TABLE OF CONTENTS

INTRODUCTION
- Purpose 3
- Verification of Intent 4
- Standard Assurances and Conditions 6

EXECUTIVE SUMMARY 16

OVERVIEW OF THE AREA AGENCY ON AGING
- Mission 20
- Vision 21
- Organizational Structure 21
- Administrative Staff Experience and Qualifications 22
- Current Funding Resources for AAA Operations 26

OVERVIEW OF THE PLANNING AND SERVICE AREA
- Service Delivery Areas 29
- Objectives and Methods for Services to Target Populations 29
- Ten Year Forecast 32
- Emergency Preparedness 34

AAA OPERATIONAL FUNCTIONS AND NEEDS
- Assessment of Regional Needs 35
- Program Development 38
- Program Coordination 39
- ADRC and Long Term Care 40
- Conversion to Aging and Disabilities Resource Center 41
- Advocacy 42
- Priority Services 42
- Priority Service Contractors 43
- Nutrition Services 43
- Training and Technical Assistance 47
- Monitoring 48
- Grant Management 49
- Grievance Procedures 49
- Performance Outcome Measurement 52
- Resource Development 53

AAA DIRECT SERVICE DELIVERY FUNCTIONS
- Staff Experience and Qualifications
- Long-term Care Ombudsman 54
- Friendly Visitor Coordinator 55
- Information, Referral, and Assistance Specialist 55
- Insurance Counseling and Referral Services/

Senior Medicare Patrol Outreach Specialist 56
Family Caregiver Advocate 57
Medicaid Outreach Specialist 58

Programs
Long-term Care Ombudsman Services 59
Friendly Visitor Program 60
Information, Referral, and Assistance Services 60
Insurance Counseling and Referral Services/
Senior Medicare Patrol Services 62
Family Caregiver Support Program 64
Grandparents Raising Grand Children 65

CHANGING DEMOGRAPHICS IMPACT ON AAA EFFORTS
Intervention vs. Prevention 65
Senior Center Development and Increased Use 66
Alzheimer's Disease and the
Purple Ribbon Report – 2009 69
Project 2020: Building on the Promise of
Home and Community-Based Services 71
Legal Assistance Services 73

REGION SPECIFIC INITIATIVES 74

AAA BUDGET
Allocations for Direct Regional Service Provision 70
Staffing Budget and NAPIS Staffing Profile 71
Contracted Units and Unit Cost of Services History 72
Expenditures for Priority Service Categories 76
AAA Comprehensive Operating Budget 77
Summary of Services Funding, Contracted Units 78
and Average Unit Cost
Requested Transfers of Federal Funds 79
Summary Program Budget- Computation of Grants 80

INTRODUCTION

Purpose

One of the most important activities of Vantage Point, the Area Agency on Aging for the Pee Dee Region of South Carolina is the creation of a four year Area Plan that focuses on the needs of older people and people with disabilities, as well as community strengths and challenges.

The plan development process is mandated by the federal Older Americans Act, which requires each State Unit on Aging to submit a state plan in order to be eligible for federal funding under the OAA. The State Unit on Aging has established ten designated planning and service areas (PSA) known as Area Agencies on Aging in SC. Each Area Agency on Aging is charged with planning and administering services in the designated area. The Area Agency on Aging must submit an area plan written in a format prescribed and approved by the S.C. Lieutenant Governors Office on Aging.

Vantage Point staff and advisory board members work over a year in the plan development process, gathering information and seeking input from the community. The resulting Area Plan sets the stage for the work of Vantage Point over a four-year period and is the foundation for work plans, funding priorities, and planning efforts to provide services for people who are older or who need long term care in Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro Counties.

The area plan includes the mission, planning and service area, profiles, issue areas, and budget and service projections.

The Area Plan is a true community effort, involving consumers, caregivers, providers, support groups, advocacy groups, community organizations, and the community at large to the greatest extent possible to create a plan that addresses many needs and issues. The RACC (Regional Advisory Coordinating Council) is heavily involved in all phases of the process, as is the CareSouth Carolina governing board.

Significant activities in development of the Area Plan include:

- Research on specific issue areas
- Client and caregiver telephone interviews
- 2008 Needs Assessment
- Vantage Point Staff, Regional Advisory Coordinating Council and CareSouth Carolina Governing Board input
- Public hearings
- Final plan completion and state approval

Verification of Intent

The Area Plan submitted for the Pee Dee Region for the period July 1, 2009, through June 30, 2013, includes all activities and services to be provided by Vantage Point, a division of CareSouth Carolina also known as the 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 Pee Dee Area Agency on Aging certifies that it is responsible for the oversight of the provision of Aging Services throughout the Pee Dee 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

Ann M. Lewis, Chief Executive Officer
CareSouth Carolina, Inc.

(Date)

Shelia Capps Welch, Aging Unit Director
Vantage Point

(Date)

The Area Agency Advisory Council has reviewed and approved this four-year Area Plan.

Henrietta Pauley, Chairperson
Pee Dee Area Agency on Aging Advisory Council

(Date)

CareSouth Carolina, the Governing Body of the Area Agency on Aging has reviewed and approved this Area Plan.

Mary Garvin, Chairperson
CareSouth Carolina Board of Directors

(Date)

STANDARD ASSURANCES AND GENERAL CONDITIONS

1. The Area Agency on Aging shall use grants made under the Older Americans Act to pay part of the cost of the administration of the area plan, including preparation of plans, evaluation of activities carried out under such plans, development of a comprehensive and coordinated system for delivery of services to older adults and caregivers, development and operation of multipurpose senior centers and the delivery of legal assistance as required under the Older Americans Act of 1965, as amended in 2006, and in accordance with the regulations, policies, and procedures established by the Lieutenant Governor's Office on Aging, the Assistant Secretary of the Administration on Aging, the Secretary of the U.S. Department of Health and Human Services and State legislation. 303 (c) (1) and (2) and CFR 1321.11

2. The Area Agency on Aging shall assure that any funds received under the area plan, or funds contributed toward the non-Federal share, shall be used only for activities and services to benefit older individuals and others specifically provided for in Title III of the Older Americans Act or in State legislation. This shall not be construed as prohibiting the area agency on aging from providing services by using funds from other sources. 301 (d)

3. The Area Agency will require all programs funded under the Area Plan to be operated fully in conformance with the Lieutenant Governor's Office on Aging current quality assurance standards and all applicable Federal, State and local fire, safety, health and sanitation standards or licensing prescribed by law or regulation.) CFR1321.75(a)

4. The Area Agency on Aging shall assure that any facility authorized for use in programs operated under the Area Plan shall have annual certification that the facility is in compliance with the appropriate fire, safety and sanitation codes. CFR 1321.17(4)

5. The Area Agency on Aging and service contractors shall not means test for any service under Title III. When contributions are accepted, or cost sharing implemented, contractors shall not deny services to any individual who does not contribute to the cost of the service. 315(b)(3) CFR 1321.61(c)

6. The Area Agency on Aging will comply with Title VI of the Civil Rights Act of 1964 and shall require such compliance from all contractors under the Area Plan. CFR 1321.5(c)

7. The Area Agency on Aging will comply with all the appropriate Titles of the Americans with Disabilities Act of 1990 and require such compliance from all contractors under the Area Plan and assure that otherwise eligible older individual shall not be subjected to discrimination under any program or activity under the Area Plan. CFR 1327.5 and 1321.5 (c)

8. The Area Agency shall assure that residency or citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals.

9. The Area Agency on Aging shall assess the level of need for supportive services including legal assistance, transportation, nutrition services, and multipurpose senior centers within the planning and service area. 306(a)(1)

10. The Area Agency on Aging shall assure that the special needs of older individuals residing in rural areas are taken into consideration and shall describe in the Area Plan how those needs have been met and how funds have been allocated to services to meet those needs. 307(a)(10)

11. The Area Agency on Aging will provide a qualified full-time director of the aging unit and an adequate number of qualified staff to carry out the functions required under the Area Plan. CFR 1321.55(b)

12. The Area Agency on Aging shall consult with relevant service contractors and older individuals to determine the best method for accepting voluntary contributions that comply with the Cost Sharing policies of the Lieutenant Governor's Office on Aging and the Older Americans Act, as amended in 2006. 315(b)(2)

13. The Area Agency on Aging shall assure that any revenue generated from voluntary contributions or cost sharing shall be used to expand the services for which such contributions or co-pays were given. 315(a)and(b)

14. The Area Agency on Aging shall assure that a facility purchased for use as a multi-purpose senior center with Older Americans Act or State Permanent Improvement funds, will continue to be used for the same purpose for not less than 10 years after acquisition, or 20 years after construction.

15. Prior to authorizing use of Older Americans Act or State Permanent Improvement funds for renovation, purchase or construction, the Area Agency shall require assurance from the grantee that funding

is, and will continue to be, made available for the continued operations of these senior centers. 312

16. The Area Agency shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention shall be given to the use of multi-purpose senior centers, churches, or other appropriate community facilities for such group dining service. 339(E)

17. The Area Agency on Aging shall assure that no new group dining facility established will be funded unless an average of 25 eligible participants attend daily. All facilities established before 2006 must serve at least 25 meals per day through the group dining and home delivered programs. P&P 502.F.1

18. The Area Agency on Aging shall assure that an Older Americans Act III-C-2 home delivered meal will be delivered to a participant for no less than five days a week unless it is documented that the participant is receiving meal(s) from another source. Further, in addition to federal eligibility requirements, special consideration shall be given to those eligible clients living alone, those in isolated rural areas, and those 75 years of age or older. 336

19. The Area Agency shall assure that amounts expended for services to older individuals residing in rural areas will not be less than the amounts expended for such services in fiscal year 2000. 307(a)(3)(B)

20. The Area Agency on Aging shall assure that the Area Agency and all contractors meet all matching requirements for funds awarded under the Area Plan.

21. The Area Agency on Aging shall assure that any funds that may be received from the State for Cost of Living Adjustment will be used for personnel costs only.

22. The Area Agency on Aging shall assure that funds received for NSIP will be used only for the purchase of United States agricultural commodities or commercially prepared meals served in the Title III-C services and that NSIP funds shall be distributed throughout the region based on the percentage of eligible meals served by each contractor. 311(d)(2)

23. The Area Agency on Aging shall submit an independent audit to the Lieutenant Governor's Office on Aging, Division of Administration, within 180 days after the close of the project year.

24. A final financial report for the grant period shall be submitted to the Lieutenant Governor's Office on Aging, within 45 days of the close of each State fiscal year in the grant period (August 14) or within 45 days of the last payment made, whichever occurs first.

25. The Area Agency on Aging shall submit a total aging budget, disclose all sources and expenditures of funds the AAA receives or expends to provide services to older individuals, and the cost allocation plan, or approval of the indirect cost rate from the cognizant agency, used to prepare such budget. 306(a)(13)(E)

26 The Area Agency on Aging shall contract only with service delivery agencies that will provide to the Area Agency on Aging all program information and reports required by the Lieutenant Governor's Office on Aging. Provision of timely and correct data shall be in a format and contain such information as the LGOA may require the AAA to submit. 307(a)(6)

27. The Area Agency on Aging will include in each solicitation for providers of any service under the Older Americans Act, a requirement that the applicant will-

    A. Specify how the organization intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas;
    B. Provide services to low-income minority individuals in accordance with their need for such services;
    C. Meet specific objectives set by the Area Agency on Aging, for providing services to low-income minority individuals; 306(a)(4)(A)
    D. Make a good faith effort to obtain a client consent form from all service recipients to allow their information to be included in AIM for research and advocacy purposes.

28. The Area Agency on Aging will require contractors to use Outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on-

    A. Older individuals residing in rural areas
    B. Older individuals with greatest economic need
    C. Older individuals with greatest social need
    D. Older individuals with severe disabilities
    E. Older individuals with limited English-speaking ability
    F. Older individuals with Alzheimer's disease or related disorders and caregivers
    G. Low-income minority individuals in each of the above

populations. 306(a)(4)(B)

29. The Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. 306(a)(4)(C)

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

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

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

33. Where possible, the Area Agency on Aging will enter into arrangements with organizations providing day care services for children or adults, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. 306(a)(6)(C)

34. The Area Agency on Aging shall assure that demonstrable efforts will be made to coordinate services provided under the Older Americans Act with other State services that benefit older individuals and to provide multi-generational activities involving older individuals as mentors to youth and support to families. 306(a)(23)

35. The Area Agency on Aging shall coordinate any mental health services provided with III-B funds with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations. 306(a)(6)(F)

36. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the Area Agency on Aging shall require outreach activities to such individuals and encourage such

individuals to access the assistance available under the Older Americans Act. 306(a)(6)(G)

37. The Area Agency on Aging shall assure the coordination of planning, identification and assessment of needs, and provision of services for older individuals with disabilities, (with particular attention to those with severe disabilities,) with agencies that develop or provide services for individuals with disabilities. 306(a)(5)

38. The Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program will expend not less than the total amount of funds appropriated and expended by the agency in fiscal year 2000 in carrying out such a program under the Older Americans Act. 306(a)(9)

39. The Area Agency on Aging will maintain the integrity and public purpose of services provided, and service contractors, under the Older Americans Act, in all contractual and commercial relationships. 306(a)(13)(A)

40. The Area Agency on Aging will demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and will not result from such contracts or commercial relationships, but rather, will be enhanced. 306(a)(13)(C) and (D)

41. The Area Agency on Aging will not use funds received under the Older Americans Act to pay any part of a cost, including an administrative cost, incurred to carry out a contract or commercial relationship that is not carried out to implement the Older Americans Act. 306(a)(14)

42. The Area Agency on Aging shall not give preference in receiving services under the Older Americans Act to particular older individuals as a result of a contract or commercial relationship. 306(a)(15)

43. The Area Agency on Aging, when seeking a waiver from compliance with any of the minimum expenditures for priority services, shall demonstrate to the State Agency that services furnished for such category within the PSA are sufficient to meet the need for those services and shall conduct a timely public hearing upon request. 306(b)

44. The Area Agency on Aging shall require nutrition service contractors to reasonably accommodate the particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals and require caterers to provide flexibility in designing meals that are appealing to older individuals participating in the program. 339 (A) and (B)

45. The Area Agency on Aging will, to the maximum extent practicable, coordinate services under the Area Plan with services that may be provided under Title VI in the PSA. 306(a)(11)(B) and (C)

46. If providing Case Management services under the Area Plan, the Area Agency on Aging will not duplicate case management services provided through other Federal and State programs; will coordinate with such services provided by other Federal and State programs; and will contract with providers that are-public agencies; or nonprofit private agencies that do not provide, and do not have a direct or indirect ownership or controlling interest in, or direct or indirect affiliation or relationship with, an entity that provides services, other than case management services, under the Area Plan; or located in a rural area and the Area Agency requests and receives a waiver of the above requirement. 306(a)(8)(A-C)

47. The Area Agency on Aging, and all contractors under the Area Plan, shall maintain a disaster preparedness plan that is reviewed and updated annually.

48. If the Area Agency on Aging finds that a contractor under the Area Plan has failed to comply with the terms of the contract or with Federal or State laws, regulations and policies, the Area Agency may withhold that portion of the reimbursement related to that failure to comply. The Advisory Council shall recommended appropriate procedures for consideration by the Governing Board of the Area Agency on Aging. 306(e)(1)

49. The Area Agency on Aging shall afford contractors due process, as described in OAA 306(e)(2)(B) before making a final determination regarding withholding contractor reimbursements.

50. The Area Agency on Aging shall provide satisfactory assurance that such fiscal control and accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal and State funds paid under the Area Plan to the Area Agency on Aging, including funds paid to the recipients of grants or contracts. 307(a)(7)(A)

51. The Area Agency on Aging shall assure that funds received under the Older Americans Act shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. 321(d)
52. The Lieutenant Governor's Office on Aging requires that the Area Agency on Aging directly provide ombudsman, information and assistance, insurance counseling, and family caregiver services. 307(a)(8)(A)and(C)

53. The Area Agency shall provide other direct services, only with a waiver approved by the State agency, and only when such direct provision is necessary to assure an adequate supply of such services, or where such services are directly related to the Area Agency's administrative functions, or where such services of comparable quality can be provided more economically by the Area Agency on Aging. 307(a)(8)(A)and(C)

54. Each Area Agency shall administer the nutrition programs with the advice of a dietitian (or an individual with comparable expertise). Whenever the AAA allows contractors to purchase catered meals directly, or has contractors who prepare meals on site, the AAA shall assure that such contractors have agreements with a registered dietitian who provides such advice. 339(G)

55. The Area Agency on Aging shall enter into contract only with providers of legal assistance who can:

    A. demonstrate the experience or capacity to deliver legal assistance;
    B. assure that any recipient of funding for legal assistance will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act;
    C. require providers of legal assistance to give priority to cases related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination; and
    D. attempt to involve the private bar in legal assistance activities. 307(a)(11)(A) through (E)

56. The Area Agency on Aging shall make special efforts to provide technical assistance to minority providers of services whether or not they are contractors of the AAA. 307(a)(32)

57. The Area Agency on Aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who –

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. 307(a)(18)

58. The Area Agency on Aging shall maintain a Regional Aging Advisory Council whose purpose is:

A. to advise the Area Agency on Aging on all matters related to the development of the Area Plan;
B. on the administration of the plan; and
C. on operations conducted under the plan.

The RAAC shall have no decision-making authority that is binding on the AAA staff or on the Area Agency Executive Board. 306(a)(6)(D

59. The Area Agency on Aging is responsible for on-going contract management; establishing procedures for contract cost containment; reviewing and approving contracts; setting criteria for contract amendments; reviewing and analyzing contractor fiscal and program reports; conducting quality assurance reviews; and reviewing meal vendor performance.

60. The Area Agency on Aging shall afford an opportunity for a public hearing upon request, in accordance with published procedures, to any agency submitting a plan to provide services; issue guidelines applicable to grievance procedures for older individuals who are dissatisfied with or denied services funded under the area plan; and afford an opportunity for a public hearing, upon request, by a provider of (or applicant to provide) services, or by any recipient of services regarding any waiver requested. 307(a)(5) (A) through (C)

61. The Area Agency on Aging accepts the quality assurance standards and scope of work issued for all services authorized by the Lieutenant Governor's Office on Aging. All contractors and/or vendors of services shall be monitored for compliance with such standards and carry out the scope of work in the delivery of each service to be reimbursed with funds awarded under this plan the Area Agency on Aging certifies compliance with all of these assurances and requirements of the Older Americans Act, as amended, the Federal regulations pertaining to such Act, and the policies of the Lieutenant Governor's Office on Aging throughout

the effective period of this Area Plan. Should any barriers to compliance exist, the Area Agency on Aging shall develop procedures to remove such barriers. Some assurances may be modified by Federal regulations issued or the Older Americans Act re-authorization during the plan period. In such event, a revised list of assurances will be issued.

_____

EXECUTIVE DIRECTOR or BOARD CHAIR

_____

(Date)

_____

AGING UNIT DIRECTOR

_____

(Date)

EXECUTIVE SUMMARY

CareSouth Carolina is the only Community Health Center in the nation designated as an Area Agency on Aging. Vantage Point, a division of CareSouth Carolina, is a partnership between CareSouth Carolina, older citizens and other community organizations. Vantage Point works for the advantage of senior citizens. The purpose is to provide seniors convenient access to the programs and services they need to remain active and independent.

Vantage Point, the Area Agency on Aging is a regional focal point for aging services and programs for elderly persons in the Pee Dee Region of South Carolina. The Pee Dee Region consist of six counties, Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro. The mission of the Area Agency on Aging is to serve as a leader relative to all aging issues on behalf of older persons in these 6 counties.

We offer and provide a wide range of functions related to advocacy, planning, coordinating, inter-agency linkages, resource and program development, information sharing, brokering, monitoring and evaluation designed to lead to the development of comprehensive and coordinated systems serving each community in the Planning Service Area. These systems are designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

Vantage Point studies regional needs among the elderly and prioritizes services to meet those needs based upon the results of the current client assessments and care plans, the 2008 Regional Needs Assessment and other data, and most importantly, current service utilization trends, a four-year Area Plan of Services to Seniors.

The purpose of the Area Plan is to ensure the proper implementation of the mandates in the Older Americans Act. The Area Plan provides for development of a comprehensive, coordinated service delivery system, outlines fundable services for the seniors, and summarizes activities of the AAA.

With a few exceptions, funds are awarded on a county-by-county basis through a funding allocation method, as outlined in the Area Plan. Funds for services included in the Area Plan are then designated for use by local agencies to provide services at the local level, through an open and competitive Request for Proposal (RFP) process and/or through purchase of service agreements. The Area Agency monitors its contracts with providers to ensure that services are rendered in an efficient and effective manner and that they comply with quality assurance standards as outlined

in the SC Lieutenant Governor's Office on Aging Policy and Procedures Manual.

Each year, thousands of seniors are served in the six county areas, through nearly 20 different service categories. Services funded through the Vantage Point are available to all senior citizens age 60 and older within the Region unless otherwise allowed under eligibility criteria for a specific program. Substantial emphasis is given to serving eligible persons with greatest social and/or economic need with particular attention to low-income and minority individuals. Priority is also given to serving elderly individuals who are frail, isolated, homebound, and 75 years of age or older, who are at greatest risk of losing their independence.

A 14-member Board of Directors *(See Attachment A)* and a 10-member Advisory Council *(See Attachment B)* assist the AAA in accomplishing its mission of serving the Pee Dee area seniors. Vantage Point's Board of Directors is composed of senior citizens, elected officials, leading local citizens representing each of the six counties, and other members of the private sector. In addition, the Board appoints an Advisory Council, composed primarily of senior citizens age 60 and older, who are eligible participants in programs under the Area Agency's Area Plan. Advisory Council members also include individuals representing the low-income elderly, minority groups, health care and advocacy organizations, and the public. These individuals meet at least six times a year to advocate for senior services and needs, conduct public hearings, aid in the development of the Area Plan, and review and comment on policies, programs, and legislation affecting the seniors.

The AAA's contract service providers form a vital link in the Region's extensive aging network. Many of the services funded by Vantage Point are offered at the 17 meal sites/senior centers in the Pee Dee Region. Services provided include home delivered meals, congregate meals, homemaker aide, home care assistance, in-home respite care, chore services, health screening, health counseling, elder abuse education, transportation, outreach, service coordination and support, legal assistance, long-term care ombudsman services, and caregiver training. This vast network of aging services is maintained by the Vantage Point staff. All staff members are knowledgeable in the administration and development of aging programs.

Long Term Care and Aging requires that contractors conduct outreach efforts identifying individuals who are eligible for assistance under the Older Americans Act. There is special emphasis on: rural elderly; older individuals who have the greatest economic need (with particular attention to low income minority individuals); older individuals who have the

greatest social need (with particular attention to low income minority individuals); older individuals with severe disabilities; older individuals with no or limited English-speaking ability; and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and their caretakers). The contractors also must inform the older individuals referred to in this paragraph, and their caretakers of the availability of such assistance. Contractors are required to have interpreters available to assist clients. Each of our contractors has established contacts in local high schools and/or colleges to be available to assist clients when needed.

As the senior population of the Pee Dee Region continues to grow older, new challenges will need to be addressed in order to assure that limited resources are assigned to those services most needed to assure that the seniors can continue to grow old with dignity and in their homes. Vantage Point's Area Plan sets forth six Program Development Objectives for which significant efforts will continue to be applied in the next four years. Probably the most important of these objectives is designed to assure that seniors have a choice of settings from which to receive needed care. As such, Vantage Point's first objective is to maintain, expand, and improve the long-term care system. This will include working with long-term care providers to increase training opportunities (and thereby knowledge) of long-term care issues and best practices. This objective also focused on continuing the development and implementation of the Aging and Disability Resource Center. The "Single Point of Entry" process for the Pee Dee Region began as part of the recommendations stemming from Project 2020.

Vantage Point launched its Aging and Disability Resource Center program in December of 2006 with staff recruitment and training. Consumer service began in approximately March of 2007. The Pee Dee Region now has eleven Options Counselors that are stationed across the region and are recognized as focal points for long-term care information and assistance and long-term care options and benefits counseling. The Aging and Disability Resource Center program is operational and has provided options and benefits counseling to over 1,976 individuals since March 2007.

Vantage Point works closely with the local Community Long Term Care offices. This agency administers the Home and Community-Based Waiver Program for elderly and disabled individuals in all six counties of the Pee Dee region. The waiver program targets elderly and disabled persons who meet the level of care criteria for their services and who meet financial eligibility guidelines for Medicaid. Using the primary components of Care Management (assessment, care planning, service arranging & purchasing, monitoring, reassessment, etc), the Waiver

Program determines whether a community-based setting is most appropriate to meet an individual's needs. If the community-based level of care is met, the CLTC Case Managers arrange for and manages the services selected by the participant to be provided in the home or at a community setting for program participants. Plans of care are written for the participant using the principles and practices of Person-Centered Planning.

