

**2010-2013 Area Plan**

**Of**

**Lower Savannah**

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**Area Agency on Aging**

**For the Period**

**July 1, 2009 to June 30, 2010**

**Submitted: June 19, 2009**

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### *Introduction*

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#### *Purpose*

The purpose of the Lower Savannah Council of Governments/Area Agency on Aging 2010-2013 Area Plan is to document how the Area Agency on Aging will plan and provide program development and resource development, service delivery, contracts and grants management, training, community education, advocacy and coordination for a comprehensive coordinated service delivery system in the Lower Savannah Region. Under this Area Plan the Lower Savannah Council of Governments/Area Agency on Aging commits to carry out the Area Plan to meet all Federal and State Requirements.

**VERIFICATION OF INTENT**

The Area Plan submitted for the Lower Savannah Region for the period July 1, 2009, through June 30, 2013, includes all activities and services to be provided by the Lower Savannah Council of Governments/ 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.

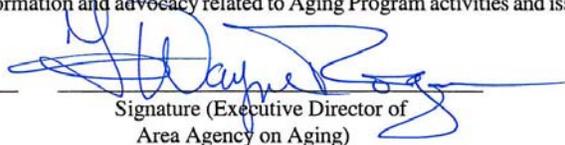
This Area Plan was developed in accordance with all rules and regulations specified under the Older Americans Act and the Lieutenant Governor's Office on Aging. The Area Agency on Aging agrees to comply with all standard assurances and general conditions submitted in the Area Plan throughout the four 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 Lower Savannah Area Agency on Aging certifies that it is responsible for the oversight of the provision of Aging Services throughout the Lower Savannah 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

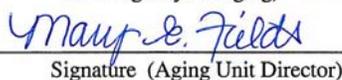
6/19/09

(Date)

  
Signature (Executive Director of  
Area Agency on Aging)

6/19/09

(Date)

  
Signature (Aging Unit Director)

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

6/19/09

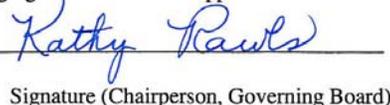
(Date)

  
Signature (Chairperson, Area Agency  
Advisory Council)

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

6/19/09

(Date)

  
Signature (Chairperson, Governing Board)

**STANDARD ASSURANCES AND GENERAL CONDITIONS**

1. The Area Agency on Aging shall use grants made under the Older Americans Act to pay part of the cost of the administration of the area plan, including preparation of plans, evaluation of activities carried out under such plans, development of a comprehensive and coordinated system for delivery of services to older adults and caregivers, development and operation of multipurpose senior centers and the delivery of legal assistance as required under the Older Americans Act of 1965, as amended in 2006, and in accordance with the regulations, policies, and procedures established by the Lieutenant Governor's Office on Aging, the Assistant Secretary of the Administration on Aging, the Secretary of the U.S. Department of Health and Human Services and State legislation. 303 (c) (1) and (2) and CFR 1321.11
2. The Area Agency on Aging shall assure that any funds received under the area plan, or funds contributed toward the non-Federal share, shall be used only for activities and services to benefit older individuals and others specifically provided for in Title III of the Older Americans Act or in State legislation. This shall not be construed as prohibiting the area agency on aging from providing services by using funds from other sources. 301 (d)
3. The Area Agency will require all programs funded under the Area Plan to be operated fully in conformance with the Lieutenant Governor's Office on Aging current quality assurance standards and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation.) CFR1321.75(a)
4. The Area Agency on Aging shall assure that any facility authorized for use in programs operated under the Area Plan shall have annual certification that the facility is in compliance with the appropriate fire, safety and sanitation codes. CFR 1321.17(4)
5. The Area Agency on Aging and service contractors shall not means test for any service under Title III. When contributions are accepted, or cost sharing implemented, contractors shall not deny services to any individual who does not contribute to the cost of the service. 315(b)(3) CFR 1321.61(c)
6. The Area Agency on Aging will comply with Title VI of the Civil Rights Act of 1964 and shall require such compliance from all contractors under the Area Plan. CFR 1321.5(c)
7. The Area Agency on Aging will comply with all the appropriate Titles of the Americans with Disabilities Act of 1990 and require such compliance from all contractors under the Area Plan and assure that otherwise eligible older individual shall not be subjected to discrimination under any program or activity under the Area Plan. CFR 1327.5 and 1321.5 (c)
8. The Area Agency shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.
9. The Area Agency on Aging shall assess the level of need for supportive services including legal assistance, transportation, nutrition services, and multipurpose senior centers within the planning and service area. 306(a)(1)
10. The Area Agency on Aging shall assure that the special needs of older individuals residing in rural areas are taken into consideration and shall describe in the Area Plan how those needs have been met and how funds have been allocated to services to meet those needs. 307(a)(10)
11. The Area Agency on Aging will provide a qualified full-time director of the aging unit and an adequate number of qualified staff to carry out the functions required under the Area Plan. CFR 1321.55(b)
12. The Area Agency on Aging shall consult with relevant service contractors and older individuals to determine the best method for accepting voluntary contributions that comply with the Cost Sharing policies of the Lieutenant Governor's Office on Aging and the Older Americans Act, as amended in 2006. 315(b)(2)

13. The Area Agency on Aging shall assure that any revenue generated from voluntary contributions or cost sharing shall be used to expand the services for which such contributions or co-pays were given. 315(a)and(b)
14. The Area Agency on Aging shall assure that a facility purchased for use as a multi-purpose senior center with Older Americans Act or State Permanent Improvement funds, will continue to be used for the same purpose for not less than 10 years after acquisition, or 20 years after construction.
15. Prior to authorizing use of Older Americans Act or State Permanent Improvement funds for renovation, purchase or construction, the Area Agency shall require assurance from the grantee that funding is, and will continue to be, made available for the continued operations of these senior centers. 312
16. The Area Agency shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention shall be given to the use of multi-purpose senior centers, churches, or other appropriate community facilities for such group dining service. 339(E)
17. The Area Agency on Aging shall assure that no new group dining facility established will be funded unless an average of 25 eligible participants attend daily. All facilities established before 2006 must serve at least 25 meals per day through the group dining and home delivered programs. P&P 502.F.1
18. The Area Agency on Aging shall assure that an Older Americans Act III-C-2 home delivered meal will be delivered to a participant for no less than five days a week unless it is documented that the participant is receiving meal(s) from another source. Further, in addition to federal eligibility requirements, special consideration shall be given to those eligible clients living alone, those in isolated rural areas, and those 75 years of age or older. 336
19. The Area Agency shall assure that amounts expended for services to older individuals residing in rural areas will not be less than the amounts expended for such services in fiscal year 2000. 307(a)(3)(B)
20. The Area Agency on Aging shall assure that the Area Agency and all contractors meet all matching requirements for funds awarded under the Area Plan.
21. The Area Agency on Aging shall assure that any funds that may be received from the State for Cost of Living Adjustment will be used for personnel costs only.
22. The Area Agency on Aging shall assure that funds received for NSIP will be used only for the purchase of United States agricultural commodities or commercially prepared meals served in the Title III-C services and that NSIP funds shall be distributed throughout the region based on the percentage of eligible meals served by each contractor. 311(d)(2)
23. The Area Agency on Aging shall submit an independent audit to the Lieutenant Governor's Office on Aging, Division of Administration, within 180 days after the close of the project year.
24. A final financial report for the grant period shall be submitted to the Lieutenant Governor's Office on Aging, within 45 days of the close of each State fiscal year in the grant period (August 14) or within 45 days of the last payment made, whichever occurs first.
25. The Area Agency on Aging shall submit a total aging budget, disclose all sources and expenditures of funds the AAA receives or expends to provide services to older individuals, and the cost allocation plan, or approval of the indirect cost rate from the cognizant agency, used to prepare such budget. 306(a)(13)(E)
26. The Area Agency on Aging shall contract only with service delivery agencies that will provide to the Area Agency on Aging all program information and reports required by the Lieutenant Governor's Office on Aging. Provision of timely and correct data shall be in a format and contain such information as the LGOA may require the AAA to submit. 307(a)(6)

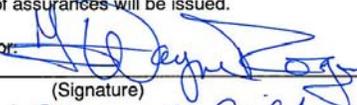
27. The Area Agency on Aging will include in each solicitation for providers of any service under the Older Americans Act, a requirement that the applicant will-
  - A. Specify how the organization intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas;
  - B. Provide services to low-income minority individuals in accordance with their need for such services;
  - C. Meet specific objectives set by the Area Agency on Aging, for providing services to low-income minority individuals; 306(a)(4)(A)
  - D. Make a good faith effort to obtain a client consent form from all service recipients to allow their information to be included in AIM for research and advocacy purposes.
28. The Area Agency on Aging will require contractors to use Outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on-
  - A. Older individuals residing in rural areas
  - B. Older individuals with greatest economic need
  - C. Older individuals with greatest social need
  - D. Older individuals with severe disabilities
  - E. Older individuals with limited English-speaking ability
  - F. Older individuals with Alzheimer's disease or related disorders and caregivers
  - G. Low-income minority individuals in each of the above populations. 306(a)(4)(B)
29. The Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. 306(a)(4)(C)
30. When possible, the Area Agency on Aging will enter into arrangements and coordinate services with organizations that were Community Action programs and meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C.9904(c)(3). 306(a)(6)(C)
31. The Area Agency on Aging will establish effective and efficient procedures for coordination of entities conducting programs under the Older Americans Act and entities conducting other Federal programs for older individuals at the local level. 306(a)(12)
32. The Area Agency will take into account, in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under the area plan. 306(a)(6)(A)
33. Where possible, the Area Agency on Aging will enter into arrangements with organizations providing day care services for children or adults, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. 306(a)(6)(C)
34. The Area Agency on Aging shall assure that demonstrable efforts will be made to coordinate services provided under the Older Americans Act with other State services that benefit older individuals and to provide multi-generational activities involving older individuals as mentors to youth and support to families. 306(a)(23)
35. The Area Agency on Aging shall coordinate any mental health services provided with III-B funds with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations. 306(a)(6)(F)
36. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the Area Agency on Aging shall require outreach activities to such individuals and encourage such individuals to access the assistance available under the Older Americans Act. 306(a)(6)(G)

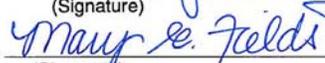
37. The Area Agency on Aging shall assure the coordination of planning, identification and assessment of needs, and provision of services for older individuals with disabilities, (with particular attention to those with severe disabilities,) with agencies that develop or provide services for individuals with disabilities. 306(a)(5)
38. The Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program will expend not less than the total amount of funds appropriated and expended by the agency in fiscal year 2000 in carrying out such a program under the Older Americans Act. 306(a)(9)
39. The Area Agency on Aging will maintain the integrity and public purpose of services provided, and service contractors, under the Older Americans Act, in all contractual and commercial relationships. 306(a)(13)(A)
40. The Area Agency on Aging will demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and will not result from such contracts or commercial relationships, but rather, will be enhanced. 306(a)(13)(C) and (D)
41. The Area Agency on Aging will not use funds received under the Older Americans Act to pay any part of a cost, including an administrative cost, incurred to carry out a contract or commercial relationship that is not carried out to implement the Older Americans Act. 306(a)(14)
42. The Area Agency on Aging shall not give preference in receiving services under the Older Americans Act to particular older individuals as a result of a contract or commercial relationship. 306(a)(15)
43. The Area Agency on Aging, when seeking a waiver from compliance with any of the minimum expenditures for priority services, shall demonstrate to the State Agency that services furnished for such category within the PSA are sufficient to meet the need for those services and shall conduct a timely public hearing upon request. 306(b)
44. The Area Agency on Aging shall require nutrition service contractors to reasonably accommodate the particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals and require caterers to provide flexibility in designing meals that are appealing to older individuals participating in the program. 339 (A) and (B)
45. The Area Agency on Aging will, to the maximum extent practicable, coordinate services under the Area Plan with services that may be provided under Title VI in the PSA. 306(a)(11)(B) and (C)
46. If providing Case Management services under the Area Plan, the Area Agency on Aging will not duplicate case management services provided through other Federal and State programs; will coordinate with such services provided by other Federal and State programs; and will contract with providers that are-  
public agencies; or  
nonprofit private agencies that do not provide, and do not have a direct or indirect ownership or controlling interest in, or direct or indirect affiliation or relationship with, an entity that provides services, other than case management services, under the Area Plan; or located in a rural area and the Area Agency requests and receives a waiver of the above requirement. 306(a)(8)(A-C)
47. The Area Agency on Aging, and all contractors under the Area Plan, shall maintain a disaster preparedness plan that is reviewed and updated annually.
48. If the Area Agency on Aging finds that a contractor under the Area Plan has failed to comply with the terms of the contract or with Federal or State laws, regulations and policies, the Area Agency may withhold that portion of the reimbursement related to that failure to comply. The Advisory Council shall recommend appropriate procedures for consideration by the Governing Board of the Area Agency on Aging. 306(e)(1)
49. The Area Agency on Aging shall afford contractors due process, as described in OAA 306(e)(2)(B) before making a final determination regarding withholding contractor reimbursements.

50. The Area Agency on Aging shall provide satisfactory assurance that such fiscal control and accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal and State funds paid under the Area Plan to the Area Agency on Aging, including funds paid to the recipients of grants or contracts. 307(a)(7)(A)
51. The Area Agency on Aging shall assure that funds received under the Older Americans Act shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. 321(d)
52. The Lieutenant Governor's Office on Aging requires that the Area Agency on Aging directly provide ombudsman, information and assistance, insurance counseling, and family caregiver services. 307(a)(8)(A)and(C)
53. The Area Agency shall provide other direct services, only with a waiver approved by the State agency, and only when such direct provision is necessary to assure an adequate supply of such services, or where such services are directly related to the Area Agency's administrative functions, or where such services of comparable quality can be provided more economically by the Area Agency on Aging. 307(a)(8)(A)and(C)
54. Each Area Agency shall administer the nutrition programs with the advice of a dietitian (or an individual with comparable expertise). Whenever the AAA allows contractors to purchase catered meals directly, or has contractors who prepare meals on site, the AAA shall assure that such contractors have agreements with a registered dietitian who provides such advice. 339(G)
55. The Area Agency on Aging shall enter into contract only with providers of legal assistance who can:
  - A. demonstrate the experience or capacity to deliver legal assistance;
  - B. assure that any recipient of funding for legal assistance will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act;
  - C. require providers of legal assistance to give priority to cases related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination; and
  - D. attempt to involve the private bar in legal assistance activities. 307(a)(11)(A) through (E)
56. The Area Agency on Aging shall make special efforts to provide technical assistance to minority providers of services whether or not they are contractors of the AAA. 307(a)(32)
57. The Area Agency on Aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who -
  - (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
  - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
  - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. 307(a)(18)
58. The Area Agency on Aging shall maintain a Regional Aging Advisory Council whose purpose is:
  - A. to advise the Area Agency on Aging on all matters related to the development of the Area Plan;
  - B. on the administration of the plan; and
  - C. on operations conducted under the plan.The RAAC shall have no decision-making authority that is binding on the AAA staff or on the Area Agency Executive Board. 306(a)(6)(D)
59. The Area Agency on Aging is responsible for on-going contract management; establishing procedures for contract cost containment; reviewing and approving contracts; setting criteria for contract amendments; reviewing and analyzing contractor fiscal and program reports; conducting quality assurance reviews; and reviewing meal vendor performance.

