCOG provides a wide range of services. The major activities are the Area Agency on Aging, Transportation Planning, Workforce Development, and Community Planning and Research. As shown in the CMCOG's organization chart, the AAA is managed by an Area Agency on Aging Director, who reports to the Executive Director. The Regional Ombudsman-Investigator manages the Ombudsman program. The Area Agency on Aging Director and the Regional Ombudsman Administrator are both members of the CMCOG's management team, and advise the Executive Director, the RAAC and the CMCOG Board of Directors on aging-related issues. The AAA receives administrative, human resources, procurement and fiscal management services from the CMCOG. Because the AA A is part of a regional agency providing diverse services to four counties and many municipalities, the AAA's capabilities are enhanced and extended. Other CMCOG departments are available to assist the AAA with planning and service issues. The Planning and Research Department is a source of help with demographics, graphic design and mapping. The

Transportation Department provides Federal funding to a number of area agencies providing services to seniors.

Staff Experience and Qualifications

The **Director of the Central Midlands Area Agency on Aging** has a Master of Public Administration degree with a concentration in Community Health from East Carolina University in Greenville, NC and a BA in Psychology from the University of North Carolina-Chapel Hill. She completed post graduate study in the Master of Teaching program at the University of South Carolina. She has approximately twenty two years experience with twenty years in the field of aging in North Carolina, South Carolina and Arizona which includes work in two area agencies on aging, Medicaid medical review of long term care facilities, a Robert Wood Johnson grant funded project and Medicaid level of care and quality assurance. She is a Certified Information and Referral Specialist in Aging (CIRS-A) and is scheduled to complete the Boston University Geriatric Social Work Certificate in Aging in June of 2009. She has completed Dementia Dialogues training. She recently attended the National Center for Long Term Care Business and Strategy Planning Workshop at Scripps Gerontology Center at Miami of Ohio University. She is responsible for the operations of the area agency on aging. She is a member of the Board of Directors of the Southeastern Association of Area Agencies on Aging (SE4A) and serves on the Web site and Legislative Committees for that organization. She is currently Sponsorship and Exhibitor Chair of the SE4A Conference Planning Committee. She was Conference Chair for the 2000 conference. She has served as President, Vice-President and Secretary of the South Carolina Association of Area Agencies on Aging (SC4A). One of the Aging Program Specialists, the Family Caregiver Advocate and the Information and Referral Specialist rotate as back-up for the Director of the Area Agency on Aging.

The **Aging Program Specialist** holds a Bachelor of Social Work degree from Kent State University in Ohio and has twelve years of experience in area agencies on aging in Tennessee and South Carolina. She also has been employed for five years as a home health social worker. She has years of experience as a volunteer and in volunteer supervision. She, too, is scheduled to complete the Boston University Certificate in Aging and is a Certified Insurance Counseling, Assistance, Referral for Elders (I-CARE) Regional Coordinator and Certified Information and Referral Specialist in Aging (CIRS-A). She also completed the Dementia Dialogues training. She is responsible for nutrition coordination including Social Service Block grant monitoring, Medicare counseling and emergency preparedness. She assists with the quality assurance reviews and annual assessments.

The **Manager of Contracts & Grants** has an Associate of Science in Accounting degree from NY City Community College, Certificate in Microcomputer Application and Software and Bachelor of Science degree in Business Administration from the University of South Carolina. She has been employed for fifteen years at CMCOG- three years as Accountant and twelve as Manager of Contracts and Grants serving as Aging Fiscal Officer. Prior experience includes years with Haskins & Sells and Sterling Drugs, Inc., in New York, Cost Accounting-Southern Plastics and Contracts & Grants Specialist-University of South Carolina. One of the Aging Program Specialists serves as back-up in the area of Advanced Information Manager (AIM) for the Grants and Contracts Manager.

The **Administrative Assistant II** holds an Associate of Arts degree in Paralegal Services from Midlands Technical College and has twelve years of administrative experience at Central

Midlands Council of Governments. She is scheduled to attend Midlands Technical College to complete the Human Services degree program and the Gerontology certificate. She is a Certified I-CARE Worker and is DTV Coordinator for the National Telecommunications and Information Administration grant. She received training in information and referral and currently is updating her training in this area. **Sheila Bell-Ford will be trained as the Advance Directives Coordinator. She will be provided with the essentials for training potential volunteers to become Ombudsmen Witnesses. The Ombudsman Program Staff will assist Ms. Bell-Ford with coordinating this program and will also provide assistance in getting the volunteers certified through the Lt. Governor's Office on Aging. Fretoria Addison (Provides Assistance to the Family Caregiver Program) will serve as back-up to Ms. Bell-Ford as necessary. She will also be trained as noted above.**

Transition Planning-The expectation is that a number of the area agency on aging staff will retire within the next four years. **Those eligible to retire include the Director of the Area Agency on Aging, an Aging Program Specialist, Information and Referral Specialist and Grants and Contracts Manager. The choices for the agency are to replace from within, recruit or absorb the position. Attempts have been made to cross train staff and prepare existing staff through formal training, varying assignments and providing challenging assignments.** One staff member attended the National Association of Area Agencies on Aging (N4A) Leadership Institute which is designed to prepare potential leaders because of the expected AAA staff shortage. If funding is available, staff will continue to attend the N4A Leadership Institute. Staff also have encouraged and helped develop curriculum for the Midlands Technical College Gerontology certificate program and the University of South Carolina - Beaufort Human Services degree with a concentration in Gerontology (courses held on Midlands Technical College campus in Columbia, SC) in hopes that these degrees will produce new graduates who will be available to work in the field of aging in the region.

Current Funding Resources for AAA Operations

There are federal and state resources for funding AAA operations as well as the local required match. **Central Midlands Council of Governments traditionally commits a much larger portion of local funds to the area agency on aging than the required match.** Since there have been state budget cuts, there are fewer state and local funds available for operations. There is a slight increase in federal funds for operations. Some varying grants have some administration funds included in the budgets. Currently both the Healthy Connections and National Telecommunications and Information Administration DTV grants provide some funding for staff. **The AAA has no grants that do not allow for administrative expenditures.**

Overview of the Planning and Service Area

The Central Midlands region is comprised of four counties, **Fairfield, Lexington, Newberry** and **Richland**. Fairfield and Newberry are rural counties while Lexington and Richland have rural, suburban and urban areas. Population estimates for 2006 show the total population for the region to be six hundred forty nine thousand nine hundred and fifty eight (649,958). According to the 2009-2012 South Carolina SUA State Plan, the fastest growing counties for the population over 60 between 1990-2000 included **Lexington** in fourth place (43.5%). “Counties that have in-migration of the older population have a higher percent of persons sixty-five (65) and older from retirees (example: Aiken, Beaufort, Charleston, Georgetown, Greenville, Horry, **Lexington**, McCormick and York).” (SC SUA State Plan 2008-2013) The percent of population age sixty (60) and over in 2006 in Fairfield County was eighteen and seven tenths (18.7%), Lexington County- sixteen and four tenths percent(16.4%), Newberry County- nineteen and six tenths (19.6%) and Richland County- fourteen percent (14%).

Service Delivery Areas (SDAs)

The areas served by the region are the four counties noted above. The population density is described above. In 2008 the overall population of the region was six hundred sixty six thousand eight hundred and forty five (666,845) with one hundred and one thousand three hundred and sixty eight (**101, 368**) individuals over sixty. With the baby boomers coming of age, this population over sixty (60) is expected to increase to one hundred thirty six thousand four hundred and fifty four (**136, 454**) within the next four years. Minority populations are expected to grow. Thirteen percent of the total population in South Carolina was over sixty five (65) in 2007 according to Census Bureau 2007 population estimates. This is a twenty six and three tenths percent (**26.3%**) increase from 1997-2007. The Hispanic population is expected to increase twenty six and six tenths (**26.6%**) in the region between 2008-2013. Twelve and two tenths percent (12.2%) of the over sixty five (65) population is below poverty according to the American Community Survey. For example, Lexington County’s over sixty five (65) population shows twelve and seven tenths percent (12.7%) under 150% of poverty and Richland County had eleven and four tenths percent (11.4%) of those sixty five (65) and older under 150% of poverty (US Census Bureau 2006 American Community Survey Data). Nineteen and two tenths percent (19.2%) of those sixty five (65) and older as a part of the total state population are under 150% of poverty. According to the US Department of Health and Human Services, minority populations in the country are expected to increase from 5.7 million in 2000 (16.3% of the elderly population) to 8 million in 2010 (20.1% of the elderly population). Minority groups are targeted in the Older Americans Act programs, so the increase in this group will be a factor in planning for the 2010-2013 period. Per capita income in the region in 2008 was **\$23,428** with this projected to rise to **\$25,322** in 2013 (Experian/ Applied Geographic Solutions).

Objectives and Methods for Service to Targeted Populations

Contractors will be asked to include targeting objectives in the outcome measures that are required in the contracts. Contractors were notified that they are responsible for Older Americans Act requirements in the Request for Proposals (RFP). Annual Assessments and quality assurance reviews will examine the outcome measures to see that they are met.

Ten Year Forecast

According to information released by the US Department of Health and Human Services in Profiles of Older Americans 2008, over twenty seven percent (**27%**) of the community Medicare recipients had difficulty performing one or more activities of daily living (ADLs). With the over sixty five (65) population increasing, the number of those with difficulty performing ADLs is

also expected to increase. The region anticipates seeing increasing demand for home care at all levels. With the Project 2020 emphasis of the National Association of Area Agencies on Aging (N4A) and the National Association of State Units on Aging (NASUA) which prioritizes nursing home diversion, home and community based services need to grow. This growth is only possible with appropriate funding. Even though long term care association advocates and lobbyists are not in favor of rebalancing, this will be necessary in the next ten years to prevent bankrupting the Medicare and Medicaid systems. The restructuring must begin with the state; however, the regions need to advocate for more home and community based services to replace the need for long term care facilities.

One portion of nursing home diversion aspect of Project 2020 is intensive case management in the community. The Central Midlands AAA has not traditionally provided case management because this is available in the region for Medicaid clients and private pay clients. However, the group with incomes just above Medicaid level is in need of case management and this is a gap in the continuum of care. This AAA may need to fill this gap, if funding is available, and if other cost effective case management is not available in the near future. The growing Hispanic population will need more case managers who are able to assess their needs and provide appropriate communication.

Along these same lines, is the need for additional in-home and group respite and social adult day care. The Family Caregiver Support program has been serving limited numbers of caregivers in the region, but this number should be increasing, if adequate funding is available.

Hunger in the elderly should be eradicated in the next ten years, if adequate federal and state funding is allocated. If hunger continues to be a problem, it needs to be addressed in the next regional White House Conference on Aging. The next White House Conference will be held in the region in 2015. The planning for the regional White House conference should begin before this four year planning period ends. The next AAA Director should seek to be a delegate at the 2015 conferences in the state and at the national level. Healthy lifestyles should be and can be encouraged with little or no additional funding through classes at the senior centers and nutritional education.

The behavioral needs of the older people in the region must be addressed. "A number of barriers must be overcome in order to meet the needs of older adults and their families. First, stigma about mental health and substance-use disorders remains a barrier to seeking care, and public education and preventative screening efforts are imperative. Second, states have traditionally focused on younger people with serious mental illness or substance abuse problems. Third, until recently, state units on aging have paid little attention to screening of behavioral health and provide minimal screening for disorders." (Schonfeld and Hedgecock, *Generations*, Fall 2008) Again, the increase in funding of behavioral health prevention, screening and intervention with federal and state funds will decrease more costly future expenditures by Medicare and Medicaid.

An increasing elderly population will require an increasing number of caregivers-both in-home and facility based. There may be a shortage of this workforce group. "In Italy, for example, a burgeoning unauthorized workforce from Romania and Ecuador supplies in-home caregivers for an increasingly elderly population" (Brown et al. *Generations* Winter 2008-2009). Planning training for potential workforces needs to begin within the next four years.

Livable communities should be encouraged in the region where aging in place is possible. Communities with sidewalks and more public transit will be essential to assure older adults can

be as independent as possible. Congress needs to allocate significant new resources under the Older Americans Act for state and local planning to assist the nation's communities in meeting the challenges and opportunities presented by the aging baby boomer cohort. The planning would seek to develop livable communities where citizens can grow old with maximum independence, safety and well-being. The President's 2010 budget lists livable communities as a focus area.