The multi-year Area Plan also addresses the need to promote active lifestyles and wellness programs for seniors. Vantage Point collaborates with other agencies such as the Department of Health and Environmental Care, CareSouth Carolina, the contract service providers, faith based organizations and regional civic groups to conduct evidenced-based disease prevention programs.

The Area Plan addresses the need to enhance information and support for seniors and their caregivers, and to improve and increase affordable and accessible services for seniors in the region. Vantage Point publicizes and continually promotes and assists with utilization of the statewide Information and Referral System, SC Access. This database has extensive information regarding information and services available to seniors and their caregivers in the state. Information is continuously updated to have access to the most current information.

As stated previously, Vantage Point also serves as the entry point for accessing long-term care options and benefits counseling. The majority of the calls handled by benefits counselors in the past year were to assist callers in understanding information associated with Medicare and Medicaid; calls to assist clients in obtaining information or services related to long-term care and/or care giving and calls requesting in home services such as meals, homecare, transportation and chore services.

The Area Plan also includes supporting increased knowledge and awareness of elder abuse and neglect within the region, Vantage Point staff has provided 19 presentations to 394 providers and staff working with the elderly and disabled within the region. The AAA continues to offer elder abuse education to any organization or entity interested and is currently working to update and improve its training and education programs to meet the changing trends of local seniors.

The Vantage Point I-CARE/Senior Medicare Patrol Specialist will help bring awareness of Medicare fraud and abuse issues to beneficiaries and advocate on their behalf as the need arises. This is especially important in light of the new Medicare Prescription Drug and Medicare Advantage programs.

The final objective will be to improve the effectiveness and quality of services provided to older adults and their families through Vantage Point and its contractors. This will be accomplished by continuing to promote open communication and dialogue among the AAA and its contractors through the quality assurance process, provider meetings, collaborative initiatives, and the advisory council.

OVERVIEW OF THE AGENCY ON AGING

Under the leadership of the Lieutenant Governor's Office on Aging, Vantage Point, a division of CareSouth Carolina, Inc., is charged with the responsibility of proactively carrying out a wide range of functions related to advocacy, planning, coordinating, inter-agency linkage, information sharing, brokering, monitoring, and evaluation. These activities are essential to Vantage Point in their roll as the designated Area Agency on Aging for the Pee Dee Region. The Pee Dee Region consists of Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro Counties. It is the responsibility of the AAA to assess and prioritize the needs of older adults within the planning and service area and to allocate federal and state funding to local contractors to provide services that meet those needs. Vantage Point is the only AAA in the nation who is a division of a community health center.

Mission Statement

Vantage Point's mission statement is:

"Provide seniors convenient access to the programs and services they need to remain active and independent."

The system shall assist older persons to live in their own homes and communities as long as possible.

A comprehensive and coordinated community based system shall: have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue; provide a range of service options; ensure that these options are readily accessible to older persons, the independent, semi-dependent and totally dependent, no matter what their income; include commitment of public, private, voluntary, resources to support the system; involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community; offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence; provide effective referral from agency to agency to ensure that information or assistance is received no matter how or where contact is made in the community;

- evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older persons;
- have a unique character that is tailored to the specific nature of the community; and
- be directed by community leaders who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

For the purpose of ensuring access to information and services for older persons, the AAA shall work with elected officials to designate one or more "focal points" in each community as defined by the AAA. Focal points shall provide the facility for maximum collocation and coordination of services for older individuals. AAAs shall designate multi-purpose senior centers as community focal points. The AAA shall ensure that services financed under the OAA will be based at, linked to, or coordinated with the designated focal points. The AAA shall work with other community agencies to encourage maximum collocation at, coordination with, or access to service opportunities from designated community focal points. The AAA may not engage in any activity inconsistent with its statutory functions.

Vision

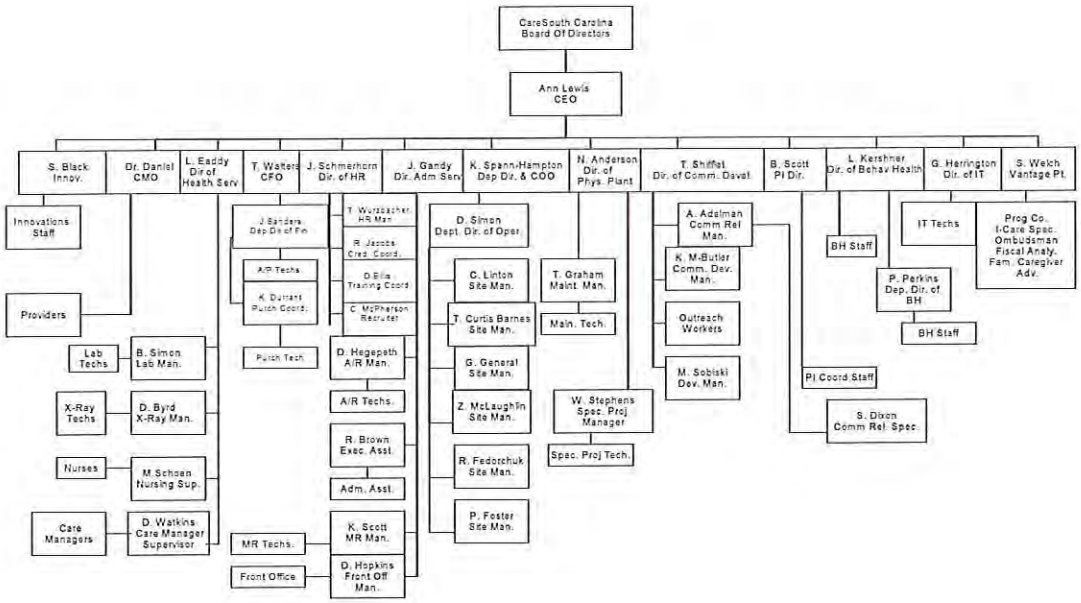
"Help seniors maintain their health and enhance their quality of life..."

Organizational Structure

As indicated by the organizational chart, the Vantage Point Director is under the direct supervision of the Chief Executive Office of CareSouth Carolina. Vantage Point staff is under the direct supervision of the Director of Vantage Point.

Under the leadership of the Lieutenant Governor's Office on Aging, Vantage Point, a division of CareSouth Carolina, Inc., is charged with the responsibility of proactively carrying out a wide range of functions related to advocacy, planning, coordinating, inter-agency linkage, information sharing, brokering, monitoring, and evaluation. These activities are essential to Vantage Point in their roll as the designated Area Agency on Aging for the Pee Dee Region. The Pee Dee Region consists of Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro Counties.

CareSouth Carolina
Organizational Chart



Staff Experience and Qualifications

Aging Unit Director

The Aging Unit Director is responsible for the administration of a comprehensive system of aging services for the Pee Dee Region. She holds a Bachelor of Science from Coker College of Hartsville. She has 10 years of experience in Aging Service. She worked two years at the local contract level and has worked eight years at the Area Agency of Aging level. She came to the AAA office as the Family Caregiver Advocate and worked in that capacity for two years before being promoted to Director. She is responsible for all forms of public outreach and efforts at increasing awareness and knowledge of the Area Agency on Aging and the senior population and referral community. She is responsible for supervising the direct work of staff such as the Info and Referral Services, Family Caregiver Services, Ombudsman Services, Friendly Visitor Program, Insurance Counseling, Assistance and Referral for Elders, Senior Medicare Patrol, Medication Management, Rental Assistance, and Advocacy.

The essential duties and responsibilities of the Director include the following: planning, organizing and directs a comprehensive program of services for the aging, develops and administers an annual budget for the

Area Agency on Aging, establishes program policies and operating procedures, assist contractors in providing a system of supportive, in-home and extended services for the aging. She provides technical assistance to service provider in the planning and service area. She acts as an advocate for the interests of the senior population in the Pee Dee region to the Regional Contractors, Social Service Providers and Advisory Committee, faith based organizations and the public.

The Director approves/disapproves agency expenditures, such as line item contractor budgets, AAA budget, purchasing requests and contracts. She directs the development of grant applications for federal/state funds and/or local financial resources to improve existing services or initiate new services. She supervises administrative, technical and clerical staff. She oversees preparation of state reports and other required documentation.

She meets monthly with the Executive Management Team of CareSouth Carolina to insure compliance with employee policy and procedure. She attends monthly meetings at the Lt. Governors Office on Aging to learn of new funding sources, changes in program/financial information, updates from their office, technical assistance, policy changes and to discuss any problems we that may have occurred in the region. She meets with the Regional Advisory Council bi-monthly to discuss the needs of senior in the region as well as to update the council on program and budget changes.

Fiscal Analyst

A vital role in the administration of services to seniors in the service delivery area is the allocation and tracking of both federal and state funding to ensure that the contractors are spending taxpayer dollars wisely and for their intended use. The AAA fiscal analyst is a graduate of West Liberty State College in West Liberty, West Virginia. He has been monitoring our finances for the past seven years and has played an active role in ensuring that the seniors get the most service for the cheapest price.

Monthly desktop monitoring of the contractor's finances has been vital in ensuring that each service delivery area receives these dollars so that as many seniors can be reached throughout the region. The fiscal analyst has spent a great deal of time encouraging the contractors to make the service recipient aware of the cost sharing policy when it is prudent for the client to assist in the delivery of their service.

Additionally, there have been annual reviews that help the contractor to identify where funding provided is used to the benefit of providing the most service for the most clients. The fiscal analyst has assisted the contractors in revising their rates in order to keep them at a reasonable and cost-effective level.

Over the course of the past few years, changes in how allocations are distributed have been implemented. For example, contractors previously received dollars based on clients served for a particular month. This created a situation where funding ran out prior to the fiscal year end. The fiscal analyst implemented controls on this so that the contractor cannot receive more than $1/12^{th}$ of the annual allocation. This ensures that a client will continue to receive service throughout the year without having the service end until new funding becomes available. Additionally, the contractors have had the raw meal cost for non-OAA services deducted monthly in order to keep the bookkeeping more current and timely. When the SUA conducts fiscal meetings for sharing ideas and learning of new funding sources and how this funding will be allocated, the fiscal analyst has attended regularly and has had 100% attendance at each of these important meetings. Information gleaned from these meeting has helped to facilitate a more flowing and logical allocation to the contractors who will be using this funding to provide the services in their area. Because of this logical flow, the contractors have benefited in that the information provided is more topical and localized to their service delivery area.

The fiscal analyst has assisted each of the contractors when it has become necessary in order to facilitate the proper documentation of expenditures for services that they have provided. Meetings are held when necessary to explain changes that are made in how funds are to be spent based on changes in state and federal policies, and there is a good working relationship between the fiscal analyst at the AAA and the fiscal officers of the contractors. Having this regular communication has made for an improvement how services are rendered and this has in turn given the contractor more opportunity for improvement of service to the senior population.

Finally, at the recommendation of the SUA, the fiscal analyst has developed a more user-friendly tool to track the administration cost as the AAA level and this has made for more accurate reporting and drawdown of both federal and state funding, ensuring that federal accounting practices are followed. Having this new procedure available has been an invaluable asset toward more compliant accounting practices.

Program Coordinator

The Vantage Point AAA Program Coordinator is a high school graduate with sixteen (16) years of relevant experience in the aging network. The primary responsibility of the Program Coordinator is to work directly with the contractors to assure that they are in compliance with the Standards and Scopes of Work, which are mandated by the South Carolina Lieutenant Governor's Office on Aging Manual of Policies and

Procedures. This year she is acting as the Senior Center Liaison. She will monitor each site, nutrition or senior center to evaluate their level of compliance based on the type of facility. Activity calendars will be evaluated monthly to ensure that the centers are open the required hours and that the activities listed are being provided to the seniors. She will monitor to ensure that participants are given choices and that their recommendations are being included as part of the schedule. She will monitor to ensure that the site is collaborating with local agencies, civic organizations and private citizens to provide health and awareness information to the seniors as well as entertainment. Centers found to be non-compliant will not be eligible to receive payment for these services.

In addition, there is coordination of fire safety trainings and inspections as well as health and nutrition education. Recognizing major physical and mental needs of the aging population, including signs of impending emergencies and any other subject matters requested by contractors pertinent to their daily operations is a vital task implemented by the coordinator.

The coordinator plans and executes meetings, collects and takes Board minutes as necessary, and assists in conferences and trainings for other aging network participants as required, which include, but are not exclusive to, Advisory Council members, Silver Haired Legislators, and other providers. Additionally, the coordinator oversees the implementation of the Seniors Farmer's Market nutrition program as well as menu review meetings in the region. Scheduling, pre-planning and maintaining the quality of these important events is essential to the network's ability to provide the senior population with the best possible service they deserve.

Receptionist

The receptionist is an important part in ensuring that all employees within the AAA receive information that is vital to the continuation of services for current clients as well as the screening for new clients who are in need of services. She has an obligation to be sure that any client who calls is referred to the proper employee so that they can be served in a timely and professional manner. Our receptionist is a retire cosmetologist with a high school diploma and two years of trade school. She came to us in June of this year.

She assists all employees in information, referral and assistance in order to facilitate that the client is referred to the person who can provide the most help. When necessary, she performs administrative duties that are necessary to the implementation of the services. Such duties include, but are not limited to, fielding telephone calls for the agency staff, sending out applications to potential clients, typing documents necessary to the services provided to the clients, scheduling appointments with the client

for the service staff and receiving clients as they arrive for appointments or who visit to inquire about services that the AAA or any of its contractors provide.

Current Funding Resources for AAA operations

The Lieutenant Governors Office on Aging makes annual grant awards to Vantage Point based on the regions population aged 60 and older. Of the allocations under title III of the OAA, 85% of the funds are federal, 5% are state, and the AAA is required to secure the remaining 10% either directly or from the contractor providers.

In addition to the funding provided through the Older American's Act and the state of South Carolina, there are other sources of income that help to provide financial revenue to assure that seniors in the region receive services.

Through a contract from the South Carolina Healthy Connections program, seniors can be advised on Medicaid issues and enrolled in the program. Grants from the Pee Dee Regional Transportation Authority have allowed the region to provide services to seniors who might otherwise not have a means by which to get from one place to another. United Way, Community Long Term Care and FEMA funding are also able to provide additional meals for seniors who do not qualify under programs funded through OAA.

Each contractor is required to provide match in order to be compliant with OAA funding as well. This match can be both cash and in-kind and is closely monitored by the area agency on a monthly basis. CareSouth Carolina, the parent company of Vantage Point, provides this same match in order to partially fund the administrative costs at the area agency level. When necessary, Permanent Improvement Project grant dollars are applied for in order to make necessary repairs to or construct a senior center in order to make the facilities a safe, inviting and friendly environment for the senior.

CareSouth Carolina's support has provided cash and in-kind local match for the following administrative areas to name a few:

Salary (in part)
Fringe/Retirement
Supplies (paper, ink, etc.)
Equipment (computers, printers, copier, furniture, etc.)
Utilities (rent, electricity, etc.)
Telecommunications (phone, facsimile, software and other Information Technology requirements)

Insurance
Membership dues and licensing fees

(See Following Chart)

AAA Services

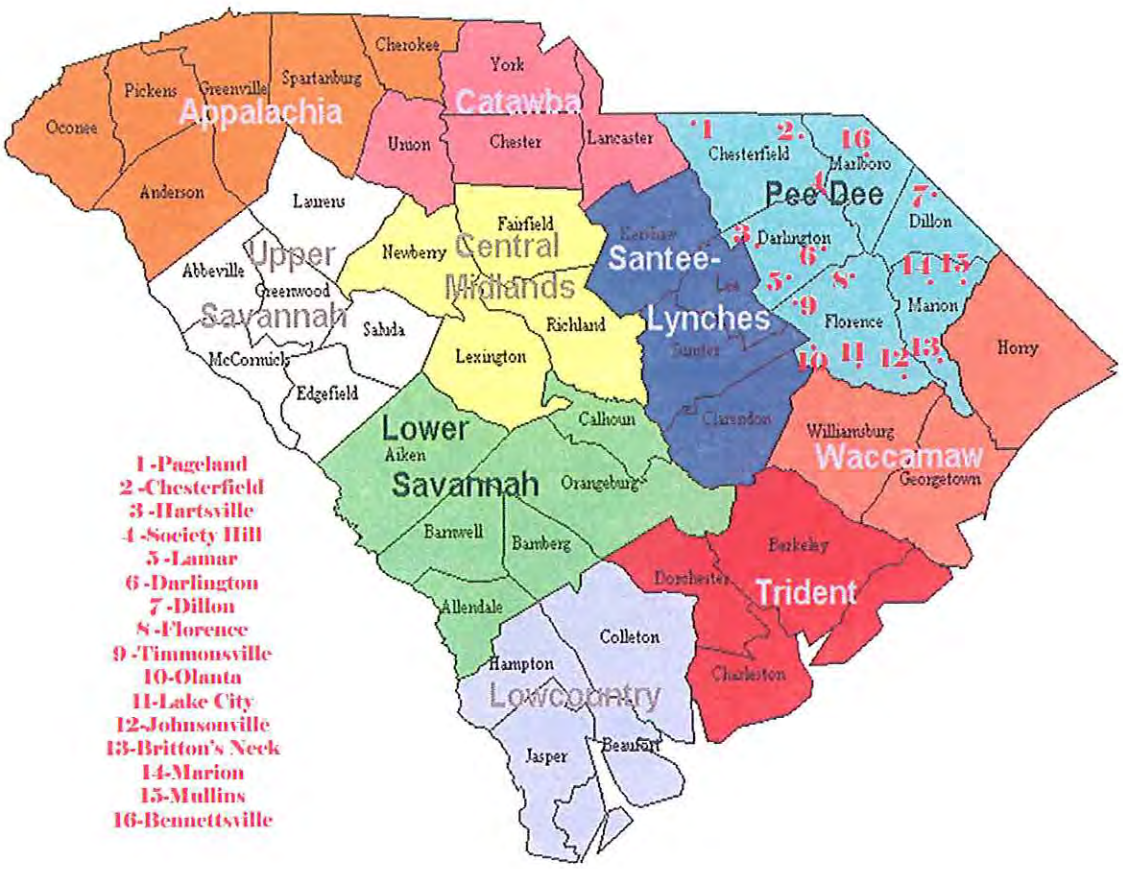
Senior Service	Funding Source	Federal Funds	State Funds	CareSouth Carolina Match Funds	SC Healthy Connection Contract	Total
Vantage Point Administrative Staff	III-B P&A	$140,453.00		$46,818.00		$187,271.00
	Program Development	$6,367.00	$375.00	$749.00		$7,491.00
	Social Service Block Grant	$7,035.00				$7,035.00
	ARRA P&A	$13,559.00		$4,520.00		$18,079.00
Information, Referral and Assistance Program	III-B IRA	$35,275.00	$2,075.00	$4,150.00		$41,500.00
	III-E IRA Staff	$7,500.00		$6,020.00		$13,520.00
Family Caregiver Support Program	III-E P&A	$20,240.00		$6,747.00		$26,987.00
	III-E Services Staff	$25,340.00		$3,377.00		$28,717.00
	III-E Services	$144,943.00				$144,943.00
Long Term Care Ombudsman Program/Friendly Visitor Program	III-B OMB	$17,874.00	$1,051.00	$2,103.00		$21,028.00
	VI- Elder Abuse	$5,447.00				$5,447.00
	VII-OMB	$17,573.00				$17,573.00
	Medicaid XIX-OMB	$10,559.00				$10,559.00
	State OMB	$38,383.00				$38,383.00
Insurance Counseling	I-CARE	$31,943.00				$31,943.00
	Senior Medicare Patrol	$9,644.00		$8,235.00		$17,879.00
	Medication Management	$7,676.00	$452.00	$903.00		$9,031.00
	ADRC MIPPA	$51,548.00				
	SHIP MIPPA					
	AAA MIPPA					$51,548.00
Medicaid Counseling and Assistance	Maximus	-	-	-	$32,532.00	$32,532.00
						$711,466.00

Contract Service Programs

Senior Service		Federal Funds	State Funds	Contract Provider Match		
Group Dining	C1, Fema, NSIP, ARRA, Private Pay, SSF, GRI	$400,326.00	$205,135.00	$48,114.00		$653,575.00
Home Delivered Meals	C2, Fema, NSIP, CLTC, SSBG, ARRA, Private Pay, SSF, GRI	$283,856.00	$368,750.00	$28,659.00		$681,265.00
Transportation	III-B, PDRTA, Private Pay, GRI	$327,032.00	$19,237.00	$43,823.00		$390,092.00
Home Care	III-B, Bingo, Community Service, Private Pay, GRI	$150,161.00	$138,200.00	$20,556.00		$308,917.00
Prevention and Wellness	III-D, Private Pay, GRI	$19,924.00	$1,172.00	$3,467.00		$24,563.00
Legal Services	III-B, Private Pay, GRI	$9,197.00	$541.00	$1,082.00		$10,820.00
						$2,069,232.00

OVERVIEW OF THE REGION

Service Delivery Areas Map (SDAs)



Objectives and Methods for Service to Targeted Populations

Of the 520,392 seniors age 65 and older in South Carolina (12% of the total population) in 2004, 59,451 were over the age of 85 (U.S. Census Bureau data). This equates to 11% of seniors. The number of seniors who will reach the age of 65 in the coming years will significantly increase because the baby boomer population will reach retirement age. This will dramatically decrease the number of seniors over the age of 85 and will result in more seniors having the ability to provide for their own needs. It also should be noted that these seniors will want to play a more active role in their retirement and it is up to the AAA to make activities for these seniors practical and attractive.

The census bureau projects that by the year 2010, the increase in the aging population will increase by nearly one to two percent (43,366 new seniors). By 2030, the population of the senior community in South Carolina is project to have increased to 22% of the total population. As the median age of South Carolinians increases (from 23.6 in 1950 to 36.9 in 2004), we can expect that this significant increase will continue to affect the services that we provide for the seniors. In order to adequately meet these needs, it is important that the region find alternate ways of funding these sources since we can expect less than comparable increases in funding through state and federal programs.

It is a fact that people are living longer and are more likely to live alone and maintain independence. However, this does not preclude the senior wanting and needing services from agencies that their families will not be able to provide them. We must find ways in which to supplement the changing demographics and more important, we must find alternate ways of funding these services to meet these changing demographics.

With the economic situation in a state of uncertainty, it is almost certain that there will be more seniors in the poverty level. Without the dollars to provide these additional services, the seniors will go un-served. It is up to the AAA to develop resources and funding capabilities to be able to reach as many of these seniors as possible in order to provide the best quality of life for all seniors in need.

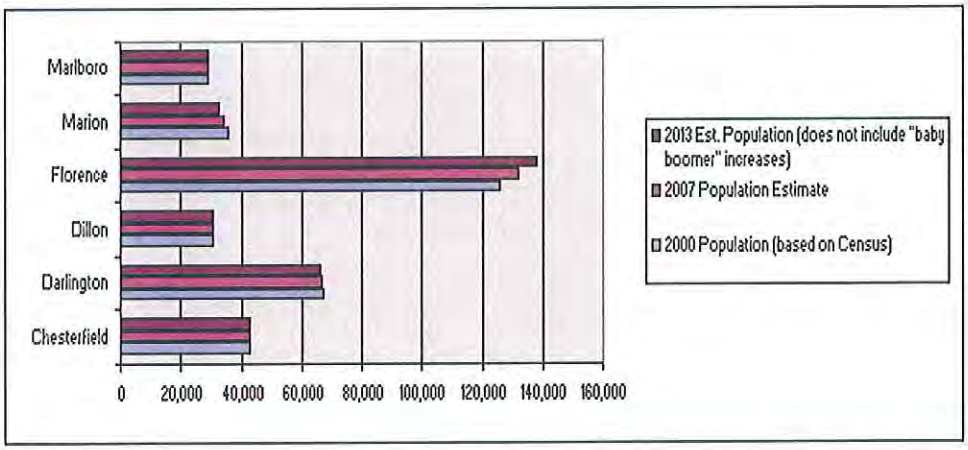
Regionally, the trends (see table on next page) may be down, but this will not be the case in years to come based on the census bureau projections. Many factors will play a role in the years to come: age, living situation, poverty, disability, minority status...all of these will play a role in how services are provided. Based on the recent needs assessment, these factors alone will not be without consequence unless we are able to fund the services equitably and efficiently.