60. The Area Agency on Aging shall afford an opportunity for a public hearing upon request, in accordance with published procedures, to any agency submitting a plan to provide services; issue guidelines applicable to grievance procedures for older individuals who are dissatisfied with or denied services funded under the area plan; and afford an opportunity for a public hearing, upon request, by a provider of (or applicant to provide) services, or by any recipient of services regarding any waiver requested. 307(a)(5) (A) through (C)
61. The Area Agency on Aging accepts the quality assurance standards and scope of work issued for all services authorized by the Lieutenant Governor's Office on Aging. All contractors and/or vendors of services shall be monitored for compliance with such standards and carry out the scope of work in the delivery of each service to be reimbursed with funds awarded under this plan

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

EXECUTIVE DIRECTOR or:  6/19/09  
BOARD CHAIR \_\_\_\_\_ (Signature) (Date)

AGING UNIT DIRECTOR:  6/19/09  
\_\_\_\_\_  
(Signature) (Date)

### *Executive Summary*

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*Enhancement, comprehensiveness, creativity, credibility, accountability, and responsiveness to needs* and wants of older adults and their families are the themes of the 2010-2013 Area Agency on Aging Plan! Lower Savannah Council of Governments will rely on partnerships at many levels, including partnerships with a network of advocates, service agencies, leaders and contracted providers of Older Americans Act services, to continue our efforts to help make our region a better place to live and grow – especially as an older adult.

LSCOG's AAA is working to serve older adults in the most holistic way possible, realizing that Older Americans Act funds and programs alone can't meet all needs for all seniors. We are working with partners at many levels to bring in additional resources and to maximize their effectiveness in addressing needs. Our staff shares a vision for services for older adults that adapt with changing needs and expectations across the generations, to address the goal of helping older adults live long, healthy and independent lives, aging in place in their own homes and communities for as long as possible. We will work to achieve this vision through constantly evaluating the services we plan and purchase as a part of the Area Plan, and to ask ourselves if they are addressing priority needs in a way that has the best potential for positive impacts and outcomes.

The Staff of the AAA, as seamless core of the ADRC, have the advantage of a cross-trained fellow staff that support each other and provide input constantly on needs, trends, gaps, issues and problem areas to keep planning for aging services fluid and flexible. We have worked very hard over the past four years to eliminate "silo" thinking and to break down barriers among related programs in our ADRC. "Thinking bigger" has been one of the best things that has happened to our AAA in recent years!

Another change which is already benefiting the AAA and which we expect will be a valuable resource over the next few years of this plan is the LSCOG's restructured ADRC Advisory Committee. This committee, representing AAA RAAC, family caregiver committee, ADRC and mobility advisory committees and medication assistance steering committee, has the strength and depth to give meaningful advice to program staff, as well as to help carry out goals and projects undertaken by the agency. This year, a sub-committee of that group, carried out OAA proposal reviews competently, thoroughly and decisively, in what could have been a difficult procurement year.

In each program area covered by the responsibilities of the AAA, we have staff that are experienced, competent and committed about the part of the big picture they represent. From benefits counseling and IR&A, to fraud

prevention, legal services and long-term-care ombudsman services, our plans for addressing each service area are timely and well-suited for the needs and environment in our region. The Family Caregiver program operates so successfully, with a great majority of satisfied, grateful and complimentary caregivers assisted by a caring and experienced Family Caregiver Advocate. The newsletter she sends out monthly means a lot to caregivers, as they tell us it lets them know they are not alone “out there!” Services purchased through contracts with local providers will be consistently enhanced through technical assistance, partnerships with providers and competition. From areas as diverse as Grant Related Income generation to nutrition center programming, serving breakfast and afternoon take-home suppers to new groups of participants in creative meal programs and expanded home living support services, we expect to meet more needs in more effective ways in the upcoming years.

As we implement a national model Travel Management and Coordination Center, integrated with our ADRC, we will bring new technology to the entire center and to transportation providers in the region, many of whom are aging service provider agencies. We will work tirelessly to continue to improve transportation access and quality of service, with older adults as one priority target group through these programs. Additionally, LSCOG will continue to work on program and service development and enhancement, seeking other resources and opportunities to bring to bear on our AAA programs and service offerings.

Activities outlined in this plan were directly derived from extensive work to determine community and stakeholder needs. From our role in hosting transportation needs meetings in partnership with SCDOT, to detailed planning for the development of the Travel Management and Coordination Center (TMCC), involving traceable linkage between identified needs and components of the system design for the TMCC, to activities (surveys and focus groups) involved in the actual LSCOG regional aging needs assessment conducted last winter, we have gone out of our way to seek input on consumer needs and to incorporate that information as a basis for planning, seeking to develop and purchasing services to meet them.

LSCOG has and will continue to demonstrate throughout the upcoming plan period that we embrace the initiatives adopted by the Administration on Aging related to consumer choice, wellness, planning for long term care, etc. Seeking ways to improve the effectiveness of transportation services for frail seniors, finding more ways to support aging in place, and working with local communities, when we find the opportunity, on ways to make the community more senior friendly will also be goals over the next few years. Additionally, we will strive to continue conscientious stewardship of the resources for services for

older adults that are entrusted to us through local, state and federal sources. Working with local service contractors in a partnership mode has proven to be successful nearly all of the time in the Lower Savannah Region. We will work during the next years to help them provide quality services and to convey new ideas and initiatives where possible. We are pleased about making a good start to increase partnerships between agencies serving older adults and disability boards, who find themselves working to develop and carry out special programming for older adults among their clientele, who are “aging” out of work programs, but who still benefit from and enjoy structured day programming. We hope to foster more partnerships of this nature in the upcoming plan period. Given our role as an “aging and disability resource center,” it is particularly appropriate for us to place focus on older people with disabilities of all types.

A tradition in social services has been not to “toot our own horns!” Marketing and public education on programs and services has not been the top priority for many human service programs. LSCOG plans to make a greater effort to raise public awareness of our role as Area Agency on Aging and of the service development and access services that we provide, as well as those provided through local contracts. Awareness of the need for continuing community collaboration on amenities and services for older adults, and advocacy for senior issues will be areas in which we will attempt to enhance our efforts.

LSCOG appreciates the leadership given to us by the Lt. Governor’s Office on Aging and the encouragement to “raise the bar” for serving older adults. We will make every effort over the course of this upcoming plan period to carry out the hopes, goals and expectations expressed in this plan and to have a positive impact on the quality of life for seniors in our region.

### Overview of Area Agency on Aging

#### *Mission Statement*

It is the mission of the Lower Savannah Area Agency on Aging to work toward development of a comprehensive and coordinated system of services for older person of the region (Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg); to serve as a focal point for assistance in matters relating to aging; to provide a comprehensive plan which assures access to services, commitment of public support and assessment of needs; to serve as a recognized leader in the region for development of human resources of the area; and to foster a spirit of cooperation between providers of services.

#### *Vision*

It is the vision of the Lower Savannah Area Agency on Aging to continue to work towards meeting un-met needs in the Lower Savannah Region of older adults and people with disabilities through such coordinated efforts as the development of better service delivery mechanisms and more consumer-focused services at both the local and regional levels, implementation and evaluation of customer-focused mobility services through the new Travel Management Coordination Center and the continued expansion of the Aging and Disability Resource Center and the services and resources offered through it.

(Mary Beth – How about: It is the vision of the Lower Savannah Area Agency on Aging to continue to make progress toward the development of a coordinated system of services to help older adults live healthily and independently in their own homes and communities and to be the best Area Agency on Aging in the state.)

### *Organizational Structure*

Since 1972 the Lower Savannah Area Agency on Aging has been located in the Lower Savannah Council of Governments. The Lower Savannah Council of Governments has been assisting local governments in meeting the needs of its citizens by providing a wide array of planning, administrative and technical services to all local governments in the Lower Savannah Council of Governments Region. The counties served include Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg. The Area Agency on Aging is located in the LSCOG Human Services Department, which is responsible for coordinating programs that serve older adults and their families and people with disabilities, as well as providing leadership for a regional transportation coordination program. LSCOG also offers other services that have a beneficial impact on older adults and their families, with whom the Human Services Department staff coordinates. In the Lower Savannah COG's organizational structure, the AAA is a key component of the Aging and Disability Resource Center "umbrella," which includes AAA services, information and assistance for people with disabilities, including older adults, and transportation and mobility information, assistance and coordination.

### *Staff Experience and Qualifications*

- *Human Services Director (Lynnda C. Bassham)* - As Director of Human Services, Lynnda is responsible for overseeing the day-to-day operations of the Human Services Department which includes the Area Agency on Aging, the Aging and Aging and Disability Resource Center and the Travel Management Coordination Center. She has a bachelor's Degree in Sociology and has done graduate work at New York University, the University of North Carolina and the University of South Carolina- Aiken She has over thirty (30) years experience in the field of aging and transportation, and was the first Area Agency on Aging Director at LSCOG. She is a Certified Information and Referral Specialist for Aging (CIRS-A). She works

closely with the AAA staff on a regular basis and is involved in AAA day-to-day operations.

- *Older Adult Services/Area Agency on Aging Coordinator (Mary Beth Fields)* - As Older Adult Services/Area Agency on Aging Coordinator, Mary Beth is responsible for the functions of the Area Agency on Aging which include but are not limited to planning, program development, resource development, service delivery, contract and grants management, training, community education, advocacy, coordination, technical assistance and quality assurance. Mary Beth is a graduate of Lander University with as Bachelor of Science degree and has been working in the Human Services Department for six (6) years. She spent three (3) as the Information and Resource Specialist and three (3) years as the Older Adult Services/ Area Agency on Aging Coordinator, which is the full-time AAA Director in the agency. She is Certified Information and Referral Specialist for Aging (CIRS-A) and certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program.
- *Finance Director (Frances Proveaux)* - As the Finance Director, Frances is responsible for all of Lower Savannah Council of Governments financial management, budgeting, and reporting. She has been working for LSCOG for more than 15 years. She is a graduate of Aiken Technical College with an Associate’s Degree in Accounting. She is a Certified Government Finance Officer.
- *Finance Clerk (Cathy Gray)* - As the Finance Clerk, Cathy is responsible for all aging draw downs, working on the budget, helping monitoring paying aging related vendors and contractors. She has been working for LSCOG for almost 2 years.

***Current Funding Resources for AAA Operations***

The Lower Savannah Council of Governments/Area Agency on Aging’s only source of funding for the Planning and Administrative cost related to functions of the Area Agency on Aging is money received under the Older Americans Act, Federal Grant, State Funded Services and Local Match. It is the intention of the AAA to continue functioning as an ADRC if the AAA were to lose direct services funding.

<b>Source of Funding</b>	<b>Amount of Funding</b>	<b>Purpose</b>
Planning and Administration	\$135,316	Administrative Cost Related to Planning and Administration of the Older Americans Act
Social Service Block Grant Administration for meals	\$5,701	Administrative Cost Related to Planning and Administrative Cost of the Older Americans Act
Program Development	\$12,188	Administrative Cost Related

		to Development of New Programs under the Area Agency on Aging
ADRC/System Transformation Grant	\$62,104	Administrative Cost Related to Development of Systems Transformation Grant
Local	\$46,539	Match for Older Americans Act Services

*Overview of the Region*

*Service Delivery Areas (SDAs)*

Please see attached map located in Appendix H.

*Objectives and Methods for Service to Targeted Populations*

County	Age 60+		Grandparent Raising Grandchildren	Total Race	
	2009	2012		White	African American
<b>Aiken</b>	19.7%	26.2%	1973	104,729	37,689
<b>Allendale *</b>	16.5%	21.2%	306	3,068	7,960
<b>Bamberg*</b>	18%	23.2%	331	6,130	10,464
<b>Barnwell</b>	19.2%	24.6%	578	12,634	10,253
<b>Calhoun*</b>	18.5%	24.8%	300	7,597	7,393
<b>Orangeburg</b>	19.4%	25.4%	1889	32,512	55,706

\*2000 Census; 2005-2007 data not available for this geography

The map above uses US Census data from the 2000 Census in Allendale, Bamberg and Calhoun Counties and US Census 2005-2007 Projections for Aiken, Barnwell and Orangeburg Counties. One of the purposes of the chart is to show the increase in the percentage of seniors in each county between 2009-2012. The Grandparent Raising Grandchildren and Total Race categories gives the breakout comparison in these categories based on the indicated census. The aging population in South Carolina is growing rapidly and in each of the six counties in the Lower Savannah Region. Two of the six counties (Aiken and Orangeburg) in the Lower Savannah Region are increasingly becoming popular as retirement destinations due to many factors such as cost of living, availability of

popular retirement activities, and good healthcare. In these areas, it will be important to work with local decision makers to raise their awareness of the importance of planning for senior-friendly communities in areas beyond the scope of Older Americans Act contracted services. LSCOG will continue to seek ways to make services provided with existing resources, including OAA funds, better adapted to meet changing needs and expectations of older adults living in their homes and communities. The AAA is committed to providing relevant services within the greater context of community needs, realizing that OAA-funded services are a PART of a bigger picture, if we are to be successful in enabling more seniors to age in place. While LSCOG cannot guarantee or assure that other community resources outside its purview will be devoted to amenities and programs to better serve seniors, LSCOG AAA staff will be vigilant in recognizing and seizing opportunities to work WITH local government and other community entities to develop resources to serve diverse needs of many types of seniors residing in the area.

The AAA required in the 2009 Request for Proposals that all successful contractors use a **needs** based waiting list over a first-come/first-served waiting list. The objective for the needs based waiting list was to ensure that those most in need receive services sooner to off-set costly institutionalization and to prolong their independence. The AAA will look at waiting list data during the annual monitoring process to make sure that the contractors are complying with this new requirement. Transportation was a top-rated need in the Lower Savannah Community Needs Assessment. Because of this the AAA will now require that older adults in each county in the region will receive transportation services under the Older Americans Act, which has not been the case in the past. LSCOG is already seeking means to evaluate the adequacy of transportation service models for meeting needs of frail and vulnerable older adults, and to develop a more consumer-focused service delivery model in this key service. Change at the local level is occurring in increments. LSCOG has goals and a vision for a more consumer-focused service delivery system, which will have the flexibility to meet changing needs and expectations or targeted groups of seniors. LSCOG AAA will continue during the plan period to make progress toward them.

LSCOG works very closely with the local Alzheimer's Association through such programs as the Family Caregiver, Ombudsman and Information, Resource and Assistance Programs. We participate in trainings offered by the Alzheimer's Association and other partners in an effort to have a strong understanding of the needs of individuals and caregivers living with Alzheimer's disease. The increase of individuals who are diagnosed with Alzheimer's disease will impact the Aging Network. Alzheimer's disease will affect such programs as the Medicaid and

Older Americans Act Programs because the Aging Network will not be able to keep up with the financial demands of these disease.

LSCOG is prepared to serve individuals who have Limited English skills. We have experienced a very limited amount of request from LEP seniors in the Lower Savannah Region, we have and will continue to partner with the LSCOG Workforce Development Program who funds bi-lingual Spanish speaking positions in the OneStops. When we have a client who comes in or calls who needs a Spanish speaking translator, we will continue to access the bi-lingual employees through the OneStop. While we have had little need thus far to use this language resource, we have seen an increase in clients who come in and call our office who cannot hear or who cannot communicate verbally. LSCOG has two (2) members on staff who have the ability to sign using American Sign Language. One of these staff members works in another department and one works in the Human Services Department.