Transportation is a critical access need in the region. The funding available currently in the region can only meet the basic needs of those who are transported to group dining sites for a meal with Older Americans Act and state funding. The need for additional transportation to medical appointments and for essentials such as grocery shopping is of top priority. The AAA has coordinated with the Central Midlands Regional Transit Authority in attempting to obtain a grant to train older adults in utilizing public transportation. The two agencies will continue to apply for funding for the "Bus Buddies" program. One AAA staff member was designated to represent the agency in Human Services transportation planning.

Retirement planning training is one of the functions of many area agencies on aging in the country. By encouraging in-migration of retirees, the state and region have increased numbers of retirees moving to the state. In turn the state and region need to assure that this group can live independently as long as possible and that the services required of this group later in life are available to them. Pension Counseling has long been a part of the Older Americans Act, but again adequate funding for counseling in this area needs to be available. **The AAA will refer seniors for free retirement planning and workshops for financial and banking services provided by the Bankers' Association. Credit Recovery programs and Older Individuals Work Experience is available through one stop partners for persons fifty –five and older.**

Numbers of caregivers will increase in the next ten years. The AAA should be cognizant of the stress of caregiver burden. Caregiver burden has been defined in the April 2005 *Journal of Aging and Health's* "Caregiver Burden and Depressive Symptoms" by Sherwood et al. "as a multidimensional biopsychosocial reaction resulting from an imbalance of care demands relative to caregivers' personal time, social roles, physical and emotional states, financial resources and formal care resources given other multiple roles they fulfill (B. Given et al., 2001.p. 5). More support for in-home caregiving will lessen caregiver burden which will prevent unnecessary institutionalization. 70% of all South Carolina nursing home residents are Medicaid recipients. Allowing or increasing Medicare and Medicaid payments for in-home and community based services would provide necessary long term care services to older adults at a fraction of the cost of institutional care. The legislative priorities of both the Southeastern Association of Area Agencies on Aging (SE4A) and N4A include enhancing nursing home diversion services. The services that need to be addressed include availability of medical supplies, specifically providing the appropriate devices for hearing impaired and visually impaired individuals. Case coordination for these groups is important to ensure that clients are receiving appropriate care and services.

Dementia care and training is essential to help caregivers. There are reports that there could be a vaccine for Alzheimer's disease by 2012 -2015 and there are currently medications that may stop the disease from progressing, which may have a profound impact on caring for someone with dementia. The AAA is applying for a grant from the Rosalyn Carter Institute to replicate the Resources for Enhancing Alzheimer Caregiver Health (REACH II) program to help caregivers of people with Alzheimer's Disease in the interim. Caregiver training delivered in-home and by

telephone includes education and skills training on Alzheimer's Disease, caregiver health, home safety, behavior management and stress management.

The top four issues for the region should be development of transportation systems, affordable housing, long term care systems and the creation of new resources.

Over the next year, Central Midlands Council of Governments will undertake new transportation/land use studies for the Elgin/Northeast Richland and Irmo/Dutch Fork areas. These studies, commonly known as "sub-area plans," look at the current land use and transportation system of each area to plan for its future transportation needs. Each plan will include a list of priority improvements designed to enhance the quality of life in each sub-area. Each sub-area plan will be a cooperative process, affording the public and other stakeholders in the study area with opportunities to direct the process throughout the duration of the plan. Residents will be invited to share thoughts about land use, transportation, and other quality of life improvements that they would like to see in their respective locale, such as sidewalks, bike lanes, traffic signals, walking trails, transit service, road widening or new road connections. Regional Aging Advisory committee members and Silver Haired legislators will be encouraged to participate in planning to assure the aging perspective is considered.

The AAA plans a collaborative venture with a new affordable housing aging in place project that will be unveiled in June 2009. The AAA also plans to collaborate with the Veteran's Administration (VA) through a project initiated by the Administration on Aging. The VA collaboration will develop new resources for the AAA while assisting veterans of all ages.

The Ombudsman Program will encourage facilities to support the Residents Bill of Rights as residents of various diverse backgrounds are being admitted into long term care facilities. Facilities will be encouraged to accommodate for choices of their diverse group. Families will also be encouraged to seek placement closer to family and friends for resident support.

AAA Operational Functions and Needs

Assessment of Regional Needs

A total of seven hundred and thirty two (732) hard copy surveys were returned of the two thousand three hundred fifty (2,350) surveys distributed in the needs assessment process for a response rate of thirty one and one tenth percent (31.1%). An additional eight surveys were completed on line. The confidence interval for the responses covered for the needs assessment was 3.6 points at a 95% confidence level. (See Appendix B for the entire needs assessment.) The recommendations of the needs assessment were that the **AAA should consider means to address more directly the growing financial difficulties of its clientele and potential clientele; the AAA should examine its marketing efforts to take into account the segmentation of its clientele and the AAA should consider undertaking a public information effort on long term care costs and how these costs are paid.** The needs assessment was completed in February of 2008. In response to the recommendations, a workshop entitled, "Planning for Your Long Term Care Needs" was held in the region in October of 2008.

The Rental Assistance program addresses some of the financial difficulties of the AAA clientele. Nutrition programs, legal assistance, home care and health promotion and disease prevention programs all provide assistance to low income individuals and will continue to do so. The AAA will take into consideration the segmentation of its clientele with the programs of the next four years. The AAA will encourage places of worship to plan public information education programs on long term care costs and how the costs are paid.

Program Development

The AAA will continue to utilize consumer choice in its award winning Family Caregiver Support Program to the extent possible with funding and staff restrictions. Attempts to include the requirement that contractors maintain private pay programs, have encountered prohibition from other funding sources. There need to be coordination efforts at the state and federal levels to assure these conflicts are resolved.

The AAA plans to replicate the Geriatric Addictions Program of Rochester, NY in the four year plan period. The Older Adults Addictions Program (OAAP) of the AAA intends to engage people 55 years of age and older who may have substance abuse or substance abuse and mental health issues into discussion to determine if services are warranted.

The goals of the OAAP are: 1) Reduce overall health risk, 2) Engage client in dialogue and develop trust, 3) Client embraces self-directed care that may or may not include services (since not all clients will need treatment services) and/or abstinence from substances. Objectives are: 1) Educational programs held at the seventeen (17) senior centers in the region with seventy five percent (75%) of five hundred (500) attendees noting an understanding of indicators of suspected substance abuse as reported on post tests, 2) Forty (40) clients are screened by phone, assessed, referred or served, 3) Initial and follow-up case management services for thirty (30) clients 4) Approximately ten (10) educational presentations at various seminars where seniors and professionals serving seniors are present 5) Establishment of a support group with approximately five (5) participants on average

The primary focus of the program will be assessment, intervention, motivational interviewing and counseling for clients in their homes. Initial screening will occur on the phone. A motivational interviewing study has shown that clients kept aftercare appointments at a rate of

two and a half times higher than people receiving traditional interviewing sessions. (TIP 35 Substance Abuse and Mental Health Services Administration, Department of Health & Human Services) Serving clients at home will combat some of the deterrents that prevent older adults from seeking services. A support group or age specific twelve steps group will be implemented. Clients are currently served through the Family Caregiver Support Program and must meet the criteria of that program. Additional funding will allow expansion of the type of clients served. The Family Caregiver Advocate has applied for a Practice Change Fellowship which would allow implementation of this program. Education and family consultation will be integral portions of the program. Family Caregiver Support Program assessments are utilized currently; however, the staff have secured or requested permission to use various screening and assessment instruments such as the Michigan Alcohol Screening Test (MAST), Alcohol Use Disorders Identification Test, (AUDIT), Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) and Readiness to Change (RCQ). **Consumer choice will be included as part of this program to the extent allowed by the funding source.**

The AAA has a grant through the National Association of Area Agencies on Aging (N4A) from the National Telecommunications and Information Administration to facilitate the transition to digital television in the older adult population. Although the grant extends into the 2010 fiscal year, it will end in the first month of the year.

The AAA has planned for conversion to an Aging and Disability Resource Center when adequate funding is available. The term Aging and Disability Resource Center means a program established by a state as part of the state's system of long term care, to provide a coordinated system for providing- (a) comprehensive information on available public and private long term care programs, options and resources; (b) personal counseling to assist individuals in assessing their existing or anticipated long term care needs and developing and implementing a plan for long term care designed to meet their specific needs and circumstances and (c) consumer access to the range of publically supported long term care programs for which they may be eligible, by serving as a convenient point of entry for such programs.

Program Coordination

The Central Midlands will work with the directors and staff of our contactors and other service delivery agencies to coordinate program activities to ensure effective use of limited resources to meet identified needs. The AAA will continue to communicate with contractors through e-mail, letters, phone calls and occasional meetings to assure efficient and effective delivery of services in our region. At our agency orientation, the new contractors will be educated on all of the programs of the Area Agency on Aging, so that they are aware of resources and the AAA's ability to assist them and their clients. The AAA employs experts who cover I-CARE, Senior Medicare Fraud Patrol, and Information, Referral and Assistance, and the Family Caregiver Program which can help with many issues. This agency has and will continue to be involved in programs or information needs that may be short term such as DTV transition or Economic Stimulus checks which affect the community.

This agency will continue to develop partnerships and strengthen current partnerships with other agencies and government departments to help to reach the senior population. The AAA will be developing programs within departments that will reach out to seniors and those with disabilities in the region. The AAA will be interacting with such resources as Social Security, Wateree Community Action, Cooperative Ministries, CMTRA, the Wheels Programs, Medicaid, Three Rivers Behavioral Center and many other agencies in the region that are named in other sections.

The staff will continue to attend meetings of the Interagency Councils in the region and the Gerontological Society to learn about resources available to our clientele and so other agencies can learn about what the AAA has to offer to its clientele.

The Central Midlands Council of Governments AAA will provide for the following:

Identification and development of public and private resources other than those available through the Older Americans Act to increase the quantity, quality, and coordination of services to older adults

Joint funding and programming with all available resources to better serve older adults

Assessment of progress and problems in developing interagency agreements, joint funding, and joint programming, along with efforts to resolve the problems

Dissemination of information on the status, concerns, and needs of older adults

Development and implementation of action plans for coordination and resource development activities which should result in the initiation of new and expanded services for older adults in the Central Midlands region.

The AAA will coordinate its activities with other service contractors in the Central Midlands region. The following coordination activities are to be conducted:

Conduct efforts to facilitate the coordination of community-based, long-term care services designed to retain individuals in their homes, thereby deferring unnecessary institutionalization, and designed to emphasize the development of client-centered case management systems as a component of such services.

Identify the public and private nonprofit entities involved in the prevention, identification, and treatment of the abuse, neglect, and the exploitation of older adults. Based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet.

ADRC-The Central Midlands AAA has received no funding for creating an ARDC. As part of our on-going strategic planning, however, we did organize a task force to develop a plan for implementing the ADRC concept in the future. The executive director, AAA director, Regional Ombudsman and a number of staff members participated in the task force. Representatives of potential partner agencies met with the task force, and the key personnel from a successful ADRC met with the group. The task force also analyzed case studies and best practices in other states.

The task force determined that with adequate funding, the AAA could become the nucleus of an ADRC offering comprehensive services to seniors and their families. Partnerships with other providers would be important in making this work. An alternate concept was developed that assumed no additional funding, or limited funding. This concept involved redefining the vision and mission of the existing AAA to address as many ADRC goals as possible given the funding constraints.

Advocacy

The Medicaid waiver offices should be a part of the area agencies on aging as they are in many parts of the country for maximum coordination in advocacy, service delivery and training. The current separation leads to fragmentation and duplication. At this time the contact with the agencies is limited to information about the waiver agency and referral to the agency which is provided to consumers.

Advocacy is one of the functions of an area agency on aging. Many in the country believe advocacy for the older population has withered in the last few years. (See *Generations*, Spring 2004 "Where Have All the Advocates Gone?" by Robyn Stone.) Stone has seen no replacements for Claude Pepper (former congressman and senator), Maggie Kuhn (founder of the Gray Panthers) and Tish Summers who founded the Older Women's League. There is the need for strong advocacy and a coalition in the state such as Georgia's CO-AGE. An advocate, according to Amy Gotwals of N4A, is "anyone who speaks on behalf of elders in the community, raises their voice about a concern, documents a problem, then tries to enlist others to help solve it and promotes better aging, health or other public policy." (SE4A Conference, September 2007) AAAs encourage the regional Silver Haired legislators, Regional Aging Advisory Committee and Board of Directors to serve in this capacity. The AAA needs to foster relationships with champions in both the state legislature and congress to assure that those who cannot speak for themselves are represented. Those include persons in long care facilities and those with disabilities who live at home. Older Americans Act and state appropriations need to increase to keep pace with the increase in the growing population of older adults. This will be the main advocacy theme of the AAA in the next four years.