Vantage Point will make every effort to comply with the Older Americans Act's preference in providing services to older individuals with the greatest economic and social needs and older individuals in rural areas, with particular attention to low income minority individuals. The term "greatest economic need" means households with income levels at or below the federal poverty level, which in 2009 was set at $10,830 per year for an individual and $14,570 per year for a couple. The term "greatest social need" refers to the need caused by non-economic factors restricting the ability of an individual to perform normal daily activities or threatens the capacity of the individual to live independently. These factors include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic

status. Special consideration is to be given to low income minority individuals.

It is the responsibility to see that all seniors, regardless of the above-mentioned factors, receive the services they need and expect. However, in order to see this responsibility through, we will have to play a more active role where the "pavement hits the road". As the regional agency mandated to make this happen, Vantage Point will closely monitor the changing demographics and alter its course of action when it becomes necessary. We will make it the objective to quarterly (at least) investigate the changes and modify the goals to meet those objectives.

County	2000 Population (based on Census)	2007 Population Estimate	%+/-	2013 Estimated +/-	2013 Est. Population (does not include "baby boomer" increases)
Chesterfield	42,768	42,761	-0.02%	-8	42753
Darlington	67,394	66,833	-0.83%	-557	66276
Dillon	30,722	30,694	-0.09%	-29	30665
Florence	125,761	131,886	4.87%	6422	138308
Marion	35,466	33,905	-4.40%	-1493	32412
Marlboro	28,818	28,819	0.00%	0	28819



Based on the above data from the 2000 census and the 2007 population estimates, the trend indicates the population decreasing in the more rural areas (due in large part to manufacturing plant closings and the economic downturn) with a slight increase in the more urban area where there is more activity and more social interaction that younger seniors seek. However, this data is misleading in several respects. When the 2007

estimates were released, there was not an accounting for the baby boomer generation starting to retire. It is important to note that South Carolina has been and will continue to be one of the most significant in-migration states in the nation based almost entirely in part on the baby boomers and their inclination toward the tourist activity provided to them in their youth. As they come of age, they will want to relocate to the area as a way to help them recapture their youth and we need to be ready for this growth. Many of the "new" seniors may also find that the hectic lifestyle of their youth is not desirable in their sunset years and may want to seek a more rural area in which to escape.

This decrease that is evident now may result in an increase in the next few years. Failing to realize this projection and understand the consequences without a plan for it will put us behind if we are to serve the population in the years ahead.

Given the dire economic state of the country in this time of recession and the higher cost of living the closer one gets to the beach areas, many seniors (and especially baby boomers) will want to be close to the activity that the beach area provides but they will not be able to afford the luxury. This lends itself to the seniors settling in the region and we need to offer appealing services that will serve this influx of people.

Ten-Year Forecast

Preparing for retirement is a challenge that we will be faced with as the baby-boomer generation comes of age. The "baby boomers" want to do it "their way" and therein lays the challenge to us in the network. Financial and non-financial are the two focus areas. The non-financial generally gets to take a back seat to the financial. For baby boomers especially, life expectancy will be the longest it has ever been. It will be up to the agencies serving seniors to recognize these differences, adapt, and plan for them.

Vantage Point needs to look at not only the current services, but also three other services that will be as essential as the current core services, and will be needed to address these new seniors. These additional services include physical, mental and social activities. These will be just as important to them as the current services are to those who have been receiving the core services over the past few years. If we can transition ourselves (i.e. - attitude) into this mindset, then providing these services will be much smoother. We need to change the way we promote the services.

We also need to be aware of the rising health care costs that will have an impact on seniors. Health care trends, Medicare, Social Security…all of these will play a vital role in the future of the senior population. There will

need to be more sources of income generated for the retirees and adjustments will need to be made to the cost of living based on the longevity of the aging population. Remaining socially active is one of the strongest predictors of continued health and longevity. The past four years have seen a growing awareness of the importance of remaining active and involved in the community in our later years. From a health perspective, remaining socially active helps foster continued health and longevity. From a social perspective, everyone benefits when older adults remain in their communities and stay (or become) active in social and civic organizations. Despite the stereotypes, few older adults live in nursing facilities, and the majority reports no disability whatsoever. As a growing number of frail elders places increasing burdens on our social support systems, it makes sense to tap into the wisdom and experience of the vast majority of older adults who are not frail and vulnerable. A new vision of retirement is gaining strength. This new vision recognizes retirement as a time for leisure and reflection, but also a time for active engagement in community life.

Civic and social engagement can come through paid employment, volunteer commitments, participation in classes and events, or even pursuing a college degree. Most of these years will not be spent in nursing homes. Each generation of retirees has been healthier, wealthier, better educated, and longer-lived than the one before it. Vantage Point is working with partners around the region to create and improve opportunities for older adults to volunteer, participate, and become involved in the life of the community. Through the One Stop and the Senior Employment Programs, seniors are being put back into the workforce.

With the economic forecast for the country and the downturn in the housing market, it is imperative that the aging network be aware of the status of the seniors in their area so that prevention of homelessness can occur in a timely fashion. The rental assistance program provided through the state office has been a godsend for some of the seniors that have needed assistance to keep housing. Housing goes hand in hand with the families' ability to help to contribute to the cost of their care. With the jobless rate rising, it is important to be sure that the senior gets the most service available at the best price.

The Pee Dee region has a great need for senior only housing in order to reduce grounds-keeping expenses and to provide the seniors with a greater sense of security by being a group environment. It also gives the senior an opportunity to interact with their peers more and thus provide a better quality of life for them. Congregate communities provide the senior the opportunity to share daily activities of their choice. Vantage Point is working closely with Chesterfield County Coordinating Council and the

Marlboro County Coordinating Council on housing issues. In 2008, Bennett Pointe Apartments opened in Bennettsville. These apartments are for low-income seniors only. The apartments are situated across the street from the Hospital and next door to a community health center. The plan is to build the same type of housing in Cheraw.

A region-wide transportation system needs to be "under one umbrella" so that funding is not spread out between the many different agencies. This will decrease administrative costs and increase services to the citizens. There may be strength in numbers but it can also provide chaos. Having one agency to include all types of transportation services will increase efficiency and reduce overhead. This issue is being addressed in each county with the interagency disciplinary councils. Each county has a sub committee dedicated to this specific problem. The goal is to link the transportation from county to county within the region to allow greater access to services.

In addition to the AAA staff, the Silver Haired Legislators in South Carolina have taken up several issues relating to the public safety of the senior population. The most important issue that they are currently advocating for is the prevention of identity theft, particularly the swindling of the older population. Other issues they are working to implement are the banning of cellular phones while driving, liability relief for volunteer transportation workers, notification to family members when long term care insurance comes due to prevent a senior with dementia or Alzheimer's Disease from having a lapse in coverage and finally, providing seniors with affordable fees for public transportation.

Emergency Preparedness

Vantage Point Area Agency on Aging, a division of CareSouth Carolina, Inc. has a Disaster Preparedness Plan to assure that the needs of elderly persons are adequately met during times of disasters. The Standard Assurances for Aging Service Providers require that each Provider maintain a Disaster Preparedness Plan that is reviewed and updated annually containing specific instructions for staff and participants to adhere to in the event of an emergency.

The Aging Providers of the Pee Dee Region have Disaster Preparedness Plans in place and coordinate with their local Emergency Preparedness Offices. Aging Service Providers have also apprised Emergency Preparedness with information on clients who have special medical needs in the event a disaster occurs. Aging Service Providers are also prepared to use agency vans to transport clients if necessary during a disaster. Each Aging Service Provider conducts quarterly fire drills and has annual inspections of fire extinguishers.

Vantage Point Program Coordinator is involved in Disaster Preparedness and serves as Risk Officer for Vantage Point. She attends Darlington County Local Emergency Planning Committee Meetings quarterly, Hazard Surveillance/Risk Assessment Meetings at CareSouth Carolina, Inc. quarterly, Annual Environment of Care Trainings, and provides Disaster Preparedness to Aging Service Provider Group Dining participants. A brochure entitled, "Plan Ahead For Safety – Disasters and Emergencies – 50 Things You Should Know To Be Better Prepared – Prepare For The Unexpected," will be used by Vantage Point Program Coordinator to provide Disaster Preparedness for Group Dining participants in July 2009 for at least one (1) senior/nutrition center per county.

Vantage Point Program Coordinator successfully completed a two (2) day risk assessment course entitled, "Enhanced Threat and Risk Assessment," from the Texas Engineering Extension Service in cooperation with the Department of Homeland Security, Office of Grants and Training, October 8-9, 2008.

Vantage Point Program Coordinator also works closely with CareSouth Carolina's Risk Specialist and coordinates emergency drills. Because the Robinson Nuclear Plant is located in the Hartsville area of Darlington County, safety information brochures from the plant are obtained annually and disbursed to Vantage Point staff and local service providers located in the ten (10) mile emergency planning zone. In the unlikely event of an emergency at the plant, fifty-nine (59) pole-mounted sirens located in the ten (10) mile planning zone around the plant would be activated to alert the public. Tuning in to a local radio or television station is advisable upon hearing the sirens, which does not always mean evacuations are necessary. However, the sirens would sound several times for three (3) minute intervals if there were any emergency that could affect the public.

The Vantage Point Disaster Preparedness Plan is currently in a revisionary process to incorporate information on pandemic flu information. Updating the manual is the responsibility of Vantage Point's Program Director and Program Coordinator.

Vantage Point Fiscal Analyst is designated as the coordinator between senior adults and the State in the event a disaster strikes. He would be responsible for entering all pertinent data in the Post Disaster Relief data system to the State so the State can contact FEMA, Red Cross, etc. to assure that clients' needs are met.

A*AA OPERATIONAL FUNCTIONS AND NEEDS*

Assessment of Regional Needs

It is vital that service providers respond to the ever-increasing needs of the seniors and persons with disabilities. The numbers of adults age 60 and older will more than double nationally by 2030. The most frequent primary diagnoses for the younger disabled community-based, long term-care clients are neurological, musculoskeletal, psychiatric, cardiovascular and endocrine impairments. The senior community-based, long-term care clients' most frequent primary diagnoses include cardiovascular, psychiatric, musculoskeletal, neurological and endocrine disorders. These chronic concerns require appropriate services --assistance with medical costs and drug administration, as well as, personal and home care assistance-- if seniors and persons with disability are to live independently in the community. Not only do they affect the health of the individual, but they also influence the income available to cover other living expenses. Past Needs Assessments have presented consistent findings. For the most part, it appears that the problems of seniors and persons with disabilities have remained constant. Data presented in this report concerning income levels indicate that the majority of both seniors and people with disabilities are living at or near the poverty level.

Vantage Point Needs Assessment, which was conducted in 2008, identified the following services and needs for seniors and person with disabilities in the Pee Dee Region: Senior Meals (both Home Delivered and Group Meals), advocacy, Transportation, in-home service, information and referral, and Family Caregiver Support Services. Additional services identified by a number of participants included: recreation, caregivers training, mental health/bereavement/senior counseling, money management assistance, free or low cost dental care, senior legal assistance, adult day care, medication education/RX assistance.

Over 600 older individuals participated in interviews or surveys to determine service needs and gaps. Feedback was solicited from seniors in rural parts of the county, those living below the federal poverty line and from people currently accessing services and those who have never used existing services. About half of the seniors that responded to our survey reported that they currently live alone and nearly half reported not having a disability, a third noted they are currently caring for another person. 46% of respondents indicated they have less than a high school education, 25% attended at least some college and nearly 20% have a college degree.

Drawing on the information presented in this report, Vantage Point concludes that seniors and persons with disabilities are experiencing similar problems. While their needs are not identical, their top areas of concern tend to be very similar:

- Assistance with Financial Needs

Assistance with Home Repairs
Medication Assistance

- Transportation
- Advocacy assistance for needs
  Problems obtaining and understanding information on available resources and services
- Caregiver support services
  Assistance with in-home services (home care and personal care)

The recommendations listed below are designed to assist seniors and persons with a disability to remain independent in the community. The average annual cost of a nursing home placement is approximately $58,000. The services recommended are much more cost effective thereby saving taxpayer dollars.

The recommendations are to continue providing nutrition assistance through Group Meals and Home Delivered Meals Programs. Based on demographic material presented in this assessment, it appears that the number of older seniors, as well as the number of "younger seniors" continues to increase. For this reason, it is important to encourage and assist individuals to make informed decisions concerning their care and well-being. The goal is to provide several choices that provide nutritionally sound meal options for this growing population.

We will focus on disseminating information to seniors, persons with disabilities, family members and minorities in the Pee Dee Region. With the growing number of people over 60, it is critical to provide quality information and consultations to assist with planning for long term care. In past years, Vantage Point has participated in numerous public awareness campaigns covering a variety of services available to regional residents. We will continue to:

- Provide information and referral services
- Cross train staff to answer "walk in" client questions
- Provide on going training to CareSouth Carolina staff and contractors and keep them familiar with local resources as well as internal services.
- Redirect the training to family caregivers through the Family Caregiver Support Program including Information, Assistance, Training, Respite, and Supplemental Services. These services augment the informal care provided by unpaid family members and nationally save taxpayer dollars each year. It is important to provide the family caregiver with as many tools as possible to ensure the health of the individual caregiver and the quality of care for the care recipient. Our goal is to provide training to the caregivers in transfer technique, hand

washing technique, medication setup, and range of motion exercises for patients with limited mobility.

- Provide and advocate for more support programs that assist people to remain in their own home for as long as possible, such as Community Long Term Care Services. Based on demographic material presented in this assessment, it appears that the number of older seniors (age 75+), as well as the number of "younger seniors" (age 65-74) continues to increase. For this reason, it is important to provide an array of services that help people remain independent and a part of their community.
- Update our published materials and disseminate information on services to seniors, minorities and residents of the Pee Dee Region.
- Strive to offer consumer driven Family Caregiver Support Services that are more specific to the individuals needs that include:
  1) Information, 2) Assistance, 3) Training, 4) Respite, and 5) Supplemental Services instead of just the standard services associated with these services
- Advocate for and assist in developing a standardized caregiver training, and develop a more extensive caregiver registry.
- Examine the current model for the provision of medication education services and devise a program that is more effective and can be evaluated to determine its usefulness.
- Provide and advocate for communities with specific needs such as: coordination of fraud presentations and assistance with advocacy efforts for ADA compliance.
- Strengthen minority outreach efforts by coordinating more closely with the Native American and Hispanic communities by combining resources with other local organizations serving racial and ethnic minority individuals. Also, develop capacity-building strategies that increase the knowledge and skills of Vantage Point staff and contract service providers regarding culturally appropriate outreach techniques.
- Require and assist contractors in developing a fund-raising mechanism that is capable of securing private funds for senior.

Program Development

We will continue to work with annual contracted agencies, local healthcare entities, and other human service agencies/organizations to promote home and community based services, including care management, across the Pee Dee Region. We will increase distribution of the AAA brochure among all networks and organizations across the region. We will update our current brochure to publish and distribute educational materials, presentations, and media outreach (TV, radio, and newspaper ads) focused on older adult services. With chronic illness in the older adult population becoming more prevalent, Vantage Point will collaborate with local organizations as well as the contract providers to promote evidence-based disease prevention activities with the region. We

will work with locally established community coalitions to bring various evidence-based disease prevention programs to the Pee Dee Region. We require the contract providers to host various evidence-based disease prevention programs. We will encourage and assist them in collaborating with the Department of Health and Environmental Control to access funds to support scholarships for individuals in the community to participate. We will coordinate with CareSouth Carolina, local hospitals, civic organizations, private fitness centers and faith based organizations to establish training sites for seniors with chronic disease who are not currently receiving services from the contract providers.

Vantage Point staff will continue participation in community meetings related to senior center development. The staff will provide technical assistance to contract providers in researching alternative funding sources in an effort to expand, develop or sustain programming and activities at senior centers in the region. The AAA will continue quality assurance activities as a part of regular provider monitoring. We will closely monitor the contractors programming and activity calendars to ensure that consumer choice is being offered. We will monitor senior centers and nutrition sites more closely to measure their community visibility, aesthetic appeal, and their appeal to the community as well as safety.

Program Coordination

Vantage Point AAA has conducted numerous meetings and trainings with contractors to assist them in coordinating program activities and providing them with a listing of examples to be used to plan monthly activity calendars. Discussions in regards to activity planning are held during bi-monthly Providers'/Team Meetings and a special training for contractors and designated staff are held quarterly.
Due to restricted budgets, most activities involve little or no cost to the agency.

Through promotion of new activities, it is the hope that not only will new clients be recruited via word of mouth, but also it will create an inviting and appealing atmosphere whereby client participation at Group Dining Centers will increase.

Vantage Point Program Coordinator will coordinate by providing speakers from local service agencies consisting of registered dieticians, law enforcement, fire department, Hospice, funeral homes to present health, nutritional, funeral pre-planning and other information that would be beneficial for the senior adults.

ADRC and Long Term Care

The Disability Resource Center project began with three sites designed to demonstrate the "no wrong door" concept of improved access to information and long-term care support services. At the beginning of the ADRC project, community coalitions were developed in Darlington and Marlboro Counties. Vantage Point, served as the leading agency for this ADRC pilot project, known as the Disability and Aging Services Center.

Through a collaborative, CareSouth Carolina's Care Managers and Patient Advocates serve as the first point of contact at their sites and Case Managers serve as the first point of contact with Community Long Term Care. All participants are trained by Vantage Point staff on the use of Access to Benefits and the SC Access Software. They are trained to recognize those who would benefit from being referred to a full range of services as oppose to those who would only require information and referral. Individuals with complex medical conditions are referred to collaborating partners who can provide clinical consultation, as necessary. The ADRC contacts and assessments can be conducted by telephone, but the majority of the individuals are assessed in person. All CareSouth Carolina Medical Sites are handicap accessible.

The Information and Referral Technology System, SC Access (Client tracking system) consist of a searchable database of information concerning long-term care services. It also consists of community service providers and other services that are available in the community to assist aged and disabled individuals with their needs. The ADRC staff, Nurse Care Managers and Patient Advocates, use the Client tracking system. Each of these intake coordinators conducts data entry from individuals contacting the ADRC. This database provides a wealth of information in relation to the ADRC operations. It also provides adequate and current networking of long-term care support to meet the needs and preferences of aged and disabled individuals receiving services from the ADRC.

The ADRC targets potential users of long-term care support systems and their families in the rural, underserved, and rurally isolated areas of the Pee Dee Region. In addition, they are aware of the Aging and Disability Resource Center. The target population is seniors age 55 and above and the disabled community. The ADRC has an on-going program of marketing and outreach implemented to reach the targeted populations.

Vantage Point continues to seek and invest in outreach services for clients in the communities that are served. The outreach services are performed by building partnerships with other social organizations in combination with the own initiatives; we provide clients help with issues such as substance abuse, Medicare, Medicaid and other human services.

We strive to provide services directly to the clients that are in the community, helping them to achieve a better quality of life.

Vantage Point continues to build and cultivate relationships with other organizations, private and public, that help to improve the overall well-being of the people in the community. The partners vary from the local chambers of commerce and fellow senior service providers to major industries and national coalitions. When conducting presentations to civic organizations, schools, church groups and others on the local level, we focus on various physical, mental and emotional health issues. We are continually sought after to share the successes on a state and national level.

This section describes the experience and recommendations of Vantage Point and its pilot sites. Included are a review of key operating decisions, consumer involvement, promotional product development and media strategies. The consumers' perceptions of their experience with "CSC ADRC" indicate high levels of overall satisfaction based on survey responses. Most of the consumers stated that they would tell others to call the "ADRC". Other measures of impact from consumer responses indicated that only a small percentage of them made a second call to obtain needed information. The consumers requiring assistance with "paperwork" received the help they needed from the ADRC Staff either in the office, through a home visit or via the telephone.

As previously stated, the ADRC targets all populations. This includes elders and adults with mental health disorders, addiction disorders, brain injury, developmental disability, cognitive impairment and physical disabilities. We also highlight community development activities, increased awareness of available services, progress in streamlining client access, and changes in the response to clients.

Conversion to Aging and Disability Resource Centers

The most valuable lesson learned in implementing an Aging and Disability Resource Center is that an ADRC is not a physical location it is a concept. A unified concept among long term cares service providers that we all become one-stop shops. The ADRC's goal is that each agency in the region that provides aging and disability services should make it their mission to know what services are available in their area and who provides them. Each individual should be able to receive information on their needs regardless of with agency they access. The leading entity for coordination and administrative oversight of the ADRC is Vantage Point. The key Management Team is CareSouth Carolina's Director of Operations, the Director of Health Care and Medical Services, the Director of Behavioral Health, the Director of Community Development, the Director of IT and the Director of Aging Services. The Key Partners are

the Lt. Governor's Office on Aging, Community Long Term Care, the faith based community and the regional community contract service providers. The Area Agency on Aging, Vantage Point provides the programmatic management.

Advocacy

Four of the AAA staff currently hold membership on the National Association of Community Health Centers (NACHC) advocacy team and have contact with officials in government to make recommendations based on the health care of individuals in the region. Because of their contacts, they can identify the resources in government that will be instrumental in providing services to the senior population and act upon those resources to promote or change legislation that will directly affect senior issues in the country as well as in South Carolina. The NACHC membership receives real-time updates on issues that are debated on the federal government level and are given the appropriate information immediately so that action can be taken to advocate on behalf of their targeted individuals.

The RAAC advises the AAA on the needs of the senior population and recommends ways in which the AAA should be able to enhance the services currently being provided in the region. They advocate on behalf of the senior population of the region and act on behalf of the seniors in their respective counties. They review and comment on the law, policies, actions and programs that affect older adults.

Priority Services

The AAA contracts with providers through Federal Procurement requirements to assure that priority services are provided to the seniors in the region. Based on past performance and rendered services by the contractors, transportation services to seniors are managed to assure that costs are kept to a minimum while services are increased based on the need.

Additionally, the AAA provides a regional facilitator who not only provides information, referral and assistance to clients but also trains the contractors and monitors their ability to ensure the clients are able to get the information needed in order to best serve them. Each contractor manages their clients on a local level, and the AAA can access the necessary client data to ensure they are receiving the appropriate service level that is needed for them.

In-home services are provided by qualified staff members who are able to focus their efforts on the need of the client. Several funding sources are

available to be sure that any client who is need of in-home care can get it if at all possible. When legal assistance is necessary by a client, referrals are made to qualified and trained legal professionals who are able to serve the clients pro bono or at a reduced fee according to the financial situation of the clients. The AAA closely monitors these clients to be sure that they receive the best possible representation in the legal arena.

Priority Service Contractors

The Lieutenant Governor's Office on Aging, requires that the Area Agency Aging allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the Planning and Service Area. The annual minimum allocation is determined by the AAA through the planning process. These percentages are based on needs assessment findings, resources available within the Planning and Service Area, and discussions at public hearings on the Area Plan.

No legal services are provided to a client except through a qualified agency who is certified to provide the services and who directly contracts with the AAA to provide those services. The legal agency in the region has attorneys on their staff overseeing any services that may be provided to the client and will provide the client services on a pro bono basis or on a reduced fee basis if necessary.

The contracting agency must make provisions that services to seniors and senior issues will be provided to those with the greatest need. The AAA has ensured, based on the past experience of the contractor, that they are the most reliable agency to provide the legal services and technical advice for the senior.

Nutrition Services

As the baby boomers begin to retire, it has been noted that there are more significant decreases in the number of seniors who are interested in a congregate setting for their meals. In order to keep these services viable in this changing environment, the AAA is helping to guide their contractors into more activities that will appeal to this demographic of seniors. The contractors are being required to find other resources to make these settings not only more attractive and appealing, but also to provide activities that will keep the seniors interested in fellowship with their peers. Although the number of congregate meals has decreased and the number of home-delivered meals has increased, the AAA is making every attempt to guide the contractors away from encouraging this behavior.

The contractors submitting proposals to the AAA did not project increased group dining units to be served in the coming year. The AAA negotiated with these contractors to increase these meals based on the goal of

increased participation at the group dining sites that is in progress and an equitable solution was reached which will increase the number of regional group dining meals by 22%. The AAA believes that if this goal can be achieved in the first year of this plan, there will be a likelihood that this trend can continue and the seniors will find their service dollars well spent.

Meals at congregate sites have experienced a slow but steady decline in participation. This trend, which is counter to what would be expected, given the growth in the overall senior population, has challenged Vantage Point to identify and effectively address factors related to the decline.