### *Ten Year Forecast*

Top four (4) regional demographic and economic changes issues:

➤ *Transportation Systems:*

Transportation seems to be the need that never goes away! Issues and causes change over time with demographic and economic changes, but it is a resource which persistently emerges as a need especially among older adults. The National Center on Senior Transportation tells us that, on average, older men outlive their ability to drive by seven years, and older women by ten years. Rising oil prices have given new urgency to the necessity for a transportation system which can meet everyday needs of a growing population. Seniors in the region who are “aging out” of being able to drive and people with Alzheimer’s Disease will also put a strain on the transportation system. In our counties which are becoming retirement centers, young, active retirees move in to the community, and contribute much to it. As they age in place, the consequences of having to give up driving emerge. The AAA Foundation reports that by 2025, 25% of all drivers will be over 65. The report goes on to say “When you hear thunder, it’s too late to build the ark, yet states are not doing enough to prepare for the flood of older drivers that will be behind the wheel in the coming years.” In America, 600,000 people stop driving each year. Twenty-one per-cent of people 65+ don’t drive, with a higher percentage for Hispanic and African American seniors. In the Lower Savannah region, our needs assessment and the consensus of our Advisory Committee is that it is an essential component of independent living to be able to access destinations of daily living at any age. Traditional curb-to-curb or fixed route transit, may not meet the needs of older adults who can no longer drive, if they become frail or cognitively impaired.

LSCOG is working to address the development of an enhanced transportation network, and special services to meet needs of target groups of transit users, as will be described later on in this document.

➤ *Long Term Care Systems:*

It is a well known fact that the way in which the state and federal government is financing long term care has put a significant strain on resources. Older adults are being forced into institutions because often that is the easiest way to address a crisis upon hospital discharge, or after a precipitating health incident. The vision for ADRCs is to streamline access to long-term care information, options and resources. Both studies and local experience have shown that most of the general public has little to no understanding of long term care resources or financing. The Lower Savannah ADRC program provides an opportunity to offer the public one source for objective and accurate information, assistance and short term case management regarding the full range of long term supports and services. It helps consumers to evaluate options and resources, to make informed choices and decisions and begins to address the need for long term care services to be organized into into a single, coordinated system. In the absence of the ability to reorganize the state's long term care services system, the ADRC helps to bring more order to the chaos and confusion consumers face when setting out to find solutions to long-term-care system issues. The AAA/ADRC feels that community education on planning for long term care needs is an effective way to help prepare for the influx of seniors in the future and to help individuals to plan to meet their own or their parents' long term care needs.

During the summer of 2008, the AAA conducted a Senior Community Needs Assessment to identify services that support seniors' independence and their ability to live at home. Responders indicated that *services to maintain independent living as long as possible* was a high need (71.4%) (Lower Savannah Council of Governments, Community Needs Assessment). In an effort to address this need, the AAA has teamed up with The Lieutenant Governor's Office on Aging to conduct the "Planning for Your Long Term Care Needs" and "Planning for the Future for Yourself and Your Child with Special Needs". Three classes of the "Planning for Your Long Term Care Needs" were offered at the Savannah River Site with about 250 people in attendance. One class of the "Planning for the Future Needs of Yourself and Your Child with Special Needs" was offered with about 20 people in attendance. The Savannah River Site staff has asked the AAA to come out in the fall and offer the classes again. In a recent Regional Aging Advisory Committee (RAAC) meeting, it was recommended by RAAC members to partner with local towns, cities and municipalities and offer the two workshops to their employees as a county wide event in our continued effort to reach out and education as many people as possible for planning for long term

care needs. We are in the process of working on this and hope to be able to have some dates set for the early fall. This initiative will be a significant part of our program of work during the upcoming years based on the overly positive response to the training programs conducted during 2008-2009, and the recommendations of our advisory committee. The information is often attractive to individuals who are helping to care for elderly parents, and participants realize that much of the information in the session can also apply to planning ahead for themselves!

Another concern in the long term care system is offering consumers more choice and balance between independent living at home and care in nursing homes and residential care facilities. There is a concern that over the next few years as the aging population begins to expand that the availability for Medicaid funded nursing home beds will become much harder to find and to finance. Once again, the AAA feels that educating people on the available options and pay sources is a key factor to help to impact this problem. LSCOG's ADRC has worked out partnership arrangements with local organizations who also serve common populations. This includes a special arrangement with the Community Long Term Care program to have the ADRC target individuals as they are placed on the waiting list to receive the nursing home waiver services offered by the CLTC program. The ADRC contacts the individuals to offer them assistance from LSCOG while they are waiting. Additional steps to address this concern, in the upcoming plan period will include the ADRC/AAA's providing education to nursing homes in the region on the role of ADRCs. We will go out into the nursing home and help clients who are in the nursing home for rehabilitation fill out applications for community long term care resources and inform them of assistance they can receive through ADRC and partner agencies' programs. Another step that the ADRC/AAA is taking is to plan and schedule more information sessions and assistance sessions in our local communities in the region. LSCOG also participates in health and services information fairs in the region, and reports on offerings of the AAA to the Board of Directors at regular intervals. The Board is made up of a majority of elected officials, and is an effective means of communicating and receiving follow-up requests for local information and assistance activities. Again, this planning involves a big-picture approach including community planning, universal design, and individual financial security planning as well as helping to develop local in-home and community based services which can serve and appeal to private pay as well as target group clientele.

➤ *Service Expectations of Seniors and Caregivers*

Changing expectations among generations will have a substantial impact on the way service delivery systems should be planned and designed in the future. Moving from serving the "greatest generation" to the "boomers" will require

creativity and willingness to change over the next decades. Now most boomers are still in the workforce and are active and independent. Many are helping to care for aging parents, which gives them an opportunity to think ahead to their own “senior” years. One reason the Family Caregiver program has been such a success may be due to its flexibility and its menu approach, in our region, to putting the consumer in the driver’s seat in determining what is most needed and allowing more autonomy over decision making. LSCOG believes that the days of consumers’ thankfully taking what is dished out by agency-centered programs are numbered. Competition from the private sector is affecting traditional non-profit service agencies for the first time, in several cases, in the Lower Savannah region. The transition to a competitive, consumer-centered service delivery system has its speed bumps and impacts on relationships and cohesiveness as an aging network. The goal of LSCOG’s AAA is to move through this transition with as little negative impact on older adults served, and to the service network. Change, particularly in this rural area, will best be achieved with incremental, but relentless forward movement! Moving into a more competitive environment for service provision will not be easy or painless, but it will help the AAA and the network of providers – private and public- to sharpen their pencils and raise their sights to enhance the quality of services offered. We believe that increased competition will also positively impact the caliber and cost-effectiveness of services available to older adults in the region, improving steadily over the years. These goals will be achieved by allowing more flexibility in the services that clients receive. One example of this is that in the upcoming plan year, Home Living Support recipients in Aiken, Allendale and Barnwell counties will be able to choose the day and time they receive their Home Living Support services to best meet their needs. Seniors will have services available on evenings and weekends for the first time and will have a greater range of service options. Through the coordination offered in the soon-to-be-implemented Travel Management and Coordination Center (TMCC), seniors will have access to a more-consumer friendly transportation system and the services of a mobility manager to help them find individualized solutions to transportation problems. LSCOG is also seeking resources outside of the OAA to adapt transportation services to become more tailored to meet special needs of frail and cognitively impaired older adults.

The Family Caregiver Program will continue to offer caregivers the flexibility they need and want in choosing services they MOST need to maintain their roles as caregivers. The ADRC will continue to help people make informed decisions about their services and support options in the long- term care system and to help them understand that there ARE choices and options available, in many cases, to them.

➤ *Policy Changes:*

The Lower Savannah Area Agency on Aging has been and plans to continue to be a leader in local, state and federal policy changes. Major federal policy areas in which LSCOG's AAA encourages change include Consumer Choice, Aging and Disability Resource Centers (ADRC), Transportation Service Delivery and Evidence Disease Prevention Programs (EDPP). Additionally, LSCOG continues to speak out for and advocate on behalf of moving toward more balance between institutional and home and community based care policy and financing. LSCOG staff have spoken at national and state meetings and hearings and submitted written testimony on these issues. We have encouraged local provider agencies to embrace consumer choice, working with the ADRC, incorporating evidenced based wellness programs into their offerings and worked to earn national recognition as a leader in transportation service delivery and systems change agent. In 2003, the Lower Savannah Region was designated as SC's first ADRC serving seniors and adults with physical disabilities, piloting the program in Aiken and Barnwell Counties. In 2005, we initiated the application process and partnered with the state aging unit to apply for and receive a Systems Transformation Grant (STG). This grant enabled us to expand our ADRC to all six counties in the Lower Savannah Region and to expand our population to include adults with developmental disabilities as well as their caregivers and to address transportation as a major issue for accessing services individuals need to remain independent and in their communities as long as possible. We continue to search for other grants to enhance our national ADRC model and to meet local needs. LSCOG is seeking resources to develop specialized senior transportation services, providing travel companions and special neighborhood routes for necessary travel for daily errands, medical care, recreation, voluntarism and socialization. It is our contention that this type service can be effective in really enabling aging in place among older adults in our rural communities.

In our 2004 Community Needs Assessment, data showed consumer choice was a top priority need among older adults in the Lower Savannah Region. Service recipients indicated that they want to determine when, where and how services were delivered. Based on this information, the Lower Savannah AAA discontinued funding the traditional home care services (homemaker services) and created a new service, Home Living Support. Home Living Support is a consumer-focused service, offering flexibility and increased decision-making to the at-risk, older adult receiving the service. In our 2008 Community Needs Assessment, consumer choice on how services are delivered was again a major priority. This finding validates continuing efforts by the Lower Savannah AAA to fund and enhance the Home Living Support Program and to encourage it improvement, as well as offering new choices and options in meals – both congregate and home-delivered and transportation. Its continuing inclusion does not have a negative implication, but rather indicates that LSCOG is on the right track in continuing to make programs, services and options for independent

thinking and living available to older adults in the region! Over the upcoming plan period, the LSCOG AAA will continue to work toward improvements in making services more consumer directed, as consumer needs and wants continue to change over time.

Currently four (4) of the six (6) counties provide Evidence-based Disease Prevention Programs in the senior centers/congregate meal centers. The programs currently being provided are the Living Well Program, The Arthritis Foundation Exercise Program, Arthritis Foundation Self-Help Program and one county has their own Wellness Program where pre-tests and post-tests are conducted to see what physical fitness improvements have been made. The Wellness Programs continue to be a big success in the region.

### *Emergency Preparedness*

The complexities of anticipating, planning for and preparing to respond to an emergency or disaster have grown over the past decade. A disaster preparedness plan in this part of South Carolina used to focus predominately on the eventuality of helping to evacuate or attend to vulnerable people in the event of a hurricane and its aftermath, dealing with traffic and relocation issues of people in adjacent coastal areas of the state or coping with an infrequent winter weather event that might deprive people of power, heat, etc. The American consciousness was raised after the tragic terrorist events in Oklahoma City and on September 11<sup>th</sup>. Locally, consciousness was raised after a train wreck and subsequent life-threatening chlorine spill occurred in Graniteville, in Aiken County, in January of 2005. Lives were lost, people were evacuated and the ability of local people and institutions to respond to the unexpected was tested.

As the Aging and Disability Resource Center has developed and along with it the scope and programs of the Area Agency on Aging and the developing coordination of the transportation and mobility management services within the LSCOG and the six county Lower Savannah Region, more thought has been given to more facets of preparation and planning for preventing, where possible and responding to an emergency or disaster than ever before.

While LSCOG is concerned about the general public's safety and welfare, a special focus of this ADRC/AAA/ Mobility Emergency and Disaster Response Plan are special needs populations. For purposes of this plan, *special needs populations* are defined as follows: *individuals in the community with physical, mental or medical care needs who may require assistance before, during and/or after a disaster or emergency after exhausting their usual resources and support network*. People with special needs can be found in their own homes, in hospitals, nursing homes, and other forms of residential care. Since disaster

planning for residents of medical institutions and residential care facilities is the primary responsibility for disaster planning for them is held in the facilities and overseen by DHEC, LSCOG ADRC/AAA is cognizant that there could be a need for us to help or assist in responding to their needs. Our primary focus, however, in this plan is on people with special needs who live in homes and communities in our region and who lack the ability and the adequate support or resource network to manage safely in an emergency situation.

In Aiken County, where the ADRC/AAA/Mobility Center is physically located, Aiken County EMS has designated the 211 center as the official communications conduit for disaster response information and referral. The County Sheriff's Department and County EMS coordinate relief efforts and resources. The ADRC has a memorandum of understanding with Aiken County 211 for reciprocal help and back-up in the event of an emergency affecting the area. Additionally, as LSCOG is planning to add new technology regarding the telephone system serving the region and in transit, we have communicated in writing about these new resources with each local county EMS coordinator with an offer to participate in local planning and disaster response in any way that could benefit the EMS process.

LSCOG is also fortunate to be a part of a statewide network of COG's. The ten regional COGs have memoranda of understanding among themselves to help any COG(s) that sustain damage due to a disaster or emergency that disrupts their operation for any sustained period of time.

In 2007, LSCOG contracted for the preparation of a safety and security plan, which was completed in September of that year. This plan outlines procedures to mitigate and to recover from a disaster and damage of COG equipment, technology, information or physical property. LSCOG maintains a listing of emergency contact information for staff, with home phone and cell phone numbers, for use in an emergency after hours.

LSCOG was selected as one of three organizations in the country to implement a Travel Management and Coordination Center (TMCC) with its Aging and Disability Resource Center (ADRC). In an earlier phase of this grant, under the US Department of Transportation's Mobility Services for All Americans initiative, LSCOG, in partnership with the Lt. Governor's Office on Aging and the Centers for Medicare and Medicaid Services, spent 15 months conducting an intensive planning process integrating new technology with needs in the region focused on information, assistance and transit. Over the next year, LSCOG is in process of implementing its design for a regional network of local, coordinating, partner transportation providing entities and a one-call center to help consumers find transportation and human services information at one location. Many of the

partnering agencies in this project are also providers of services to Older Adults through the Area Agency on Aging. A part of the technology equipment to be employed in the new center and system will be a regional telephone network and interactive voice response telephone software. This software will have the capability to make “reverse” calls for any purpose for those consumers who are already in the TMCC network. One use will be to let customers know that their ride is approaching, to confirm or cancel appointments by telephone, and to inform passengers about weather-related emergencies or service adjustments. The AAA is currently looking at exporting client data out of AIM and into RouteMatch (the “reverse calling system”) on a monthly basis for the purpose doing “reverse calls” in emergency situations. Passengers’ addresses will be geo-coded according to enhanced 911 and will tie to scheduling and dispatching maps and software. Data on transportation dependent consumers can be mapped by downloading and converting data from addresses to the LSCOG’s Geographic Information System mapping capabilities. Automated vehicle location devices and on-board mobile data computers will enable coordinators to see in real time where vehicles are located and schedules can be manipulated throughout the day via the on-board computers. Radio equipment on board the vehicles provides communication linkages between vehicles and base stations and among systems. In an emergency, its use can easily be converted to communicate with emergency management and law enforcement, should the equipment need to become involved with disaster response. In light of these new technologies, LSCOG has informed each county’s local EMS coordinator of its pending availability and offered to help as a resource in local emergency/disaster planning and response.

We have sent in writing to each of the Emergency Preparedness Agencies in the last three months updated information on the equipment and technology to them and have offered to them to be a resource in the Emergency Preparedness process.