The Regional Aging Advisory Committee of the region determines the areas of priority for services based on the needs assessment. The AAA routinely advocates at its Board meetings where local community leaders, local elected officials, state senate and house members and staff of congress people are present. AAA staff often have discussions with the above leaders after board meetings and have contact by phone, e-mail and mail in between meetings. Systems change, legislative change and new legislation are topics of discussion.

Emergency Preparedness

The Central Midlands Council of Governments Area Agency on Aging's purpose in an emergency or disaster situation is to ensure that the needs of the elderly in the region are adequately met. This AAA will perform this function by resuming operations within the Council of Governments as quickly as possible following a disaster and facilitating the activities among the local aging service contractors, the local emergency management network and the aging network.

The AAA plans to hold a training meeting with the site managers and any other interested personnel of the contractors to discuss disaster preparedness during hurricane season. Staff will have members of the Emergency Preparedness offices in the region come to discuss

preparedness plans with the contractors. Staff will also participate with the Ready Campaign who will supply the agency with needed information and handouts to be used with regional seniors. Staff will aid the Lieutenant Governor's Office on Aging (LGOA) with any assistance that may be needed in planning for a disaster response. Staff will plan on delivering the 2009 South Carolina Emergency Management Division's Hurricane Guide to contractors and other senior groups in the region for distribution to the senior community.

New service contractors will provide copies of emergency procedures when contracts are distributed. Staff have copies of emergency procedures from current contractors that cover such topics as winter storms, fires, tornados, and hurricanes.

Staff will be in contact with agencies such as the Emergency Preparedness Offices in each of the counties, Red Cross Chapters in each of the counties for assistance with shelters and other disaster services, the Salvation Army for disaster services, regional hospitals that handle special needs people in times of disaster, Department of Social Services in each county, and the SC Hispanic Outreach and Communicar to assist in interpretation for Hispanic seniors. Staff also have contacts with other agencies such as Clemson University Cooperative Extension offices in each county, SC Animal Care and Control to help with animal care. The AAA has information on contacting other sources for information and assistance such as the National Guard, Department of Transportation-traffic information-road closures, SC Insurance News Service, Association of Information and Referral Systems (AIRS), and weather information- National Oceanic and Atmospheric Administration (NOAA).

The Long Term Care Ombudsman staff will ask facilities about their Emergency Preparedness plans during on-site visits and consultations. Facilities will be encouraged to coordinate their plans with other facilities, making sure they do not over burden one facility in case of emergency. Staff will be reminded to consider the special needs of all residents (for instance oxygen and ambulatory status in facility with stairs).

This AAA has information for people with disabilities and special needs. The agency will continue to develop outreach attempts to educate special groups. Information includes creating a personal support network, creating a plan to shelter in place due to certain types of emergencies, to leave the area, for service pets, creating two emergency kits and a family emergency plan. These are ideas and plans that the staff will work toward in the four years to assist regional residents with the help of the state unit on aging and other professional emergency responders.

For the pandemic flu, this agency will work with Department of Health and Environmental Control (DHEC), local health departments and the state unit on aging to help cover any needs that contractors can meet to help in resolving problems that arise from a this type of emergency. This agency will be working with senior groups to get information out on the need to prepare for the pandemic flu by getting emergency kits together. This agency will have information sheets on the items to include in the emergency kits for this type of situation so that people can be prepared for at least two weeks of an emergency. These information sheets include information about radio stations that broadcast Emergency Action System (EAS) messages, a recipe for a rehydration and a list of precautions to avoid getting the flu and spreading the flu.

CMCOG as a Federal Emergency Management FEMA grant to create a natural Hazard Mitigation Plan. The CMCOG will be developing this plan during the four year planning period.

Priority Services

The staff allocates more than an adequate amount of Title III B as defined by the state unit on aging to the access and legal services. (See Executive Summary for further discussion.) Other Title III B services funded are Information, Referral and Assistance and Ombudsman. There are not adequate amounts of Title III B to meet the needs for staff in these areas. There are not adequate amounts of Title III B to meet the needs for transportation in the region. **Overmatching (spending more than the local match required) is a concern. Ideally the Ombudsmen would need another two staff people.** All contractors have been required in the Request for Proposals (RFP) to provide case management. The cost for this is included in the unit cost for the individual services.

All clients receive case management with an initial assessment utilizing an intake form, state approved uniform assessment instrument, service plan, emergency evacuation form and prioritization form. Client assessment information is entered, managed and maintained in the computerized state mandated Advanced Information Manager (AIM). Based on client needs and family wishes, case managers who are in most cases social workers or nurses work with clients and family to develop a plan that meets the needs of the client. The service plan and consent forms are signed by the client. Services are put into place and are recorded on logs. Contacts and observations are recorded in progress notes. Regular contact is maintained with family and the client. Full assessments are conducted at least annually. Contractors do not duplicate case management services provided by agencies such as Community Long Term Care.

Nutrition

Over the last 4 years Nutrition Services have changed in the Central Midlands Council of Governments Area Agency on Aging. The numbers of **congregate meals** served in **Fairfield County** were **7,567** in 2005-2006, **6,250** in 2006-2007, **6,991** in 2007-2008 and **5,797** in 2008-2009. The numbers of **congregate meals** served in **Newberry County** were **10,634** in 2005-2006, **10,127** in 2006-2007, **11,671** in 2007-2008 and **13,293** in 2008-2009. The numbers of **congregate meals** served in **Richland County** were **24,537** in 2005-2006, **23,246** in 2006-2007, **24,601** in 2007-2008 and **25,188** in 2008-2009. The numbers of **congregate meals** served in **Lexington County** were **14,551** in 2005-2006, **13,370** in 2006-2007, **15,859** in 2007-2008 and **27,546** in 2008-2009.

The numbers of **home delivered meals** served in **Fairfield County** were **15,974** in 2005-2006, **15,980** in 2006-2007, **22,112** in 2007-2008, and **33,838** in 2008-2009. The numbers of **home delivered meals** for **Newberry County** were **7,767** in 2005-2006, **6,741** in 2006-2007, **13,774** in 2007-2008 and **24,615** in 2008-2009. The numbers of **home delivered meals** served in **Richland County** were **21,631** in 2005-2006, **31,946** in 2006-2007, **32,621** in 2007-2008 and **46,117** in 2008-2009. The numbers of home delivered meals served in **Lexington County** were **20,207** in 2005-2006, **17,358** in 2006-2007, **25, 939** in 2007-2008 and **46,756** in 2008-2009.

It appears the contractors are serving more meals to home bound seniors. The AAA has had a 12.28% increase in transfers over the last four years from group dining to home delivered meals. The demographic numbers that were found appear to show a decrease over the years in our services to Hispanics. The AAA has had a decrease numbers of African- Americans served. The

region has had a decrease in numbers of the Asian/Pacific Island population served. The AAA appears to have stayed the same in numbers of Native Americans or Alaskan Natives served.

The AAA has asked for waivers for meal sites which did not have twenty five (25) people in their group dining program in the past. Those sites who did not have twenty five (25) group dining participants were Jenkinsville, Blythewood, Pacific Park, Whitmire, and Crooked Creek Park. Oak Read and Pacific Park combined and then met the quota with attendance at the center at Pacific Park. Whitmire has recently reached enough participants to reach the quota. Blythewood is requesting a waiver to open four days a week with restaurant vouchers given for each Friday.

Changes in nutrition services over the past few years include the ability of the contractors to choose their own caterer, take responsibility for management of menu review, portion control, sanitation training and meeting proposal specifications. The Request for Proposal again allowed this flexibility. Newberry County began contracting with a caterer two years ago. In this year's proposals, the counties have chosen their own caterers in most cases. There was not enough interest in having a regional caterer to justify a contract with one. One of the counties has chosen to use frozen modified meals that will be heated for group dining sites and some home delivered meals. The other counties have gone with the more traditional approach that a caterer offers. Current nutritional resources include the delivery of more frozen meals in our region

The numbers of meals served to the number of participants in the last complete fiscal year:

Title III-C1 Group Dining	59,997	614
SSF Group Dining	<u>4,728</u>	<u>93</u>
Total	64,725	707
SSBG Home Delivered	42,484	254
SSF Home Delivered	32,724	341
Title III-C2 Home Delivered	<u>64,555</u>	<u>431</u>
Total	139,763	1,026

Training and Technical Assistance

Orientation is held for all contractors, new and old during the days before the new contract goes into effect. **There is no one area of training identified in Quality Assurance reviews as a need. Periodically the agency offers training at a minimal fee in the areas of home care and transportation. Documentation training has also been provided in the past. These will continue as long as the need is documented. The Central Midlands Council of Governments AAA shall provide ongoing technical assistance to its service contractors. Technical assistance shall be provided on a regular basis through on-site visits and through written communication.**

The Area Agency on Aging will provide technical assistance to other organizations, public and private, in the Central Midlands region which are concerned with the needs of older adults. Advanced Information Manager training will be offered to new contractors each

year.

Orientation is also offered to new Regional Aging Advisory Committee members and board members. Staff of the AAA receive twenty four hours of training per year usually at national or southeastern conferences. For instance in fiscal year 2010, six aging staff members will attend the Southeastern Association of Area Agencies on Aging (SE4A) conference in Charleston in September 2009. The Director will also attend the National Association of Area Agencies on Aging (N4A) meeting as well as three other board meetings of the SE4A (AoA staff sometimes attend board meetings and provide training and updates). RAAC member rotate attendance at the SC Conference on Aging, SC Summer School of Gerontology and at times have attended the SE4A Conference. Training on various topics is offered at RAAC meetings.

Monitoring

The procedures that Central Midlands Council of Governments Area Agency on Aging uses to determine, if the contractors are delivering services as described in the contractors' contracts are: Annual Assessments, Quality Assurance reviews, Social Service Block Grant monitoring, Sanitation, Fire and Safety Inspections, and reviews of Senior Center/Wellness Center activity calendars.

Annual Assessments are done in the fall of every year. A month of the previous year is chosen to examine for fiscal requirements and program requirements. AIM records and client charts are checked for compliance. This assessment is completed by AAA staff and interns.

Quality Assurance visits are done in the winter with every service is reviewed once every three years on a rotating basis. The staff, interns and RAAC members participate in the review of standards and the contractors' delivery of services. A sample of clients is interviewed by phone or in person to gather information about the contractors' delivery of the service.

Social Service Block Grants monitoring occurs on a three year rotating basis. Charts of one third of the clients are reviewed to be sure that the client has met the funding source criteria. These clients receive a home visit.

Senior/Wellness Centers are reviewed annually in a general site inspection to ensure that they meet sanitation, fire and safety codes. The AAA does this to make certain clients can participate in a clean, healthy environment and that they have access to current information. The AAA also checks the activity calendars of the centers to guarantee the clients have the opportunity to participate in a variety of programs and educational experiences during the month.

Formal visits are Annual Assessments and Quality Assurance reviews. The AAA notifies the contractors a few days in advance of the visit. Informal visits are mainly to the sites for sanitation, fire and safety site inspections. Social Service Block Grant monitorings are informal with just one days notice to the site and administration. Unannounced reviews occur when the AAA discovers potential problems though desktop reviews or complaints.

If a contractor fails to deliver contracted services or to follow the methods of service delivery, letters are sent to them with the information regarding their failure. In the event that the contractor does not perform his duties as directed by the contract, the AAA reserves the right to recover such payments by sending written notice to the contractor. The contractor should return the payment within 30 days or an interest charge will be incurred at a rate of 18% per annum. Contract terminations may be for the following unilateral conditions: default or breach of

contract by the contractor, insolvency or bankruptcy of the contractor, loss of licensure or certification. Notice of such termination shall be in writing and immediate. The effective date of the termination shall be at the discretion of the AAA based on the best interests of the Older Americans Act program and its beneficiaries. If the contract is terminated because of default or breach of contract by the contractor, the contractor agrees that it shall repay the AAA for the actual cost of termination and re-procurement. In the interest of maintaining continuation of services such termination will not take effect for 90 days following the execution of the agreement to terminate.