Most Congregate Nutrition Programs operate out of senior centers, and many younger older adults don't see themselves as "senior enough" to attend. The name alone is often times enough to make them decide, "That's not for me!" An image can be conveyed solely by a name. "Congregate Meal Program," "Elderly Nutrition Program," "Senior Center," and other commonly used names may present an institutional image and can cause potential participants to self-select themselves out of the program. Vantage Point is interested in linking the meals and other services in the Pee Dee Region with good health but have difficulty deciding exactly what to call the program to highlight that connection. Another obstacle to attendance for some seniors is the belief that participating in the Senior Nutrition Program reflects a need for charity. This impression exists even though there is no means testing and donations are suggested. While low-income older adults are a primary target group, we at Vantage Point realize value in attracting others from a broad socio-economic range.

There are times when I go to senior centers and the centers all look the same: dark, outdated, and uninviting. This is not a place I would want to hang around nor do the majority of the seniors in the Pee Dee Region. Unfortunately, the staff at some of these centers thinks that this atmosphere is acceptable. I believe that this attitude, be happy with whatever you get, continues that welfare mentality. When we try to create the ideal Senior Center, the ideas the Directors and seniors come up with are wonderful. They are positive, fun and doable. Therefore, our goal for the next four years is to put a new face on senior services in the Pee Dee Region.

Our Congregate Nutrition Program cannot afford to be just a "meals program" anymore. Each center and their center director must know their community and be able to tap its resources. The activities at centers and much of what goes on is dependent on the Director of the facility and whether the nutrition site manager directly operates the center. Some ideas

Vantage Point staff have come up with to promote interest in the program include:

- Develop strategies to attracting younger older adults to the program by providing an enhanced nutrition education program to emphasize that preventive aspect of good nutrition.
- Provide activities that are typical of more active older adults.
- Offering greater menu selection and choices, present a pleasant dining atmosphere to attract participants.
- Providing health and wellness programs such as chair exercises, dance aerobics, line dancing, blood pressure and cholesterol screening on an ongoing basis instead of hit and miss. Focus on chronic disease, improving dietary habits, the association between proper nutrition and healthy aging.
- Gearing programs to specific ethnic groups to attract people in our communities.
- Assist with the implementation of and assist in obtaining the following activities: Continuous recreation opportunities for an individual or group, Resource center, Exercise equipment, Learning activities and Computer and Internet accessibility.

Often, site operations and participation are dependent on the person managing or directing the site. A site manager must involve participants in the planning and implementation of activities, programs, and the design of the facility if they are to feel ownership in the program. The site manager and a few well-chosen participants can bring enthusiasm to the program and increase participant satisfaction and attendance. A prerequisite to hiring center managers is that they have an outgoing personality, a positive attitude, and a desire to be a part of the Program.

Three ideas that should improve participation are:

1. Train volunteers, as "greeters" to welcome visitors and participants and make them feel at home are a component of the Nutrition Program.
2. Encourage current participants to bring friends, to get involved in center activities, and to build community ownership of the program to increase participation and avoid site closings.
3. Convert current sites to Multigenerational Centers with more services and activities or secure new contractors who are already multigenerational centers.

Most of our programs have been in place and operated in the same facilities for many years. As these facilities and equipment have aged, capital dollars for updates and improvements have been difficult to come by. Often times, funding dollars are prioritized for programs and services, and the facility and equipment needs have, by necessity, fallen to a lower

priority. We are forced to ask a difficult question, "Even with the best programming, would I want to come here for a meal?"

Often, a little redecorating, such as general painting and/or painting murals, wallpapering, hanging curtains, and landscaping, can go a long way toward making the facility more inviting. We are looking at launching a capital campaign specifically for the purpose of improving the site's appearance. We have found with other initiatives that potential donors respond well to a list of specific items that are needed, such as paint and wallpaper, tables and chairs, light fixtures, landscaping materials, curtains, tablecloths, dishes, transportation vehicles, and kitchen equipment.

Every organization has one basic mission statement that is the fundamental crux of all its activities. In an organization that provides multiple services, a marketing plan is necessary for each individual program or service offered to the seniors. However, before developing marketing objectives for any service, a clear understanding of the organization's overall goals and objectives is necessary. The long-term vision of where the organization is going establishes the boundaries within which objectives, strategies, actions (program and service development) must be developed.

Once a service area is chosen, identify all of the nutrition services currently available to participants in this area. Recognize that every service is a bundle of perceived features. Therefore, identify the features of a particular service that are critical to the potential participant when it comes times for them to decide whether to use the service.

- Use the knowledge you have to choose the appropriate features for specific service areas. Make sure that you consider the concepts of the service (including what the service is, who provides it, and what it is called).
- Price (including money, time, emotions, and energy);
- Place (where you offer your program and how that setting looks);
- Promotion (advertisements, person-to-person "sales" approaches, incentives, and public relations).

Marketing has to do with everything a program does from its signage, stationery, how the staff answers the telephone, quality service, name of the center, location.

Public - who are the people that you serve and care about?
Service - what services do you provide and are they of good quality?
Production - can you handle more people? If you do outreach can you handle more clients?

Place - is the center safe, clean, welcoming?
Promotion - an important step but not the only one.
Price - the cost or investment

When the agency does marketing, the message must be consistent, out there all the time, and on a regular basis (at least four times a year) to be noticed. Develop media relationships with television, radio, and print personnel. Provide them with press releases, develop public service announcements, and get television and radio coverage of special events. Develop a Senior Service Advisory Committee in your county and have subject matter experts. Work with participants to be program representatives. The contractors must go directly to the audience they want to serve and that means leaving the center.

Training and Technical Assistance

The AAA has identified several areas that will require technical assistance and training. These areas include:

- Specific uses of features contained in tracking software.
- Ability to effectively plan senior center activities to increase client participation and satisfaction.
- A better understanding of the legal Federal, State and Local requirements.
- More comprehensive and technical training in information technology areas.
- Financial assistance with budgeting for more effective and practical purchasing.
- Promoting the services available to increase participation.
- Managing agencies to be more effective to provide quality AND quantity.

In order to address these issues, the AAA has begun trainings that call upon experts in these areas to coordinate successful outcomes. The contractors have been invited to participate in the CareSouth Carolina training programs, which feature topic that focus on these areas including developing tracking spreadsheets, effective time management, diversity in the workplace, developing positive relationships, etc. These trainings have been found to be successful and CareSouth Carolina has graciously offered their trainings to the contractors for no charge.

The AAA office also offers, in conjunction with the state office, trainings in the tracking software so that contractors can use the data available to

make decisions based on historical evidence to effective plan for and follow through with budgeting according to the available money. This information will be used to focus on the specific programs that need attention to create a higher quality of service while maintaining a reasonable cost.

Monitoring

Every year the AAA, using detailed and precise monitoring tools that are ever changing with the regulation changes, conducts a Quality Assurance and Standard review of each contractor, focusing on the areas of program and fiscal delivery. During the course of these reviews, the AAA Program Coordinator verifies that services are provided with emphasis on their ability to provide them as outlined in their Request for Proposal (RFP). The Scopes of Work and Standards and Assurances established by the State are also monitored for compliance. The contractor is evaluated based on whether or not the execution of the service meets the guidelines established by Federal, State and local agencies for safety. In addition, the Program Coordinator randomly selects clients and assures that the clients receive the service that the AAA has purchased. The client is also asked for input on the quality of the service provided.

The AAA Fiscal Analyst evaluates the financial solvency of the agency and assesses whether or not the best service was provided for the lowest cost. The contractor is also monitored to be sure that all fiscal standards and practices mandated by the Federal and State government are followed. Compliance with these regulations is essential and, in addition to the Quality Assurance and Standard review, each contractor is annually audited with a detailed fiscal review to verify that all units reported in the tracking software have proper documentation to support them.

At any time during the course of the year the AAA has the governing authority to conduct unannounced site visits to be sure that all of the regulations are followed. These unannounced site visits are generally non-invasive so as to allow the clients to continue to receive services without interruption. Any formal visit is announced in advance so that the agency can plan for the visit and not disrupt the normal routine in which services are provided. At no time does the AAA conduct a review where a client's service becomes secondary.

Contractors who do not meet the standards established in the RFP, the binding contract with the AAA, State, Federal or local guidelines are given written notice to correct the problem within thirty calendar days. Failure of the contractor to correct deficiencies can result in suspension and/or possible termination of the contract and a new contractor will be secured.

Grant Management

The contractors in the Pee Dee Region are determined through a thorough monitoring process and through the federal and state procurement guidelines that have been established. These standards are furnished to ensure that services are obtained in an effective manner and in compliance with the provisions of applicable federal and state guidelines. Vantage Point has a strict standard by which a contractor will qualify to provide service (or continue to perform service, if that is the case). Candidates are carefully chosen based on the following criteria:

- Previous history (but not exclusively)
- Ability to provide reasonable services at a reasonable cost.
- Agency solvency
- Measurable adherence to policies and procedures (see Monitoring)
- Client satisfaction based on needs assessment
- Provision of safe, reliable and efficient services
- Variety of services/activities
- Other provided services in addition to the core services

Grievance Procedures

Vantage Point contactors are required to post "Grievance Procedures" at all senior centers and nutrition sites funded by Vantage Point. Residence or citizenship will not be imposed as a condition for the provision of services. No handicapped older individual shall, solely because of handicap, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal Assistance. A means test is not used to deny or limit an older person's receipt of service. A free and voluntary opportunity for service recipients to contribute to the cost of service is provided.

Any individual who feels he/she has been discriminated against because of race, color or national origin, residence citizenship, disability, or income should file a written complaint with either the Vantage Point Director or the Director of the South Carolina Lieutenant Governor's Office on Aging within 30 days of the alleged discrimination. Vantage Point will ensure that a prompt and complete investigation is conducted.

During quality assurance visits to contactors, Vantage Point ensures that Grievance Procedures are posted in visible locations for program participants.

All programs supported by Vantage Point 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, 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, as amended).

3. The American with Disabilities Act of 1990, as amended, prohibits discrimination based on disability.

4. 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.)

5. A means test is not used to deny or limit an older person's receipt of services.

6. A voluntary opportunity for service recipients to contribute to the cost of the service is provided.

Any individual, who feels he or she has been discriminated against because of race, color, national origin, residence, citizenship, handicap, disability, or income, should file a written complaint with the Chairman or President of the Board of the Contractor, or the Program Director of the Area Agency on Aging at the addresses and telephone numbers on page 2. This should be done within thirty (30) days of the alleged discrimination.

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

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.

The following is a list of the contact names, addresses and telephone numbers.

Chesterfield County Council on Aging
Donna Rivers, Executive Director
P.O. Box 45
Chesterfield, SC 29709
(843) 623-2280

Darlington County Council on Aging
Jackie Anderson, Executive Director
402 Pearl Street
Darlington, SC 29532
(843) 393-8521

Dillon County Council for the Aging
Joni Spivey, Executive Director
P.O. Box 1473
Dillon, SC 29536
(843) 774-0089

Senior Citizens Association of Florence County
Linda Mitchell-Johnson, Executive Director
600 Senior Way
Florence, SC 29505
(843) 669-6761

Marion County Council on Aging
Ernestine Wright, Executive Director
P.O. Box 728
Marion, SC 29571
(843) 423-4391

Marlboro County Council on Aging
Sara Musselwhite, Executive Director
P.O. Box 1195
Bennettsville, SC 29512
(843) 479-9951

South Carolina Legal Services
Andrea E. Loney, Executive Director
701 South Main Street
Greenville, SC 29601
(864) 679-3232

Senior Catering, Inc.
Judy Milhan, Executive Director
314 Main Street
Little Mountain, SC 29075
(803) 345-1835

Vantage Point (Pee Dee Area Agency on Aging)
Shelia Welch, Aging Division Director
PO Box 999
Hartsville, SC 29551
(843) 383-8632

Vantage Point Regional Advisory Coordinating Council
Henrietta Pauley, Chairperson
307 Jessamine Street
Darlington, SC 29532
(843) 393-8785

CareSouth Carolina, Inc.
Ann M. Lewis, Chief Executive Officer
PO Box 1090
Hartsville, SC 29551
(843) 857-0111

The Lieutenant Governor's Office on Aging
Tony Kester, Acting Executive Director
1301 Gervais Street
Columbia, SC 29201
1-800-868-9095

Performance Outcome Measurement

The electronic software used to track client data has assessment ability built in to pull data comparing the progress of the reliability of the service provided to the senior. As the agency works to improve outcomes for seniors, we are increasingly reaching out to work with key partners in delivering services. In some instances, private providers are one of those key partners. With the pressure to achieve healthier seniors, the agency is focusing on how they can work with providers to improve outcomes of seniors in the community. The goal is to work with the providers, be they

current or new, to add outcome focused performance expectations into their written contracts and to set up a system to track and report on those outcomes. We currently have this option but it is not being utilized to its full potential. We will be requiring this to be a part of the contract management in the coming year.

We would also like to have focus groups that include providers as well as families to define a philosophy that everyone can agree with to develop a performance outcome framework. This will ensure that the seniors AND their families are being served to the fullest potential.

Resource Development

Contractors receive assistance and training from the AAA in developing methods for increasing grant related income. Grant related income (i.e. - donations for additional services) is not a requirement of the client but is recommended and encouraged by all possible methods including word of mouth, notices on bulletin boards and donation containers such as envelopes. During the last fiscal year, a push was made to increase the amount of contributions the client is asked to make to help provide services to other clients. This push resulted in a significant increase in donated funds by the client and was found to be a successful project that was implemented by the AAA.

The current fiscal year has presented the AAA with challenges that have not been seen before. Grant related income has decreased and is projected to be around 10% less than the previous successful year. This may be due to several economic factors. The cost of fuel in the first half of the fiscal year was up significantly and because of this, the client disposable income was just not available. Many seniors rely on financial assistance from their family members. With the economic downturn nationwide and loss of jobs, and particularly in the rural areas of South Carolina, there is significant evidence that can point to the decline of grant related income.

The AAA will make it a goal to promote this opportunity more aggressively so that the clients can know the value of their service received in relation to how much they may want to donate to help pay for service. Additionally, those areas where grant related income has been significantly lower than others, such as home care and wellness, will be the focus of this initiative so that if the trend of decreases in the other programs continues, these areas will help to offset the losses and may provide a more balanced outcome allowing for increases in services across the board.

Vantage Point envision the Pee Dee Area Agency on Aging as a state leader in promoting community health and well being through fun,

progressive, and memorable experiences and activities for all ages, abilities, and interests.

We will be focusing on Intergenerational Community Centers. Our goal is to either assist current contractors with transitioning into multigenerational centers or looking for new contractors within our communities that are currently providing services that senior services can transition into. By integrating senior services into these types of centers, seniors will have access to services and activities that would not otherwise be accessible. We will be meeting with hospitals and fitness centers across the region to look at what services they offer and determine how aging services can fit into their current structure. We would like to be able to use current funds to negotiate the purchase of core services that will include a broader range of education, recreational and social activities for seniors. We have found that many of the hospital fitness centers have an extensive curriculum for health and wellness education, most have indoor pools, walking trails and multi level exercise programs. Meals and transportation can be prepared on site or may be provided by a separate contract. Our goal is to have at least have one county with a multigenerational center by the year 2013.

AAA SERVICE DELIVERY FUNCTIONS

Staff Experience and Qualifications

Certified Long-Term Care Ombudsman

The RLTC Ombudsman has an Associates of Business in Management from Northeastern Technical College, a Bachelors of Arts from Coker College in both Criminology and Psychology and a Masters of Arts from Webster University in Professional Community Counseling. He received his Ombudsman Certification in 2008. In addition to his Ombudsman Certificate, he has additional training/certificates for Advance Directives: Respecting Choices and Dementia Dialogues Specialist.

The Long-term Care Ombudsman advocates on behalf of residents to resolve problems in a timely matter depending on complaint. He identifies, investigate and resolve complaints. His job is to help improve quality of life and care of the resident. He encourages and provides information & assistance. He helps empowers residents/families by schooling them on their rights. He is responsible for intake, setting up files on complaints, completing monthly, quarterly and yearly reports as required. He types and prepares correspondence and report to facilities, client' family members and to the State Long Term Care Ombudsman office. He makes referrals to outside agencies when deemed necessary. He completes data

entries into Ombud System. He attend monthly meeting and he has to maintain 30 hour of recertification each year between October 1 and September 29.

The Regional Long Term Care Ombudsman and the backup ombudsman receives calls and investigates complaints and works to resolve problems or complaints related to residents in nursing homes, residential care facilities. Complaints range from abuse, neglect and exploitation to quality of care issues.

In an effort to improve the lives of all persons residing in long term care facilities, the Ombudsman educates residents and family members about long-term care and related issues, advocates for the protection of the resident's rights, provides training and technical assistance to resident, family councils, facility staff and coordinates efforts with other agencies concerned about long-term care.

Friendly Visitor Program Coordinator/Certified Long Term Care Ombudsman

The Friendly Visitor Program Coordinator is responsible for recruitment, training and use of the Friendly Visitor Program Volunteers. The coordinator provides training, supervision, evaluation and support to Friendly Visitor Volunteers. The coordinator must also work with facilities to allow the volunteers access. This program is voluntary for the facilities. The coordinator spends much time and energy in preparation, training and outreach to make this program a success.

The volunteers must understand the program completely. The volunteer is not an Ombudsman; their job is to act as advocate for the rights of residents living in the facility. Advocacy includes talking and listening to residents' concerns, empowering residents to speak up, voicing concerns for residents who cannot speak for themselves, observing general conditions and daily activities in the facility such as what is and is NOT going on, explaining Ombudsman Program Services, making sure residents are treated with dignity and respects, and ensuring resident's quality of life is maintained.

The Volunteer coordinator must also be certified as an Ombudsman. Many programs components are involved in this position. Complaint Processing/Problem solving/Analysis and planning/Resolution and follow up, Information and Assistance, Community Education, In-Service Education, Routine Visit, Interagency Coordination, and Resident & Family Council Activities, as well as the Volunteer (Friendly Visitor Program) Management.

Certified Information and Referral Specialist

The Information Referral and Assistance Specialist (I R & A) is certified as an Information and Referral Specialist for the Aging (CIRS-A). She holds a Bachelor of Social Work degree from Coker College, Hartsville S. C and is currently in her final year of Graduate school at The University of South Carolina, Columbia majoring in Social Work with a 3.75 grade point average. She is a proud member of the Phi Alpha Honor Society for Social Work. She has previously performed Clinical Counseling and Social Work. She has worked in the Social and Human Services field for over 15 years. She has been cross-trained as an Ombudsman, and is certified as an I-Care Counselor. She has training and certificates in the areas of gerontology, substance abuse, customer service, advance directives and many others.

Vantage Point's, Area Agency on Aging current Information and Referral (I R&A) Specialist functioned as a Long Term Care Ombudsman for almost a year and 2.4 years in her current position as an IR&A. She solicits assistance with the need of Community Health Care awareness by providing information, and advocating with other members of the National Association of Community Health Centers (NACHC). She provides information and referrals to individuals and/or agencies seeking assistance. She searches for available resources in order to provide a greater assistance to the aging and/or disabled population, as well as communities. As a viable member of the Adult Interagency Treatment Team in her region, she is able to assist in enhancing and/or promoting available programs or services, and increase public awareness of problems and the needs of the aging and surrounding communities.

I-CARE Counselor/Outreach Coordinator

Vantage Point's Outreach Coordinator has over 25 years of experience in aging services and continues to perform an exceptional job in implementing these services. Her responsibilities includes assisting clients in comparing Medicare supplements policies, organizing health fairs, senior expos and doing home visits to the homebound and enrolling clients in the Medicare Part D, LIS Program. Her duties include informing consumers of their benefits rights and laws pertaining to Medicare, Medicaid and Medicare supplemental policies.

She oversees the I-Care/ Senior Medicare Patrol Programs, and it volunteers. As a Certified I-Care/SMP Coordinator, it is her responsibility to directly administer Insurance Counseling Assistance and Referral for the Elderly (I-CARE), which includes Medicare Part D, (MDP) Low Income Subsidy (LIS) and the Senior Medicare Patrol (SMP) programs.

Her job responsibility as the Coordinator includes recruiting volunteers and provides training using an approved curriculum. She is responsible

for providing timely and accurate information for volunteer counselors and she functions as a community educator and provides technical assistance to volunteers as needed.

She must meet the maximum standard of promptness required by the state. She utilizes the internet based counseling and enrollment tools and the Shiptalk.org. She is required to organize at a minimum (2) outreach/education event to a Faith Based organization and (1) outreach/education event to either a diverse population group or rural population group each month.

She is required to stay abreast of the current Medicare, Medicaid and other health insurance related information. She assists in the development and revision of publications and training materials. She coordinates special events as appropriate for Open Enrollment for Medicare Part D.

She is required to attend all Coordinators trainings and meetings at the State Level. She is required to form and maintain partnerships with various agencies and organizations on the federal, state and local level such as the Social Security Administration, Mental Health, AARP, Hospice, Visiting Nurses Association and Disabilities and Special Needs).

She is responsible for submitting monthly and quarterly reports to the state Office on Aging.

has ten (10) I-Care Certified Insurance Counselors which Five (5) of the insurance counselor's works in the Vantage Point division. Each of the six (6) Contract Service Providers has a trained and certified counselor on staff.

Family Caregiver Advocate

Our Pee Dee Family Caregiver advocate has extensive knowledge in the helping profession. She has a bachelor's degree in the field of Sociology with a concentration in Social Services & Case Management. In addition to having exemplary leadership skills, she is extremely dedicated to all populations with a strong sense of empowerment in helping the less fortunate. She has well-developed counseling skills and can resolve many obstacles also handle difficult situation. She has continued educational classes to meet requirements to sit for LBSW Exam. She is extremely dedicated to working with all populations and is very fond of the elderly and work well with families/children in all communities. She networks with peers, medical staff and is quite knowledgeable in community resources for elderly and diverse groups. Thus, this dedication has served as a catalyst to a caring individual. She is indeed a voice for tomorrow's families and a strong leader in the aging arena.

The Family Caregiver Advocate provides five (5) basic services to caregivers including; but not limited to the following:

Information to families/caregivers on resources to help in caregiving roles; to accomplish this task I maintain a resource booklet/directory of names & services of various organizations, businesses & services provided for contacts throughout the Pee Dee Area- in addition I do outreach in all communities served and I have easy access to roll-dex listing of the same.

Advocate makes program presentations to groups, senior centers, health centers, hospitals, education seminars, mailings, newspaper ads, post flyers, and make home visits to assist in delivering services. I do counseling in general to assist caregivers in obtaining answers to and solving problems pertaining to caregiving roles or related problems. This is done through support groups organization, referrals to local medical/behavioral health agencies, family counseling centers, and various professional organizations.

Respite Services-Connecting Caregivers to available respite beds in facilities when available, making visits to ADC home& centers for referrals or other Programs that is feasible to give caregiver a much needed break. In addition, Advocate makes telephone calls to hospitals or centers for information and Relief for caregivers. Advocate will provide Caregiver grants in homes.

Supplemental Services – Advocate make telephone calls and visits to medical equipment companies to access needed supplies and or assistance For caregivers make home assessment visits prior to environmental modifications, such as wheel-chair ramps or other requests, much telephone contact relative to medication assistance/nutritional supplements. Advocate Try to solicit in-kind or volunteer companies or community resources to donate labor to caregivers when possible.

Grand Parents Raising Grandchildren/ Relatives – Advocate will be accessible for specific needs that will address those who participate, support through information, training support groups to make services known to this group. FCA will encourage grandparents and relative caregivers to attend training and forums to express concerns or needs. In addition, I will assist with completing application for services as well as parenting skills, services offered through other community agencies as schools, DSS and other community systems.

Medicaid Outreach Specialist

Vantage Point's Medicaid Outreach Specialists has a Bachelor Degree in Elementary Education with minor in Business Administration. He also is

working toward a Master's Degree in Business Education. His previous work experience is as the Director of Administration from Lighthouse Ministries a Non-profit Agency. He has worked as a File Clerk/ Receptionist for Hyman Law Firm and for Finklea Law Firm. He is currently a Legislative Aide for the SC House of Representatives. He is also an Ordained Minister.

As the Medicaid Outreach Specialist, his job involves educating the community and organizations about Medicaid and its changes. He sponsors and/or participates in at least 15 community outreach events per month with a minimum of one in each county in the planning service area. (Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro) He serves as an outlet to distribute and promote information and materials for South Carolina Healthy Connections Choices. Being an unbiased counselor he helps them in selecting and enrolling in a health plan to create greater community awareness. For data purposes, he submits a monthly report of summarized activities and enrollments to the AAA Director and to Maximus. He is also certified as an I-CARE Specialist and assist seniors with Medicare related problems.