<b>Access Information for Emergency Preparedness Activities for the Lower Savannah Area Agency on Aging Region</b>		
<b>Coordinating Agencies</b>	<b>Emergency Contact Staff</b>	<b>Contact Numbers</b>
Lower Savannah Council of Governments/AAA 2748 Wagener Rd PO Box 850 Aiken, SC 29802 (803) 649-7981	Lynnda Bassham, Dir. of Human Services	(H) (803) 648-9447 or (C) (803) 617-8572
	Mary Beth Fields, Older Adults/AAA Coord.	(H) (803) 649-7725 or (C) (803) 270-8130
	Susan Garen, LTC Ombudsman	(H) (803) 663-3513 or (C) (803) 640-4545

Aiken Area Council on Aging 159 Morgan Street Aiken, SC 29802	Scott Murphy, Executive Director	(C) (803) 507-6624
Allendale County Office on Aging 917 Railroad Avenue Allendale, SC 29810	Bob Connelly, Executive Director	(H) (803) 632-3108 or (C) (803) 450-3279
Bamberg County Office on Aging 498 Long Branch Road Bamberg, SC 29003	Carolyn Kinard, Executive Director	(H) (803) 267-5762
Generations Unlimited 11403 Ellenton Street Barnwell, SC 29812	Frank Johnson, Executive Director	
Calhoun County Council on Aging 112 Milligan Circle St. Matthews, SC 29135	Jenny Swofford, Executive Director	(H) (803) 655-7316 or (C) (803) 515-4177
Help at Home, Inc. 108 Laurens Street NW Aiken, SC 29801	Linda Townsend, Branch Manager	(O) (803) 649-0922
	Ron Ford, Chief Operating Officer	(O) (312) 795-4686
Orangeburg County Council on Aging 2570 St. Matthews Road Orangeburg, SC 29116	Sheryl Jeffcoat, Executive Director	(H) (803) 874-1416 or (C) (803) 707-0116

Contact Information for the Emergency Management Divisions in each county in the Lower Savannah Region is on file at the Lower Savannah Council of Governments.

### *Area Agency on Aging Operational Functions and Needs*

#### *Assessment of Regional Needs*

In June 2008, the Area Agency on Aging contracted with *Spragens and Associates, LLC* to conduct a Community Needs Assessment. The Need Assessment included a written community survey that was mailed to 2,440 seniors, caregivers and professionals in the region. LSCOG received 598 surveys back. The survey was organized by the following categories of services: access to services, legal services, nutrition services, caregiver support services, health and wellness activities and in-home support services.

The survey had the highest percentage of “strongly agree” ratings were for the following needs: (please note that “agreement” that a service is a need does not always mean that it is not available or that it is not being provided well)

- Transportation to and from medical appointments (374/64.2% strongly agree)
- Transportation with additional assistance for frail seniors (320/55.8%)
- Information on insurance and benefits (341/58.9%)
- Information on in-home care providers (346/57.9%)
- Information on home repairs and modifications (309/54.9%)
- Information about healthcare advance care directives (344/59.9%)
- Advice and help with legal and/or financial concerns (328/54.8%)
- Prevention of abuse, neglect and exploitation of vulnerable adults (359/62.5%)
- Response to complaints of abuse, neglect and exploitation (355/62.3%)
- Deliver a meal to the home of people who have difficulty cooking for themselves (405/67.7%)
- Provide a healthy, nutritious meal to seniors (389/66.3%)
- For caregivers, a break from caregiving (332/53.8%)
- Information on resources to meet individual caregivers needs (329/55%)
- Services to maintain independent living as long as possible (414/71.4%)
- Assistance in managing a chronic disease (369/61.7%)
- Help with personal activities such and bathing and grooming (351/61%)
- Being able to choose when obtaining in-home support providers (314/52.5%)
- Having home support services available on evenings and/or week-ends (315/55.7%)

Three (3) focus groups were held with older adults and providers of services for older adults. The focus groups, held in Aiken, Orangeburg and Barnwell, lasted about two hours each. Focus groups varied in size from 6 to 14 individuals, a facilitator and scribe. Participants included older adults, caregivers, and professionals. Several themes emerged from the focus groups:

- Information is one key to access- In all three focus groups, it was clear that people were not aware of existing services in the region and did not know where to get information.
- Transportation-The need for transportation was a recurring theme in the focus groups. Rural areas are lacking in transportation options.
- Nutrition services needed in rural areas- some noted that home delivered meals were not available outside of the towns or cities. Transportation also can be an issue for getting to a meal center. Being able to go to the meal center also serves an important role in providing an opportunity to stay connected to others in the community.

- Flexibility and choice in Home Support- participants indicated a desire to be able to have flexibility and choice in the service delivery system. They value the option provided through the Family Caregiver Program to hire their own “sitter” or aide.
- Perceived gaps in services- More respite is needed for caregivers. There is a high rate of caregiver burnout.

Using the information that was obtained from the Needs Assessment and in preparation for procurement, the Lower Savannah AAA made several changes in how services were going to be funded in the region. We decided, since transportation was such a huge need to be identified in the Needs Assessment, to contract for transportation services in all six (6) counties in the Lower Savannah Region. In the past some offerors to provide the package of services in the counties did not want to provide transportation services, even though they are needed. We are also working with our contractors in an effort to expand from limiting Title III-B transportation only for transporting clients to and from congregate dining centers to providing multiple types of transportation such as transportation to and from doctors’ appointments and transportation to destinations that help seniors remain independent and in the community such as grocery stores and pharmacies as well as to congregate dining centers. In our Request for Proposals (RFP), we asked for all proposers to submit a plan for how they would manage a needs based waiting list over a first come first serve waiting list for the home delivered meal program and the home living support program. We are continuing to work with our current contractors in an effort to make sure that the Home Delivered Meal Program is expanded in some counties to the whole county. This objective will not be achieved overnight due to challenges of a large land area and low population density, finding volunteers and gasoline however we will continue to explore every possibility available such as shipping meal directly from the manufacture etc, to achieve this goal. We have already had a meeting to introduce local contractors to the shipped meals, having a “tasting party” and discussing this as an option for serving more seniors. In our RFP, we also asked for the proposers to describe how they would offer more consumer choice in what services are provided, how they are provided and when they are provided. We expect to show substantial progress toward this goal during this plan period in the three counties in which the provider for Home Living Support changed. All of these areas will be monitored during the contractor monitoring process. *See Appendix B for the completed Lower Savannah Area Agency on Aging Needs Assessment.*

### *Program Development*

The Lower Savannah Council of Governments/Area Agency on Aging will be focusing a lot of attention on program development from needs identified in the

2008 Needs Assessment over the next four years. Current areas of focus include **increased responsiveness to consumer wants and needs, transportation, increased streamlining of information and assistance to find services and resources and coordination of resources beyond the OAA with OAA funds to meet local needs.** In July 2009, the AAA will be contracting with Help at Home, a new contractor, to provide home living support services in Aiken, Allendale and Barnwell counties. This new contractor will help us to move fully into Lower Savannah AAA's Home Living Support vision by providing a larger variety of services than are currently not being offered in a more responsive manner and at almost any time of the day or week. Help at Home will be providing such tasks as routine housework, tasks related to shopping, seasonal maintenance, escorts to medical facilities, non-medical personal tasks, meal planning and preparation. Services will also be available on weekends, evenings, early mornings and in all parts of the county.

Transportation and increased ease of access to information are among top needs identified in the region. LSCOG has chosen to focus in depth to plan and implement a new and hopefully better system to address these needs over the next few years. As discussed in the Ten Year Forecast part of the Lower Savannah Area Plan, the Lower Savannah Aging and Disability Resource Center is in the process of integrating the Travel Management Coordination Center (TMCC) with the Aging and Disability Resource Center, building on the work the Council of Governments, in partnership with the state unit on aging, has been doing in human services information, referral and assistance. The Lower Savannah TMCC will serve the six county region with:

- A center that will provide consumer-focused information and assistance available to customers through both a telephone number and a website. Center staff will advocate, when necessary, for people to get rides for which they are eligible and negotiate with transportation providers to develop solutions where transportation needs remain unmet. Consumers will also be able to take advantage of human service information, referral and assistance from the same center that addresses their transportation needs.
- A center that will also serve as the coordination center for participating local public, private and human service transportation providers and purchasers of transportation.
- A center that will work with local transit providers to coordinate service among funding sources, systems and geographic boundaries thus offering more transportation service options using existing resources. The center will also work to help local providers to acquire equipment needed to participate fully in the coordination process among providers and with the TMCC.
- The use of technology is an important part of the center and will include: enhanced telephone system options, scheduling, dispatching and management software, vehicle location software, on-board mobile data entry and an

infrastructure network that will integrate and support the chosen technologies. Tying in with this initiative, LSCOG is taking steps to require contractors to provide broader transportation services using OAA funds for meeting local needs. By helping providers of OAA transportation services to better coordinate with other funding sources and to provide shared-seat transportation, the LSCOG AAA is helping to increase agency capacity to meet more unmet transportation needs in local areas.

In May 2009, the US Administration on Aging announced a new grant for *Community Innovations for Aging in Place*. We believe that the grant announcement from the US Administration on Aging for *Community Innovations for Aging in Place* could provide us with a very fitting opportunity to address the transportation needs of seniors in the Lower Savannah Region, which is a top rated need for the Lower Savannah Region. Transportation for older adults to and from medical appointments and the need for transportation with additional assistance were identified as top-rated un-met needs in our Community Needs Assessment. The US Administration on Aging's goal for the project is to promote aging in place for older individuals in order to sustain the independence of older individuals using innovative strategies for providing and linking older individuals to programs and services that provide, comprehensive and coordinated health and social services to sustain the quality of life of older individuals and support aging in place. We are in the beginning stages of exploring the potential of this grant but, if we submit, we are very hopeful that we will be funded and if funded will be spending time over the next few years working on this grant to meet significantly important un-met needs in the Lower Savannah Region.

Lower Savannah Council of Governments preliminarily proposes to utilize the grant funding in the following manner:

- Determine why older adults needs are not being met by currently provided transportation resources;
- Individualize and customize transportation options to meet seniors travel needs;
- Provide travel companions for eligible consumers to provide door-through-door and/or door-to-door assistance to seniors in need of additional help;
- Include assistance going to the grocery store, pharmacy, medical appointments and other errands;
- Increase transportation resources available to seniors who are independent but lack adequate transportation to participate in local social, recreational and educational activities;
- Provide the services of a mobility manager to screen senior callers and to help them find services to meet their individual travel needs;
- Work with local aging and transit service providers to better meet the travel needs of older adults through improved types of services; and

- Work with local agencies and organizations serving or including older adults to better customize transportation services so that older adults who can't or don't drive are less isolated and more able to participate in community life.
- To better integrate programs and services of the ADRC, the TMCC and contracted local Older American Act and Federal Transit Administration services to benefit older adults in aging in place.
- These services would be provided by more fully developing both transportation services and home living support services. Our proposal is to test the concept of purchasing Travel Companion services through existing OAA Home Living Support providers and the transportation services through existing OAA transportation providers.

We are constantly working with our contractors to make sure that Wellness programming to benefit each local area's needs is addressed and provided to meet the demand. Each county will have an evidenced based disease prevention program offered at the senior centers in State Fiscal Year 2010.

Additionally, LSCOG has talked with local governmental leaders about the need to plan for making our communities more livable for adults as they age in place, and with our planning department about better coordination with infrastructure planning and livability for older adults.

LSCOG will make concerted efforts to make the AAA/ADRC more visible to local citizens, by going out into our local areas for educational and resource presentations and to hold office times for individualized assistance with resources and benefits counseling. Evaluation efforts have indicated that most of our referrals in our Medication Assistance Program come from physician's offices, who see the genuine benefits which our work brings to their patients who lack funds to pay for medications.

As mentioned in an earlier section, LSCOG has procured more consumer-responsive services under the Home Living Support program in three counties for the upcoming plan period. LSCOG will also continue to seek new ideas, best practices and to seek resources above and beyond the OAA to meet identified needs and to address our overall goal of making the region a good place to live and age.

### *Program Coordination*

The Lower Savannah Aging and Disability Resource Center staff will continue to participate in Community Service Network meetings in Aiken, Barnwell and Bamberg counties. These meetings allow staff to network with faith-based, governmental, non-profit and for-profit agencies located in each county by networking and sharing resources. Networking and sharing resources is an

essential component of staying in touch with the local communities on available resources, sharing ideas and building professional relationships. The Lower Savannah ADRC has been and will continue to ensure that staff has days out in the local counties and communities to work with local partners, agencies and their citizens.

Since the 1970s, the AAA has contracted with the councils on aging in the region to provide OAA services on the local level. The AAA cast a “wide net” in an effort to have more interest to the Older Americans Act Request for Proposals. Before the procurement process began, we met with local providers of service and explained to them how Older Americans Act Program works. We received several Letters of Intent from agencies who were not already contracting with the Lower Savannah AAA but in the end we only received proposals from two (2) entities who were not already contracting with. We did end up contracting with one of these entities, Help at Home, Inc for Home Living Support in Aiken, Allendale and Barnwell Counties. Having the Lower Savannah Council of Governments Board of Directors, which is primarily made up of elected officials from each of the six counties in the region, vote to award contracts with a new contractor could have been a controversial decision but we were pleased that politics did not prevent the board from operating with objectivity and integrity. This is a major change in the region and the AAA will be spending a lot of time coordinating program activities in the region to ensure efficient and effective use of the resources.

The LSCOG AAA is always willing to be involved with other groups in the region who serve older adults, partnering in special events, such as Senior Wellness classes, health and information fairs, and other community problem solving/quality of life groups. This year this partnership won an award from the LGOA. Through our expanded role as part of the ADRC, the AAA is involved in other partnership relationships with local agencies. Many of these agencies are helpful in making local office space available for ADRC staff to meet with local seniors to help with benefits or service needs questions. Through our legal services program our staff has agreements with local attorneys in each county of the region and refers seniors to them for help through the OAA legal services program. This arrangement has worked well to build a partnership among local attorneys and to give consumers the dignity and convenience of being able to access an attorney in their own communities. LSCOG AAA staff have been instrumental in helping groups of helping professionals in several counties of the region to establish or strengthen their organizations. These partnerships have increased coordination among agencies and positive interactions and more appropriate referrals.

LSCOG AAA works with the City of Aiken each year to sponsor a large senior information fair involving almost every business and agency which serves needs of older adults, and participates in other counties as well in such events.

### *ADRC and Long Term Care*

When the State Unit on Aging applied for the US Administration on Aging grant to implement an Aging and Disability Resource Center in 2005, Aiken and Barnwell Counties were chosen as the pilot site in the Lower Savannah AAA for South Carolina. Over the past four (4) years there have been a lot of changes at the Lower Savannah AAA. The AAA now thinks of its self as an Aging and Disability Resource Center (ADRC) that offers multiple programs including: the Area Agency on Aging, the Long Term Care Ombudsman Program, Information, Resource and Assistance Program, I-Care Program, the Family Caregiver Support Program, the Medication Assistance Program, and the Travel Management Coordination Center. The staff of the ADRC no longer works in silos but instead is cross-trained and works together as a team! The Lower Savannah ADRC has worked hard over the past few years to become AoAs vision of a “one-stop shop at the program level that will help people make informed decisions about their service and support options and serve as the entry point to the long term care support system.” We are a visible and trusted place in the region where seniors, people with disabilities and their family caregivers can turn for information and counseling on all available long term support options and are continuing to work towards becoming a single point of entry to public long term support services. The ADRC enables people to make informed decisions, provides streamlined access to long term supports and organizes an array of options in the long term support system. Our staff goes the extra mile to help callers, even those from outside the region or with unusual requests, if we can help. Word of mouth on the customer service and reliable information given by ADRC staff has brought in a diverse array of customers. Since April of 2008, LSCOG has also provided mobility management information and assistance on transportation needs and issues. Expansion of this service is forthcoming in the next fiscal year.

We continue to coordinate with the local Community Long Term Care offices in our region making referrals back and forth in an effort to streamline the CLTC process for the consumer. We also receive numerous referrals from the Medicaid Eligibility Department each month for clients who need are in the process of applying for Medicaid eligibility but are in need help navigating the long-term care system. Our work to help individual seniors with Medicare Part D questions, enrollments, and problems has done more to assure our reputation as a reliable source of objective information than an y amount of advertising! We find that consumers helped often call back when the next question or issue arises, and refer friends who need help with aging issues.