Grant Management

Monthly Unit of Service Reports are reviewed monthly to assure that the numbers of units contractors charge are accurate. Annual Assessments are completed for each contractor each year. Quality Assurance reviews of each service are performed at least once every three years for each service contracted. The Standard Assurances that apply to the contract are utilized during the review. Social Service Block grant monitoring involves a review of each contractor once every three years. The monitoring includes documentation review of one third of the clients and visits to one third of the clients. If a contractor has no or minor problems when annual assessment and quality assurance take place, the contractor is offered an extension. The AAA completes any reports required by the state and federal policies and regulations.

GRIEVANCE PROCEDURES

General Guidelines

Any older individual who feels he/she has been discriminated against for any of the reasons listed below in the "Grievable Concerns" section has a grievable concern. A written complaint should be filed with the director of the contractor agency at the appropriate address within thirty (30) days of the alleged discrimination. Contractors for Fairfield, Lexington, Newberry and Richland counties are as follows, respectively:

Carepro Medical One
Attention: Valerie Aiken
1800 Main Street
Suite 100
Columbia, SC 29201

Fairfield County Council on Aging
Attention: Angela Connor
210 East Washington Street
Winnsboro, SC 29180

Lexington County Recreation and Aging Commission
Attention: Lynda Christison
125 Parker Street
Lexington, SC 29072

Newberry County Council on Aging
Attention: Lynn Stockman
1300 Hunt Street
Newberry, SC 29108

SC Legal Services
Attention: Andrea Loney
701 South Main Street
Greenville, SC 29601

Senior Matters, Inc.
Attention: Mary Katherine Bagnol
2711 Middleburg Drive
Suite 208
Columbia, SC 29204

Senior Resources, Inc.
Attention: Deborah Bower
2817 Millwood Avenue
Columbia, SC 29205

Traditions Elder Day Care, LLC
Attention: Frank Wiley
1500 Woodrow Street
Columbia, SC 29205

The individual who receives the complaint will see that a prompt and complete investigation is conducted. If the investigation indicates a failure to comply with these assurances, the complainant will be notified and the matter will be resolved by the appropriate means. If the investigation indicates that the complaint is unjustified, the complainant will be notified immediately.

All grievable concerns (written or verbal) filed by an individual to a contractor shall be documented and maintained in a central (confidential) file for no less than three (3) years. Documentation shall include all identifying information on the complainant and the older person who is the subject of the complaint; dates of the incident (s), complaint, and subsequent contacts; and, a narrative summary of the complaint and its resolution.

Complainants who voice or otherwise indicate any dissatisfaction with the disposition of their complaints shall be referred immediately to the Central Midlands Area Agency on Aging.

Upon receipt of a grievable concern, the Central Midlands Area Agency on Aging will schedule the review of the complaint with the Advisory Committee Grievance Sub-Committee. The Area

Agency on Aging will assure that the Committee is duly notified of the receipt of a complaint, and the date, time and place of the review. The Area Agency on Aging will assure that the complaint review is accomplished within forty-five (45) days of receipt of the complaint.

Grievable Concerns

Reasons for a grievable concern include:

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

Area Agency on Aging Responsibilities

The following lists specific tasks of the Area Agency on Aging:

1. Acceptance of the complaint as a grievable concern as interpreted by the Advisory Committee Grievance Sub-Committee) will be acknowledged in writing within three (3) working days of receipt of the complaint
2. Immediate contact will be made with the contractor named in the complaint requesting a written summary of the agency's involvement with the older individual who is subject of the complaint. This summary is to be provided to the area agency on aging within three (3) working days of the request.
3. The area agency on aging may make the follow-up or investigative contacts with the complainant or subject of the complaint, provider staff persons, and additional persons as deemed appropriate.
4. The area agency on aging will schedule the complaint review, advising complainant(s), subject(s), and contractor(s). Reviews will be scheduled within forty-five (45) days of receipt of the complaint.
5. The area agency on aging will advise its liaison in the state unit of aging of the complaint.

When the complaint is resolved to the satisfaction of the complainant or subject, the area agency on aging will advise the State. If the complainant and/or the subject of the complaint are/is not satisfied with the resolution, a referral to our liaison will be made in the state unit on aging and the contractor will cooperate fully with the state unit on aging and follow through with recommendations made.

Performance Outcome Measurement

The Administration on Aging (AoA) development of outcome measures for the Older Americans Act programs began with the Performance Outcome Measures Program (POMP) in 2004. The AAA is awaiting the measures to be set by AoA and expects to implement these in the next four years. Currently the AAA samples a group of the participants by phone or in person during quality assurance reviews to assess client satisfaction. (See performance measures set by each AAA service delivery area.) **Outcome Measures were required of the Nutrition Pilot Project recipient. The report is due at the end of the fiscal year.**

Resource Development

The AAA has applied for an Eldercare Trust Fund grant for Medication Management and Abuse training and one staff member has applied for a Geriatric Fellowship for the OAAP which would result in a two year cash award if received (See Regional Initiatives). The AAA informs all contractors of the Older Americans Act requirements of requesting donations without requiring them. The state program requirements of cost share are outlined for contractors, also, in the AAA Policies and Procedures Manual. The amounts of services rendered with grant related income (GRI) are shown in the chart below for fiscal year SFY2008 (7/1/2007 – 6/30/2008):

Service	Units	GRI
Title III-B Adult Day Care	28.89	\$302.00
Title III-B Home Care 1	83.80	1,334.71
Title III-B Home Care 2	120.30	2,050.64
Title III-B Transportation	7,561.19	4,714.16
Title III-C1 Group Dining	3,044.09	21,502.22
Title III-C2 Home Delivered Meals	1,150.73	<u>7,084.31</u>
		\$36,988.04

AAA Service Delivery Functions

Long term care staff Experience and Qualifications

The Regional **Long-Term Care Ombudsman Manager** for the Central Midlands region has 21 years of long-term care experience, to include working in nursing homes. She has been the Regional Long-Term Care Ombudsman since 1994. She is also a Licensed Baccalaureate Social Worker and earned her BA in Sociology from The University of South Carolina. She and her staff have written educational guides and handbooks on long-term care which have been used in community trainings, physician's offices and hospice agencies. The handbooks are titled, *Choosing Long-Term Care Placement* and *Empowering Residents and Families in Long-Term Care Facilities* (which is also a Resident and Family Council Guide). She assists in developing materials for the Friendly Visitor Program. She trains volunteers and the community on long-term care issues, abuse, neglect and exploitation. She manages the ombudsman staff, advocates for residents, investigates complaints and writes findings.

The **Senior Long-Term Care Ombudsman Investigator** has been an Ombudsman since 1998. She is also a Licensed Baccalaureate Social Worker and earned her BA in Social Work from Benedict College. She is also a CIRS-A and has also completed the Dementia Dialogues training. She conducts community and facility trainings. She also conducts trainings on Advance Directives and participated in a social work symposium training for social workers on long-term care issues. She, also, assisted in developing educational guides and handbooks on long-term care which have been used in trainings, physician's offices and hospice agencies. She assists with training volunteers and also developed Resident Rights training materials. She advocates for residents, investigates complaints and writes findings.

The **Long-Term Care Ombudsman Investigator** has been an Ombudsman since 2003 and was certified in 2004. She earned her BS Degree in Business Administration from Paine College. She also coordinates the Friendly Visitor Program. She recruits, trains and assist in the certification process of volunteers. She also assisted in developing educational guides and handbooks on long-term care which have been used in trainings, physician's offices and hospice agencies. She has developed materials in effort to promote the Friendly Visitor Program. She advocates for residents, investigates complaints and writes findings.

The **Long-Term Care Ombudsman Program Coordinator** has been the program coordinator since 2005. She has over 32 years with Central Midlands Council of Governments in administrative duties. She enters all cases in the Ombud 4.2 program and in the computerized in-house log. She handles referrals, hospital requests, consents, case follow-ups, filing and taking intakes. She assists in project mail-outs.

A **Certified Long-Term Care Ombudsman** serves as a back-up. She previously served as an Associate Ombudsman Investigator and an Ombudsman Investigator. She worked with the Long-Term Care Ombudsman Program from 2003 to 2007. She earned her BA Degree in Social Work from Limestone College and is a Licensed Baccalaureate Social Worker. She is CIRS-A certified, also. She also completed the Dementia Dialogues training. With her strong computer skills, the Central Midlands Ombudsman staff has developed handbooks (*Choosing Long-Term Care Placement* and *Empowering Residents and Families in Long-Term Care Facilities*), Resident Rights materials, pamphlets, brochures and posters. Her materials have been used in community and facility trainings. She developed an Ombud 4.2 training manual/guide and conducted Ombud 4.2 trainings. She conducted investigations, wrote findings and advocated for

residents when she was a part of the ombudsman staff. She assists with grant writing for the AAA. She completed her Boston University Institute of Geriatric Social Work Certificate in Aging in April 2009.

Long-term Care Ombudsman Services

The Central Midlands Ombudsman Program plans to continue its mediation, advocacy, and investigative efforts on behalf of vulnerable adults in long-term care facilities. The staff has an educational and advocacy goal of encouraging residents to know their rights. Large print and Spanish translations will be printed. Making regular routine visits to facilities is a current weakness and a challenge. Efforts to increase routine visits will be made in order to reach the advocacy goals set for this program. For 2010-2013, efforts will be made to equip residents and families with the resources and tools needed to self advocate, and enhance the quality of care and quality of life of the resident.

The strength of this program is the staff's ability to create useful, easy read and educational materials that have been used by the residents, families, the community, hospitals, hospice agencies and physicians. The materials created enhance the understanding of family and resident councils, long-term care placement and resident rights. Staff will continue to encourage Resident and Family Councils, provide resources needed or requested with a goal of building strong advocates. Advance Directive educational outreach will continue during staff training and consultation efforts.

The Friendly Visitor Program has trained approximately twenty five (25) volunteers since 2005; however, many of them have returned to work or could not perform the duties of a Friendly Visitor due to illnesses. The program currently has three (3) volunteers. The program plans to promote through the newspapers in all four counties and initiate public awareness efforts in local churches, libraries and colleges. Current volunteers will be encouraged to share about the program in recruitment efforts.

This region maintains a high number of cases and complaints. There are approximately six thousand two hundred twelve (6,212) beds in this region. Cases are resolved by mediation, advocacy, consultations, investigations and sometimes with the assistance of other agencies. For Federal Fiscal year (October 1, 2007 – September 30, 2008) this program handled approximately eleven hundred and sixty (1160) cases, approximately two thousand two hundred fifty nine (2,259) complaints, approximately five hundred forty four (544) consultations and approximately two hundred fifty eight (258) community education outreach efforts. Staff conducted eighty six (86) routine visits. Staff also made eleven (11) efforts to encourage resident and family council participation. For State Fiscal year (July 1, 2007 – June 30, 2008) this program handled approximately eight hundred seventy three (873) cases, approximately one thousand seven hundred forty five (1745) complaints and approximately five hundred eighty six (586) consultations and approximately two hundred nine (209) community education outreach efforts. Staff did conduct ninety four (94) facility routine visits. Staff also made eleven (11) efforts to encourage resident and family council participation. Decreasing funding continues to be a challenge for this program. In the event that funding is reduced again, this program will seek a Friendly Visitor Recruiter who could assist with the recruiting and training of volunteers, so that the investigator responsible for this duty would have more time for case related assignments. Complaints will also have to be prioritized considering the seriousness of the reported allegation. Staff plans to educate families through consultation efforts on self advocacy and how to handle minor concerns. Self advocacy materials will be printed as a resource tool.

The back-up Ombudsman is certified with a degree in Social Work. The back-up Ombudsman will assist when the back-log exceeds 50 cases.

Information and Referral staff Qualifications and Experience

The Information and Referral Specialist has a Master of Social Work degree and a BA degree in Psychology from the University of South Carolina. She has six and one-half (6 ½) years experience working in information and referral in the field of aging and is a Certified Information and Referral Specialist (CIRS). She is scheduled to complete the Boston University Geriatric Social Work Certificate in Aging in 2010. In addition to her information and referral duties, she serves as the Aging in Place expert for the AAA and assists with grant writing for the agency. The Aging Program Specialists, Family Caregiver Advocate and Director of the Area Agency on Aging serve as back-up for the Information and Referral Specialist. The AAA is a member of the Alliance of Information and Referral Systems.