SERVICES

Long-term Care Ombudsman Services

The Long-term Care Ombudsman program is responsible for identifying, investigating and resolving reports of abuse, neglect and exploitation made by or on behalf of residents that relate to action, inaction, or decisions that may adversely affect the health, safety, welfare or rights of the victim in the Pee Dee Region.

The Ombudsman is responsible for insuring that victims have regular and timely access to representatives of the program and timely responses to reports of abuse, neglect and exploitation. The Victim's interests and rights are represented before governmental and judicial agencies. We assist and/or advocate for judicial, administrative, legal and any other remedy that is necessary on behalf of the resident.

The Ombudsman supports the development of resident and family councils as a preventative measure against abuse. We work closely with local and state law enforcement as well as the Department of Mental Health, the Department of Disabilities and Special Needs, psychiatric hospitals, rehabilitation facilities, drug and alcohol treatment facilities and community mental health centers. He is Responsible for carrying out the duties/activities of the program in accordance with the policies and procedures established by the Office of the State Long Term Care Ombudsman and the State Agency. The Ombudsman is required to travel

extensively throughout the region and occasionally throughout the state for training and/or meetings. *(See Appendix C)*

Friendly Visitor Program

The Friendly Visitors Program is a great opportunity for volunteers. It is not only extremely meaningful, but it fits into you personal schedule! If you want to make a difference and help older people this is for you! Protect the rights of elderly people by making unannounced and focused weekly visits to assisted living facilities.

A Friendly Visitor receives all training necessary for this opportunity. Once trained, you will be placed as a Friendly Visitor in an area assisted living facility that you visit on a weekly basis for 2-3 hours. You will be an Advocate for the rights of residents living in the facility. This includes talking and listening to residents' concerns, empowering residents to speak up, voicing concerns for residents who cannot speak for themselves, observing general conditions and daily activities in the facility such as what is and is NOT going on, explaining Ombudsman Program Services, making sure residents are treated with dignity and respects, and ensuring resident's quality of life is maintained. You will help make a difference in the lives of these seniors and much more!

Volunteers must complete 8 hours of initial training. Volunteers must pass a criminal background check. Volunteers must have access to their own transportation, transportation will not be provided. Volunteers must make at least a 6-month commitment. We will provide continuous educational training and support as needed.

Information and Referral Services

The long-term goals are to use the Information and Referral Services to enhance the delivery of resources to the targeted populations and to the community.

One of the major strengths of the program is the Information, Referral and Assistance Specialist. The other strength would be the ability of the IR/A Specialist to confer and obtain the information needed from and for the clients.

The SC ACCESS database may be the most important strength in the delivery of services, providing there is accuracy in the descriptions as stated previously. SC ACCESS is necessary in the delivery of services. The SC ACESS database is very convenient, and helpful in providing referrals and information to all that need it. It is important for people to have a place to call and request assistance. It is more important especially

for those that are not computer literate and do not have access to help in any other capacity.

SC ACCESS database set up was considered a weakness until recently. The necessary changes and corrections are currently being addressed and implemented. This is needed to assure the accuracy of information to the public, for case management purposes, and for monthly or quarterly reports. It is also beneficial to the Information and Referral Specialist that the database is updated on regular basis. The listings of providers on the database will need to accurately describe what they are offering. So many of them when researched are not exactly what they are implying when the database description is read to the clients. When the descriptions are inaccurate, the person in need may not receive the assistance needed. It is also a challenge to get some of the targeted populations to address their needs, especially the elderly.

There is still a need for community outreach in rural areas. This can be completed by way of flyers in the stores, Laundromats, and hand to hand in the neighborhoods where they reside.

Although SC ACCESS is the major part of the service delivery, there are also local resources and other community organizations with available resources until their funds are depleted. From time to time, coworkers of the IR/A Specialist have information on varied resources.

The procedures for a follow up on referrals made on the behalf of the aging are as follows: The SC ACCESS database is the main source for maintaining case management information. The database has a system whereas the IR/A Spec. can detect and put in place an alert in order to follow up on a referral. Every time the IR /A Specialist view, the database the alert will be evident. The IR/A Spec. can also maintain the information manually. There are survey is mailed to determine quality of service delivery and to identify if service was successful. Upon notification that it is time for a follow up, telephone calls are made to determine if the needs were met. *(See Appendix D)*

As stated previously, the challenges in delivering I, R &A services that will be addressed over the next four years are getting the "word" out and to the rural communities that there is help available. Then there is the task of getting the aging/aged to address their needs. The final challenge is the necessity of resources to assist all those that need and/or desire help. Some of the requests we frequently handle are:

- Transportation
- Financial Assistance
- Energy Assistance

- Where to purchase hearing aids
- Rental Assistance
- Dental Assistance
- Vision Assistance
- Referrals to various state agencies and programs, such as Community
- Long Term Care and the Vocational Rehabilitation Program
- How to apply for housing, food and health care assistance
- Information about upcoming events and workshops sponsored by Vantage Point or other organizations

Insurance Counseling and Referral for the Elderly and Senior Medicare Patrol

Insurance Counseling Assistance and Referrals for Elders Program (I-CARE) is a counselor-based program designed to provide unbiased Medicare enrollment and assistance to beneficiaries.

The counselors at Vantage Point and at each of the Councils on Aging offices help consumers meet this goal. The SC Lt. Governor's Office on Aging and the cosponsor SC Department of Insurance screens potential counselors for insurance licensures.

Medicare counselors are required to become certified by taking training that's offer by SC Lt. Governor's Office on Aging/State Department of Insurance and they must take a final examination to be certified.

All volunteers are certified and trained in Medicare and Medicaid benefits, eligibility and claims, as well as Medicare Supplement, Medicare Advantage, Medicare Part D, Low Income Subsidy, Long-term Care and group health insurance. All I-CARE counselors provide their skills on a volunteer basis, and assure their clients of completely unbiased assistance.

I-CARE presentations and counseling sessions are absolutely free and unbiased. In addition, all counseling sessions are confidential. Private counseling sessions may be scheduled to discuss Medicare benefits, Medicare Advantage products, Medicare Supplement policies, Medicare Part D, or Long-Term Care Insurance. Medicare offers a myriad of prescription plan options to offset the cost of prescriptions drugs.

I-Care is the gateway to accessing essential information and assistance regarding Medicare Part D and Medicare Advantage plans. I-Care/SMP Volunteers will help educate and enroll Beneficiaries in Medicare Part D, Low-income Subsidies (LIS). We offer assistance in the state Gap Assistance Program for Seniors (GAPS) for those who do not qualify for the LIS program. GAPS is income based, state-funded administered by the

SC Department of Health and Human Services (DHHS) to cover 95% of the prescription cost during the donut hole phase.

The mission of the Insurance Counseling Assistance and Referrals for Elders (I-CARE) and the Senior Medicare Patrol (SMP) program is to help all Medicare enrollees, regardless of financial status and disability to obtain the health care they need and to which they are entitled to be the "last stop" for consumers by the time they reach a I-Care Counselor, clients report feeling of frustration and hopelessness after having tried to navigate the Medicare system.

The primary goals is to help consumers understand their benefits in order that they may make full use of health promotions and treatment of any illness or injury and to assist consumers in navigating the complex Medicare and related health insurance systems and to advocate for those unable to advocate effectively for themselves. Assist with accessing benefits or resolving coverage and/or billing issues. Secondary goals include providing guidance to local partners and other agencies on consumer issues and areas of concern in the Medicare and Medicaid programs.

The objective is to reach these above-stated goals by provide information and assistance to a greater number of beneficiaries that is unable to access other channels and who prefer locally based services. Provide one-on-one counseling to consumers to facilitate an understanding of their health insurance coverage and to enhance the I-Care/SMP Volunteers and counselor and equip them to be proficient in educating, assisting and enrolling consumers

We target outreach on Medicare Part D to low-income beneficiaries who will be eligible for the Part D Low-Income Subsidy (LIS) and the Medicare Savings Programs (QMB, SLMB, and QI-1) and to enrollees who, regardless of income, lack prescription drug coverage. We target I-CARE/SMP outreach and counseling to Medicare enrollees with mental illness and intellectual disabilities. We build the volunteer workforce to include counselors whose demographic characteristics are reflective of those of the area and by adding counseling locations in hard-to-reach areas. We issue/distribute brochures/public service announcements relating to Medicare, Medicaid, Long-Term Care Insurance, Medicare Supplemental insurance and Medicare Part D. We reach and enroll additional individuals who may be eligible for the federal Low Income Subsidy, including physically and mentally disabled Medicare beneficiaries, and older adults with limited English proficiency. The staff works collaboratively with the Medicaid Agency and Mental Health offices in each the six (6) counties we serve.

The outcomes goals are to enable seniors and disabled adults to locate prescription drug coverage that meets their financial and health needs. Consumers will be able to understand and access services in their communities. We will increase the number of beneficiaries contacting the I-CARE/SMP program for assistance. We will increase outreach events to provide information about MA coverage's and marketing policies. We will reduce the number of consumers misinformed about provider's acceptance of Medicare Advantage Plans. With the increase of the volunteers, there will be an increase of enrollment of the Medicare Part D program and Low Income Subsidies (LIS), and we will provide correct information about these program. We hope to achieve these outcomes over the next four years.

The strategy is to offer Medicare basic and advanced trainings to counselors concerning Medicare services. We will offer more educational and enrollment presentations to people and other agencies in the Pee Dee Region. We will continue to collaborate closely with CMS, Social Security, the Department of Mental Health, and the Department of Health and Human Services to be active partner and to provide the most current and accurate information to beneficiaries and the public. We will collaborate with the local Libraries, County Councils on Aging, and staff too target and increase the senior and disable population that might be eligible for the LIS Program. We will identify and collaborate with new agencies and private sector organizations to promote the I-CARE, Senior Medicare Patrol and the Low Income Programs activities so that they to will encourage older adults and the disable consumer to learn more about the programs. *(See Appendix E)*

Family Caregiver Support Program

The goal of the Family Caregiver Support Program is to provide support and services for unpaid family caregivers in Chesterfield, Darlington, Dillon, Florence and Marlboro Counties.

Caregiver support has long been an important focus in the region. Programs such as Information & Assistance, Respite Care, Adult Day Services, and Caregiver Training have all provided tremendous help to people caring for their loved ones at home.
Families have always been, and continue to be, the primary source of help to those with long-term care needs. In fact, it is estimated that family and friends are the sole source of assistance for nearly 75 percent of the nation has impaired seniors.

Caregivers represent all gender, age, and ethnic groups. They are wives, husbands, daughters, sons, neighbors, and friends. They cook meals, wash clothes, administer medications, and provide companionship. Without

them, many people with long-term care needs either would be in costly institutions or would live in isolation and at high risk.
Yet most family caregivers have little or no training and minimal support. They often have financial difficulties, lack information on caregiving skills, and can experience feelings of isolation and depression. The Family Caregiver Support Program provides outreach and education to these caregivers by building upon the community's existing supports and services.

Vantage Point collaborates with the Department of Social Services, the Department of Health and Environmental Control, as well as Community Long Term Care to prevent duplication of services. Each agency will access the clients need and see which program better serves the need. The goal is to make the best fit for the caregiver and as well as the recipient.

Grandparents Raising Grandchildren Program

The Grandparents raising Grandchildren Program provides outreach and support to elder relatives raising children within the Pee Dee Region. The program assists elders with finding legal services, assistance with childcare and developing support groups.
Respite Care provides a break for caregivers who need to be away for anywhere from a few hours to a few days. Care is provided by individuals chosen by the caregiver and may be provided in the home, at an after school program or in a private child daycare.
This program provides information on programs that assist older adults and their loved ones. All staff can also assist with applications and referrals. Information & Assistance services are provided through SC Access Website, on the phone, in person, or information can be sent through the mail.
Family Caregiver Advocate and the Information and Referral Specialist help caregivers find reference materials, coordinate services, and provide follow-up support. *(See Appendix F)*

CHANGING DEMOGRAPHICS IMPACT ON AAA EFFORTS

Intervention vs. Prevention

The first baby boomers began turning 60 nearly three years ago, yet most aging service providers are not prepared to handle the demands that this population increase will create. By the mid to late 2020's, the baby boomers will start to need more and more healthcare and long-term care services.

Vantage Point knows that the rise in the number of seniors will influence the social, physical and economic fabric of the counties. It will

dramatically affect local policies, programs and services in the areas of aging, health and human services; land use, housing and transportation; public safety and disaster planning; workforce and economic development; recreation and education; and volunteerism, lifelong learning and civic engagement.

We, under the leadership of the Lieutenant Governor's Office on Aging, have an opportunity now to influence the demand for these services. Vantage Point, in collaboration with other social agencies, has begun preparing for this increase in the senior population by offering disease prevention and wellness programs to improve their health; educational programs and counseling to assist them to prepare for retirement and their long-term care needs, and caregiver respite programs which allow baby boomers to maintain and be more productive in their employment.

Through the Aging and Disability Resource Center, Vantage Point can provide individuals and their families with streamlined, comprehensive and reliable information that will help them make informed decisions about their long-term care. The ADRC integrates outreach, information, and options counseling for home and community-based long-term care in the community. We fully utilize the staff, the Outreach Specialist, Family Caregiver Advocate, and the Information Specialist to provide education and information throughout the region. These trainings raise awareness of available resources, preventative services, and the benefits of long range planning. The goal is to educate the seniors on the limited funding in government services and how important it is to reduce their dependency.

Interventions and training are provided at the community level. These services are provided through a collaborative effort by the parent agency Vantage Point, the community contract providers, faith-based organizations throughout the region and the Department of Health and Environmental Care (DHEC). The evidence-based disease prevention and health promotion classes offered are in areas such as fall prevention, physical activities, nutrition, chronic disease management and medication management.

Senior Center Development and Increasing Use

In order for the AAA to assure that current senior centers provide significant resources for prevention and education programs necessary to promote intervention, we will closely monitoring their activity calendars and call on community partners to provide educational programs. We provide outreach and promotion for services and the contractors at all community events and trainings. We encourage social and faith based organizations to utilize the senior centers and the services they provide. We have included three new classes on the contractor's required training

schedule: Activity Calendar Creation, Customer Service, and Diversity training. These classes are taught by CareSouth Carolina's Training Coordinator. The contractors are allowed access to trainings provided by CareSouth Carolina Training Coordinator. The classes offered include Defensive Driving, CPR, Microsoft Word, Excel, Power Point, and Access, Conversational Spanish and French and many others. There is not charge for these classes to the contractor other than external certification charges. CareSouth Carolina's Community Development staff is available to provide training on grant writing, fund raising and community development.

While the need to increase programming and activities in the centers is imperative, we also realize that in order to sustain what progress we make in programming, there are other areas that must be addressed as well. We are revising the current unannounced site visit and site inspection sheets to include not only programming and activities, but also the senior center itself. We will be monitoring safety issues, sanitation conditions, capacity issues, facility appearance, signage, grounds keeping, and access issues. We will also be looking at the possibility of new contractors. We will be reevaluating many components such as Community Development, Public Opinion, Board Governance, Financial Stability, and Volunteer Participation, as well as Program Evaluation. While Vantage Point is updating contracts for this year to include the majority of these changes, some will be long-term processes. We will also be looking at the possibility of new contractors and what services they currently provide that will be beneficial to seniors in the Pee Dee region. We will be assessing the quality of services we currently purchase versus what is available from other providers. Services in the Pee Dee Region must be updated to prepare for the "Baby Boomers" and their needs.

The following are the long-term corrective processes we need to work toward.

- Board Governance

The Board of Directors is responsible for governing the senior center. Therefore, the first task will be Board review, training and/or development. The better the board, the better the governance and the greater the benefit for the seniors to whom it serves. A top priority is to put in place an on-going system of Board Development activities that will insure the highest quality governance. We will clarify the expectations the AAA has for Board participation on an annual basis. The AAA will make Board Development a high priority. We will develop a system for Board self-evaluation and will assist the contractors in creating a Board policy notebook.

- Community Development

Senior Center's in the Pee Dee Region have always been a community development project. Community development is an interactive process that involves genuine partnership between the seniors of the Senior Center and a much larger group of community citizens. If that larger community does not see the worth of the senior center, its citizens will not support it financially or otherwise. A critical factor in successfully achieving our goals is in our ability to form alliances with valuable partners. Internal partnerships insure that we work together as a team to provide high-quality programs and uniform senior service throughout the region. External partnerships help the agencies leverage the resources and build bridges to serve a larger population of seniors.

- Financial Stability

The instability of senior center finances on an annual operating basis threatens the ability to provide programs, maintain the building, retain qualified staff, and promote the work. It nearly eliminates the ability to expand the hours and programming or begin new initiatives to meet the growing and changing senior population. This is a strategic issue because without funding we cannot meet the objectives. The consequences of not resolving these issues are organizational instability and stagnation, and potentially having to close senior centers. See Resource Development for additional information.

- Public Opinion

Negative stereotypes of aging services are usually false and destructive for the seniors and the community. They stop new seniors from coming to the senior center because they 'don't want to hang out with old folks.' or "poor folks". If we fail to address this issue, we limit growth in participation and programming. If we continue to foster age segregation, we limit the fund raising potential. By promote a successful model of aging; we can increase age integration by promoting multi-generational use of senior center. We can recruit non-senior volunteers and the senior centers can possibly expand hours into evening to allow flexibility of multi-generational programs.

- Volunteers

The senior centers depend on volunteers to provide a substantial portion of the labor to operate their agency. Because volunteers freely choose to work to support the senior sites, we must develop a volunteer program that promotes and publicizes their value to the seniors and the staff. Failure to

address this issue in the past has lead to insufficient resources to serve seniors in the Pee Dee Region.

- Programming and Activities

We will continue to improve wellness programming, increasing health educational programs, identifying fitness or health activities that we lack and evaluate the feasibility of starting them. We will promote views of healthy aging by newsletters and promotional brochures; we will work to get stories of healthy aging in local media. We will promote partnerships with other wellness providers. We will aim to start one new wellness initiative, possibly grant driven in the region annually.

- Evaluation

Although evaluation would normally be an operational issue, it becomes strategic when we have no means by which to demonstrate the successes. Without this crucial capability, we will have considerable difficulties raising money for programs to fulfill the mission and we will not be able to demonstrate the worth to the community.

The AAA and the contractors must respond and adapt to the ever-changing and growing senior population. We need to look at possible expansion of programs beyond the current service hours and beyond the facilities. Seniors are living longer and are active for more years, leading to the senior center serving multiple generations. The seniors and as well as the communities continue to change their view on aging, retirement and what they expect. We must continually evaluate what these changes mean to the agencies and be willing to add or subtract programs and services to meet the community's needs. This is a strategic issue because it requires constant attention. Not only do we have to constantly assess the needs of the seniors we have to evaluate the resources allocated for that service. If we failure to address the changes it will result in present and future seniors not utilizing the senior centers. This will lead to lost contracts and facility closings.

Alzheimer's Disease and the Purple Ribbon Report-2009

In 2008 the General Assembly of South Carolina passed a concurrent resolution to form a Purple Ribbon Task Force to study the current and future impact of Alzheimer's disease in South Carolina and to assess the resources for and the needs of persons with Alzheimer's disease and related disorders (ADRD).

The Purple Ribbon Task Force created four subcommittees, Outreach and Education, Case Management and Assistance for Caregivers, Medical and Long Term Care, and Data & Research.

The Alzheimer's Resource Coordination Center, housed at the Lt. Governor's Office on Aging, is the overall facilitator for the recommendations.
To view the complete report, go to
http://www.scstatehouse.gov/reports/LtGov/PurpleRibbonFinalReport.doc

Recommendation for implementation in 1-2 years:

Create a single point of entry for persons seeking assistance with Alzheimer's related needs utilizing a toll free number through the Lt. Governor's Office on Aging.

Vantage Point currently functions as an ADRC. We are a publicized central public access point with a toll free number for seniors and persons with disabilities. Consumers can call to obtain information about services and/or referrals in the Pee Dee Region. We currently have information in the system for families affected by Alzheimer's disease. We will continue to add information and update existing Alzheimer's information to have resources readily available.

Provide appropriate referrals for hospice care for people with Alzheimer's disease and aftercare for the caregivers of persons with ADRD.

Vantage Point will continue to collaborate with the local hospice as well as community support groups to provide caregivers of Alzheimer's client assess to and information on the availability and benefits of hospice care.

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 practicable.

The Pee Dee Area Plan will focus on developing "elder ready" communities. An "elder-ready" community is a community that is supportive of the needs of older people and can provide elders with a safe, healthy, and productive environment. Such an environment meets basic needs, assures physical and mental health and well-being, supports the independence of frail and disabled elders, and fosters social and civic activities. Such communities are likely to be supportive of people with Alzheimer's as well as people with disabilities of all ages.

For implementation in 3-5 years:

Provide case management and person centered support services to persons with Alzheimer's disease and related disorders (ADRD) and their caregivers through a local/regional provider network.

Currently Vantage Point does not provide case management. The goal is to be able to provide a comprehensive support system through the ADRC that will allow publicly accessible case management. This will ensure that clients receive appropriate services through a process of ongoing assessment and coordination of resources. We currently do follow up with ADRC clients but not true case management.

Conduct focus groups across the state with professionals and consumers, to include caregivers, as well as those with early stage Alzheimer's disease to determine service needs and recommend system changes.

Vantage Point will work with Caregivers of Alzheimer's patients who have a direct knowledge of what is lacking and what the need is in services. We will also work with early stage Alzheimer's patients who can provide personal experience on what their greatest need is. We will work with CareSouth Carolina providers and staff as well as other local health care providers to gain feedback on what they need to address the needs of Alzheimer's patients from the initial point of diagnosis to see what the focus should be.

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

By the year 2020, almost one in six Americans will be age 65 or older and the size of the age 85 or older population will have doubled. That is why the National Association of Area Agencies on Aging and the National Association of State Units on Aging have joined forces on the Project 2020 initiative, which is a coordinated national long-term care campaign to enable the Aging Services Network to strengthen and build upon the non-Medicaid community-based care system embodied in the Older Americans Act while reducing federal Medicaid and Medicare costs.

Over the past few years, AoA, in cooperation with the State Units on Aging, Area Agencies on Aging and Title VI Native American aging programs, has tested best practices in community-based long-term care services demonstrated as effective in reducing the need for more expensive institutional care and preventing spend down to Medicaid.

Project 2020 seeks to fulfill this goal by directing the funding necessary to implement and carry out a three-pronged approach through the Aging Services Network, focusing on person-centered access to information, evidence-based disease prevention and health promotion activities, and enhanced nursing home diversion services.

In South Carolina, the Lieutenant Governor's Office on Aging has been working toward these goals for the past three years. All states received funding for person-centered access to information and evidence-based disease prevention and health promotion activities in the first year of *Project 2020*.

Funds for enhanced nursing home diversion services will be distributed to states as a competitive grant program based on performance-based criteria and administered by AoA. In other words, states would not be competing against one another but rather against a set of performance-based criteria.

The three main components of *Project 2020* are designed to be implemented through the existing Older Americans Act infrastructure with funds flowing from AoA to State Units on Aging, Area Agencies on Aging and Title VI Native American aging programs.

The three main components of *Project 2020 are:*

- **Person-centered access to information**

Due to the fragmentation in public programs and information asymmetry, too many individuals lack access to quality information on community-based long-term care services. This long-standing condition is a significant factor in over-utilization of institutional care. Through the Aging and Disability Resource Center, Vantage Point can provide individuals and their families with streamlined, comprehensive and reliable information that will help them make informed decisions about their long-term care. The ADRC integrates outreach, information, and options counseling for home and community-based long-term care in the community. In development of the of Vantage Point's ADRC Management Plan, consideration was given not only to the key functions the ADRC will perform, but to consumer needs, availability of service, accessibility, and sustainability.

- **Evidence-based disease prevention and health promotion**

Health and behavioral science has developed significant interventions for evidence-based disease prevention and health promotion that have been demonstrated to improve the health and well-being of elderly individuals, and do not require application through expensive medical and health care settings. Through this program component, Vantage Point will be assisting with interventions and training at the community level. These services are provided through a collaborative effort by our parent agency CareSouth Carolina, Vantage Point, the community contractors, and faith-based organizations throughout the region. The evidence-based disease

prevention and health promotion classes are in areas such as falls prevention, physical activities, nutrition, chronic disease management and medication management.

- **Enhanced nursing home diversion services**

At any given time, a small, but critical, population of elderly individuals is at high risk of losing their independence and financial stability through nursing home entry and spends down to Medicaid. Eligible individuals participating in this program component will be prescreened and receive intense case management through the single point of entry system to help coordinate personalized services and supports that will allow them to remain in their homes. This needs-based portion of the program will provide home and community- based services such as home-delivered meals, homemaker services, personal care, medical transportation, home modification, assistive technology and adult day care. These traditional services provided by the Aging Services Network, when coupled with case management and the flexibility of consumer-directed models of care, provide an excellent alternative to nursing home care.