In February 2009, the ADRC was able to present the “Planning for Your Long Term Care Needs” and “Planning for the Future for Yourself and Your Child with Special Needs” at the Savannah River Site, major employer in the Lower Savannah Region, through a partnership with the State Unit on Aging, the Savannah River Site and the Lower Savannah Council of Governments. Three (3) presentations were held on the “Planning for Your Long Term Care Needs” with approximately 250 people in attendance and one (1) presentation was held on the “Planning for the Future for Yourself and Your Child with Special Needs” with approximately 25 people in attendance. The trainings were very successful with very positive feedback. In a survey completed by those who attended, over 75% of the people strongly agreed to recommend the training to others. A major endeavor that the ADRC is in the beginning stages of working on is to offer the “Planning for Your Long Term Care Needs” and “Planning for the Future for Yourself and Your Child with Special Needs” to employees of the towns, cities, counties and other interested individuals as recommended by our Aging and Disability Resource Center/Transportation and Mobility Center Advisory Committee in the Lower Savannah Region.

Because of our status as a pilot or demonstration project under a number of funding sources, LSCOG’s work has been subject to the scrutiny of several outside evaluators. For the past several years, the Center for Health Services Policy and Research at the University of SC has conducted random telephone interviews with people assisted by the LSCOG ADRC/AAA. This feedback has been very useful and overwhelmingly positive regarding the impact of our services and the helpfulness of the staff and the information and assistance rendered. The LGOA has conducted periodic evaluations of the outcomes of the Family Caregiver program, and provided us with the results, indicating a great favorable impact on family caregivers helped by our agency. At an interview of stakeholders conducted by evaluators from the Systems Transformation grant, regarding the impact of the ADRC, community service agencies told the evaluators that LSCOG had filled a void in the community by being there to provide information, referral and assistance with objectivity and with our comprehensive approach to listening and problem solving. Because of the way in which the Medicaid Waiver programs are not structured at the state level to be well coordinated with OAA programs and services, we are not as able as other ADRC’s have been in other states with different structures to actually combine the eligibility process, but through such changes in service delivery as the on-line e-form, and the addition of a knowledgeable person on staff to assist consumers with benefits counseling, we have taken steps toward streamlining access to resources.

While LSCOG lacks the means to conduct local impact studies, the Administration on Aging has promising national statistics on the impact that ADRC's are having on nursing home admissions and reliance on institutional long term care.

### *Advocacy*

The Lower Savannah AAA will be advocating for all of the needs for seniors in the Lower Savannah region over the next four (4) years but will be paying special attention to advocating for the need for investment in home and community based services rather than institutional care at the local, state and federal level. As the senior population continues to grow and the need for long term care increases, the State of South Carolina is going to have a crisis if we continue to fund long term care with such a bias toward institutional care. The Lower Savannah AAA will advocate to local, state and federal elected officials the need for more focus on home and community based services. It is a well documented fact that it is less expensive to keep seniors in the own homes and community and that this is where they want to be. Whether it is speaking at a public hearing, a state legislative hearing, doing presentations, meeting with local leaders or writing a letter; the Lower Savannah AAA will take advantage of every opportunity possible to educate the public on aging issues and priorities. We will continue to search for additional resources to un-met needs. We have a good track record for attracting resources to addresses needs in the region such as being the first ADRC and attracting the System Transformation Grant. We try at every opportunity to inform elected officials of the needs in the region especially related to the in-home and community based services. We advocate in numerous ways for seniors in the Lower Savannah Region to make our region senior friendly. We will increase efforts to maintain communication with state legislative staff on issues and needs that are priorities for seniors. Built into the ADRC and STG, we had independent research done by USC School of Public Health and they have surveyed clients to see if there needs are meet. They are indicating that their needs are being met with the one call ADRC concept. Information obtained from community needs assessment, forums, networking in the community will help to make sure that we stay on track with our advocacy efforts. We will continue to track un-met needs with our ADRC/TMCC which will give us a basis to track our un-met needs.

Staff from the LSCOG are often asked for input on state and national policy development, and to speak at national conferences. Seeking and attracting national grants requires an incredible amount of hard work over and above the usual conduct of duties associated with being an AAA or an ADRC, but it often brings the opportunity to advocate in a way that makes a difference. LSCOG has been generous in sharing its time and resources and conscientious in advocating for the needs and best interests of its target populations served and their needs at the local, state and national levels. One strategy that we have discovered is

effective is to be available and make contact with key decision makers consistently and not just when we want or need something. Thus we have made it a point to have regular contact with members of Congress, members of our local delegations and local county governing bodies, mayors, etc.

*Priority Services*

The Lower Savannah AAA bases priority for services on the following: needs and requests for services, the service delivery plan in the RFP, the Community Needs Assessment, service consumption history and the projected impact in each county and the region as a whole. Our Advisory Committee and Board of Directors are also a good sounding board and source of guidance on local needs and priorities.

In State Fiscal Year 2010, we are using the following funding levels: Access 38%, In-Home 60% and Legal 1.5%.

*Priority Service Contractors*

The Lower Savannah Elderly Legal Services Program is operated out of the Area Agency on Aging. Due to the limited amount of money allocated to the Elderly Legal Services Program at the AAA, the coordinator of the Elderly Legal Services Program has located participating attorneys in each of the counties in the Lower Savannah Region that will accept a reduced rate of payment. When the coordinator receives a call at the ADRC, the client is screened to ensure that they meet program criteria. If the client meets the program criteria, the coordinator will contact an attorney in the client’s county to refer the case and a letter is sent by the coordinator to the client letting them know the referral was made. The client has the responsibility of making the necessary appointments with the attorney. When the participating attorney is done with the case, a Case Disposition Summary is sent to the Elderly Legal Services Coordinator with their statement of payment. This method of service delivery has worked quite well, giving the opportunity for inclusion of qualified and willing attorneys who wish to participate, and giving the customer the dignity and convenience of being able to obtain legal services closer to home.

*Nutrition Services*

<b>Group Dining Contractor</b>	<b>Location(s) M-F</b>	<b>Units Served in State Fiscal Year 2006</b>	<b>Units Served in State Fiscal Year 2007</b>	<b>Units Served in State Fiscal Year 2008</b>	<b>Units Served in State Fiscal Year 2009</b>
Aiken Area Council on	Aiken, Windham House, Jackson,	35,828	37,602	38,847	38,000

Aging	Gloverville, North Augusta Wagener				
Allendale County Office on Aging	Allendale	6,686	6,291	5,328	5,317
Bamberg County Office on Aging	Bamberg	6,290	7,397	6,962	6,565
Generations Unlimited	Barnwell	9,555	8,529	8,597	7,987
Calhoun County Council on Aging	St. Matthews	6,229	7,919	9,238	10,650
Orangeburg County Council on Aging	Springfield, North*, Bowman, Branchville, Vance, Orangeburg	30,344	34,514	37,856	41,476

\*Tuesdays Only

The group dining program in Calhoun and Orangeburg Counties have seen large increases in the number of group dining participants. There are several suspected reasons for the increase. One of the major reasons is the community has reached out and embraced the program. No longer is the program thought of as “soup kitchen” or a low-income program seniors. Calhoun and Orangeburg Counties receive generous financial county support of the programs offered at these two (2) councils on aging. In Calhoun County and in a vast major of Orangeburg County the participants were minority. In the past several years there has been a considerable increase in the diversity of the individuals who are now participating in the group dining program.

Allendale County, the smallest and most rural county, has seen a decrease in the number of senior that are participating in the group dining program. There are several suspected reasons for the decrease. Many seniors who have

participated in the program in the past have either died or been placed in the nursing home. Transportation is another reason there has been a decrease. The Lower Savannah AAA is working and with Allendale County Office on Aging to help increase their group dining units and will continue in the next State Fiscal Year. The AAA is encouraging the Allendale Council on Aging to market the congregate meal program to the Allendale County Council, local churches and other civic organizations in an effort to increase the number of seniors who participate in the program. The AAA will also be providing technical assistance with programming in an effort to increase the number of congregate meal participants.

Bamberg County Council on Aging saw a decrease in the number of seniors who were served in State Fiscal Year 2008 and 2009. In State Fiscal Year 2010, the Bamberg County Council on Aging will be serving seniors who participate in the Bamberg Disability and Special Needs Board Senior Program with a congregate meal every day. It had been the hope that the Bamberg DSN Senior Program clients would come to participate in the Bamberg congregate meal program but due to the significant budget cuts that the Bamberg DSN Board received in the last State Fiscal Year there was not staff who could come to the congregate meal program.

Enhanced programming in the group dining site is also needed to move the group dining program toward the level of quality that is our goal. Older adults increasingly will expect and respond to an enhanced variety of programming with more options such as trips, computer classes and speakers. The AAA is currently in the process of working with local contractors to help with programming in order to enhance it.

<b>Home Delivered Meals Contractor</b>	<b>Units Served in State Fiscal Year 2006</b>	<b>Units Served in State Fiscal Year 2007</b>	<b>Units Served in State Fiscal Year 2008</b>	<b>Units Served in State Fiscal Year 2009</b>
Aiken Area Council on Aging	42,685	37,888	37,428	43,122
Allendale County Office on Aging	39,227	36,252	31,137	32,646
Bamberg County Office on Aging	14,869	17,169	17,390	17,680
Generations	17,810	17,930	22,327	20,887

Unlimited				
Calhoun County Council on Aging	9,369	12,640	14,398	14,914
Orangeburg County Council on Aging	51,769	53,841	56,813	56,126

The units above reflect funding from Title III C-2, State Supplemental Funds, United Way, Social Services Block Grant, Bingo, Local Funding and private pay sources. The State Supplemental Funds has really helped the Home Delivered Meals program in the region. While most counties have seen an increase in the Home Delivered Meals Program, Allendale County has seen a decrease due to cuts in their local funding. Orangeburg County serves the most home delivered meals in large part because of the local funding they receive. In the region, Barnwell and Calhoun Counties use frozen meals as one of their home delivered meals options while the other four counties use only hot meals. In SFY 2010, some of the counties have indicated interest in providing frozen meals in their counties.

Lower Savannah AAA believes that some changes are needed with the nutrition services program to meet the needs of the region and to help move the program toward meeting changing expectations of consumers.. The meal requirements that the OAA requires are based on the USDA Food Guide in the Dietary Guidelines for Americans are too stringent. While the AAA does not advocate for high calorie and high fat meals, we do believe that it is more important the seniors actually eat the meals than to serve a meal that restricted to 800 calories that no one eats. In many cases the noon time lunch the seniors receive may be their only meal of the day. Participants in the congregate dining program express cultural food preferences, but based on the current requirements, they are not able to get these options very often. The Lower Savannah AAA will be looking at all available options during State Fiscal Year 2010 when we procure meal services again. The Lower Savannah AAA is looking into working with a Registered Dietician to explore meal analysis options.

LSCOG AAA is also looking toward enhancing options in the home delivered meals program, as attrition or increased resources will allow. We believe that the shipped meals program has potential for people in very rural areas, as well as meal voucher programs for areas with lower population density or in the event that gasoline process continue to escalate. In the congregate meals program, trials of breakfast or afternoon brown bag meals have proven successful. As resources allow, we will continue to try creative solutions to meet changing

needs. Just because a contractor's performance has fallen, we are reluctant to rush to deprive the citizens who need services in a county of the opportunity to get the service, such as nutrition services, in this case. We prefer to work with the contractor to find additional ways to reach people who need nutrition services and to appeal to their needs and wants in order to give those most in need the opportunity for services to support independence and health.

### *Training and Technical Assistance*

The AAA will provide training as needs are identified in the region through monitoring and/or initiatives at the regional, state and federal level. The AAA works hard to provide needed training for its contractors. In State Fiscal Year 2010, the AAA plans to offer two (2) different types of trainings. The first training or "Lunch and Learn" the AAA wants to provide is for the group dining staff on activity calendars, portion control and the SUA standards and scopes of work for the group dining and home delivered meals programs. The AAA is in the process of making a manual divided by the months in a year with a wide range of activities related to each month. Activity areas are consistent with those identified in the State Policy and Procedures Manual: nutritional education, social, informational, recreational, artistic or musical activities. The purpose of the training will be to help the group dining site staff come up with new and an improved variety of activities as well as meet the standards in the State Policy and Procedures Manual. The AAA will be holding the training in the early part of State Fiscal Year 2010. Portion control training will also be provided as a refresher to the group dining site managers. An overview of the scope of work and standards for the group dining program and home delivered meal program will be provided to help to remind the group dining staff of the program requirement and will help to ensure that staff is properly trained on the responsibilities of the program. The AAA will also provide assessment training for the case managers in the region who conduct assessments for the group dining, health promotions, home delivered, home living support and transportation programs. The purpose of this training will be to make sure that everyone is interpreting the AIM Assessment in the same manner which will help with regional data sets in AIM. The training will also help the case managers at the local level to perform better assessments and to get better information out of the assessment.

The AAA has been and will continue to provide on-going weekly technical assistance with the new Home Living Support Contractor Help at Home. This is Help at Home's first contract in South Carolina they will need a lot of technical assistance as they navigate through South Carolina's Aging Network.

The AAA will continue to provide technical assistance on an on-going basis to the contractors in the region through phone conversations, e-mails, quarterly contractor meetings and mail on a range of topics such as trends in the Aging Network, contract compliance, finance, senior center programming, wellness education, advocacy, etc. Training for van drivers is provided by local contractors to meet tough services standards related to other contracts the contractors have, i.e., Medicaid Transportation and Fixed-Route Transportation. LSCOG is actively involved in the Transportation Association of South Carolina and the organization is currently working on training provision for both Human Services and Public Transportation providers. Lower Savannah COG has coordinated and will continue to coordinate training opportunities as needs and requested by local contractors to meet standards. Our Home Living Support providers provide training for their home living support staff as requested the LSAAA will work and participate in training. The AAA feels the most effective way to provide technical assistance is to work together as a team to meet the needs of the seniors in the Lower Savannah Region. The AAA will continue to provide additional technical support, guidance, and assistance to the new contractor who is providing Home Living Support in Aiken, Allendale and Barnwell Counties. The technical assistance will be provided in a variety of ways. We will be meeting with the new contractor one-on-one to discuss any issues or concerns related to the Scope of Work and Standards for Home Living Support. We believe that e-mail communication between the AAA, the local office and the corporate office will be a vital part of the technical assistance provided. The AAA will also provide technical assistance to anyone who asks for information related to aging in the Lower Savannah Region.

Executive Directors will always be included in the communications and invited to participate in all training related to contractor staff. As the AAA resources allow staff attends local, regional, state and national training to sharpen the job knowledge on areas of responsibility.

LSCOG will provide training which is needed and which is not available from another source to enhance services received by our consumers. We will coordinate with others providing training and encourage contractors to participate in training available not only provided by LSCOG but available through others.

### *Monitoring*

The AAA will monitor its contractors in several different ways. At the beginning of each State Fiscal Year the AAA will monitor all contractors for the fiscal year that was just completed. The announced monitoring shall consist of looking at **each program** that the AAA contracts with the contractor for. The Lower Savannah AAA believes that proper contract management begins with

monitoring each funded program. Using the monitoring forms designed by the Lower Savannah AAA, the AAA will monitor the client files and the programmatic side of the program. A report will be printed from AIM and a month will be selected to monitor. The client is then followed through the process of the program to ensure that the AIM units match, the client meets the program eligibility requirements for the program and the service was delivered. Once the monitoring is completed the AAA discusses what they have seen with the Executive Director of the agency and then a written report is sent to the agency.

The AAA will also monitor by making unannounced visits to the contractors offices and group dining sites. The unannounced visits will be made in an effort to observe the group dining program to ensure requirements such as sign-in sheets are being used accurately, recording the number of program participants and to ensure proper program activities.

We will also continue to do desk top monitoring on a monthly basis. This monitoring will consist of reviewing reports printed in AIM, financial monitoring in all services and programs, checking monthly congregate dining program activity calendars, and approving the meal contractor bill using the contractors order, delivered and served report.