The Information, Referral and Assistance Specialist and her back-up staff received two thousand three hundred and twenty-five (2,325) contacts in the fiscal year 2007-2008.

The Information, Assistance and Referral Program has received two hundred and ten (210) calls concerning Emergency Rental Assistance.

Long term goals of the Information and Referral (I&R) services include providing increased access to resources by the elderly and/or their caregivers by assisting in the identification of available services and determination of an individual's eligibility to receive services. In order to accomplish this, Information and Referral Specialists will assist individuals and their families in making informed choices that maintain or increase an individual's self respect, self-determination and ability to remain in the community. **Services will be expanded to serve the disabled population as funding and additional training for staff is achieved.**

In addition, the I&R services will maintain and improve data collection with regard to client demographics, client needs and resource availability. In order to accomplish this, efforts will be made to train and regularly update staff who take I&R calls and enter data into the OLSA (Tapestry) database.

In order to streamline access to resources, I&R staff does eligibility pre-screening before referring callers to certain agencies. For example, there were over one hundred and twenty-five (125) referrals for home repairs in our region during 2007-2008. By prescreening callers based on income, we were able to avoid referring callers to an agency for services for which they were ineligible. In collaboration with Wateree Community Action, the I&R staff has been meeting with seniors or their legal representatives, determining their eligibility for utility assistance, collecting the required information and faxing their applications to Wateree Community Action. This conserves time, energy and scarce monetary resources of seniors who otherwise may have had to make several trips to an agency for assistance.

Information and Referral staff utilizes SC Access daily in the provision of referrals. A concerted effort is made to acquaint callers, who have internet access, with the SC Access website. A Senior Services Directory is maintained and updated twice a year. Almost all contacts initiated by e-mail are provided information about SC Access. Follow-up on client referrals are made by the Information and Referral Specialist as needed. Client satisfaction follow-up calls are provided by supervisory staff.

Challenges to be addressed in the delivery of I&R services include **maintaining and/or increasing services in spite of declining budget allocations. Staff must be educated about disability issues, programs and agencies that provide services in order to serve this population. Provision of services to low income rural senior citizens must continue to be a priority. Educational outreach programs must be developed to increase access for immigrant populations.**

The biggest weakness in the program that impacts many areas of I&R is insufficient time to address complicated problems that require research, multiple referrals and follow-up. In order to meet the goals of I&R additional, trained personnel will be needed on a regular basis.

(I-CARE) and Senior Medicare Patrol

Insurance Counseling, Assistance Referral for Elders (I-CARE) and Senior Medicare Patrol- Long term goals for the Central Midlands Council of Governments Area Agency's I-CARE program include providing accurate information on all Medicare issues, reaching beneficiaries who need help in understanding all facets of Medicare, and reaching beneficiaries who need all the "Extra Help" programs offered by the state and the federal government. Another goal is to be able to offer education on Long Term Care issues. Long Term Care insurance questions are becoming a real concern to clients.

Respondents to the needs assessment survey in the region were asked to report the extent to which they agree with the following statement, "I understand my options for covering my healthcare costs." Of the 740 respondents, 101 (13.6%) strongly agree, 176 (23.8%) agreed and 172 (23.2%) were unsure, 102 (13.8%) disagreed, meaning that they do not understand their options for covering healthcare costs, 83 (11.2%) strongly disagreed with this statement and 106 (14.3%) did not respond (2007-2008 Needs Assessment for the Central Midlands Council of Governments AAA). These responses show the need for training in the region concerning Long term care planning. This training will be difficult to implement because I-CARE calls have increased so dramatically.

Long term goals for the Senior Medicare Patrol program include education of the beneficiaries on types of fraud and to be able to decrease complaint resistance. The Senior Medicare Patrol program will become more visible to the public as information and education is presented. **The staff will continue to plan programs to alert the public on fraud issues and how to recognize fraud.**

There are **weaknesses** to both of these programs. In the I-CARE program, **volunteers are difficult to use in this region.** Most seniors who have taken classes decide that Medicare is too complicated to take an active role in any counseling. Some seniors do not have the computer skills to assist with the Plan Finder program. Lack of time is, unfortunately, a weakness. Another weakness comes from the people who have taken the I-CARE classes and work in various agencies that do not report I-CARE activities. **As baby boomers retire, some of them will have the skills and time to volunteer. This agency will attempt to seek volunteers who have a competency and a willingness to learn the complexities of the Medicare program to serve as volunteers. The staff will have to continue to educate others who work in agencies that serve the Medicare beneficiaries.**

In the area of the Senior Medicare Patrol program, a weakness is Medicare statements. The beneficiaries cannot readily recognize problems in the statements. People are also reluctant to report fraud activities. **The agency will encourage Medicare to do more to make their statements easier to read and understandable for those beneficiaries who are not well educated. The AAA will continue to give services to those who need assistance with understanding their statements.**

Another weakness is lack of good information from the Department of Insurance or regulations on Long Term Care insurance policies. There is a problem in obtaining enough pamphlets from Centers for Medicare and Medicaid (CMS) and Social Security in a timely fashion to distribute to those who may be eligible for "Extra Help." Also, the GAPS information is not timely. The slowness interferes with effectiveness and ability to serve callers.

The increase in calls shows the strength of the program. In FY 2007-2008, the AAA received two hundred and twenty (220) calls. In the time period of July 01, 2008 to March 30, 2009 the AAA had four hundred and sixty four (464) calls. The AAA is increasing public and media event numbers for both programs.

Another strength is the quality of classes demonstrated by the increase in attendance in the Basic Training classes. Twenty seven (27) people attended the sessions for the last two years. The AAA already has been contacted by two (2) other agencies that want to participate in next year's classes.

The AAA opened the classes to social workers who work for home health agencies in hopes that they will be able to reach Medicare beneficiaries who may need the "Extra Help" programs or may need drug plans or a Medigap policy. The AAA has a senior who is active in volunteering in I-CARE activities. He assists with outreach events and enrollment events. Goals for increasing the effectiveness of the volunteers are to provide recognition events, give out current report forms and provide important messages from Medicare.

Enrollment procedures include informing beneficiaries of services at Central Midlands AAA by distributing written information in newsletters, newspapers, health fairs, and at speaking engagements in the fall. Enrollment centers are set up at regional senior centers. Interns from USC help with the Plan Finder programs. Callers are screened for "Extra Help" programs and worksheets mailed for the Plan Finder program. Results of the Plan Finder program are mailed, and the clients are invited to come in to have the results explained to them.

There are many challenges for the next four (4) years for these programs. There is an increase in need for the Basic Training classes. There may need to be two sessions a year instead of just one for this region. Outreach will continue to the Hispanic and Korean communities to educate them about I-CARE and fraud. The AAA will increase attempts to reach the targeted populations by getting more information to the places that they frequent such as clinics, food banks, Medicare providers' offices and places of worship in the region. Partnerships will be developed with the agencies that work with the disabilities community such as the Family Service Center, the Disability Action Center, SC Department of Disabilities and Special Needs, the Mayor's Committee on Employment of People with Disabilities, the SC Independent Living Council and the SC Protection and Advocacy for People with Disabilities. Staff will work closely with the Social Security Administration to reach those who are about to start Medicare to educate them about Part D, Medigap policies, and "Extra Help." Staff will continue to encourage the people who take the Basic Trainings classes to report for documentation purposes. Staff plan on working with the Lt. Governor's Office on Aging's Senior Task Force to educate people on fraud

issues. The staff desires to expand the work force in the program to have more trained and paid counselors to assist Medicare beneficiaries.

Outcome Measures:

1. An additional basic training session per year will educate twenty (20) more people interested in helping Medicare beneficiaries to understand Medicare and fraud issues. All twenty (20) will pass the exam and become certified.
2. An increase of twenty percent (20%) in written materials such as newsletter articles, newsletter articles, and pamphlets will educate more people on Medicare issues and fraud problems
3. Increase by fifty percent (50%) calls to determine education is reaching beneficiaries in need for assistance with fraud, enrollment or “Extra Help”

Family Caregiver Support Program

The **Family Caregiver Advocate (FCA)** holds a Bachelor of Social Sciences with a major in Public Policy with concentration in Health Care Management from Penn State and a Master of Social Work degree and a Master of Public Health degree from USC, as well as a certificate in Gerontology from USC. He has approximately 24 years of experience with 15 years working with seniors and other vulnerable populations. He worked for the SC Department of Health and Environmental Control (DHEC) doing inspections and investigations in health care facilities (e.g. hospitals, nursing homes, renal dialysis, residential care and others) in the state of South Carolina. Since 2001, the FCA has been working in an area agency assisting caregivers and seniors raising children by locating services, providing counseling, training, and facilitating support groups, and administering reimbursement to eligible recipients. He has also provided addictions treatment to all populations for about seven to eight years. He is a Certified Addictions Counselor II (CAC II) and plans to start the Older Adults Addiction Program (OAAP) to help seniors with addiction issues and educate the public concerning improper use of medications in the elderly as soon as funding is obtained. He is the staff member designated as agency Human Services Transportation Planner. The FCA has served on the South Carolina Gerontological Society Board for five years to include positions as Vice President and President. He has taught social work courses, (e.g. Gerontology, Community Analysis, Social Policy and an introductory course) at Limestone College from 2004-2007. He is a CIRS-A. He also completed the Dementia Dialogues training.

The **Aging Program Specialist (APS)** holds a Bachelor of Arts in Psychology from Presbyterian College and a Master of Social Work degree and Certificate of Gerontology from the University of South Carolina. She has five years experience in the area agency on aging and is a Certified I-CARE specialist and Certified Information and Referral Specialist in Aging (CIRS-A). The APS helps support caregivers as they care for loved ones at home by facilitating support groups and coordinating respite services. She also provides education to Medicaid beneficiaries about current health plans and education about health insurance for children who do not qualify for Medicaid. She is an enrollment counselor for the Medicaid health plans. She serves as back-up for the AIM Administrator. The APS is the secretary for the South Carolina Gerontological Society Board and has supervised Master of Social Work interns. She also completed the Dementia Dialogues training.

The long term goals for the Central Midlands Family Caregiver Support Program are:

1. Continue to serve one hundred percent (100%) of caregivers who contact the program with information and referral services.
2. Continue to offer a support group for roughly **three-ten (3-10)** family caregivers and one for **eight-twenty (8-20)** seniors raising children (SRC) monthly.
3. **Continue to serve between one hundred and forty (140) and two hundred (200) caregivers with phone call support and financial reimbursement for eligible expenses for respite care and supplemental services. We have assessed the caregivers served in the past and found some disparities between those having a genuine unmet need and those that receive multiple services in addition to the FCSP dollars. As a result, this program will embark on an effort to provide additional dollars to caregivers and SRC that have extenuating circumstances which warrant additional support. Caregivers that receive Community Long Term Care (CLTC) and hospice services may be eligible later in the fiscal year. With these adjustments, the FCSP anticipates serving less caregivers but our focus will be directed toward more needy caregivers and ultimately serving one hundred forty (140) to two hundred (200) caregivers in the coming years.**

The FCSP will continue to utilize one to three Master of Social Work candidates each school year in lieu of efforts to secure volunteers. These individuals have provided program support. The students are trained to answer delicate questions and facilitate caregiver support groups. They review health forms to ensure eligibility and respond to caregivers, accordingly, with the supervision of the Caregiver Advocate and Aging Program Specialist. The FCSP staff is also pursuing students from the USC School of Public Health.

The FCSP advisory sub-committee is comprised of volunteers who help to steer the direction of the FCSP and determine how caregivers will be served. These members have helped streamline the program forms in the past, **and recently, helped to determine the best course of action regarding which program involvement by caregivers that would be excluded or postponed until later in the year.**

WEAKNESSES

Staff have had less time to devote to listening to caregivers share their stresses or concerns. The FCSP staff will require students to identify 10-20 caregivers that they will provide phone support on a regular basis to offset this finding. The FCSP staff will continue to offer thorough assessments and referrals to the public. Community outreach and community connections have been reduced but FCSP staff are still active in some of the organizations and boards that they were serving on. We anticipate that this level of involvement will continue over the next four years.