Legal Assistance Services

There has always been a need for legal assistance services in the region and the AAA, along with their contractors, has promoted and encouraged any senior who has a need for legal services to utilize the contractor that provides this resource in the area. Referrals to legal services are made at all levels in the region. Brochures are disseminated to the clients notifying them of this resource. The care manager for each client assesses the need and referrals are made at the contractor level as necessary. The contractor post information at each of their sites notifying the clients that the services are available.

Vantage Point currently contracts with South Carolina Legal Services to provide civil legal services to seniors. An attorney to give the older adult access to the judicial system through advocacy, advice and representation, thereby protecting the older person's dignity, rights, autonomy and financial security, provides these services. Legal assistance activities may include, intake, outreach and interview, drafting legal documents such as simple wills ,action plan development, legal research such as property title searches, heirs property assistance, tenant assistance, and client representation in court. South Carolina Legal Services provides free services in a wide variety of civil matters to eligible low-income residents. Through this collaborative contract we are able to expand on the types of legal assistance senior receive. South Carolina Legal Service will access the clients need and then decide which of their funding sources can best meet the need of the senior.

The AAA monitors the agency providing the legal services by assuring that any necessary assessment data and service provided is entered into the tracking software so that the dollars spent are reasonable and that priority is given to the greatest need. The contractor has staff available to visit the homebound client ensuring that anyone who is in need of its service can receive it. The legal contractor also makes itself available periodically to visit the sites for the purpose of provide in-person information to help the senior know what services they have to offer.

Region Specific Initiatives

Vantage Point, the Pee Dee Area Agency on Aging, with the support and assistance of the Regional Advisory Council will begin a region wide outreach effort to find persons interested in our Senior Nutrition Programs. We will start in Marlboro and Chesterfield Counties and work throughout the region.

Vantage Point's staff will begin completing nutrition program applications; especially targeting areas that are currently have no congregate, meal site. Our staff will access the client, determine the need of the individual and determine if the need for a new congregate site is valid. We will first look at the level of need and interest in the program. Then we will look at eligibility, means of transportation, and the current availability of services. We will start this process in July. We have found a substantial interest in the town of Clio in Marlboro County.

We are currently looking to create a new and improved image for Congregate Nutrition Sites. One that better serves the senior population. Vantage Point is fully committed to a more aggressive outreach effort. It is our experience that seniors need the extra attention or a personal invitation to participate in the services we offer. We look forward to meeting the seniors in the community and extending a personal invite. We will be looking at identifying ways to provide home delivered meals to areas of these counties that are not currently receiving services.

Our focus will remain the frail and elderly, but we will make a determined effort to reach the up and coming "Baby Boomers". Our goal is to improve our reputation. We will promote innovation and inviting services for seniors of the Pee Dee Region,

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	ALLOCATIONS FOR DIRECT REGIONAL SERVICE PROVISION - AREA PLAN PERIOD 2009-2010										ALLOCATIONS FOR DIRECT REGIONAL SERVICE PROVISION - AREA PLAN PERIOD 2009-2010							
2	PLANNING AND SERVICE AREA	Target Band for III-B	Case Management III-B	I, R & A III-B	I, R & A III-B 50.24%	Title III-E Caregiver Services ** 100%	Title III-E Family Caregiver Staff 50.24%	III-E P&A	III-E Caregiver and P&A Match	TOTAL Title III-E	I-CARE BASIC 100%	ADRC MIPPA 100%	SHIP MIPPA 100%	AAA MIPPA 100%	SENIOR MEDICARE PATROL 75%	SMP LOCAL MATCH 25%	TOTAL INSURANCE COUNSELING	TOTAL AAA DIRECT SERVICES
3	THIS PAGE MUST BE SUBMITTED AS PART OF THE BUDGET SECTION	Enter the III-B funds allocated for direct services delivered in the AAA. Deduct these amounts from the Title III-B Service Share Area is liable for contractor services.			The AAA is to allocate III-E service funds among the three activities.			Note: The actual match will be determined by the distribution of III-E service funds among the three activities. Column I contains the formula to compute match.										
4	APPALACHIA					$301,097		$33,544	$11,181	$346,623	$52,562	$39,167	$20,980		$15,815	$5,272	$133,796	$480,419
5	UPPER SAVANNAH					$148,179		$16,464	$5,488	$170,131	$25,612		$10,223	$38,753	$7,707	$2,569	$84,864	$254,995
6	CATAWBA					$154,221		$17,136	$5,712	$177,069	$27,736		$11,071	$32,812	$8,220	$2,740	$82,579	$259,648
7	CENTRAL MIDLANDS					$205,205		$22,804	$7,601	$235,637	$34,067		$13,598	$36,250	$10,250	$3,417	$97,582	$333,219
8	LOWER SAVANNAH					$176,737		$19,639	$6,546	$202,932	$29,746	$37,705	$11,874		$8,950	$2,983	$91,258	$294,190
9	SANTEE-LYNCHES					$150,597		$16,722	$5,574	$172,793	$25,985	$54,243	$10,373		$7,819	$2,606	$101,026	$273,819
10	PEE DEE	$0	$0	$41,500	$8,500	$144,345	$24,341	$20,240	$11,123	$209,148	$31,943	$38,798	$12,750		$9,644	$3,215	$96,350	$346,998
11	WACCAMAW					$167,552		$18,615	$6,205	$192,352	$27,509		$10,980	$32,806	$8,277	$2,759	$82,331	$274,683
12	TRIDENT					$202,176		$22,533	$7,511	$232,840	$31,176	$51,118	$12,444		$9,459	$3,153	$107,350	$340,190
13	LOWCOUNTRY					$144,649		$16,068	$5,356	$166,032	$24,495		$13,776	$32,772	$7,385	$2,462	$80,890	$246,822
14	TOTAL		$0		$8,500	$2,796,053		$203,765	$69,054	$2,105,556	$310,831	$221,031	$128,069	$173,393	$93,526	$31,176	$958,026	$3,063,582
15	** The Title III-E share of the Regional I,R & A Specialist and the staffing for the Caregiver Advocate(s) not paid with P&A funds must be deducted from this allocation before determining the amount available for direct Caregiver services.																	

C:\Documents and Settings\cappss.CARESOUTH\Local Settings\Temporary Internet Files\OLK8\Final R-7 Allocations AAA Direct Services SFY 2010 5-18-09.xls6/8/20091:02 PM

Pe Dee Region's Worksheet for Staffing Budget and NAPIS Staffing Profile for SFY 2009-2010

Enter names of staff involved in each service or activity. If the staff is a minority put "(M)" after the name. Enter the number of hours in a year that the individual devotes to the specific activity on the line. See the instructions for completing the worksheet.

Names of Staff Performing Each AAA ACTIVITY AND/OR SERVICE	Annual Hours Budgeted to these Activities or Services	Percent Charged to P&A	Percent Charged to PD	Percent Charged to SSBG	Percent Charged to Ombudsman Services	Percent Charged to I&A III-B	Percent Charged to III-E	Percent Charged to I-CARE/SMP	Percent Charged to Other III-B Services	Percent Charged to Other Grants or Local Funding
Planning and Administration	**5753**	**280.82%**		**15.13%**						
Shelia Welch	1,748	89.64%								
Mark Smith	1,950	100.00%								
Laura Ketter	295			15.13%						
	1,655	84.87%								
Volunteer Omb Coordinator	105	6.31%								
FTEs	**2.95**									
Program Development	**202**		**10.36%**							
Shelia Welch	202		10.36%							
FTEs	**0.10**									
Ombudsman	**3492**				**192.67%**					
Marek Calhoun (M)	1,950				100.00%					
Volunteer Omb Coordinator	1,542				92.67%					
FTEs	**1.79**									
I & A	**1580**					**81.03%**				
Cynthia Bridges (M)	1,580					81.03%				
FTEs	**0.81**									
Insurance Counseling/SMP	**3880**							**328.87%**		
Sherry Johnson	1,820							100.00%		
George Wingate (M)	500							25.64%		
Cynthia Bridges (M)	43							2.21%		
Shannon Schermerhorn	1150							100.00%		
Akilah Williams (M)	350							100.00%		
Volunteer Omb Coordinator	17							1.02%		
FTEs	**1.99**									
Family Caregiver Program	**2277**						**116.77%**			
Joyce Thomas (M)	1,950						100.00%			
Cynthia Bridges (M)	327						16.77%			
FTEs	**1.17**									
Other AAA Direct Services	**1450**									**74.36%**
George Wingate (M)	1,450									74.36%
FTEs	**0.74**									
COMBINED SERVICE DELIVERY										
Access/Care Coordination										
FTEs	**0.00**									
Clerical/Support Staff	**1560**	**100.00%**								
Marie Stephens	1560	100.00%								
FTEs	**0.80**									
Volunteers Omb	832				42.67%					
Volunteers I-CARE	3,000						153.85%			
TOTAL PAID HOURS	**24,026**									
TOTAL PAID FTEs	**12.32**									

List Names of Aging Unit Staff	Annual Payroll Hours All Sources
S. Welch	1,950
M. Smith	1,950
L. Ketter	1,950
M. Stephens	1,560
G. Wingate	1,950
M. Calhoun	1,950
Vol. Ombud.	1,664
C. Bridges	1,950
S. Johnson	1,820
S. Schermerhorn	1150
A. Williams	350
J. Thomas	1,950
Volunteers Omb	832
Volunteers I-CARE	3,000
Total Hours	24,026

NOTES:

1. Each individual listed above must be assigned to the aging unit either full or part time.
2. The annual payroll hours shall reflect the time charged or allocated to both the aging unit and non-aging duties.
3. **Any staff charged to the budgeted Indirect Costs should not be listed either as part of the aging unit or non-aging units.**
4. The total of an individual's breakout hours in the spreadsheet must equal the number of hours shown in this section.

EGION: Pee Dee Region 7

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

State Fiscal Year Beginning July	County or Provider	Transportation Contracted Funds	Transportation Contracted Units	Transportation Contracted Unit Cost	Chore, House-keeping Funds	Chore, House-keeping Units	Chore, House-keeping Unit Cost	Homemaker limited Pers.Care Funds	Homemaker limited Pers.Care Units	Homemaker limited Pers.Care Unit Cost	Personal Care ltd Med. Asst. Funds	Personal Care ltd Med. Asst. Units	Personal Care ltd Med. Asst. Unit Cost	Home Living Support Funds	Home Living Support Units	Home Living Support Unit Cost
2009-2010	Chesterfield	$54,999	47,680	**$1.1535**	$30,522	2,500	**$12.2088**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Chesterfield	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Chesterfield			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Chesterfield			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Darlington	$92,254	65,000	**$1.4193**	$45,989	3,065	**$15.0046**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Darlington	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Darlington			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Darlington			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Dillon	$51,147	65,000	**$0.7869**	$54,881	3,800	**$14.4424**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Dillon	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Dillon			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Dillon			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Florence	$102,962	110,000	**$0.9360**	$51,887	3,500	**$14.8249**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Florence	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Florence			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Florence			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Marion	$53,239	38,000	**$1.4010**	$54,042	3,700	**$14.6059**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Marion	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Marion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Marion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Marlboro	$35,491	62,000	**$0.5724**	$71,595	4,752	**$15.0663**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Marlboro	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Marlboro			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Marlboro			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	SC Legal Svcs.	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	SC Legal Svcs.	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	SC Legal Svcs.			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	SC Legal Svcs.			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Vantage Point	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Vantage Point	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Vantage Point			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Vantage Point			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$390,092	387,680	**$1.0062**	$308,916	21,317	**$14.4915**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!

:EGION: Pee Dee Region 7

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

State Fiscal Year Beginning July	County or Provider	Legal Assistance Funds	Legal Assistance Units	Legal Assistance Unit Cost	Adult Day Service Contracted Funds	Adult Day Service Contracted Units	Adult Day Service Contracted Unit Cost	Respite Care Contracted Funds	Respite Care Contracted Units	Respite Care Contracted Unit Cost	I, R and A Contracted Funds	I, R and A Contracted Units	I, R and A Contracted Unit Cost	Care Management Contracted Funds	Care Management Contracted Units	Care Management Contracted Unit Cost
2009-2010	Chesterfield	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Chesterfield	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Chesterfield			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Chesterfield			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Darlington	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Darlington	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Darlington			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Darlington			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Dillon	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Dillon	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Dillon			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Dillon			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Florence	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Florence	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Florence			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Florence			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Marion	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Marion	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Marion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Marion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Marlboro	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Marlboro	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Marlboro			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Marlboro			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	SC Legal Svcs.	$10,820	360	$30.0556	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	SC Legal Svcs.	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	SC Legal Svcs.			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	SC Legal Svcs.			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Vantage Point	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$50,000	1,488	$33.6022	$0	0	#DIV/0!
2010-2011	Vantage Point	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Vantage Point			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Vantage Point			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$10,820	360	$30.0556	$0	0	#DIV/0!	$0	0	#DIV/0!	$50,000	1,488	$33.6022	$0	0	#DIV/0!
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!

REGION: Pee Dee Region 7

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

State Fiscal Year Beginning July	County or Provider	Congregate Meals Contracted Funds	Congregate Meals Contracted Units	Congregate Meals Contracted Unit Cost	Home Delivered Meals Contracted Funds	Home Delivered Meals Contracted Units	Home Delivered Meals Contracted Unit Cost	Health Screening Contracted Funds	Health Screening Contracted Units	Health Screening Contracted Unit Cost	Nutrition Risk Assessment Contracted Funds	Nutrition Risk Assessment Contracted Units	Nutrition Risk Assessment Contracted Unit Cost	Health Promotion Contracted Funds	Health Promotion Contracted Units	Health Promotion Contracted Unit Cost
2009-2010	Chesterfield	$79,242	13,250	**$5.9805**	$93,031	21,637	**$4.2996**	$0	0	#DIV/0!	$0	0	#DIV/0!	$3,617	960	**$3.7677**
2010-2011	Chesterfield	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Chesterfield			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Chesterfield			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Darlington	$114,878	20,500	**$5.6038**	$86,562	19,260	**$4.4944**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Darlington	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Darlington			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Darlington			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Dillon	$47,849	9,100	**$5.2581**	$74,086	11,250	**$6.5854**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Dillon	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Dillon			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Dillon			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Florence	$165,073	26,500	**$6.2292**	$153,664	28,000	**$5.4880**	$0	0	#DIV/0!	$0	0	#DIV/0!	$6,206	900	**$6.8956**
2010-2011	Florence	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Florence			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Florence			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Marion	$62,887	12,500	**$5.0310**	$78,111	14,000	**$5.5794**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Marion	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Marion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Marion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Marlboro	$35,969	6,250	**$5.7550**	$71,693	15,250	**$4.7012**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Marlboro	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Marlboro			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Marlboro			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	SC Legal Svcs.	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	SC Legal Svcs.	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	SC Legal Svcs.			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	SC Legal Svcs.			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Vantage Point	$147,678	24,539	**$6.0181**	$124,117	23,195	**$5.3510**	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Vantage Point	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Vantage Point			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Vantage Point			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$653,576	112,639	**$5.8024**	$681,264	132,592	**$5.1380**	$0	0	#DIV/0!	$0	0	#DIV/0!	$9,823	1,860	**$5.2812**
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!

.EGION: Pee Dee Region 7

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

State Fiscal Year Beginning July	County or Provider	Physical Fitness Contracted Funds	Physical Fitness Contracted Units	Physical Fitness Contracted Unit Cost	Home Injury Prevention Contracted Funds	Home Injury Prevention Contracted Units	Home Injury Prevention Contracted Unit Cost	Senior Games Contracted Funds	Senior Games Contracted Units	Senior Games Contracted Unit Cost	Minor Home Repair Contracted State Funds	Minor Home Repair Contracted State Units	Minor Home Repair Contracted Unit Cost	Medication Management Contracted Funds	Medication Management Contracted Units	Medication Management Contracted Unit Cost
2009-2010	Chesterfield	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Chesterfield	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Chesterfield			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Chesterfield			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Darlington	$4,490	750	$5.9867	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Darlington	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Darlington			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Darlington			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Dillon	$3,291	1,000	$3.2910	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Dillon	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Dillon			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Dillon			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Florence	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Florence	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Florence			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Florence			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Marion	$3,739	650	$5.7523	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Marion	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Marion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Marion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Marlboro	$3,220	800	$4.0250	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	Marlboro	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Marlboro			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Marlboro			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	SC Legal Svcs.	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2010-2011	SC Legal Svcs.	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	SC Legal Svcs.			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	SC Legal Svcs.			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	Vantage Point	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$9,031	1,808	$4.9950
2010-2011	Vantage Point	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	Vantage Point			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2012-2013	Vantage Point			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
2009-2010	REGIONWIDE	$14,740	3,200	$4.6063	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$9,031	1,808	$4.9950
2010-2011	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2011-2012	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!
2012-2013	REGIONWIDE	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!	$0	0	#DIV/0!

REGION: Pee Dee Region 7

EXPENDITURES FOR PRIORITY SERVICE CATEGORIES

As required by the Older Americans Act and State policy, an adequate amount allotted for Part B will be expended for the delivery of each of the categories of service identified on this form

Based upon the most recent needs assessment, I&A reports, Caregive reports, and AIM data, enter the percentage set by the Area Agency on Aging for each priority service category based on the regionwide needs identified from all these sources.
Access Services **30%** In-Home Services **20%** Legal Assistance **2%**

Enter Total III B after Transfers for SFY 2008-2009		$413,807	**and SFY 2009-2010**	$527,890
ACCESS SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Transportation	$236,665		$327,032	
B. Information & Assistance (**III-B** funding **Only**)	$41,500		$41,500	
C. Case Management				
D. Outreach				
TOTAL ACCESS EXPENDITURES	$278,165	67.22%	$368,532	69.81%
IN-HOME SERVICES	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
A. Level I Housekeeping and Chore	$126,445		$150,161	
B. Level II Homemaker with Limited Personal Care				
C. Level III Personal Care with Limited Medical Assistance				
TOTAL IN-HOME EXPENDITURES	$126,445	30.56%	$150,161	28.45%
LEGAL ASSISTANCE	FUNDS EXPENDED SFY 2008-2009	% OF III - B	FUNDS BUDGETED FY 2009-2010	% OF III - B
TOTAL L.A. EXPENDITURES	$9,197	2.22%	$9,197	1.74%

SUMMARY OF SERVICE FUNDING, CONTRACTED UNITS and AVERAGE UNIT COST SFY 2010-2013			
SERVICE	TOTAL AAA FUNDING PER SERVICE	TOTAL UNITS FOR REGION	REGIONAL AVERAGE UNIT COST
Transportation	$390,092	387,680	$1.0062
Housekeeping or Chore	$308,918	21,317	$14.4916
Homemaker with Limited Personal Care	$0		#DIV/0!
Personal Care with Limited Medical Assistance	$0		#DIV/0!
Home Living Support	$0		#DIV/0!
Adult Day Care	$0		#DIV/0!
Legal Assistance	$10,820	360	$30.0556
Information, Referral & Assistance	$50,000	1,488	$33.6022
Outreach	$0		#DIV/0!
Respite Care	$0		#DIV/0!
Care Management	$0		#DIV/0!
Group Dining	$653,576	112,639	$5.8024
Home Delivered Meals	$681,264	132,592	$5.1380
Health Screening	$0		#DIV/0!
Nutrition Risk Follow-Up	$0		#DIV/0!
Health Promotion Program	$9,824	1,860	$5.2817
Physical Fitness	$14,739	3,200	$4.6059
Home Injury Prevention	$0		#DIV/0!
Senior Games	$0		#DIV/0!
Minor Home Repair (State Funds Only)	$0		#DIV/0!
Medication Management	$9,031	1,808	$4.9950
I-Care Calls/Contacts	$31,943	6,394	$4.9958
SMP Calls/Contacts	$12,859	10,401	$1.2363
Caregiver Services	$144,943	18,000	$8.0524

NUMBER OF MINORITY PROVIDERS	8
NUMBER OF RURAL PROVIDERS	8
TOTAL NUMBER OF PROVIDERS	8

REQUESTED TRANSFER OF FEDERAL FUNDS SFY 2009-2010

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

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

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

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

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

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

REQUESTED TRANSFERS

TITLE	ORIGINAL ALLOCATION (See Note Below)	REQUESTED TRANSFER	REQUESTED ALLOCATION	% OF TRANSFER
III-B	$528,776	($7,110)	$521,666	-1.28%
III-C-1	$368,089	($49,533)	$318,556	-13.46%
III-C-2	$186,959	$56,643	$243,602	30.30%
TOTAL	$1,083,824	$0	$1,083,824	

INSTRUCTIONS

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

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

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

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

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

		B	C	D	E	F		H	I	J	K	L	M	
1	NOTE. Ratio if using	PEE DEE R. 7 SUMMARY PROGRAM BUDGET- TATION OF GRANTS SFY 09-10												1
2	III-E is 88.24(F) to 11.76(L)	IN-HOME & COMMUNITY-BASED SERVICES											NUTRITION SERVICES	
3	CONTRACTED FUNDS	Transportation	Home Care I Chore or Housekeeping	Home Care II Homemaker with Some Personal Care	Home Care III Personal Care with Limited Medical Assistance	Adult Day Services See NOTE Upper Left	Legal Assistance.	Information & Assistance See NOTE Upper Left	Respite Care See NOTE Upper Left	Care Management.	TOTAL In-Home/CS		Group Dining Service	Home Delivered Meals
4	CONTRACTED UNITS	387,680	21,317	0	0	0	360	1,488	0	0	N/A		112,639	132,592
5	Title III Federal B, C	$327,032	$150,161	$0	$0	$0	$9,197	$35,275	$0	$0	$521,665		$318,555	$243,601
6	ARRA Federal										$0		$81,771	$40,255
7	Title III Federal E					$0		$8,500	$0		$8,500			
8	State 5% Match B,C	$19,237	$8,833	$0	$0	$0	$541	$2,075	$0	$0	$30,686		$18,739	$14,329
9	ARRA State										$0		$4,810	$2,368
10	Local:Cash match		$2,825					$4,150			$6,975		$6,169	$3,134
11	Local:In-kind match	$38,473	$14,842				$1,082				$54,397		$31,309	$25,525
12	Total Local Match	$38,474	$17,666	$0	$0	$0	$1,082	$4,150	$0	$0	$61,372		$37,477	$28,659
13	Total ARRA Local										$0		$9,620	$4,736
14	GRI for Title III Services	$5,350	$2,890	$0	$0	$0	$0	$0	$0	$0	$8,240		$10,637	$8,750
15	Fees for State Services	$0	$300	$0	$0	$0			$0	$0	$300		$0	$0
16	NSIP										$0		$57,470	$80,628
17	ACE-Bingo		$46,916	$0	$0	$0			$0	$0	$46,916			$15,547
18	State Funded Services	$0	$82,151	$0	$0	$0	$0	$0	$0	$0	$82,151		$0	$28,557
19	SC Outcome Based Service	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$124,116	$124,117
20	SSBG HDM Funds										$0			$94,453
21	SSBG Grants to AAA			$0		$0					$0			
22	Total Contracted Funds	$390,092	$308,918	$0	$0	$0	$10,820	$50,000	$0	$0	$759,830		$653,576	$681,264
23	Contracted Rate	$1.0062	$14.4916	#DIV/0!	#DIV/0!	#DIV/0!	$30.0556	$33.6022	#DIV/0!	#DIV/0!	N/A		$5.8024	$5.1381
24	NOTE: Contracted rate Includes Local Match													
25	COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE													
26	Net Contracted (AIM) Rate	$1.0062	$14.4916	#DIV/0!	#DIV/0!	#DIV/0!	$30.0556	$33.6022	#DIV/0!	#DIV/0!	NA		$5.8024	$5.1381
27	AIM Units: State Svs Fees	0	21	#DIV/0!	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	NA		0	0
28	AIM Units: ACE-BINGO		3237	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	NA			3026
29	AIM Units:State Funded Svs	0	5,669	#DIV/0!	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	NA		0	5,558
30	AIM Units Out. Based Svs	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	NA		21,390	24,156
31	AIM Units: SSBG HDMs										NA			18383
32	AIM Units:Other SSBG Svs			#DIV/0!		#DIV/0!					NA			
33	AIM ARRA Meal Rate										NA		$5.0327	$4.0221
34	NSIP Share of CUC										NA		$0.7697	$1.1159
35	AIM Title III Meal Rate										NA		$5.0327	$4.0221
36	AIM Units: TitleIII-GRI (Est.)	5317	199	#DIV/0!	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	NA		2114	2175
37	AIM Units: ARRA (Est.)										NA		16580	9217
38	AIM Units: Title III (F+S+L)	382364	12190	#DIV/0!	#DIV/0!	#DIV/0!	360	1488	#DIV/0!	#DIV/0!	NA		74467	71253
39	TOTAL CONTRACT UNITS	387681	21317	#DIV/0!	#DIV/0!	#DIV/0!	360	1488	#DIV/0!	#DIV/0!	NA		114550	133769
40	NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees													
41	Total Other Resources per Service	$92,250	$14,691	$0	$0	$0	$0	$0	$0	$0	$106,941		$41,610	$217,499
42	Total Units Served with Other Resources	165400	1009	0	0	0	0	0	0	0	NA		9447	45764
43	TOTAL SERVICE BUDGET	$482,342	$323,609	$0	$0	$0	$10,820	$50,000	$0	$0	$866,771		$695,186	$898,763
44	Total Unit Cost	$0.8721	$14.4947	#DIV/0!	#DIV/0!	#DIV/0!	$30.0556	$33.6022	#DIV/0!	#DIV/0!	N/A		$5.6942	$5.0392