Once it has been verified that a contractor has failed to deliver the contracted services the AAA will first provide technical assistance to the contractor in an effort to fix the service delivery problem. The AAA will ask for technical assistance from the LGOA if there is a service delivery problem that requires their input and assistance. If their service delivery problem cannot be resolved by providing technical assistance, the AAA will contact the contractor's board of directors or, if they are a department of the county, the AAA will contact the County Administrator. If the service delivery problem still cannot be resolved the AAA will bring the service delivery problem to the ADRC Advisory Committee for a recommendation to the full Lower Savannah Council of Governments Board of Directors for final determination of whether the contract should be terminated immediately or if procurement should take place for the next contract year. As recommended by the LGOA, LSCOG AAA and its Advisory Committee will develop recommended criteria for consideration by the LSCOG Board to determine whether or not a contract for services should be terminated.

### *Grant Management*

The AAA will look at several factors to determine if a contractor's contract should be extended for the next fiscal year. We will look to see if the contractor is delivering the service according to the service delivery standards in the State Policy and Procedures Manual. We will look at the contractor's performance and if they are providing the contracted services in accordance with the service

delivery plan in the RFP. The AAA will then evaluate if it is in the best interest of the Area Agency on Aging and older adults in the Region to procure any and/or all services. The AAA makes contract extension determinations based on monitoring and contract performance in addition to monitoring.

### *Grievance Procedures*

The Lower Savannah Grievance Procedures are posted in all group dining sites in the Region and at all contractors' offices in the region. The Grievance Procedures poster states the following:

All programs supported by the South Carolina Lieutenant Governor's Office on Aging must be operated in compliance with the Standard Assurances listed below:

1. Residence or citizenship will not be imposed as a condition for the provision of services
2. No otherwise qualified handicapped older individual shall, solely by reason of handicap, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity (Section 504 of the Rehabilitation Act of 1973).
3. No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance (Title VI of the Civil Rights Act of 1964).
4. A means test is not used to deny or limit an older person's receipt of service.
5. A free and voluntary opportunity for service recipients to contribute to the cost of the service is provided.

Any individual who feels he has been discriminated against because of race, color or national origin, residence, citizenship, handicap, or income should file a written complaint within thirty (30) days of the alleged discrimination with either the Council on Aging Director, Area Agency on Aging Director or the LGOA Director at the address given below.

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 appropriate means. If the investigation indicates that the complaint is unjustified, the complainant will be notified accordingly.

The following two offices will be advised of the disposition of all complaints received:

Atlanta Regional Office of the Administration on Aging  
Atlanta Regional Office of Civil Rights, Department of HEW

Copies of this procedure shall be publicly displayed by all South Carolina projects funded under Title III and Title V of the Older Americans Act with Federal funds from the Administration on Aging.

_____	AAA Director	
_____	Senior Services Dir.	
_____	Lower Savannah AAA	SC LGOA
_____	Post Office Box 850	1301 Gervais
St.		
_____	Aiken, SC 29802	Columbia, SC
29201		

### *Performance Outcome Measurements*

The AAA does not currently measure the program outcomes of the contracted services with recipients in the region. It is a goal of the AAA to do an evaluation of one contracted service for each service provider in the region each state fiscal year. A client satisfaction survey will be mailed to each program participant with an enclosed envelope to mail it back to the AAA. Once the client satisfaction survey is received the information will be entered into the Statistical Package for the Social Sciences (SPSS) software where AAA staff will run program outcomes on the data. The information received from SPSS will be shared with the contractor of that service and with the Aging and Disability Resource Center/Transportation Management Coordination Center Advisory Committee. In the past, the AAA has willingly participated in AoA-sponsored Performance Outcome Measurement programs, and if offered the opportunity, would gladly do so in the future.

### *Resource Development*

Collecting more Grant Related Income (GRI) has been made a priority by the LGOA and we have been instructed to work on ways to generate more. Accordingly, we encourage our contractors on an on-going basis to advocate with their clients to increase Grant Related Income (GRI). The Executive Directors for each contractor work with direct staff and the seniors who participate in the program to educate them on the fact that when more GRI is received more clients can receive services. The direct staff in some counties give positive feedback when GRI is up. Many group dining sites posts the GRI on the

bulletin boards in the group dining sites to educate the clients on how much money has been received. LSCOG AAA will continue to help and encourage local contractors to “market” for more GRI. LSCOG also works to help develop additional resources for local providers and for the service network, as evidenced by past grant-seeking initiatives that benefit local service delivery network members and their constituent groups. The AAA will be doing a brochure on GRI to explain the importance of GRI and how GRI is used to increase program participation to have with our contractor.

*Granted Related Income Units*

Contractor	Title III-C-1 Group Dining		Title III-C-2 Home Delivered Meals		Title III-B Transportation		Title III-B Home Living Support	
	FY08	FY09	FY08	FY09	FY08	FY09	FY08	FY09
Aiken COA	1,671	1,426	0	0	389	254	0	0
Allendale OOA	403	601	907	485	0	36	38	29
Bamberg OOA	346	303	465	361	0	0	139	86
Generations Unlimited	442	399	1,011	454	0	0	18	18
Calhoun COA	332	468	64	113	678	507	13	18
Orangeburg COA	5,563	6,278	704	960	0	0	27	135

\*FY09 calculation is through May 2009. All GRI units are rounded to the nearest whole number.

As for other forms of resource development, LSCOG has an *exemplary* track record for exceeding the basic requirements of being an AAA to attract resources to go above and beyond on meeting local needs and developing better service delivery systems. LSCOG staff works extra hard to compete for and to carry out grant programs to enhance transportation and information and assistance and other services that benefit older adults, to perform in an exemplary manner in all services provided and to continue to seek and attract resources above and beyond the “easy to get” and resources that come to all Area Agencies on Aging. LSCOG has applied for and received additional federal transit, USDOT, SCDOT, CMS, foundations, private business, United Way and other funds to help extend our work. We have formed a non-profit arm, to enable us to apply for grants as a 501-c-3 agency, and work with our local governments to encourage them to invest in local programs that benefit seniors. We were invited this year to become a member agency of the United Way of Aiken County– a real breakthrough. In applying for an Aging in Place grant, in a matter of a few weeks,

LSCOG staff had appealed for and acquired commitments for \$80,000 in matching funds in one county from a business, a non-profit, the United Way, and the county government, which held a called meeting to vote to approve \$25,000 in matching funds in a terribly tight budget year. We have begun discussions with a city to work with them on livability improvements for seniors. One of our newest legislators has met with us and already shown a commitment to advocate for funds for home and community based services for seniors. We have applied for and received stimulus funding for expanding our building to accommodate our growing ADRC staff, and to build a state of the art transit facility in Orangeburg County and a shelter facility in Calhoun County.

### *AAA Service Delivery Functions*

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#### *Staff Experience and Qualifications*

- *Regional Long Term Care Ombudsman (Susan Garen)* - Susan has fifteen (15) years experience in the Long Term Care industry as a resident advocate/Long Term Care Ombudsman and Area Agency on Aging program coordinator. She has served as the Certified Regional Long Term Care Ombudsman since 1992. She is responsible for working with nursing home and residential care residents to advocate and investigate complaints. She oversees our Legal Assistance Program and health care advanced directive information. She is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program. Susan has a Bachelor of Arts in Psychology with a minor in Sociology from Francis Marion University.
- *Information and Assistance Services Coordinator (Michelle Lorio)*-Michelle has been the Information and Assistance Services Coordinator for three years and served previously as an intern for the Human Services Department. She has a Bachelor of Arts in Government from New Mexico State University and a Master of Public Administration from Augusta State University. She is Certified Information and Referral Specialist for Aging (CIRS-A) and certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program.
- *Benefits and Disability Specialist (Nikki Cannon)*-Nikki has been the Benefits and Disability Specialist for three (3) years. She has two (2) years previous experience working for Medicaid Eligibility. She is responsible for disability and information referral, processing Community Long Term Care referrals, helping clients with the Community Long Term Care Medicaid application and Medicare counseling and Senior Medicare Patrol. She is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program.
- *Grants Manager (Dana Luttrull)* - Dana has been working in the Human Services Department since 2005. She was the Disability Specialist but has been the

Grants Manager since July 2006. She is responsible for management of federal grants awarded to the Human Services Department. She has a Bachelor of Arts in Social Sciences with a Minor in Public Administration. She is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program.

- *Family Caregiver Advocate (Cathie Lindler)*- Cathie has been working in the Human Services Department since 2002 first as the Information, Referral and Assistance Specialist and now as the Family Caregiver Advocate. She is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-Care) Program.
- *Outreach Specialist (Tina Swan)* - Tina has worked in the Human Services Department for almost one (1) year. She works on a private contract we have to educate Medicaid recipients of all ages in the Lower Savannah Region about the new changes to Medicaid. She also works doing Medicare counseling and Senior Medicare Patrol. She is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program.
- *Mobility Information Specialist (Rhonda Mitchell)* - Rhonda has worked in the Human Services Department for two (2) years. She coordinates transportation services for older adults, individuals with disabilities and individuals with low income in the Lower Savannah Region. She determines Americans with Disabilities Act (ADA) and Section 5310 eligibility for the urban area of Aiken County. She is the liaison for complaint resolution between consumers and transportation providers. She is certified by the South Carolina Insurance Counseling Assistance and Referral for Elders (I-CARE) Program.
- *Medication Assistance Program (MAP) (Nita Swift and Patricia Marranci)* - The Medication Assistance Program started in September 2004 to meet the medication needs of uninsured in Aiken County. Nita and Pat have an extensive background with working with many non-profit organizations in Aiken County. In 2008, Aiken County United Way started to fund the Medication Assistance Program.
- *Student Intern (Carissa Smith)* - Carissa is a junior at the University of South Carolina-Aiken. Her major is Secondary English Education. Carissa provides administrative support to the entire department based on the individual staff needs.

### *Long Term Care Ombudsman Program*

The Lower Savannah Regional Long Term Care Ombudsman (LSLTCO) desires for every person residing in a long term care facility to receive the care and services needed to attain or maintain their highest level of functioning in a manner that honors residents' rights and promotes individual dignity and self determination for all residents. This mission of the LSLTCO is accomplished through four

primary goals: Advocacy, Education, Investigation/ Consultation and Complaint Resolution.

**Advocacy:** The LSLTCO will be an advocate for residents of long term care facilities in every action taken be it education, consultations, complaint investigation and resolution to ensure that the resident's needs and requests are heard by staff and addressed. Advocacy efforts will be enhanced with the implementation of the Volunteer Friendly Visitor Program. By developing a friendship with those living in the facility, the friendly visitor will have a unique opportunity to see the day to day issues that residents face and can provide information that may encourage the resident to self advocate for change. The volunteer will also be used to report unresolved issues or other facility issues to the LSLTCO so that this information can be used to direct systemic advocacy efforts in the region.

**Education:** The LSLTCO will provide educational training to facility staff, family members, residents and staff of other agencies in an effort to promote the LSLTCO Program and purpose. The LSLTCO staff will provide education to facility staff on topics that address the top five categories of complaints received about facilities and the issues identified during consultations with the ombudsman. The current fiscal year's top five complaint categories are 1.) Lack of dignity and respect shown by staff to residents, 2.) Accidents or injuries of unknown cause, 3.) Allegations of Physical Abuse, 4.) Allegations of Verbal Abuse, and 5.) Lack of Discharge Planning and Inappropriate Discharge and will therefore be addressed in the 2009-2010 year. Each year, the trends will be re-examined to determine the education topics for the next year.

In addition to soliciting opportunities to speak to Resident and Family Council members, the LSLTCO will seek to provide education to family members and interested persons by conducting topic specific training sessions open to the public throughout the year on such topics like accessing the long term care system, residents' rights, and self advocacy tips. When the program is implemented in this region, the Volunteer Friendly Visitors will be instrumental in providing one-to-one education to residents during their friendly visits.

Specialized training will be offered to staff of other agencies like law enforcement, social services, and the Social Security Administration who have involvement with residents of long term care facilities to discuss the role of the ombudsman, accessing the ombudsman and collaborative efforts between the agencies that are needed to protect residents in long term care.

**Investigation/ Consultation:** The LSLTCO will conduct timely investigations and provide response to complaints filed against a facility. When complaints are received by the LSLTCO, they will be investigated in accordance with the program's procedures for investigation. Many times, issues and concerns are more quickly resolved through consultation. If the problem can be addressed more quickly through consultation with parties involved and without an on-site visit, the ombudsman will take such action as timely resolution is a priority.

Data available from the Ombud 3.0 reporting software supports the higher incidence of requests for assistance via consultation versus the standard complaint investigation process. Data indicates that these issues are being addressed by action of the ombudsman that is considered a consultation by AoA standards but that may include telephone calls to facilities, information sharing and education to the resident or family member who in turn self advocate for resolution to the problem. There has been a 26% decrease in the number of complaints reported in the current 2008-2009 program year when compared to the same time period of the previous contract year. However, there has been a 34% increase in the number of consultations provided during this same time (242 in 08-09 versus 181 in 07-08) and a 98% increase in actual time spent in consultation for this time period (115.50 hours in 08-09 versus 58.50 hours 07-08). Should the consultation call volume continue to increase, the agency will have to address the need to have additional staff fully trained as long term care ombudsman.

**Complaint Resolution:** The LSLTCO will work to resolve the complaints to the resident's satisfaction. When complaints are substantiated during the investigative process, the ombudsman will make recommendations or assist the facility to develop solutions that reflect the resident's input received during the investigation process. If the resident is unable to communicate with the long term care ombudsman, input will be solicited from the legal representative or responsible party. When resolution requires the involvement of or referral to state and local entities, the ombudsman will forward the complaint to the appropriate entity if the resident or legal representative consents for such action to be taken.

The LSLTCO continues to be challenged in finding resolution to problems that result from a resident being abandoned by family following a long term care admission or for those who have no family involved with their care. Issues that result from abandonment include risk of discharge for non-payment of services, inappropriate or lack of admission to a facility, consent to provide health care and access to public benefits (Medicaid or Optional State Supplement funds). The LSLTCO will continue to work with State LTCO Program staff to address the

need for coordination between service agencies and the legal system in this state.

While timely resolution is the goal for the LSLTCO, there have been circumstances in the past in which a back log of complaint cases existed. When a back log exists, the long term care ombudsman will prioritize the case load to address complaints in the following order: Highest priority will go to those complaints that address issues of a current resident that are critical to that resident's health and safety. Second priority will be given to those complaints that affect the health, safety and wellbeing of a group of current residents. Third priority will be given to investigate complaints that address any general complaint of a current resident. The least priority will be given to complaints filed on behalf of a former resident in which the complaint does not have systemic impact on others still residing in the facility.

While continuing to emphasize the four goals noted above, the Volunteer Friendly Visitor Program will be implemented during the next four years. As noted above, the Volunteer Friendly Visitor will be instrumental in meeting the goals of Education and Advocacy for long term care residents. With the help of the publicity provided by AARP, twelve individuals have applied to become volunteers in the Lower Savannah Region but no volunteer has been trained and placed in a participating facility as of the close of State Fiscal Year 2009. The LTC Ombudsman will work with the State LTCO Program staff to implement the training for volunteers.

In order to meet the goals of the Long Term Care Ombudsman program, the Long Term Care Ombudsman staff must continue to be funded as a full time position for this region. The current generation of caregivers and residents of long term facilities demand good care and are more likely to speak out against inadequate care in facilities and will seek assistance from an outside entity should self advocacy fail. With this increased demand for assistance, the LSLTCO Program will encounter an even greater demand for services that ultimately cannot be met by only one designated regional ombudsman. Currently, the LSLTCO has the support of the staff of the ADRC Information and Assistance Specialist and Benefits and Disability Specialist as these staff members take requests for lists of area facilities and provide the caller with those lists thereby freeing the LSLTCO to answer requests for help that require the LSLTCO involvement. In addition, the ADRC staff is available and willing to assist the LSLTCO with complaints and issues in their area of expertise.