The FCSP will curtail services compared to previous fiscal years. Due to the re-allocation of staff time, the services provided in the up coming fiscal year may need to resemble a model similar to the South Carolina Trident AAA. The AAA may need to **serve less than the amounts of caregivers designated above if circumstances change over the next four years.**

STRENGTHS:

States were challenged by the Older Americans Act Amendments of 2000 to develop a multi-faceted system of caregiver supports that, at a minimum, included these five services underlined below. The strengths of the Central Midlands AAA are detailed.

Information: Staff provides information about the services offered through the FCSP and access, if they need additional assistance. Staff responds in a timely manner to inquiries and provides contact information beyond the scope of the FCSP program. **Staff will continue to locate new resources in the region to continue to provide the most up to date information over the next four years.**

Assistance – **The staff continue to assess situations and offer referrals to the appropriate agencies and services. The staff will continue to provide quality assistance to caregiver, and others, and make appropriate referrals over the next four years.**

Counseling/Training/Support Groups – Staff allow extra time for listening to caregivers and offering support and opportunities/solutions to address current concerns or problems that have developed as a result of providing care for a loved one. Staff **will try to** offer caregiver training workshops at least once a year at the Caregiver Coalition of the Midlands seminar. In past years the staff has provided training and the FCSP contracted with others to provide training, which is what we will continue to do for the next four years. **The FCSP staff facilitate support groups each month for both caregivers and SRC. Attendees regularly express appreciation for the opportunity to gather in these group settings.**

Respite – Staff encourage caregivers to choose the type of respite care as proposed in the consumer choice approach that would best serve their loved ones' needs. This includes providing funds for adult day care (ADC), in-home care, institutional care or camps for children. The FCSP currently offers direct vendor billing to remove the burden of caregivers having to pay out of **pocket resulting** in a waiting period for reimbursement. **The FCSP staff will continue this practice over the next four years.**

Supplemental – Staff considers the caregiver's circumstance and assesses the type of supplies that would assist the caregiver in providing quality care. These services include providing funds for incontinence supplies, nutritional supplements, home modifications, or **other supplies**. The caregiver is allowed to choose the supplemental service that would best help him or her. The SRC population has received funding for clothes, shoes, school supplies or other extra curricular activities. **The FCSP staff will continue to offer these services in this fashion over the next four years.**

The FCSP staff continue to discuss unusual circumstances amongst them selves, and at times the AAA Director, to determine financial conditions, social and supportive circumstances and eligibility requirements. After an analysis is completed, FCSP staff implement the right course of action, (i.e. other resources, phone support, additional funding from the FCSP and referrals). These efforts will continue over the next four years.

The FCSP has developed data collection tools. These consist of a release of information form, a tool that captures health data in the form of ADL's and cognitive status, **a Zarit scale that determines caregiver burden**, and other demographic information. **The FCSP anticipates using these forms over the next four years.**

The FCSP staff have developed policies and procedures for the **program**. **The policies include the methods for** implementing the different reimbursement rates, (e.g. 60%, 80%, and 100%), and other strategies for. **The FCSP will continue to update these policies annually to have the most current policies for the fiscal year over the next four years.**

In regard to Consumer Choice, the FCSP allows caregivers to select the agency from whom they would like to receive services and then the AAA reimburses either the caregiver or the agency, accordingly. **We will continue to provide up to date lists of incontinence supply vendors, in-home care agencies, nursing homes, assisted living facilities, and hospices as caregivers request them over the next four years.**

Outcomes and Evaluation: Family Caregiver Support Program

Outcome	Outcome Indicator	Data Source
People who call the Family Caregiver Support Program (FCSP) will be supplied with information requested within three to five days of the phone call.	95% of the FCSP callers will receive the requested information or a referral to the appropriate service	First choice: post tests by graduate or doctoral students; Second Choice: follow-up survey administered annually , if no students are available
People who meet the eligibility criteria will receive reimbursement for services, as funds permit	95% of the caregivers, seniors raising children (SRC) and seniors caring for a person with a disability will be reimbursed for services, if documentation is adequate and funding availability	First choice: post tests by graduate or doctoral students; Second Choice: follow-up survey administered annually , if no students are available
Support groups for caregivers and SRC will continue to be provided in the region (one each per month)	FCSP staff will facilitate a support group for 3-10 caregivers and 8-20 SRC each month over the course of the year	FCSP staff will track attendance through sign in sheets

Support groups for caregivers and SRC will continue to be provided in the region	FCSP staff will facilitate a support group for 5-10 caregivers and 10-20 SRC each month over the course of the year	FCSP staff will track attendance through sign in sheets
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Changing Demographics Impact on AAA Efforts

The baby boomers number approximately one hundred seventy four thousand four hundred eleven (**174,411**) in the Central Midlands region. In preparation for this group, the AAA is asking for a waiver to provide restaurant vouchers to seniors in one area of Richland County. This test will be evaluated to determine the efficiency of the program for future use with baby boomers who are not expected to use senior centers as often as the current population.

The AAA will attempt to find funding to publish more of its brochures in Spanish to accommodate the increasing numbers of the Hispanic population. Outreach to Hispanic churches and the Hispanic Coalition will occur in the area plan period.

The AAA will apply for an N4A grant to develop specific or alternative messaging for under served populations.

Intervention vs. Prevention

The funding is not adequate to provide more than minimal prevention programs in the region. Three counties plan arthritis programs with Title III D funding. The arthritis classes do not prevent arthritis, but are effective in reducing pain and preventing immobility. Such a small amount of funding is available that no one in Lexington County proposed to offer an evidenced based program. Nutrition education is required as a part of home delivered meals.

Cognitive Intervention programs could be one preventive program that could be encouraged in the region, if funding is available. Cognitive intervention generally improves reasoning, memory and speed of processing. Site managers could be trained to implement the program in senior centers where most of the participants have not been diagnosed with dementia or Alzheimer's. Speed of processing ability has been related to mobility and driving skills (2008 *Mind Alert Monograph*, American Society on Aging).

Senior Center Development and Increasing Use

The AAA reviews Senior Center Operations once every three years in the Permanent Improvement Program (PIP) facilities to assure that the guidelines and quality assurance standards are met. Staff of the AAA have assisted interested contractors with grant writing to obtain PIP funding in the past. The South Carolina Association of Area Agencies on Aging has in the past planned and implemented state-wide training for site managers of senior centers. This is an option in the next four years if funding is available. The AAA refers to senior centers when the Information and Referral Specialist receives calls requesting such information. Site managers will be encouraged to attend training offered by the SC Council on Aging Directors (SCACAD). Participation at Senior Centers will be increased through special projects that are outlined in other places in this plan.

Alzheimer's Disease and the Purple Ribbon Report

The AAA certainly can, as recommendation nine (9) suggests, "promote and support the use of home and community based services that enable families and caregivers to have the option to care for their loved ones with Alzheimer's Disease and Related Disorders at home, allowing them to age in place for as long as possible." It is understood that the area agencies on aging in the state will take the lead in the recommendations in the Alzheimer's Disease and Purple Ribbon Report that involve information and referral activities. The AAA Director will continue as a member of the Advisory Council for the Alzheimer's resource Coordination Council.

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

The Southeastern Association of Area Agencies on Aging (SE4A) has adopted the National Association of Area Agencies on Aging's legislative priorities: **Person Centered Access to Information, Evidence-Based Disease Prevention and Health Promotion and Enhancing Nursing Home Diversion Services**. As members of SE4A, the AAAs in South Carolina are advocating with congress people and state legislators to inform them of these priorities and of expected demographic shifts. Without additional funding and a systems change (ie. Medicaid waiver agencies moved to the area agencies on aging) the single point of entry philosophy will not be possible in this state.

The SE4A Legislative Committee prepares materials for all AAA members in SC and is providing an Advocacy workshop at the SE4A Conference to be held in Charleston, SC in September of 2009.

Legal Assistance Services

The AAA receives daily calls that require legal assistance; therefore, the agency continues to allocate much more than the minimum required by the state unit on aging to legal services in the region. The attorneys for legal services are willing to see homebound clients in their homes if necessary and consult with clients in long term care facilities. Each legal services contractor develops procedures that assure that the maximum number of participants is served with limited resources. The AAA assures that the services are not requiring prolonged litigation while completing annual assessments and quality assurance reviews. The AAA plans to utilize technical support and training opportunities from the new National Legal Resource Center whose partners are: The American Bar Association Commission on Law and Aging, Center for Elder Rights Advocacy, The Center for Social Gerontology, National Consumer Law Center and National Senior Citizens Law Center.

Regional Specific Initiatives

Older Adults Addictions Program- A Geriatric Practice Change Fellowship has been applied for in the region to implement the Older Adults Addictions Program (OAAP). "One thing that is common to most elderly is their need to take medication. There are few people in their later years who are free from any kind of prescription, and nearly every type of drug that is helpful to elderly patients has some risks when combined with alcohol." (Blackburn, May/June 2008 *Victimization of the Elderly and Disabled*). According to Lifespan substance abuse among adults 55 and older is a fast growing health problem. "It is estimated that 17% of older adults misuse alcohol and prescription drugs. Up to 75% of older adult emergency room visits could be alcohol and or drug related. Up to 60% of hospitalized older adults are alcoholic. Up to 15% of older adults seeking any kind of medical treatment have alcohol-related problems. Annually, as many as 32,000 hip fractures are due to substance induced falls." (*A Hidden Epidemic*, Lifespan brochure) Alcohol use disorders may be the result of bereavement, changing roles or illnesses in older adults (O'Connell, Chin, Cunningham and Lawlor, 2003). This group may use alcohol to deal with boredom or depression as a result of unfulfilled expectations. This group has had numerous losses such as decline in economic status, the death of a spouse/close friend, deteriorating health or to cope with psychological, emotional or physical stress (Menniger, 2002). With the increase in illicit drug use among the aging population between 1994 and 1999, the trend is going in the wrong direction (25% increase for men and 43% for women), (*DASIS* report, 2001). Unfortunately, health care professionals often overlook the older population with substance abuse or substance abuse and mental illness issues. Survey results of local professionals show no programs in the region who offer the type of in-home addictions program for older adults that is being proposed. This program will fill a gap in the services continuum.

The plan for initial development is to use funding provided by grants. After a successful pilot period, funding will be sought from the South Carolina Department of Alcohol and Other Drug Abuse Services and the South Carolina Department of Mental Health. Staff are still evaluating the feasibility of becoming a Medicare provider in order to bill for counseling services. The AAA Director and FCA received scholarships to the Hanley Center Professionals in Residence program in preparation for OAAP.

Medication Management and Abuse- An Eldercare Trust Fund grant has been applied for to implement a medication management and abuse program in the region. Although persons sixty-five (65) years of age and over currently comprise of only thirteen percent (13%) of the United States population, they are prescribed approximately one-third (1/3) of all medications. They are more likely to be prescribed more long term prescriptions, as well as multiple prescriptions, which could result in unintentional misuse. They also are at risk for prescription drug abuse, in which they intentionally take medications that are not medically necessary. It is reported that 1.7 million adults fifty (50) years of age and over are substance dependent and this group is expected to increase to 4.4 million, nationally, by 2020. Because of high rates of comorbid illnesses among the elderly, changes in drug metabolism with age, and the potential for drug interactions, prescription and over-the-counter drug abuse or misuse can cause adverse health consequences among the elderly resulting in hospital and/or long term care facility admissions. Education and training to seniors, caregivers, and professionals who serve seniors will increase medication management and decrease long term care facility admissions.

To combat issues with medication abuse affecting the senior community, this program and its collaborating partners will conduct eight (8) training sessions in the Central Midlands region. The project participants will consist of seniors, caregivers and professionals who provide

services to the elderly. The participants will receive training on the proper administration of prescribed medications. They will also receive advisement on identifying and preventing medication misuse and seeking support services for medication abuse. Outreach efforts will be made in each county through newspaper advertisements, public service announcements, and printed materials to educate the community of the project and its purpose. Project participants' comments/feedback on the effectiveness of the training sessions will be recorded through the use of surveys before and after each session.

Informational materials will be developed and distributed to project participants and other interested citizens that address medication management and addiction.

APPROACH

The goals and objectives of the project are to:

Goal #1: Provide guidance and training to caregivers who care for older adults in the Central Midlands region so that they may remain in their homes with maximum independence and dignity.