PEE DEE R. 7 SUMMARY PROGRAM T-COMPUTATION OF GRANTS SFY 09/10 Page 2

CONTRACTED FUNDS	PREVENTION AND WELLNESS SERVICES									INSURANCE COUNSELING		TOTALS
	Health Screening	Nutrition Risk Follow-up	Health Promotion	Physical Fitness	Home Injury Prevention	Senior Games	Minor Home Repair (State Funds)	Medication Management	TOTAL Wellness	Medicare Fraud (AoA)	I-CARE (CMS)	All Sources (Both Pages)
CONTRACTED UNITS	0	0	1,860	3,200	0	0	0	1,808	N/A	10,401	6,394	N/A
Title III Federal B, D,	$0	$0	$8,203	$11,721	$0	$0		$7,676	$27,600	$12,859	$31,943	$1,156,223
ARRA Federal									$0			$122,026
AoA and CMS									$0			$8,500
State 5% Match B,D,	$0	$0	$483	$689	$0	$0		$452	$1,624			$65,378
ARRA State									$0			$7,178
Local:Cash match									$0			$16,278
Local:In-kind match			$965	$1,379				$903	$3,247			$114,478
Total Local Match	$0	$0	$965	$1,379	$0	$0		$903	$3,247	$4,286		$135,042
Total ARRA Local									$0			$14,356
GRI for Title III Services	$0	$0	$173	$950	$0	$0	$0	$0	$1,123			$28,750
Fees for State Services							$0	$0	$0			$300
NSIP									$0			$138,098
ACE-Bingo		$0			$0		$0	$0	$0			$62,463
State Funded Services	$0	$0	$0	$0	$0	$0	$0	$0	$0			$110,708
SC Outcome Based Service	$0	$0	$0	$0	$0	$0	$0	$0				$248,233
SSBG HDM Funds									$0			$94,453
SSBG Grants to AAA									$0			$0
Total Contracted Funds	$0	$0	$9,824	$14,739	$0	$0	$0	$9,031	$33,594	$12,859	$31,943	$2,173,066
Contracted Rate	#DIV/0!	#DIV/0!	$5.2815	$4.6061	#DIV/0!	#DIV/0!	#DIV/0!	$4.9948	N/A	$1.2363	$4.9958	N/A

NOTE: Contracted rate includes Local Match

COMPUTATION OF NET (AIM) UNIT COST AND UNITS PER FUNDING SOURCE

Net Contracted (AIM) Rate	#DIV/0!	#DIV/0!	$5.2815	$4.6061	#DIV/0!	#DIV/0!	#DIV/0!	$4.9948	NA	$1.2363	$4.9958	NA
AIM Units: State Svs Fees	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	NA			NA
AIM Units: ACE-BINGO		#DIV/0!			#DIV/0!		#DIV/0!	0	NA			NA
AIM Units:State Funded Svs	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	NA			NA
AIM Units Out. Based Svs	#DIV/0!	#DIV/0!	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	NA			NA
AIM Units: SSBG HDMs									NA			NA
AIM Units:Other SSBG Svs									NA			NA
AIM ARRA Meal Rate									NA			NA
NSIP Share of CUC									NA			NA
AIM Title III Meal Rate									NA			NA
AIM Units: Title III-GRI (Est.)	#DIV/0!	#DIV/0!	33	206	#DIV/0!	#DIV/0!	#DIV/0!	0	NA			NA
AIM Units: ARRA (Est.)												NA
AIM Units: Title III (F+S+L)	#DIV/0!	#DIV/0!	1827	2994	#DIV/0!	#DIV/0!	#DIV/0!	1808	NA			NA
TOTAL CONTRACT UNITS	#DIV/0!	#DIV/0!	1860	3200	#DIV/0!	#DIV/0!	#DIV/0!	1808	NA			NA

NOTE: Contracted Units for All Services Include Units Projected for GRI and Fees

Total Other Resources per Service	$0	$0	$0	$6,033	$0	$0	$0	$0	NA	$0	$51,548	NA
Total Units Served with Other Resources	0	0	0	1833	0	0	0	0	NA	0	10320	NA
TOTAL SERVICE BUDGET	$0	$0	$9,824	$20,772	$0	$0	$0	$9,031	NA	$12,859	$83,491	NA
Total Unit Cost	#DIV/0!	#DIV/0!	$5.2815	$4.1273	#DIV/0!	#DIV/0!	#DIV/0!	$4.9948	NA	$1.2363	$4.9953	NA

Appendix

Appendix A:	*Certification*
Appendix B:	*Certification*
Appendix C:	*Ombudsman Program*
Appendix D:	*Information, Referral, and Assistance Program*
Appendix E:	*SHIP*
Appendix F:	*Senior Medicare Patrol*
Appendix G:	*Family Caregiver Program*

Appendix A: Certifications

The director of the multi-purpose agency must certify that the aging unit functions only as the area agency on aging for the purpose of carrying out the nine-area agency functions specified in the Older Americans Act.

Appendix B: Certifications

The director of the multi-purpose agency must certify that the area agency on aging shall not use funds received under the Older Americans Act to pay any part of a cost incurred to carry out a contract or commercial relationship that is not necessary to implement Older Americans Act requirements.

Ann M. Lewis, Chief Executive Officers
CareSouth Carolina, Inc.

6/25/09
(Date)

Appendix A: Certifications

The director of the multi-purpose agency must certify that the aging unit functions only as the area agency on aging for the purpose of carrying out the nine-area agency functions specified in the Older Americans Act.

Appendix B: Certifications

The director of the multi-purpose agency must certify that the area agency on aging shall not use funds received under the Older Americans Act to pay any part of a cost incurred to carry out a contract or commercial relationship that is not necessary to implement Older Americans Act requirements.

_____

Ann M. Lewis, Chief Executive Officers
CareSouth Carolina, Inc.

_____

(Date)

Appendix C:

ANE CASES Cases Opened Between 07/01/2008 and 06/30/2009

06/08/2009

Type	Number of Cases	Total Cases Medicaid	Law Enforcement	Attorney General (AG)	SLED
) NURSING FACILITY					
ANE Cases	25	24	3	0	0
Other Cases*	67	51	0	0	0
Total	**92**	**75**	**3**	**0**	**0**
(RCF/BCF) RESIDENT CARE/BASIC CARE FACILITY					
ANE Cases	5	4	0	0	0
Other Cases*	16	5	0	0	0
Total	**21**	**9**	**0**	**0**	**0**
Grand Total:	**113**	**84**	**3**	**0**	**0**

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

ANE CASES Cases Opened Between 07/01/2008 and 06/30/2009 County MARLBORO

06/08/2009

Type	Number of Cases	Total Cases Medicaid	Law Enforcement	Attorney General (AG)	SLED
) NURSING FACILITY					
Other Cases*	2	0	0	0	0
Total	2	0	0	0	0
Grand Total:	2	0	0	0	0

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

ANE CASES Cases Opened Between 07/01/2008 and 06/30/2009 County MARION

06/08/2009

ype	Number of Cases	Total Cases Medicaid	Law Enforcement	Attorney General (AG)	SLED
) NURSING FACILITY					
ANE Cases	1	1	0	0	0
Total	1	1	0	0	0
(RCF/BCF) RESIDENT CARE/BASIC CARE FACILITY					
ANE Cases	1	1	0	0	0
Other Cases*	1	1	0	0	0
Total	2	2	0	0	0
Grand Total:	3	3	0	0	0

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

ANE CASES Cases Opened Between 07/01/2008 and 06/30/2009 County FLORENCE

06/08/2009

Type	Number of Cases	Total Cases Medicaid	Law Enforcement	Attorney General (AG)	SLED
) NURSING FACILITY					
ANE Cases	15	15	1	0	0
Other Cases*	52	41	0	0	0
Total	67	56	1	0	0
(RCF/BCF) RESIDENT CARE/BASIC CARE FACILITY					
ANE Cases	1	1	0	0	0
Other Cases*	13	4	0	0	0
Total	14	5	0	0	0
Grand Total:	81	61	1	0	0

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

ANE CASES Cases Opened Between 07/01/2008 and 06/30/2009 County DILLON

06/08/2009

ype	Number of Cases	Total Cases Medicaid	Law Enforcement	Attorney General (AG)	SLED
) NURSING FACILITY					
ANE Cases	4	3	0	0	0
Other Cases*	6	4	0	0	0
Total	10	7	0	0	0
(RCF/BCF) RESIDENT CARE/BASIC CARE FACILITY					
Other Cases*	1	0	0	0	0
Total	1	0	0	0	0
Grand Total:	11	7	0	0	0

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

ANE CASES Cases Opened Between 07/01/2008 and 06/30/2009 County DARLINGTON

06/08/2009

Type	Number of Cases	Total Cases Medicaid	Law Enforcement	Attorney General (AG)	SLED
(NF) NURSING FACILITY					
ANE Cases	4	4	2	0	0
Other Cases*	6	5	0	0	0
Total	10	9	2	0	0
(RCF/BCF) RESIDENT CARE/BASIC CARE FACILITY					
ANE Cases	1	1	0	0	0
Total	1	1	0	0	0
Grand Total:	11	10	2	0	0

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

ANE CASES Cases Opened Between 07/01/2008 and 06/30/2009 County CHESTERFIELD

06/08/2009

pe	Number of Cases	Total Cases Medicaid	Law Enforcement	Attorney General (AG)	SLED
(NF) NURSING FACILITY					
Other Cases*	1	1	0	0	0
Total	**1**	**1**	**0**	**0**	**0**
(RCF/BCF) RESIDENT CARE/BASIC CARE FACILITY					
ANE Cases	2	1	0	0	0
Other Cases*	1	0	0	0	0
Total	**3**	**1**	**0**	**0**	**0**
Grand Total:	**4**	**2**	**0**	**0**	**0**

*All other Complaints include Complaint Numbers 8-116, 118-120, and 122-133

Appendix D:

Vantage Point, a division of CareSouth Carolina, Inc.
Pee Dee Region
Information, Referral and Assistance
July 1, 2007- June 30, 2008

Total Contacts: **1,415**

Caller Gender:

982	Female
309	Male
124	No Data
1,415	

Ethnicity

304	White
2	Hispanic or Latino
263	Black or African American
2	Asian
17	American Indian or Alaska Native
6	Other
821	No Dat
1,415	

Age Range:

9	0-18 years
195	60-84 years
10	85 years -older
1,201	No Data
1,415	

Caller County:

1	Charleston	1	Lancaster
1	Cherokee	1	Lee
199	Chesterfield	5	Lexington
3	Clarendon	40	Marion
298	Darlington	118	Marlboro
80	Dillon	5	Richland
138	Florence	524	No Data
1	Horry	**1,415**	

Client County of Need:

1	Bamberg	43	Florence
14	Chester	1	Kershaw
52	Chesterfield	9	Marion
68	Darlington	27	Marlboro
55	Dillon	1,144	No Data
		1,415	

Appendix E:

State Health Insurance Assistance Program (SHIP)

Client Contact Summary Report
from 7/1/2007 to 6/30/2008
Sub State Region: Vantage Point (South Carolina)

Vantage Point = Chesterfield Darlington Dillon Florence Marion Marlboro

		Count
Number of Client Contact Forms		196
Type of Client/Assistance Req by:	Beneficiary (self)	182
	Couple	3
	Caregiver	22
	Agency	1
Number of Beneficiaries with Multiple Contacts		46
Where Client Learned About the SHIP	CMS (1-800-Medicare, www.Medicare.gov, Medicare & You, CMS mailing)	0
	Presentations/Fairs	45
	State-specific mailings/brochures/posters	0
	Agency (senior org, disability org, Social Security)	6
	Friend/Relative	47
	Media (PSA, ad, newspaper, radio, etc)	0
	Other	98
	Not Collected	0
Type of Contact:	Telephone	143
	Quick Call (<10)	16
	In-Person (site)	64
	In-Person (home visit)	11
	E-mail / Fax / Postal Mail	6
Average Minutes Spent with Beneficiary for All Contacts		37
Total Minutes Spent with Beneficiary for All Contacts		9180
Section 2 - Beneficiary Demographics		
Beneficiary Age:	Under 65	50
	65-74	66
	75-84	57
	85 or Older	12
	Not Collected	7
Beneficiary Gender:	Female	132
	Male	58
	Not Collected	0
Beneficiary Ethnicity / Race:	American Indian or Alaska Native	1
	Asian	0
	Black or African American	71
	Hispanic or Latino	0
	Native Hawaiian, or other Pacific Islander	0
	White, Not of Hispanic Origin	112
	Other	1

	Not Collected	10
Beneficiary Income:	Below 150% of FPL	97
	At or greater than 150% of FPL	75
	Not Collected	2
Beneficiary Disabled:	Yes	78
	No	105
	Not Collected	1
Section 3 – Topics Discussed		
Medicare Prescription Drug Coverage (PDP/MA-PD):	Plan eligibility, benefit comparisons	61
	Low-income assistance - eligibility, benefit comparisons	44
	Enrollment / application assistance	13
	Claims / billing	16
	Appeals/ quality of care/complaints	5
Other Sources of Prescription Drug Coverage/Assistance:	Medicare-Approved Drug Discount Card	1
	State Pharmacy Assistance Program	3
	Union/Employer plan	0
	Manufacturer's Assistance Program	1
	Discount plans	0
	Other	0
Medicare (Parts A and B):	Enrollment, eligibility, benefits	21
	Claims/billing	7
	Appeals/ quality of care/complaints	1
Medicare Health Plans (HMOs, PPOs, PFFS, Special Needs Plans):	Enrollment, disenrollment, eligibility, comparisons	58
	Plan or benefit changes/non-renewals	0
	Claims/billing	2
	Appeals/ quality of care/complaints	6
Medicaid (enrollment, eligibility, benefits):	QMB/SLMB/QI	24
	Other Medicaid	44
Medigap/ Supplement/ SELECT:	Enrollment, eligibility, comparisons	6
	Change coverage	3
	Claims/appeals	2
Other:	Long-Term Care	7
	Fraud and Abuse	10
	Military Health Benefits	2
	Employer Health Plan or Federal Employee Health Benefits Program	1
	Customer Service issues/complaints	0
	Other	46

Welcome sherryjohnson, Return to SHIPtalk

NPR Manual
Client Contact Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Public & Media Activity Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Resource Report Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Reports
Create SubState Region
Client Contact Summary
Public & Media Activity Summary
Performance Measurement Report
Upload
Upload File

Printer friendly version

Public and Media Activity Summary Report for 7/1/2007 to 6/30/2008 by Sherry Johnson (South Carolina)

SECTION 1 - TYPE OF ACTIVITY

Total # of activities:	0	*Non-REACH	0

	Totals		Totals
A. # Interactive Present. to public	13	**E. # TV/cable show (not PSA/ad)**	0
Estimated # of attendees	458	Estimated # of people reached	0
Estimated # of people enrolled	0	# times re-aired	0
	Totals		**Totals**
B. # Booths/exhib. at fairs	8	**F. # Enrollment Event**	0
Estimated # of people reached	7295	Estimated # of people enrolled	0
Estimated # of people enrolled	0		
	Totals		**Totals**
C. # Radio shows (not PSA/ad)	0	**G. # Other (e.g. PSA, mailing etc.)**	0
Estimated # of people reached	0	Estimated # of people reached	0
# times re-aired	0	# times re-aired/re-printed etc.	0
	Totals		
D. # of Web-site events	0		
Estimated # of people reached	0		

SECTION 2 - ACTIVITY INFORMATION

Total # hours for length of events/activities 12 hours (round to the nearest hour)

Types of presenters:	Totals
SHIP Staff/coordinator/sponsor	13
SHIP Counselor/volunteer	6
Other	1

SECTION 3 - TOPIC FOCUS

# events/activities that covered:	Totals		Totals
Medicare (Parts A and B)	1	Other Prescription Drug Coverage/Assistance	0
Non-renewal Situation	0	Medicare Health Plans	

View Status
More Information
Client Contact Form
Public & Media Activity Form

			0
Long-Term Care	0	QMB/SLMB/QI	0
Medigap/Medicare Supplements	0	Other Medicaid	0
Fraud & Abuse	2	General SHIP program information	20
Medicare Prescription Drug Coverage (PDP/MA-PD)	3	Other (specific health topics - ESRD, diabetes)	3

SECTION 4 - TARGET AUDIENCE

	Totals		Totals
Medicare beneficiaries and/or pre-enrollees	17	Family members/caregivers of Medicare beneficiary	17
Low-income	18	American Indian or Alaska Native	11
Asian	0	Black or African American	16
Hispanic or Latino	2	Native Hawaiian or other Pacific Islander	0
White, Not of Hispanic origin	18	Disabled	18
Rural	21	Other (such as professionals)	6
* Medicare beneficiaries and/or pre-enrollees	0	* Hispanic	0
* Family members/caregivers of Medicare benes.	0	* American Indian	0
* Low-income	0	* African American	0
* Low-education	0	* Disabled	0
* Asian/Pacific Islander	0	* Rural	0
* Eskimo & Aleut	0	* Other (such as professionals)	0

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

Select a Different Report

Disclaimer | www.cms.gov | www.medicare.gov
©2004 State Health Insurance Assistance Program. All rights reserved.

CMS RO IV
SHIP LIS Activity Report

Due on the 5th of the following month

SHIP Region PEE DEE VII
Submitted by: SHERRY JOHNSON

Program Objective	Proposed Activity	Progress To Date
Reached beneficiaries Zip code 29570 (McColl, SC) provided by CMS	Two outreach sessions were done at CareSouth Carolina (Rural Health Center) in the month of September 2008 (McColl Center)	75 patients came thru and screen and/or educated for LIS 19 not interested in listening about LIS 6 LIS application given 50 already on Medicaid
Reached beneficiaries Zip code 29570 (McColl, SC) provided by CMS	Two outreach sessions were done at CareSouth Carolina (R HC) in the month of October 2008 (McColl Center)	55 patients came thru and were screen and/or educated for LIS 6 LIS application given 5 no interested 44 either on Medicaid or receiving assistance
Reached beneficiaries Zip code 29596 (Wallace, SC) provided by CMS	Two outreach sessions were done at CareSouth Carolina (RHC) in the month of October 2008 (Bennettsville Center)	23 patients at each session was screened or educated about the LIS Program Total of (46) patients was educated 3 applications were given 4 not interested 39 were receiving or either over the income guidelines
Number of LIS Applications Given 15		

CMS RO IV
SHIP LIS Activity Report

Due on the 5th of the following month

SHIP Region PEE DEE VII
Submitted by: SHERRY JOHNSON

Program Objective	Proposed Activity	Progress To Date
Reached beneficiaries Zip code 29550) (Hartsville, SC) provided by CMS	Partner up with CareSouth Carolina (PHARMACY) the month of October2008 (Hartsville Center)	27 was referred to Vantage Point Area Agency For Medicare Part D, assistance we reviewed and/or educated each patient 8 rec. LIS Applications 10 was over or already receiving some help 9 no interested
Reached beneficiaries Zip code 29114 (Olanta, SC) Florence County provided by CMS	Presentation was given at the Olanta Nutrition Center in October 2008	25 attended the LIS Program Overall Presentation on Medicare and LIS and how this program would help Seniors 4 asked for a application 21 was already either on Medicaid or rec. LIS
Reached beneficiaries Zip code 29550 (Hartsville, SC) provided by CMS	Partner up with CareSouth Carolina (PHARMACY) the month of November 2008 (Hartsville Center)	22 was referred to Vantage Point Area Agency For Medicare Part D, assistances and we reviewed and we educated all 22 clients 10 rec. LIS Applications 12 was over or guidelines
Number of LIS Applications Given 22		

CMS RO IV
SHIP LIS Activity Report

Due on the 5th of the following month

SHIP Region PEE DEE VII
Submitted by: SHERRY JOHNSON

Program Objective	Proposed Activity	Progress To Date
Reached beneficiaries Zip code 29709 (Chesterfield, SC) provided by CMS	One outreach session was done at CareSouth Carolina (Rural Health Center) in the month of November 2008 (Chesterfield Center)	45 patients came thru and screen for LIS 2 LIS application given 8 show no interested 35 either on Medicaid (SLMB ABD) and didn't know it or receiving assistance
Number of LIS Applications Submitted 2		

CMS RO IV
SHIP LIS Activity Report
DECEMBER 2008

SHIP Region PEE DEE VII
Submitted by: SHERRY JOHNSON

Program Objective	Proposed Activity	Progress To Date
Reached beneficiaries Zip code 29573 (MINTURN, SC) (Dillon County)provided by CMS	Display/Presentation at Minturn Baptist Church 2105 Cotton Gin Road Dillon, SC 29573 (Minturn Community)	Saturday, December 13, 2008 8:30 A.M. – 1:00 P.M. Presentation and a Display Booth was set up 50 in attendance (all ages) and 15 LIS application were given to seniors that inquire.
Reached beneficiaries Zip code 29506 (FLORENCE, SC) provided by CMS	Display/Presentation at Pentecostal Temple Church of God in Christ 806 Pine Street Florence, SC 29506 (Faith Base Community Organization)	Wednesday, December 17, 2008 3:00 P.M. Presentation was given on Medicare/Medicare Part D, LIS Program 25 in attendance 3 inquire for a LIS Application 5 already receiving LIS
Reached beneficiaries Zip code 29550 (Hartsville SC) provided by CMS	Partner up with a local (PHARMACY) the month of December 2008 (Hartsville)	15 customers were referred to AAA for more information on the Medicare/Medicare and LIS Program. 2 received LIS Application
Number of LIS Applications Given 20		

Appendix F:

Senior Medicare Patrol (SMP) Pr. .t Fraud Training Documentation

Training Date:	Site Location	Speaker(s)and Topic(s):	Attendance	Time (H/M)
07/02/2007	ADRC Open House (Booth)	Booth/I-Care/SMP	25	5:00 pm – 7:00 pm
07/12/2007	DuPont Retiree Group	I-CARE/MEDICARE FRAUD	32	11:0 am–12:00pm
07/13/2007	Chesterfield County Coordinating Council	I-CARE/MEDICARE FRAUD	62	10:30am – 11:30 am
08/06/2007	CareSouth Carolina Senior Leaders	I-CARE/MEDICARE FRAUD	20	11:00 am– 12:00 pm
09/04/2007	ADRC Leaders	I-CARE/MEDICARE FRAUD	20	9:00 am – 10:00 am
09/25/2007	First United Methodist Church	I-CARE/MEDICARE FRAUD	52	11:00 am – 12:00 pm
10/02/2007	Golden Girls	I-CARE/MEDICARE FRAUD	20	4:00 pm – 5:30 pm
10/10/2007	Westside Baptist Church	I-CARE/MEDICARE FRAUD	50	12:00 pm – 1:00 pm
11/15/2007	Darlington Presb. Church	I-CARE/MEDICARE FRAUD	25	11:00 am – 12:00 pm
12/08/2007	Minturn Grove Senior Group	Health Fair Booth/I-CARE/SMP Presentation	100	8:30 am – 1:30 pm

Media: A Cable TV Ad is running every other month at no charge to reached people in the community of Darlington, Florence and Chesterfield Counties.