The LSLTCO program has benefited from consistent staffing as the current Designated Regional Long Term Care Ombudsman has held that position for seventeen (17) years. The LSLTCO has the reputation of being accessible and

responsive to consumers and facility staff as well as being fair to all parties when conducting complaint investigations. The long term care industry is ever evolving. With the support of the State Long Term Care Ombudsman and the Lower Savannah Council of Governments, the Lower Savannah Regional Long Term Care Ombudsman Program will continue to be a model of resident advocacy and a source for information pertaining to long term care.

### *Information and Referral Services*

Information and Referral Services provide people throughout the region with barrier free access to objective information about a broad range of community, social, health and government services that might otherwise be unknown to them. The IR&A Specialist provides a bridge to bring people and services together.

The IR&A Specialist will continue to strive to meet the following goals: To increase awareness of services available through the LSCOG and in local communities; to increase our knowledge of the services and programs available to seniors and individuals with disabilities throughout the region; to inform public and private agencies as well as individuals within the region of the information available on SC Access; and to continue to network and share ideas with our counterparts across the state.

The greatest challenge presented to the IR&A Specialist is to find creative and economical methods to get information out into the community about services available through the LSCOG. The rural nature of the six county region makes it difficult to ensure the awareness of services available through the LSCOG. The IR&A Specialist will continue making community outreach a priority to ensure that individuals and their families know who to contact when needs arise. The IR&A Specialist and the Disability Specialist will continue to attend health and information fairs and make presentations throughout the region to provide information about the services that are available through the LSCOG. In addition, the IR&A Specialist and Disability Specialist will continue to attend local meetings and coalitions to ensure organizations in the region are able to make appropriate referrals to the LSCOG.

The IR&A Specialist will continue to cultivate the LSCOG's relationships with local agencies including local government, social service organizations, faith based organizations, as well as non-profit and for-profit agencies. The IR&A Specialist will continue to do in-services and training for agency staff and clients to ensure they are aware of the services provided by the LSCOG and to encourage appropriate referrals. The LSCOG relies heavily on the partnerships created with local agencies. Maintaining strong partnerships with local agencies also prevents duplication in program and mission among partnering agencies. At the most

recent Systems Transformation Grant Statewide Advisory committee, the group advised that the most effective marketing strategy for ADRC's might be to focus on referral agencies rather than the general public, as our budgets are limited and this seems a more realistic goal.

The IR&A Specialist and the Disability Specialist will strive to increase their knowledge of services and programs available to seniors and individuals with disabilities within the region. The IR&A Specialist and the Disability Specialist will attend training provided on issues relating to the aging and disabled population throughout the year, including the monthly IR&A Meetings held at the Lieutenant Governor's Office. The IR&A Specialist and the Disability Specialist will continue to take advantage of every opportunity to build their knowledge within the field of IR&A as well as to network and share ideas with IR&A Specialist's across the state.

SC Access continues to serve a vital need for access to information and referrals available to individuals and their families in South Carolina. The IR&A Specialist will offer training to any partner organization interested in using SC Access as a method of making referrals to the LSCOG. The IR&A will also make presentations and hand out information on SC Access to individuals and organizations in the area. The IR&A Specialist will strive to ensure the resources listed in the LSCOG's region are accurate and up-to-date and that all available resources are listed. SC Access allows the IR&A Specialist to collect and organize information provided by clients as well as identifying service gaps in the region. SC Access allows the IR&A Specialist to explore all possible options, look for the most relevant resources and provide the caller with a number of options so that the caller can choose what best meets his or her needs. The resources on SC Access are utilized both as a referral source for the immediate situation as well as for long-term planning.

The IR&A Specialist will determine the needs of all callers, identify appropriate resources, and allow inquirers to choose from a variety of service options available to meet their needs. When necessary the IR&A Specialist will provide follow up; especially with vulnerable adults, inquirer's in endangerment situations and in situations where the inquirers do not have the necessary capacity to follow through and resolve their problems without assistance. The IR&A Specialist will provide additional assistance when necessary if it is determined that the callers needs have not been met during the follow-up call.

The greatest strength of the Information and Referral Service is the commitment to ensuring that every caller is screened for any and all benefits they may be entitled to. If the client appears to be eligible for the program the IR&A Specialist will assist the client with the application and submits it on their behalf.

The IR&A Specialist maintains committed to providing barrier free access to resources and benefits to all callers. Providing accurate reliable information to the clients served by the LSCOG is our greatest method of marketing. The IR&A Specialist is accountable to the people and the community for the service provided by the LSCOG.

*Insurance Counseling and Referral for the Elderly and Senior Medicare Patrol*

The long term goal of the I-care program at Lower Savannah Council of Governments is to assist as many Medicare beneficiaries in the six county region that we can with the staff that is available. At Lower Savannah, our technique in assisting beneficiaries is one that we are very proud of. Clients call and schedule appointments for an allotted time of one or more hours. When the individual comes in, he or she is screened for all available services that may be appropriate for that person. On average, **70 minutes is spent with each client** that comes. That time may increase or decrease depending on what is involved with the client. We will continue to provide superior customer service with each individual who needs our assistance in our six county region. Since not all clients served, live in the Aiken county area, we will continue to do telephone appointments, and also travel to the other counties to assist an individual if necessary. We also distribute a quarterly Medicare update to all clients we have assisted. Each client is put on our mailing list to receive important Medicare information.

Our biggest weakness that we must overcome is to make sure that the database that is used to capture our contacts is correct. We have several occasions in which the information was not being captured correctly. This is a major weakness for our region. We would like to see the system showing the correct information, and everyone across the state entering data in the same manner. When every region is doing something different, there is no consistency, and the numbers are skewed and not comparable. Most importantly we would like for everyone across the state to be on the same page so that we can all get credit for work that has actually been done. During open enrollment having enough time to help everyone is also something we will have to work on. Once the calendar is ready for appointments, the time slots fill up very quickly. This always leaves clients out that may wait until the last minute to make appointments. To overcome this, temporary staff will be trained and hired before the open enrollment begins so that we can assist as many beneficiaries as possible during that time.

Overall, the major strength of the I- care program at Lower Savannah is the knowledge of the trained counselors. The two seasoned counselors are always attending conferences, participating in available teleconferences, and keeping up with the latest trends from counterparts across the state.

At this time Lower Savannah does not utilize any volunteer services for the I-Care program. With extensive training requirements, increasing complexity of programs, and rapid changes in programs and benefits, we have not felt comfortable using volunteers in our program. Credibility has been carefully earned by our ADRC/I-Care/ Benefits counseling staff. With Medicare being such a major part of individual's lives, we would rather the clients be seen by trained certified SHIP counselors who will conduct themselves professionally, in sometimes difficult situations, and who will remain objective in advising clients about resources and options. .

The procedure used at Lower Savannah for Part D enrollment is as follows: dates are blocked off on the calendar starting from November 15 to December 31. In our Medicare update, we let everyone know on our mailing list that appointments are now available. The clients then call for appointments. Each client has a block of 60 minutes. This procedure is used during open enrollment as well as during the rest of the year.

The biggest challenge at Lower Savannah will be to obtain more funding so that we may assist more clients. We will do this by increasing the number of clients seen and assisted in our six county region, obtain volunteers that are willing to learn as much as possible about Medicare, and keep up with the changing trends. We would also like to have enough funding to staff one full time Medicare counselor. We also have been able to make use of our student interns during holiday times, when they have more time in their available schedules.

The SMP program at Lower Savannah long term goals are to continue to alert our current and past clients of any fraud that is happening in our area that they should be aware of. Each person that we see is counseled on fraud. We would like for all of seniors to be aware, and just don't believe everything they hear. We will continue to counsel individuals on fraud for the next four years, including the importance of reviewing explanations of benefits from medical providers and asking for help if information seems confusing.

Lower Savannah would like to have more funding for SMP so that we can get out into the six county region more, to alert clients of fraud. We would like to distribute more information to more people, but the funding is inadequate to meet all the needs in the region.

At this time there are no volunteers in place for the SMP program. At a later date we will look at training and finding volunteers who are willing to learn and help others to avoid or detect fraud.

### *The Family Caregiver Support Program*

The Family Caregiver Support Program provides caregivers throughout the region with information about available services in their area, assistance to caregivers in gaining access to the services in their area, counseling, and training, organization of support groups, a monthly newsletter, and limited short-term financial help for: Respite Care and/or Supplemental Services.

The Family Caregiver Advocate will continue to strive to meet the following goals: getting information to caregivers about this program, to continue to promote the program through health fairs and other community resources new and old throughout the region and to look for innovative and cost effective methods to assist caregivers with the overwhelming responsibilities, expenses, and issues they are and or may be unexpectedly forced to deal with. One major long term goal is to make contact with companies, industries, and businesses in the region and enlighten them about the heavy and overwhelming role of a caregiver. In turn, use this same opportunity to encourage them to allow employees time off for caregiver responsibilities. The Family Caregiver Advocate would also like to start a caregiver support program for Aiken and Orangeburg County.

One of the major challenges the Family Advocate continues to face is lack of funding. Each year the number of caregivers increases but funding does not. The advocate will strive to help each caregiver stretch the grant dollar. This will probably require working with our ADRC Advisory Committee to refine priorities in the program, while still retaining the flexibility which has made the program so successful. Many caregivers either work outside the home or are care giving during the day and do not have the funds to pay for a sitter so that they can attend a support group. Respite seems to remain the most beneficial service for the majority of caregivers in the program.

Caregivers receive a monthly newsletter about caregiver assistance news. This same newsletter includes an insert about services, information or new agencies that may relate to the caregiver in their region. Counseling is available to all caregivers via a toll free number to this advocate. A part of a caregiver's respite funding can also be used for one on one therapist counseling. Support groups wax and wane so when enough interest is shown, a caregiver support group may be started or offered in a particular county. Training is given via the monthly newsletter and also offered intermittently as requests are made known. Grants are made available for Respite Care and Supplemental Services as funding allows.

The funding guidelines for unusual requests are flexible as well as creative. Every caregiver situation is different thus this grant programs lends itself to the

consideration of each caregiver's request. If unable to provide funding for the caregiver's request then alternative ways to help the caregiver with the use of grant funds is explored.

### *Changing Demographics Impact on AAA Efforts*

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#### *Intervention vs. Prevention*

The Lower Savannah Aging and Disability Resource Center (ADRC) believes that we have a responsibility as an ADRC and AAA to educate seniors and caregivers on the importance of planning for long term care needs and to educate them on all options that are available. This year we partnered with the Lieutenant Governor's Office on Aging (LGOA) and the Savannah River Site to present "Planning for Your Long Term Care Needs" and "Planning for the Future for Yourself and Your Disabled Child". It is a goal to offer the training throughout the region during this area plan. All of the staff in the ADRC is very educated on the array of options available in the long term care delivery system in SC and the Region and is able to educate seniors and caregivers in one-on-one settings and in group settings. As stated earlier we plan on continuing to provide this information throughout the region.

While the Medicare Modernization Act (MMA) has created a huge influx in the number of Medicare beneficiaries that the ADRC serves it has also helped to make the ADRC a trusted source for information on a wide range of topics. When the ADRC staff has appointments with new Medicare beneficiaries or Medicare beneficiaries that need assistance, education on planning for long term care needs and pre-retirement education is provided.

There are several benefits for the ADRC in regards to educating the community on planning for their long term care needs. One of the biggest benefits is that we are an ADRC. Staff is cross trained, knowledgeable on many subjects and willing to go the extra mile to educate the clients we are serving. Another benefit is the partnership we have with the SUA providing the trainer for these presentations. Partnering in the community and offering the "Planning for Your Long Term Care Needs" and "Planning for the Future for Yourself and Your Disabled Child" presentations will hopefully be another added benefit. One challenge with having the presentations presented is the cost of the trainer and the cost of producing the manuals with all of the rest budget cuts but the ADRC feels this is important information and is committed to continuing with the presentations. The ADRC has brought new client groups and more diversity to the group of people who benefit from services of the ADRC/AAA than ever before.

### *Senior Center Development and Increasing Use*

The Lower Savannah AAA thinks it is a commendable goal to encourage local senior centers to pursue certification as a Nationally Certified Senior Center. Looking at the reality of the current situation in a tight budget environment, many of our contractors have limited resources and have been faced with local funding cuts. The Orangeburg Council on Aging has a diverse Senior Center which offers many programs such as Art classes, trips, exercise classes and nutrition services. The Orangeburg Council on Aging has many resources which help with its success such as the great local support that they receive from the county and a great yearly fund raiser “The Elder Hop” held on New Year’s Day each year. Aiken County is in the early stages of beginning to talk with the City of Aiken to build a Senior Center that offers a broad range of programming and services. LSCOG is proud, in our role as an ADRC, of the part we played in effecting the implementation of the first combined Disability and Aging network senior center in the state, in Orangeburg. This center will be a blessing in the lives of the seniors who benefit from it. Affluent seniors, non-affluent seniors and seniors with considerable disabilities will all benefit from the wide diversity of offerings there. It is a difficult thing to provide programming that appeals to a really diverse group of people at one location, and this is a rare and commendable example of such a program, that could serve as a model for others. A new and fabulous community aquatic center being built adjacent to the facility will attract many people of all ages to the complex and further benefit older adults in the community as well.

In Aiken County, the Council on Aging does not have the land or the space to operate a true senior center in its current location. They have been in preliminary talks with the City about the possibility of a partnership on a senior center, which would be a good course of action. LSCOG as well is talking with the City about livability issues, which could include a senior center and other amenities and considerations, given the large number of retirees. The City Manager has told us that the City Council is interested in making Aiken a good place for retirees to live and age in place. This is not a good budget environment for the commitment of major funding for new projects, but planning must precede action, and that is the stage we are beginning for the upcoming plan period. It should be noted that affluent seniors in Aiken County have a good variety of recreational programs already offered by the City of Aiken and the City of North Augusta and by Aiken County Recreation Department, and through churches, social groups, garden clubs, country clubs, newcomers club, etc., etc. There are recreational complexes with a lot of programming for seniors, and wellness programs geared for seniors as well. The University of SC offers a Lifelong Learning Academy that offers courses in everything from wine appreciation to photography and trips, etc. Priorities are set locally in each community depending on existing resources and identified needs and priorities.

In the Lower Savannah Region, in some rural counties the congregate dining centers are the closest thing to a senior center that exists. Barnwell County has an attractive, separate Senior Center with senior programs in place, and Bamberg has a senior center with some programming beyond the congregate dining programming. The AAA is working with local nutrition services contractors to expand their group dining sites and/or senior centers to serve a broader range of seniors and to enrich the programming. As referenced in the above paragraph, Orangeburg County received Emergency PIP funding to renovate space in the Human Services Building where the Council on Aging and the Department of Social Services is located to provide the much needed space to the Senior Center Program of the Orangeburg County Department of Disabilities and Special Needs Board (DDSN). The renovation on the space will be completed by the end of this state fiscal year. The DDSN participants will now have a space that is more suitable for them and they will have access to all of the activities at the Orangeburg Council on Aging Senior Center. For many years the Aiken Area Council on Aging and the Tri-Development Center, which serves the disabled population in Aiken County, have had a partnership where seniors participate in the group dining program in Aiken and North Augusta. The inclusion of populations of seniors has been very successful for both the Aiken Area Council on Aging and the Tri-Development Center. Bamberg County Office on Aging and the Bamberg County Disabilities and Special Needs Board (DDSN) has formed a new partnership that will start in State Fiscal Year 2010. The Bamberg County Office on Aging will be sending group dining meals to the DDSN for the seniors participating in their senior program. The DDSN does not have enough staff in place due to budget cuts to be able to send the seniors to the Bamberg County Office on Aging. The AAA feels that the inclusion of older adults with developmental disabilities into the more traditional senior population is a step in the right direction. This is not to say that we are not also working for programming for all seniors, but seniors with disabilities are a new target group. As an ADRC we think that it is the right thing to do to pursue opportunities for meeting the needs of this most vulnerable group of seniors, so this has been a focus for us in the past year, along with many others to benefit all seniors.