Objective 1-1: A total of eight (8) training sessions will be held in the Central Midlands region. Each session will be comprised of six (6) days of training. Lexington and Richland counties will each have three (3) sessions. Fairfield and Newberry counties will each have one (1) session.

Objective 1-2: Each training session will be conducted by trained professionals who have experience in senior healthcare, medication administration and/or medication abuse.

Goal #2: Educate caregivers and seniors on the proper administration of prescribed medications and identifying and preventing medication abuse.

Objective 2-1: At each of the training sessions, an experienced professional will provide education to seniors and caregivers who assist seniors with medication administration.

Objective 2-2: Attendees will receive advisement and training on identifying, preventing, and seeking support services for medication abuse.

Goal #3: Build partnerships and collaborative activities in each county between local aging service providers, senior centers, the religious community, and interested citizens to address senior medication abuse issues.

Objective 3-1: Outreach efforts will be made and collaborative relations will be sought with each county's aging service providers, senior centers, the religious community, professionals and interested citizens by means of newspaper advertisements, public service announcements, brochures and other materials to educate the community of the project and its purpose.

Objective 3-2: Informational materials will be developed and/or purchased for distribution to interested citizens and professionals that serve seniors to educate them on medication abuse prevention and available support services.

Objective 3-3: Disseminate information about the project in the Central Midlands Council of Governments quarterly newsletter, Family Caregiver quarterly newsletter and through presentations to senior centers and professionals who serve seniors.

OUTCOMES AND EVALUATION

Outcome	Outcome Indicator	Data Source
Training of 300 participants on medication management and medication misuse occurs in 12 months	75% of participants after completion of the training, indicate increased understanding of the necessity for strict adherence to physician's orders concerning prescriptions	Pre and post tests by USC students

EVALUATION: By February 2010, an objective party will begin to complete the evaluation, preferably University of South Carolina graduate students who have prepared, administered and compiled the pre-tests and post-tests.

ACCESS INFORMATION FOR EMERGENCY PREPAREDNESS ACTIVITIES

REGION: 04 Central Midlands COG/AAA				FISCAL YEAR 2008-2009	
ANY CHANGES TO THIS INFORMATION MUST BE REPORTED TO THE AAA, EPO, AND LGOA WITHIN TEN WORKING DAYS					
COORDINATING AGENCIES (Agency Name & Street Address)	EMERGENCY CONTACT STAFF (Names and Job Titles)	Work	Home	Cell Phone	e-mail address
State Unit on Aging 1301 Gervais Street, Suite 200 Columbia, SC 29201	Ron Ralph	(803)734-9895	(803)9261647	(803)730-3802	ronralph@aging.sc.gov
Central Midlands Council of Governments AAA 236 Stoneridge Drive Columbia, SC 29210	Sharon Seago Carol Abrahamsen Ethel Montgomery	(803) 376-5390 " "	(803) 781-6215 (803) 407-0832 (803) 657-5814 (803) 781-6508	(803) 479-1914 (803) 312-4277 (803) 361-0545 (803) 530-4684	sseago2@netzero.com
Long Term Care Ombudsman "	Anna Harmon Shirley Thomas LaToya Buggs-Williams	(803) 376-5389 " "	(803) 407-1751 (803) 865-1817 (803) 446-2189	(803) 463-0443	lbuggs1@yahoo.com
I&R Specialist	Dee Waddell Jackie Thompson	" " "	(803) 781-3859 (803) 788-3513	(803) 348-5746	dwaddell@centralmidlands.org jthompson@centralmidlands.org
Family Caregiver Advocate	Joe Ritchey Julie Merrill	(803) 376-5390 (803) 376-5390	(803) 781-6508 (803) 917-7087	(803) 260-5071 (803) 917-7087	Gerisw@bellsouth.net jkmerrill71@yahoo.com
AREA AGENCY CONTRACTORS					
Senior Resources, Inc. 2817 Millwood Ave. Columbia, SC 29205	Debbie Bower Shelia Stahlberger	(803) 252-7734-ext.261 (803) 252-7734-ext 259	(803) 749-9638 (803) 791-5163	(803) 917-0834 (803) 331-2464	sri00@sc.rr.com sri08@sc.rr.com
Lexington County Recreation & Aging Commission 125 Parker Street Lexington, SC 29072	Lynda Christison Mary Beth Callais	(803) 356-5111 (803) 356-5111	(803) 364-0783	(803) 309-6185 (803) 238-5275	lchristison@lcrac.com mbcallis@lcrac.com
Newberry County Council on Aging 1300 Hunt Street Newberry, SC 29108	Lynn Stockman Janet Ballentine	(803) 276-8266 (803) 276-8266	(803) 364-2286 (803) 276-8838	(803) 924-3730 (803) 924-1180	Lynn@nccoa.org
Fairfield County Council on Aging 210 East Washington Street Winnsboro, SC 29180	Angela Connor	(803) 635-3015	(803) 635-8085	(803) 718-3117	fccoaangi@truvista
Traditions Elder Day Care,LLC 1500 Woodrow St. Columbia, SC 29205	Frank Wiley	(803) 771-9919	(803) 530-7359	(803) 530-7359	wlfrank13aol.com

Advantage Health Systems, Inc. dba CarePro Home Health, Hospice, Private Duty. Etc. 800 Main Street, Suite 100 Columbia. SC 29201	Valarie M. Aiken	(803) 758-4000	(803) 781-8669	(803) 513-4889	valerie.aiken@careprohh.com
Senior Matters Extended Services, LLC 2711 Middleburg Drive, Suite 208 Columbia, SC 29204	Mary Katherine Bagnal Toll Free	(803) 779-1181 1.888.779.1182	(803) 261-5559	mkbagnal@seniormatters.com
South Carolina Legal Services 2109 Bull Street Columbia, SC 29201	Andrea Loney	(803) 744-4164	(803) 252-1881	(803) 319-4505 (803) 960-4284	andrealoney@sclegal.org
Emergency Preparedness Office:	Emergency Contact Staff	Work	Home	Cell Phone/Pager	email address/website
Richland County 1410 Laurens Street Columbia, SC 29204	Michael Byrd Neil Ellis 24 Hours Emergency	(803) 576-3417 (803) 576-3400			ellisn@rcgov.us
Lexington County 212 South Lake Drive Lexington, SC 29072	George Brothers 24 Hours Emergency 24 Hours Emergency	(803) 785-2298 (803) 785-2521 (803) 359-8350			gbrothers@lex-co.com
Newberry County 3491 Main St. Newberry, SC 29108	Tom Barber 24 Hours Emergency	(803) 321-2135 (803) 321-2222			tbarber@newberrycounty.net
Fairfield County Emergency Management Dept. 350 Columbia Rd. Winnsboro, SC 29180	Michael Kirkland 24 Hours Emergency	(803) 635-4444 (803) 635-5505 (803) 635-5057 (803) 635-5511			
Volunteer Organization Active in Disasters	Emergency Contact Staff	Work	Home	Cell Phone/Pager	email address/website
American Red Cross:					
Red Cross Shelter Information		(803) 540-1215			
Richland/Lexington 2751 Bull Street/ P.O. Box 91 Columbia, SC 29202	Darlen Harsey	(803) 540-1215 1-866-getinfo			www.redcross.org
Fairfield County 117 East Washington St. Winnsboro, SC 29180		(803) 635-5779			

Contacts at Hospitals:					
Fairfield County Fairfield Memorial Hospital 102 US Highway 321 Bypass Winnsboro, SC 29180	Shirley Hall	(803) 635-5548	(803) 385-5002	(803) 385-1523	shirleyhall@fairfieldmemorial.com
Newberry County Newberry County Memorial Hospital 2669 Kinard Street Newberry, SC 29108	Bill Grisby	(803) 276-7570			
Lexington County Lexington Medical Center 2770 Sunset Boulevard West Columbia, SC 29170	Joel Huggins	(803) 791-2000			jhuggins@lexhealth.org
Richland County: Palmetto Richland Memorial Hospital Five Richland Medical Park Columbia, SC 29203	Administrator on duty for the day	(803) 434-7000			
Palmetto Baptist Medical Center Taylor at Marion Street Columbia, SC 29220	Terry Bolton Hospital Operator:	(803) 771-5010 (803) 296-5059 (803) 296-5010	(803) 518-4038		Terry.bolton@palmettohealth.org
Volunteer Organization Active in Disasters	Emergency Contact Staff	Work	Home	Cell Phone/Pager	email address/website
Salvation Army 2025 Main Street Columbia, SC 29201	Wayne Tolar	(803) 765-0260			
Department of Social Services:					
Fairfield County 1136 Kinard Bridge Road Winnsboro, SC 29180		(803) 635-5502			
Newberry County 2107 Wilson Rd. Newberry, SC 29108		(803) 321-2155			
Lexington County 541 Gibson Road Lexington, SC 29071		(803) 785-7333			

Richland County 3220 Two Notch Road Columbia, SC 29204		(803) 735-7000			
Assistance for Spanish Speaking:					
S.C. Hispanic Outreach 7900 Nell St. Columbia, SC 29224	Carman Santiago	(803) 419-5112			cesantiago@schispanicoutreach.org
Communicar 3400 Colonial St. Columbia, SC 29203	Britt Hunt	(803) 400-1178		(803) 319-8928	britthunt@communicar.us
Pet Information:					
S.C. Animal Care and Control	(803) 776-7387				
Clemson University Cooperative Ext: Petcare					www.clemson.edu/ep/animal
Fairfield County		(803) 635-4722			
Newberry County		(803) 276-1091			
Lexington County	(803) 321-2185	(803) 359-8515			
Richland County		(803) 865-1216			
Clemson Livestock - Poultry		(803) 788-2260 ext. 268			
Department of Agriculture	(803) 929-6000	(803) 734-2200			
	(803) 734-2210				
Other useful information:					
National Guard		1-803-806-4200			
Dept. of Transportation - (Traffic Information- Road Closures)		1-866-877-9151			www.sctraffic.org
SC Insurance News Service		(803) 252-3455			
Information, Referral & Assistance - Airs					www.sc211.org
SC Emergency Management Division					www.scemd.org
SC Insurance News Service					www.scinsnews.com
Road Closures					www.dot.state.sc.us
Weather					www.nhc.noaa.gov

Other Useful Sites:					
S.C. Web Site					www.myscgov.com
Public Information Phone System		1-866-246-0133			
Center for Disease Control and Influenza Information 1600 Clifton Rd. NE Atlanta, GA 30333		1-800-232-4636			www.pandemicflu.gov
South Carolina DHEC 2600 Bull St. Columbia, SC		(803) 898-3432			www.scdhec.net

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Monitoring Schedule

2009-2010

Adult Day Care

Newberry County Council on Aging
Traditions

Home Care Services Level I, II, III

CarePro and Senior Matters

Health and Wellness/IIIF

Senior Resources, Inc., Newberry County Council on Aging for Newberry and
Fairfield Counties

2010-2011

Transportation

Senior Resources, Inc., Lexington County Recreation and Aging Commission,
Fairfield County Council on Aging, and Newberry County Council on Aging,

Group Dining

Senior Resources, Inc., Lexington County Recreation and Aging Commission,
Fairfield County Council on Aging, and Newberry County Council on Aging

2011-2012

Legal Services

South Carolina Legal Services

Senior Center Operations

Senior Resources, Inc., Lexington County Recreation and Aging Commission,
Fairfield County Council on Aging, and Newberry County Council on Aging