I-Care/Medicare Fraud Ad's are ran monthly with Golden Life and the local newspaper at least 12,000 people sees these papers and media

	PERFORMANCE MEASURES	TOTAL FOR REPORTING PERIOD July 2007 – Dec 07
	OUTPUTS:	
1	Number of training sessions conducted to train **new** volunteers (**previously referred to as trainers**)	0
2	Number of **new** volunteers trained	0
3	Number of media events conducted	1
4	Number of community education events conducted	11
	OUTCOMES:	
5	Number of volunteers, who for the first time, conducted activities to educate beneficiaries	0
6	Number of group sessions for beneficiaries led by volunteers (I-care Coordinator)	9
7	Number of beneficiaries who attended group sessions led by volunteers	172
8	Number of one-on-one sessions held between beneficiaries and volunteers Dome + site one-on-one	42
9	Estimated number of people reached by media events	12,000
10	Estimated number of people reached by community education events	431
11	Number of complaints received attributable to the project	0
12	Number of complaints referred for follow-up	0
13	Number of complaints that resulted in some action	0
14	Medicare funds recovered attributable to the project	0
15(A)	Medicaid funds recovered attributable to the project	0
15(B)	Savings to beneficiaries attributable to the project	0
15(C)	Other savings attributable to the project	0

Senior Medicare Patrol (SMP) Project Bi-Annual Fraud Report

Organization Name: Vantage Point

Regional Coordinator: Sherry Johnson Month/Year: July.07 – Dec. 2007

Number of Trained Staff: 7 Number of Trained Volunteers: 7

Number of Training Sessions: 0 Number of Volunteers Trained: 7

Media Events: 1 Estimated number of people reached: 12,000

Community Education Events: 11 Estimated number of people reached: 431

Number of Group Sessions: 0 Total Attendance: 12,431

One-on-One Sessions: 36 Home: 6 Center(s): 6 Telephone: (843) 383-8632

Medicare Fraud Complaints:	Funds Recovered:	Referrals Made:
0 Medicare Part A	$ 0	_____ Department of Insurance
0 Medicare Part B	$ 0	_____ Coordination of Benefits
0 Durable Medical Equipment	$ 0	_____ Medicare (1-800-633-4227)
0 Prescription Drug Card	$ 0	_____ Medicare Fraud Hotline
0 Home Health	$ 0	_____ Legal Assistance
0 Medicaid	$ 0	_____ AG Medicaid Integrity Unit

Savings to the Beneficiary $ 0 Other Savings $ 0

Other Health Insurance Fraud:	Complaints Against:
_____ Medigap / Supplemental	_____ Provider/Physician
_____ Long-Term Care	_____ Lab/Supplier/Etc.
_____ Medicare Advantage Plan	_____ Facility
_____ Review MSN	

Brief Summary of Medicare Fraud Significant Issues:

1.Name_of_Community_Event See Attachment

2.Names_of_Partners_-CMS, Caresouth

3.Type_of_Media_Event We ran an advertisement on the Cable TV for 30 days about Medicare Fraud

State Health Insurance Assistance Program (SHIP)

Client Contact Summary Report
from 7/1/2007 to 12/31/2007
Sub State Region: Vantage Point (South Carolina)

Vantage Point = Chesterfield Darlington Dillon Florence Marion Marlboro

		Count
Number of Client Contact Forms		106
Type of Client/Assistance Req by:	Beneficiary (self)	104
	Couple	3
	Caregiver	2
	Agency	1
Number of Beneficiaries with Multiple Contacts		39
Where Client Learned About the SHIP	CMS (1-800-Medicare, www.Medicare.gov, Medicare & You, CMS mailing)	0
	Presentations/Fairs	29
	State-specific mailings/brochures/posters	0
	Agency (senior org, disability org, Social Security)	3
	Friend/Relative	33
	Media (PSA, ad, newspaper, radio, etc)	0
	Other	41
	Not Collected	0
Type of Contact:	Telephone	87
	Quick Call (<10)	11
	In-Person (site)	36
	In-Person (home visit)	6
	E-mail / Fax / Postal Mail	3
Average Minutes Spent with Beneficiary for All Contacts		35
Total Minutes Spent with Beneficiary for All Contacts		5215
Section 2 - Beneficiary Demographics		
Beneficiary Age:	Under 65	21
	65-74	40
	75-84	30
	85 or Older	7
	Not Collected	5
Beneficiary Gender:	Female	75
	Male	28
	Not Collected	0
Beneficiary Ethnicity / Race:	American Indian or Alaska Native	1
	Asian	0
	Black or African American	40
	Hispanic or Latino	0
	Native Hawaiian, or other Pacific Islander	0
	White, Not of Hispanic Origin	58
	Other	0
	Not Collected	6

Beneficiary Income:	Below 150% of FPL	43
	At or greater than 150% of FPL	41
	Not Collected	2
Beneficiary Disabled:	Yes	34
	No	62
	Not Collected	1
Section 3 – Topics Discussed		
Medicare Prescription Drug Coverage (PDP/MA-PD):	Plan eligibility, benefit comparisons	35
	Low-income assistance - eligibility, benefit comparisons	16
	Enrollment / application assistance	9
	Claims / billing	9
	Appeals/ quality of care/complaints	3
Other Sources of Prescription Drug Coverage/Assistance:	Medicare-Approved Drug Discount Card	1
	State Pharmacy Assistance Program	2
	Union/Employer plan	0
	Manufacturer's Assistance Program	1
	Discount plans	0
	Other	0
Medicare (Parts A and B):	Enrollment, eligibility, benefits	8
	Claims/billing	5
	Appeals/ quality of care/complaints	0
Medicare Health Plans (HMOs, PPOs, PFFS, Special Needs Plans):	Enrollment, disenrollment, eligibility, comparisons	19
	Plan or benefit changes/non-renewals	0
	Claims/billing	0
	Appeals/ quality of care/complaints	0
Medicaid (enrollment, eligibility, benefits):	QMB/SLMB/QI	6
	Other Medicaid	22
Medigap/ Supplement/ SELECT:	Enrollment, eligibility, comparisons	3
	Change coverage	1
	Claims/appeals	0
Other:	Long-Term Care	2
	Fraud and Abuse	6
	Military Health Benefits	0
	Employer Health Plan or Federal Employee Health Benefits Program	0
	Customer Service issues/complaints	0
	Other	6

Welcome sherryjohnson, Return to SHIPtalk

NPR Manual
Client Contact Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Public & Media Activity Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Resource Report Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Reports
Create SubState Region
Client Contact Summary
Public & Media Activity Summary
Performance Measurement Report
Upload
Upload File
View Status

Printer friendly version Download to Excel

Public and Media Activity Summary Report for 7/1/2007 to 12/31/2007 b Sherry Johnson (South Carolina)

SECTION 1 - TYPE OF ACTIVITY

Total # of activities: 0 *Non-REACH 0

*REACH

	Totals		Totals
A. # Interactive Present. to public	9	**E. # TV/cable show (not PSA/ad)**	0
Estimated # of attendees	331	Estimated # of people reached	0
Estimated # of people enrolled	0	# times re-aired	0
	Totals		Totals
B. # Booths/exhib. at fairs	2	**F. # Enrollment Event**	0
Estimated # of people reached	100	Estimated # of people enrolled	0
Estimated # of people enrolled	0		
	Totals		Totals
C. # Radio shows (not PSA/ad)	0	**G. # Other (e.g. PSA, mailing etc.)**	0
Estimated # of people reached	0	Estimated # of people reached	0
# times re-aired	0	# times re-aired/re-printed etc.	0
	Totals		
D. # of Web-site events	0		
Estimated # of people reached	0		

SECTION 2 - ACTIVITY INFORMATION

Total # hours for length of events/activities 0 hours (round to the nearest hour)

Types of presenters:	Totals
SHIP Staff/coordinator/sponsor	8
SHIP Counselor/volunteer	2
Other	0

SECTION 3 - TOPIC FOCUS

# events/activities that covered:	Totals		Totals
Medicare (Parts A and B)	1	Other Prescription Drug Coverage/Assistance	0
Non-renewal Situation	0	Medicare Health Plans	0
Long-Term Care	0	QMB/SLMB/QI	0

More Information
Client Contact Form
Public & Media Activity Form

Medigap/Medicare Supplements	0	Other Medicaid	0
Fraud & Abuse	2	General SHIP program information	10
Medicare Prescription Drug Coverage (PDP/MA-PD)	3	Other (specific health topics - ESRD, diabetes)	0

SECTION 4 - TARGET AUDIENCE

	Totals		Totals
Medicare beneficiaries and/or pre-enrollees	8	Family members/caregivers of Medicare beneficiary	9
Low-income	8	American Indian or Alaska Native	5
Asian	0	Black or African American	7
Hispanic or Latino	1	Native Hawaiian or other Pacific Islander	0
White, Not of Hispanic origin	9	Disabled	8
Rural	11	Other (such as professionals)	5
* Medicare beneficiaries and/or pre-enrollees	0	* Hispanic	0
* Family members/caregivers of Medicare benes.	0	* American Indian	0
* Low-income	0	* African American	0
* Low-education	0	* Disabled	0
* Asian/Pacific Islander	0	* Rural	0
* Eskimo & Aleut	0	* Other (such as professionals)	0

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

Select a Different Report

Disclaimer | www.cms.gov | www.medicare.gov
©2004 State Health Insurance Assistance Program. All rights reserved.

State Health Insurance Assistance Program (SHIP)

Client Contact Summary Report
from 1/1/2008 to 6/30/2008
Sub State Region: Vantage Point (South Carolina)

Vantage Point = Chesterfield Darlington Dillon Florence Marion Marlboro

		Count
Number of Client Contact Forms		90
Type of Client/Assistance Req by:	Beneficiary (self)	78
	Couple	0
	Caregiver	20
	Agency	0
Number of Beneficiaries with Multiple Contacts		7
Where Client Learned About the SHIP	CMS (1-800-Medicare, www.Medicare.gov, Medicare & You, CMS mailing)	0
	Presentations/Fairs	16
	State-specific mailings/brochures/posters	0
	Agency (senior org, disability org, Social Security)	3
	Friend/Relative	14
	Media (PSA, ad, newspaper, radio, etc)	0
	Other	57
	Not Collected	0
Type of Contact:	Telephone	56
	Quick Call (<10)	5
	In-Person (site)	28
	In-Person (home visit)	5
	E-mail / Fax / Postal Mail	3
Average Minutes Spent with Beneficiary for All Contacts		40
Total Minutes Spent with Beneficiary for All Contacts		3965
Section 2 - Beneficiary Demographics		
Beneficiary Age:	Under 65	29
	65-74	26
	75-84	27
	85 or Older	5
	Not Collected	2
Beneficiary Gender:	Female	57
	Male	30
	Not Collected	0
Beneficiary Ethnicity / Race:	American Indian or Alaska Native	0
	Asian	0
	Black or African American	31
	Hispanic or Latino	0
	Native Hawaiian, or other Pacific Islander	0
	White, Not of Hispanic Origin	54
	Other	1
	Not Collected	4

Beneficiary Income:	Below 150% of FPL	54
	At or greater than 150% of FPL	34
	Not Collected	0
Beneficiary Disabled:	Yes	44
	No	43
	Not Collected	0
Section 3 – Topics Discussed		
Medicare Prescription Drug Coverage (PDP/MA-PD):	Plan eligibility, benefit comparisons	26
	Low-income assistance - eligibility, benefit comparisons	28
	Enrollment / application assistance	4
	Claims / billing	7
	Appeals/ quality of care/complaints	2
Other Sources of Prescription Drug Coverage/Assistance:	Medicare-Approved Drug Discount Card	0
	State Pharmacy Assistance Program	1
	Union/Employer plan	0
	Manufacturer's Assistance Program	0
	Discount plans	0
	Other	0
Medicare (Parts A and B):	Enrollment, eligibility, benefits	13
	Claims/billing	2
	Appeals/ quality of care/complaints	1
Medicare Health Plans (HMOs, PPOs, PFFS, Special Needs Plans):	Enrollment, disenrollment, eligibility, comparisons	39
	Plan or benefit changes/non-renewals	0
	Claims/billing	2
	Appeals/ quality of care/complaints	6
Medicaid (enrollment, eligibility, benefits):	QMB/SLMB/QI	18
	Other Medicaid	22
Medigap/ Supplement/ SELECT:	Enrollment, eligibility, comparisons	3
	Change coverage	2
	Claims/appeals	2
Other:	Long-Term Care	5
	Fraud and Abuse	4
	Military Health Benefits	2
	Employer Health Plan or Federal Employee Health Benefits Program	1
	Customer Service issues/complaints	0
	Other	40

Senior Medicare Patrol (SMP) Pr[illegible]t Fraud Training Documentation

Training Date:	Site Location	Speaker(s)and Topic(s):	Attendance	Time (H/M)
01/28/2008	First Baptist Faith Base Coalition Group	I-CARE/MEDICARE FRAUD	40	7:00 pm –9:00pm
02/22/2008	Trinity United Methodist Church (HEALTH FAIR)	Booth/I-CARE/SMP	25	1:15 am – 5:00pm
02/23/2008	YMCA Heart Health Group (BOOTH HEALTH FAIR)	Booth/I-CARE/SMP	40	1:00 pm– 5:00 pm
02/25/2008	Pageland Nutrition Center	I-CARE/MEDICARE FRAUD	20	10:15 am– 11:30 pm
02/29/2008	St. James Missionary Baptist Church (BOOTH HEALTH FAIR)	Booth/I-CARE/SMP	25	1:00 pm – 5:00 pm
03/06/2008	Bethlehem Senior Group	I-CARE/MEDICARE FRAUD	25	11:00 am – 12:00 pm
03/07/2008	Wallace Family Life Center (BOOTH HEALTH FAIR)	Booth/I-CARE/SMP/FRAUD	25	1:00 am – 5:00 pm
03/12/2008	Westside Baptist Church	I-CARE/MEDICARE FRAUD	42	11:30 am – 1:00 pm
03/14,15/2008	Florence Senior Expo (BOOTH)	Booth/I-CARE/SMP	7000	2 all day events
04/19/2008	Greater Bethesda Missionary Baptist Church	Present/ Booth/I-CARE/SMP	80	9:00 am – 1:00 pm

Media: A Cable TV Ad is running every other month at no charge to reached people in the community of Darlington, Florence and Chesterfield Counties.

I-Care/Medicare Fraud Ad's are ran monthly with Golden Life and the local newspaper

Senior Expo (March 14,15, 2008)

- Gave out of 2,000 bags with Medicare Fraud Hotline Number along with our toll free number and agency name of it. Inside the bags was printed material about Medicare/Medicare Fraud and etc.
- Gave out Water Bottles, pill boxes, coffee cups with the Medicare Fraud information on it as well

	PERFORMANCE MEASURES	TOTAL FOR REPORTING PERIOD January 2008 through June 2008
	OUTPUTS:	
1	Number of training sessions conducted to train **new** volunteers (**previously referred to as trainers**)	0
2	Number of **new** volunteers trained	0
3	Number of media events conducted	1
4	Number of community education events conducted	10
	OUTCOMES:	
5	Number of volunteers, who for the first time, conducted activities to educate beneficiaries	1
6	Number of group sessions for beneficiaries led by volunteers	4
7	Number of beneficiaries who attended group sessions led by volunteers	127
8	Number of one-on-one sessions held between beneficiaries and volunteers	33
9	Estimated number of people reached by media events	12,000
10	Estimated number of people reached by community education events	7322
11	Number of complaints received attributable to the project	0
12	Number of complaints referred for follow-up	0
13	Number of complaints that resulted in some action	0
14	Medicare funds recovered attributable to the project	0
15(A)	Medicaid funds recovered attributable to the project	0
15(B)	Savings to beneficiaries attributable to the project	0
15(C)	Other savings attributable to the project	0

Senior Medicare Patrol (SMP) Project Bi-Annual Fraud Report

Organization Name: Vantage Point

Regional Coordinator: Sherry Johnson Month/Year: Jan.08 – June 2008

Number of Trained Staff: 7 Number of Trained Volunteers: 7

Number of Training Sessions: 0 Number of Volunteers Trained: 7

Media Events: 1 Estimated number of people reached: 12,000

Community Education Events: 10 Estimated number of people reached: 7,322

Number of Group Sessions: 0 Total Attendance: 19,322

One-on-One Sessions: 28 Home: 5 Center(s): 6 Telephone: (843) 383-8632

Medicare Fraud Complaints:	Funds Recovered:	Referrals Made:
0 Medicare Part A	$ 0	_____ Department of Insurance
0 Medicare Part B	$ 0	_____ Coordination of Benefits
0 Durable Medical Equipment	$ 0	_____ Medicare (1-800-633-4227)
0 Prescription Drug Card	$ 0	_____ Medicare Fraud Hotline
0 Home Health	$ 0	_____ Legal Assistance
0 Medicaid	$ 0	_____ AG Medicaid Integrity Unit

Savings to the Beneficiary $ 0 Other Savings $ 0

Other Health Insurance Fraud:	Complaints Against:
_____ Medigap / Supplemental	_____ Provider/Physician
_____ Long-Term Care	_____ Lab/Supplier/Etc.
_____ Medicare Advantage Plan	_____ Facility
_____ Review MSN	

Brief Summary of Medicare Fraud Significant Issues:

1.Name_of_Community_Event See Attachment

2.Names_of_Partners_-CMS, Caresouth

3.Type_of_Media_Event We ran an advertisement on the Cable TV for 30 days about Medicare Fraud

Welcome sherryjohnson, Return to SHIPtalk

NPR Manual
Client Contact Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Public & Media Activity Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Resource Report Form
Form Instructions
New
Edit
View/Print
Printable Form (pdf)
Reports
Create SubState Region
Client Contact Summary
Public & Media Activity Summary
Performance Measurement Report
Upload
Upload File
View Status

Printer friendly version Download to Excel

Public and Media Activity Summary Report for 1/1/2008 to 6/30/2008 by Sherry Johnson (South Carolina)

SECTION 1 - TYPE OF ACTIVITY

Total # of activities: 0

*REACH 0

*Non-REACH 0

	Totals
A. # Interactive Present. to public	4
Estimated # of attendees	127
Estimated # of people enrolled	0
B. # Booths/exhib. at fairs	6
Estimated # of people reached	7195
Estimated # of people enrolled	0
C. # Radio shows (not PSA/ad)	0
Estimated # of people reached	0
# times re-aired	0
D. # of Web-site events	0
Estimated # of people reached	0
E. # TV/cable show (not PSA/ad)	0
Estimated # of people reached	0
# times re-aired	0
F. # Enrollment Event	0
Estimated # of people enrolled	0
G. # Other (e.g. PSA, mailing etc.)	0
Estimated # of people reached	0
# times re-aired/re-printed etc.	0

SECTION 2 - ACTIVITY INFORMATION

Total # hours for length of events/activities 12 hours (round to the nearest hour)

Types of presenters:	Totals
SHIP Staff/coordinator/sponsor	5
SHIP Counselor/volunteer	4
Other	1

SECTION 3 - TOPIC FOCUS

# events/activities that covered:	Totals		Totals
Medicare (Parts A and B)	0	Other Prescription Drug Coverage/Assistance	0
Non-renewal Situation	0	Medicare Health Plans	0
Long-Term Care	0	QMB/SLMB/QI	0

More Information
Client Contact Form
Public & Media Activity Form

Medigap/Medicare Supplements	0	Other Medicaid	0
Fraud & Abuse	0	General SHIP program information	10
Medicare Prescription Drug Coverage (PDP/MA-PD)	0	Other (specific health topics - ESRD, diabetes)	3

SECTION 4 - TARGET AUDIENCE

	Totals		Totals
Medicare beneficiaries and/or pre-enrollees	9	Family members/caregivers of Medicare beneficiary	8
Low-income	10	American Indian or Alaska Native	6
Asian	0	Black or African American	9
Hispanic or Latino	1	Native Hawaiian or other Pacific Islander	0
White, Not of Hispanic origin	9	Disabled	10
Rural	10	Other (such as professionals)	1
* Medicare beneficiaries and/or pre-enrollees	0	* Hispanic	0
* Family members/caregivers of Medicare benes.	0	* American Indian	0
* Low-income	0	* African American	0
* Low-education	0	* Disabled	0
* Asian/Pacific Islander	0	* Rural	0
* Eskimo & Aleut	0	* Other (such as professionals)	0

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

Select a Different Report

Disclaimer | www.cms.gov | www.medicare.gov
©2004 State Health Insurance Assistance Program. All rights reserved.

Appendix G:

Main menu / Print Report

South Carolina Family Caregiver Support Program:
Regional Data Report: 07-Pee Dee
Report for Period From 07-01-2007 Through 06-30-2008

Data Report for Title III award, people served, and Units provided

	Total Federal III-E Award			People Served			Units Provided		
	Family CG	SRC*	Total	Family CG	SRC*	Total	Family CG	SRC*	Total
I Information (To Groups)									
Outreach - Community Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Participation in Community Events	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Publicity Campaigns	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Resource Development and Planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
X2002-04 Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
II Assistance									
Assessment or Screening	0.00	0.00	0.00	240.00	13.00	253.00	484.00	28.00	512.00
Assessment-Home (Assessment or Screening - Home)	0.00	0.00	0.00	14.00	1.00	15.00	23.00	2.00	25.00
Care Coordination	0.00	0.00	0.00	70.00	1.00	71.00	70.00	1.00	71.00
Follow-Up or Evaluation	0.00	0.00	0.00	41.00	3.00	44.00	43.50	3.00	46.50
I and A, Information and Assistance	0.00	0.00	0.00	3.00	0.00	3.00	2.00	0.00	2.00
X2002-04 Care Coordination - Home	0.00	0.00	0.00	16.00	0.00	16.00	15.00	0.00	15.00
X2002-04 Other	0.00	0.00	0.00	3.00	1.00	4.00	3.00	1.00	4.00
X2002-04 Placement Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
X2002-04 Simple Information	0.00	0.00	0.00	43.00	4.00	47.00	44.00	4.00	48.00
X2002-04 Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Group	0.00	0.00	0.00	430.00	23.00	453.00	684.50	39.00	723.50
III Support Groups									
(X2002-04 Other)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(X2002-04 Telephone)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Individual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Individual-Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training									
Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Individual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
X2002-04 Individual - Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
X2002-04 Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

* Seniors Raising Children (SRC)

More Data Report for Title III award, people served, and Units provided

	Total Federal III-E Award			People Served			Units Provided		
	Family CG	SRC*	Total	Family CG	SRC*	Total	Family CG	SRC*	Total
Counseling									
Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Individual	0.00	0.00	0.00	44.00	3.00	47.00	45.00	2.50	47.50
X 2002-04 Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Group	0.00	0.00	0.00	44.00	3.00	47.00	45.00	2.50	47.50
IV Respite									
ADC, ADH, Child Day Care	3,495.00	0.00	3,495.00	7.00	0.00	7.00	215.50	0.00	215.50
After School and Summer Programs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ARCC Respite	1,500.00	0.00	1,500.00	3.00	0.00	3.00	15.00	0.00	15.00
Emergency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
In-Home	79,537.50	0.00	79,537.50	161.00	0.00	161.00	4,097.83	0.00	4,097.83
Institutional or Residential	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
X2002-04 Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Group	84,532.50	0.00	84,532.50	171.00	0.00	171.00	4,328.33	0.00	4,328.33
V Supplemental Services									
Assistive Technology	500.00	0.00	500.00	1.00	0.00	1.00	1.00	0.00	1.00
Chore	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Discount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Emergency Response Installation-Monitoring	1,495.00	0.00	1,495.00	4.00	0.00	4.00	18.00	0.00	18.00
Home Health	500.00	0.00	500.00	1.00	0.00	1.00	5.00	0.00	5.00
Home Modification, Repairs, Maintenance	13,102.51	0.00	13,102.51	26.00	0.00	26.00	85.00	0.00	85.00
Incontinence Supplies	5,750.00	0.00	5,750.00	17.00	0.00	17.00	108.50	0.00	108.50
Legal Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medications Management	900.00	0.00	900.00	3.00	0.00	3.00	6.00	0.00	6.00
Nutrition-Prepared Meals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nutrition-Supplements	3,800.00	0.00	3,800.00	11.00	0.00	11.00	1,260.00	0.00	1,260.00
Other Support Linked to CG Role	4,574.27	6,711.31	11,285.58	10.00	12.00	22.00	79.00	63.50	142.50
Shopping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation, Assisted	497.25	0.00	497.25	1.00	0.00	1.00	1.00	0.00	1.00
Volunteer Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
X2002-04 Personal Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Group	31,119.03	6,711.31	37,830.34	74.00	12.00	86.00	1,563.50	63.50	1,627.00
TOTAL REPORT	**115,651.53**	**6,711.31**	**122,362.84**	**719.00**	**38.00**	**757.00**	**6,621.33**	**105.00**	**6,726.33**

* Seniors Raising Children (SRC)