A next step that the AAA will be taking to move toward the Senior Center approach is to work with the contractors to provide a wide range of activities. In the Lower Savannah Region, the Orangeburg County Council on Aging has the only true OAA-related "Senior Center" in the Region. They offer a wide range of activities from: aerobic, exercise room, evidence-based prevention program, ceramics, painting, arts and crafts, crocheting, quilting, canasta, trips, group dining meals, and they will have access to the new \$10 million dollar state of the art Aquatics Center located in the same complex. The Orangeburg County COA

has several advantages that have helped them to offer so many programs: they have a large space allocated to them from Orangeburg County and they receive a lot of funding from other sources such as Orangeburg County which allows them offer more programs.

The AAA will provide technical assistance to anyone who needs assistance in writing a grant application for PIP funding. The technical assistance provided can be interpreting and understanding the PIP grant application to brainstorming with the applicant to help address particular needs in the Region.

As stated in the Technical Assistance and Training part of this area plan, the AAA will be providing training on activities for group dining staff members to encourage creative programming in an effort to increase senior participation in the program.

The AAA makes referrals on a daily basis to the contractors in the region. The AAA is very knowledgeable about the program offered by the contractors in the Lower Savannah Region. When asked, the AAA participates in programs as needed.

#### *Alzheimer's Disease and the Purple Ribbon Report-2009*

The Lower Savannah ADRC/TMCC realizes how important it is to address the impact Alzheimer Disease and related disorders (ADRD) will have on the Aging Network in South Carolina. The Purple Ribbon Alzheimer's Task Force report recommends the Area Agencies on Aging in South Carolina as partners in helping to educate consumers on this deadly disease. The Lower Savannah ADRC is committed in educating seniors and caregivers in South Carolina about this disease.

Recommendation 1 from the Purple Ribbon Alzheimer's Task Force is: "Create a single point of entry for persons seeking assistance with Alzheimer's related needs utilizing a toll free number through the LGOA". The ADRC, which is comprised of the Family Caregiver Support Program and an Information and Resource Specialists in various areas of expertise, assist caregivers everyday who have been impacted by ADRD. We provide information, assistance and a listening ear to these caregivers. We also provide a toll free number for caregivers use.

Recommendation 2: "Provide appropriate referrals for hospice care for people with Alzheimer's disease and aftercare for the caregivers of persons with ADRD." In the Lower Savannah Region we have excellent relationships with the hospice agencies in our region. The ADRC staff talks with caregivers all the time to let

them know what their options are especially when it comes to hospice services and respite options.

Recommendation 6: “Promote education and provide resource protection and tax credits for long term care planning and long term care insurance purchases.” As mentioned in the ADRC and Long Term Care section of this plan, we are committed to educating the Lower Savannah Region on the Long Term Care System.

Recommendation 9: “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 ADRD at home, allowing them to age in place for as long as possible.” The Lower Savannah ADRC strives to promote home and community based services. As an ADRC we educate seniors and caregivers of the array of options for home and community based programs such as home and community based waiver program, Older Americans Act Programs and private pay options.

Recommendation 10: “Provide case management and person centered support services to persons with Alzheimer’s Disease and related disorders (ADRD) and their caregiver through a local/regional provider network. The ADRC will continue to offer on-going assistance to seniors and their caregivers in all areas of assistance related to the needs for information and assistance for people suffering from ADRD as a function of the ADRC.

Recommendation 13: “Conduct focus groups across the state with professionals and consumers, to include caregivers, as well as those with early stage Alzheimer’s disease so as to determine service needs and recommend system changes.” While the ADRC has not done a focus group with professionals and consumer related to ADRD, the AAA will incorporate this into the next rounds of Community Needs Assessments done for the Lower Savannah Region.

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

The Lower Savannah ADRC/TMCC/AAA has been working since 2005 to implement the new goals of the 2006 Reauthorization of the Older Americans Act and Project 2020. We were designated as the first ADRC in South Carolina to begin to work as a person-centered place to access information. We have spent a lot of time cross training staff so that we could work as a team rather than in silos. We have “beat the bushes” in an effort to learn as much as we can about as many things as possible. All in an effort to become a one-stop shop for person-centered access to information. We have also expanded our offerings to include assistance in selecting Medicaid Managed Care Plans and to help consumers with Mobility Management and transportation issues and needs. Our

staff is the “go-to” group for assistance with Medicare Part D information and enrollment. LSCOG is constantly working to enhance and improve the regional service delivery network for home and community based services, pushing to move services from “the way they have always been provided” to new ways that better meet emerging needs for people who want to age in place in their homes and communities.

As stated in the ADRC and Long Term Care section of this plan, we currently have four (4) of our six (6) contractors that will be offering Evidenced-Based Disease Prevention and Health Promotions. The AAA recognizes this initiative as an important step preparing for the huge influx of baby boomer into the senior network.

In September 2009, the South Carolina Association of Area Agencies on Aging (SC4A) will be hosting the 2009 Southeastern Association of Area Agencies on Aging (SE4A) Annual Planning and Training Conference in Charleston, SC. SC4A took on the initiatives of Project 2020 when it came to selection of application for workshops. All most all of the workshops being offered are related directly to Project 2020 Goals.

### *Elderly Legal Services*

Based on the September 2008 Needs Assessment for the Lower Savannah Region, the need for legal services is evident as 54.8 % of the respondents reported needing help and information with legal and/or financial concerns and 59.9 % reported needing information and assistance on health care advanced directives. The Lower Savannah AAA will help meet the area seniors’ needs for legal assistance and health care advanced directive information through direct referral to qualified attorneys who participate in the Lower Savannah Elderly Legal Services Program and through education with seniors and their family members about health care advanced directives.

The Lower Savannah AAA’s Elderly Legal Services Program is coordinated by staff of the AAA for the benefit of seniors throughout the service area. The Elderly Legal Services Program will focus on legal needs identified as a priority in the Older American Act’s which include: Denial or withholding of public benefits (income); Revocation and/or Preparation of a financial power of attorney and simple will (long term care planning and protective services), Landlord/ Tenant/ Eviction Issues (housing), Age Discrimination and Guardian and Conservator appointments (limited assistance).

Seniors will be informed about the program and the types of legal needs that can be addressed by the program through community education events, health fairs, local senior service providers / contractors, ADRC Staff, and the participating

attorneys. Seniors in greatest need will be targeted to benefit from this program.

Access to the program will be by direct contact with the Elderly Legal Services Program Coordinator of the AAA to ensure that the individuals served by the program are within the target population and are provided services within the priorities established by the OAA. When legal services are requested, seniors will also be asked if information about health care advanced directives is desired and sent forms as requested. After determination is made that a referral can be made to a participating attorney, the client will be informed in writing and by phone call that the referral has been made. The client will have the responsibility of making the necessary appointments with the attorney.

Participating attorneys will certify that referred services are provided by submitting a signed Case Disposition Summary form with their statement for payment. The Elderly Legal Services Program Coordinator will maintain a file on each client served by the program to include information about the requested service, documentation of notification of the referral and documentation of the payment made for the service.

The Elderly Legal Services Program Coordinator will recruit participating attorneys in each of the six counties of the service area. These attorneys will agree to provide assistance within the scope of the program's priorities to the referred senior for a fixed fee schedule or pre-approved hourly rate. During the recruitment process, attorneys will be asked about their willingness to provide in home services for those homebound individuals.

### *Region Specific Initiatives*

As described earlier in this plan, LSCOG is unique nationally, as it works as one of ten CMS Systems Transformation grantees and one of three Mobility Services for All Americans (MSAA) grantees from the US Department of Transportation to implement a Travel Management and Coordination Center (TMCC) component into its Aging and Disability Resource Center (ADRC.) This national model will create a center accessible by one call or one click that can allow consumers to link to information, referral and assistance on a wide range of resources, benefits and services in the human service arena, and to receive information and assistance to learn about and request transportation. This center will employ extensive intelligent transportation system technology to equip the vehicles of local service provider agencies which are partners in a regional transportation network. It will also function as the regional coordination center for coordinating among transportation agencies on sharing seats on vehicles and operating more efficiently through coordination. The center will have the ability "see" partners' vehicles in real time, to locate most efficient groupings for

transportation customers going to similar destinations, and to make reminder calls for appointments and out-bound call “blasts” in the event of an emergency or weather issue, cancellation or change of service, etc. Building the transportation element onto the ADRC is a unique model, but one with potential for replication nationally. This initiative will be implemented over the next year, and evaluated immediately thereafter.

As a preliminary step toward full implementation, LSCOG already has two mobility managers at work in the ADRC/TMCC helping people with transportation. These client contacts are entered into SC Access.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	REGION: 5 Lower Savannah COG (Page 1 of 2) AREA AGENCY ON AGING COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2010 - 2013														
2	LINE ITEM	100% AAA Budget	Planning & Admin. B and C 75/25	Program Development 85/5/10	SSBG 100	III-B Ombudsman 85/5/10	VII Ombudsman 100	VII Elder Abuse 100	XIX Ombudsman 100	State Ombudsman Funds 100	III-B I, R & A 85/5/10	III-E I, R & A 88.24/11.76	Planning & Admin E 75/25	III-E Services Staff 88.24/11.76	III-E Caregiver Services 100
3	Personnel Salaries	\$265,073	\$76,490	\$4,699	\$2,805	\$6,358	\$6,500	\$1,996	\$12,764	\$9,537	\$53,373		\$10,510	\$28,900	
4	Fringe Benefits	\$106,028	\$30,596	\$1,880	\$1,122	\$2,543	\$2,600	\$798	\$5,106	\$3,814	\$21,349		\$4,204	\$11,560	
5	Contractual	\$0													
6	Travel	\$14,965	\$8,600			\$1,435					\$1,335		\$1,800		
7	Equipment	\$0													
8	Supplies	\$9,605	\$3,764			\$600					\$3,850		\$1,391		
9	Indirect Costs	\$192,973	\$53,333	\$3,421	\$2,043	\$4,629	\$4,733	\$1,453	\$9,293	\$9,293	\$38,856		\$7,650	\$21,040	
10	Allocated Costs	\$0													
11	Other Direct Costs	\$141,940	\$7,638	\$4,338		\$750							\$630		\$124,979
12	TOTAL OPERATING BUDGET	\$730,584	\$180,421	\$14,338	\$5,970	\$16,315	\$13,833	\$4,247	\$27,163	\$22,644	\$118,763	\$0	\$26,185	\$61,500	\$124,979
13	LESS: In-kind Not for Match	\$0													
14	LESS: Local Cash Not for Match	\$0													
15	TOTAL AREA PLAN BUDGET: LGOA	\$730,584	\$180,421	\$14,338	\$5,970	\$16,315	\$13,833	\$4,247	\$27,163	\$22,644	\$118,763	\$0	\$26,185	\$61,500	\$124,979
16	COMPUTATION OF GRANT														
17	APPROVED AREA PLAN BUDGET	\$909,481	\$180,421	\$14,338	\$5,970	\$16,315	\$13,833	\$4,247	\$27,163	\$22,644	\$118,763	\$0	\$26,185	\$61,500	\$124,979
18	LESS: State Funds (Non-Match)	\$0													
19	NET MATCHABLE AP BUDGET	\$584,207	\$180,421	\$14,338		\$16,315	\$13,833	\$4,247			\$118,763	\$0	\$26,185	\$61,500	\$124,979
20	LESS: State 5%Match	\$7,471		\$717		\$816					\$5,938				
21	LESS: Required Grantee Match	\$79,732	\$45,105	\$1,434		\$1,632					\$11,876	\$0	\$6,546	\$7,232	
22	Federal Share	\$497,004	\$135,316	\$12,187	\$0	\$13,868	\$13,833	\$4,247	\$0	\$0	\$100,949	\$0	\$19,639	\$54,268	\$124,979
23	BREAKOUT OF LOCAL MATCH (L22):	\$79,732	\$45,105	\$1,434		\$1,632					\$11,876	\$0	\$6,546	\$7,232	
24	Local Cash Match Resources	\$79,732	\$45,105	\$1,434		\$1,632					\$11,876		\$6,546	\$7,232	
25	Local In-kind Match Resources	\$0													
26	State Funds Used as Local Match	\$0													
27	Total Local Match (Must = Line 25)	\$79,732	\$45,105	\$1,434		\$1,632					\$11,876	\$0	\$6,546	\$7,232	
29	FRINGE RATE AS % OF SALARIES: 40.00% INDIRECT COST AS % OF FUNDED PERSONNEL: 52.00%														
30	Yellow cells are calculated values DO NOT enter data in these cells. Blue indicates cells in which data normally should not be entered. Green and Gold columns are for ARRAP&A expenditures related to ARRA activities.														

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1	REGION: 5 Lower Savannah COG (Page 2)												
2	ARRA P&A 75/25	ARRA P&A 75/25	AoA Medicare Patrol 75/25	CMS I-CARE 100	MIPPA 100	P&A PD SSBG	P&A ARRA	Ombudsman	I&A	FCSP	INSURANCE COUNSELING	TOTAL AAA BUDGET	LINE ITEM
3	\$3,682	\$1,813	\$5,608	\$10,517	\$29,521	\$83,994	\$5,495	\$0	\$0	\$0	\$0	\$89,489	Personnel Salaries
4	\$1,473	\$725	\$2,243	\$4,207	\$11,808	\$35,071	\$2,198	\$37,155	\$53,373	\$39,410	\$35,129	\$202,336	Fringe Benefits
5						\$0	\$0	\$14,861	\$21,349	\$15,764	\$14,051	\$66,025	Contractual
6					\$1,795	\$8,600	\$0	\$0	\$0	\$0	\$0	\$8,600	Travel
7						\$0	\$0	\$1,435	\$1,335	\$1,800	\$1,795	\$6,365	Equipment
8						\$3,764	\$0	\$0	\$0	\$0	\$0	\$3,764	Supplies
9	\$2,680	\$1,320	\$4,082	\$7,656	\$21,491	\$61,477	\$4,000	\$600	\$3,850	\$1,391	\$0	\$71,318	Indirect Costs
10						\$0	\$0	\$29,401	\$38,856	\$28,690	\$25,573	\$122,520	Allocated Costs
11				\$3,605		\$11,976	\$0	\$0	\$0	\$0	\$0	\$11,976	Other Direct Costs
12	\$7,835	\$3,858	\$11,933	\$25,985	\$64,615	\$204,882	\$11,693	\$83,452	\$118,763	\$87,055	\$76,548	\$582,393	TOTAL OPERATING BUDGET
13												\$0	LESS: In-kind Not for Match
14												\$0	LESS: Local Cash Not for Match
15	\$7,835	\$3,858	\$11,933	\$25,985	\$64,615	\$204,882		\$83,452	\$118,763	\$87,055	\$76,548	\$570,700	TOTAL AREA PLAN BUDGET: LGO
16													
17	\$7,835	\$3,858	\$11,933	\$64,615	\$204,882								
18													
19	\$7,835	\$3,858	\$11,933										
20													
21	\$1,959	\$965	\$2,983										
22	\$5,876	\$2,894	\$8,950	\$0	\$0								
23	\$1,959	\$965	\$2,983										
24	\$1,959	\$965	\$2,983										
25													
26													
27	\$1,959	\$965	\$2,983										
28													
29													
30													