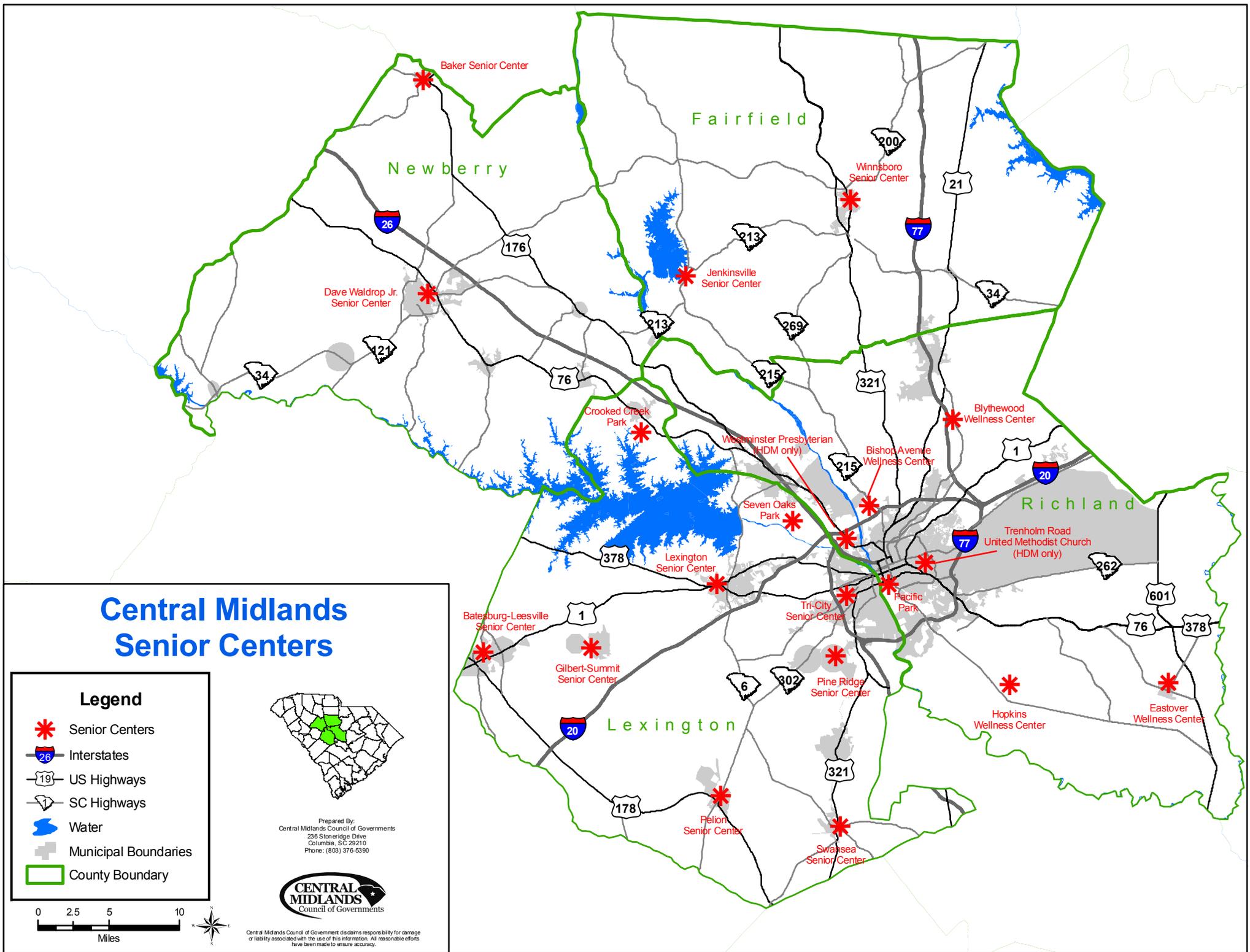
Home Delivered Meals

Senior Resources, Inc., Lexington County Council on Aging, Fairfield County
Council on Aging, and Newberry County Council on Aging

**Central Midlands Region - Ombudsman Activities Area Plan Update July 1, 2010 –
June 30, 2013**

Desired Outcome (Goal)	Specific and Measurable Activities	Program Area	Target Date	Completion Date
Families establishing Family Councils	<ol style="list-style-type: none"> 1. Provide Resources 2. Attend Meetings and make Routine Visits 3. In-Service Education 4. Suggest Topics 5. Promote working with the facility as appropriate 6. Provide Advance Directive information 	Ombudsman Advocacy	Ongoing	June 30, 2013
Investigative reports related to abuse, neglect, exploitation and quality of care concerns	<ol style="list-style-type: none"> 1. On-site investigations 2. Documentation reviews 3. Collaborate with other agencies as appropriate 4. Write findings/advocate/mediate 5. Make appropriate referrals on critical reports 6. Back log of 50 cases or more may result in requesting back-up assistance 	Ombudsman Advocacy	Ongoing	June 30, 2013
8 Friendly Visitors 15 Facilities Participating	<ol style="list-style-type: none"> 1. Public Presentations 2. Encourage church involvement 3. Mail out brochures and posters 4. Provide ongoing training for volunteers 5. Encourage facility participation by Discussing the benefits to the residents And staff 	Ombudsman Friendly Visitor Program	Ongoing	June 30, 2013

Advocacy, Mediation and effective Abuse Prevention	<ol style="list-style-type: none"> 1. Teach self advocacy 2. Provide information resources that helps with mediation and advocacy 3. Community Presentations 4. Education on laws governing abuse, neglect and exploitation 	Ombudsman Advocacy	Ongoing	June 30, 2013
Advocacy, Mediation and effective Abuse Prevention (cont.)	<ol style="list-style-type: none"> 5. Educate on signs of abuse, neglect and exploitation 6. Make Routine Visits 	Ombudsman Advocacy	Ongoing	June 30, 2013
All facilities to have mandated postings (Omnibus Adult Protection Act, Resident Bill of Rights)	<ol style="list-style-type: none"> 1. Mail Omnibus Adult Protection Act posters to all facilities 2. Mail Resident Bill of Rights posters to all facilities 3. Make Routine Visits 	Ombudsman Advocacy	Ongoing and as needed or requested	June 30, 2013
Residents establishing and having a functional Resident Council	<ol style="list-style-type: none"> 1. Provide Resources 2. Attend meetings when invited 3. Provide information on Resident Rights 4. Provide information as requested by the Council 5. Provide Advance Directive information 	Ombudsman Advocacy	Ongoing	June 30, 2013
Educational/informational ongoing consultations to family members related to their concerns	<ol style="list-style-type: none"> 1. Meet with or talk with families via phone about their concerns and provide feedback, provide guidance and provide information. Provide resources. 	Ombudsman Advocacy	Ongoing	June 30, 2013



Central Midlands Senior Centers

Legend

- Senior Centers
- Interstates
- US Highways
- SC Highways
- Water
- Municipal Boundaries
- County Boundary



Prepared By:
 Central Midlands Council of Governments
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 Columbia, SC 29210
 Phone: (803) 376-5390



Central Midlands Council of Government disclaims responsibility for damage or liability associated with the use of this information. All reasonable efforts have been made to ensure accuracy.

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

REGION: 04 Central Midlands COG/AAA						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 SFY'09
Senior Resources, Inc.	555	393	70.81%	112	20.18%	420	75.68%	310	78.88%	110	67.90%	284	51.17%
Fairfield County Council on Aging	220	133	60.45%	190	86.36%	134	60.91%	86	64.66%	48	55.17%	57	25.91%
Lexington County Recreation & Aging Commission	795	137	17.23%	628	78.99%	437	54.97%	101	73.72%	336	51.06%	357	44.91%
Newberry County Council on Aging	409	146	35.70%	408	99.76%	162	39.61%	72	49.32%	90	34.22%	205	50.12%
Columbia Urban League, Inc.	338	173	51.18%	203	60.06%	8	2.37%	3	1.73%	5	3.03%	0	0.00%
Homecare Solutions Unlimited, Inc.	45	16	35.56%	40	88.89%	6	13.33%	3	18.75%	3	10.34%	23	51.11%
Traditions Elder Day Care	4	4	100.00%	1	25.00%	3	75.00%	3	75.00%	0	#DIV/0!	1	25.00%
	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	2366	1002	42.35%	1582	66.86%	1170	49.45%	578	57.68%	592	43.40%	927	39.18%

(a) This is the number of unduplicated persons served under AAA purchase of service contracts in SFY'09.

(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
Senior Resources, Inc.	393	0	0	0	0
Fairfield County Council on Aging	133	0	0	0	0
Lexington County Recreation & Aging Comm	135	2	0	0	0
Newberry County Council on Aging	146	0	0	0	0
Columbia Urban League, Inc.	172	0	1	0	0
Homecare Solutions Unlimited, Inc.	16	0	0	0	0
Traditions Elder Day Care	4	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Regionwide	999	2	1	0	0

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Contractor	Transportation Contracted Funds	Transportation Contracted Units	Transportation Contracted Unit Cost	Chore, House-keeping Funds	Chore, House-keeping Units	Chore, House-keeping Unit Cost	Homemaker limited Pers.Care Funds	Homemaker limited Pers.Care Units	Homemaker limited Pers.Care Unit Cost	Personal Care Ltd Med. Asst. Funds	Personal Care Ltd Med. Asst. Units	Personal Care Ltd Med. Asst. Unit Cost	Home Living Support Funds	Home Living Support Units	Home Living Support Unit Cost
2009-2010	Fairfield County COA	\$44,923	59,897	\$0.7500	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Lexington County RAC	\$109,998	159,417	\$0.6900	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Newberry County COA	\$49,662	84,173	\$0.5900	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Senior Resources, Inc	\$108,011	168,767	\$0.6400	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Carepro Health Systems	\$0	0	#DIV/0!	\$115,723	7,589	\$15.2500	\$162,740	10,203	\$15.9500	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Senior Matters	\$0	0	#DIV/0!	\$38,278	2,466	\$15.5200	\$0	0	#DIV/0!	\$59,879	3,592	\$16.6701	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	\$312,594	472,254	\$0.6619	\$154,001	10,055	\$15.3159	\$162,740	10,203	\$15.9502	\$59,879	3,592	\$16.6701	\$0	0	#DIV/0!
2010-2011	REGIONWIDE	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Contractor	Legal Assistance Funds	Legal Assistance Units	Legal Assistance Unit Cost	Adult Day Service Contracted Funds	Adult Day Service Contracted Units	Adult Day Service Contracted Unit Cost	Respite Care Contracted Funds	Respite Care Contracted Units	Respite Care Contracted Unit Cost	I, R and A Contracted Funds	I, R and A Contracted Units	I, R and A Contracted Unit Cost	Care Management Contracted Funds	Care Management Contracted Units	Care Management Contracted Unit Cost
2009-2010	SC Legal Services	\$58,132	1,155	\$50.3300	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Newberry County COA	\$0	0	#DIV/0!	\$39,125	2,568	\$15.2356	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Traditions Elder Day Care	\$0	0	#DIV/0!	\$44,941	4,494	\$10.0000	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	\$58,132	1,155	\$50.3307	\$84,066	7,062	\$11.9040	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	REGIONWIDE	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Contractor	Congregate Meals Contracted Funds	Congregate Meals Contracted Units	Congregate Meals Contracted Unit Cost	Home Delivered Meals Contracted Funds	Home Delivered Meals Contracted Units	Home Delivered Meals Contracted Unit Cost	Health Screening Contracted Funds	Health Screening Contracted Units	Health Screening Contracted Unit Cost	Nutrition Risk Assessment Contracted Funds	Nutrition Risk Assessment Contracted Units	Nutrition Risk Assessment Contracted Unit Cost	Health Promotion Contracted Funds	Health Promotion Contracted Units	Health Promotion Contracted Unit Cost
2009-2010	Fairfield County COA	\$94,492	13,815	\$6.8400	\$133,072	22,516	\$5.9100	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Lexington County RAC	\$230,587	30,261	\$7.6200	\$288,163	44,676	\$6.4500	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Newberry County COA	\$112,501	16,095	\$6.9900	\$158,820	28,929	\$5.4900	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Senior Resources, Inc	\$213,456	26,850	\$7.9499	\$313,095	50,745	\$6.1700	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	\$651,036	87,020	\$7.4815	\$893,150	146,867	\$6.0814	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	REGIONWIDE	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Four Year History of Contracted UNITS and UNIT COST of Services - State Fiscal Years Beginning on July 1, 2009, July 1, 2010, July 1, 2011, and July 1, 2012

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Home Injury Prevention Contracted Funds	Home Injury Prevention Contracted Units	Home Injury Prevention Contracted Unit Cost	Senior Games Contracted Funds	Senior Games Contracted Units	Senior Games Contracted Unit Cost	Minor Home Repair Contracted State Funds	Minor Home Repair Contracted State Units	Minor Home Repair Contracted Unit Cost	Medication Management Contracted Funds	Medication Management Contracted Units	Medication Management Contracted Unit Cost
2009-2010	Newberry County COA	\$8,802	1,102	\$7.9900	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Senior Resources, Inc	\$8,804	1,760	\$5.0000	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011		\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	\$17,606	2,862	\$6.1516	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2010-2011	REGIONWIDE	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
2011-2012	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	REGIONWIDE			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!