

Part I: INTRODUCTION

Section 1: Purpose

The Area Plan is the document submitted by the Area Agency on Aging (AAA) to the State Unit on Aging (SUA). The Area Plan defines for the SUA how the AAA will apply the Older Americans Act (OAA) and state grants towards services in the comprehensive and coordinated service delivery system in the Planned Service Area. Through the area plan, the AAA commits to administer funding activities for in accordance with all OAA and SUA requirements. The area plan describes the AAA efforts for continual development and maintenance of a comprehensive and coordinated service delivery system for older adults and caregivers. The format and instructions for the development and submission of the area plan, and annual updates, are provided by the SUA. The comprehensive and coordinated service delivery system described in the area plan shall facilitate older persons' access to and utilization of all existing services in the PSA, including access to the OAA in-home and community-based services. Elements of the coordinated service system include:

- services that facilitate access such as transportation, outreach, information referral and assistance, and case management;
- services provided in the community, such as adult day care, congregate meals, employment services, insurance counseling, legal assistance, and wellness, recreational, educational, and cultural services delivered at multi-purpose senior centers;
- services provided in the home such as: home delivered meals, home maintenance, homemaker services, housekeeping, in-home respite care, and telephone reassurance;
- ombudsman services to residents of care providing facilities; and caregiver support services in the home or in a community.

Service definitions and standards for these services when delivered under the area plan are found in Appendix 500 C of SC Lieutenant Governor's Office on Aging/State Unit on Aging Manual of Policies and Procedures. The SUA allocates federal funds to PSAs in conformity with the intrastate funding formula prescribed in Section 206.C of the manual.

It is the intent of the Santee-Lynches Area Agency on Aging (SLAAA) to apply all funding received into a comprehensive and coordinated service delivery system. This comprehensive and coordinated system will not only assist seniors and people with disabilities to become more independent, but will allow for an assessment of how prepared the AAA and service delivery network is in the PSA are for any anticipated change in the number of older individuals during the 10 year period following the fiscal year in which the plan is submitted.

Such assessment may include:

- the projected change in the number of older individuals in the planning and service area;
- an analysis of how such change may affect the populations targeted in the OAA;
- an analysis of how programs, policies, and services provided by such AAA can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the PSA; and
- an analysis of how the change in the number of individuals age 85 and older in the PSA is expected to affect the need for supportive services.

**Section 2:
VERIFICATION OF INTENT**

The Area Plan submitted for the Santee-Lynches Region for the period July 1, 2009, through June 30, 2013, includes all activities and services to be provided by the Santee-Lynches 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 Santee-Lynches Area Agency on Aging certifies that it is responsible for the oversight of the provision of Aging Services throughout the Santee-Lynches Region. This responsibility includes, but is not limited to, the following functions:

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

(Date)

Signature (Executive Director of Area Agency on Aging)

(Date)

Signature (Aging Unit Director)

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

(Date)

Signature (Chairperson, Area Agency Advisory Council)

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

(Date)

Signature (Chairperson, Governing Board)

Section 3 STANDARD ASSURANCES AND GENERAL CONDITIONS

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

11. The Area Agency on Aging will provide a qualified full-time director [of the aging unit](#) and an adequate number of qualified staff to carry out the functions required under the Area Plan. CFR 1321.55(b)
12. The Area Agency on Aging shall consult with relevant service contractors and older individuals to determine the best method for accepting voluntary contributions that comply with the Cost Sharing policies of the Lieutenant Governor's Office on Aging and the Older Americans Act, as amended in 2006. 315(b)(2)
13. The Area Agency on Aging shall assure that any revenue generated from voluntary contributions or cost sharing shall be used to expand the services for which such contributions or co-pays were given. 315(a)and(b)
14. The Area Agency on Aging shall assure that a facility purchased for use as a multi-purpose senior center with Older Americans Act or State Permanent Improvement funds, will continue to be used for the same purpose for not less than 10 years after acquisition, or 20 years after construction.
15. Prior to authorizing use of Older Americans Act or State Permanent Improvement funds for renovation, purchase or construction, the Area Agency shall require assurance from the grantee that funding is, and will continue to be, made available for the continued operations of these senior centers. 312
16. The Area Agency shall assure that group dining service facilities are located in as close proximity to the majority of eligible individuals' residences as feasible. Particular attention [shall be](#) given to the use of multi-purpose senior centers, churches, or other appropriate community facilities for such group dining service. 339(E)
17. The Area Agency on Aging shall assure that no new group dining facility [established](#) will be funded [unless](#) an average of 25 eligible participants attend daily. [All facilities established before 2006](#) must serve at least 25 meals per day through the group dining and home delivered programs. P&P 502.F.1
18. The Area Agency on Aging shall assure that an Older Americans Act III-C-2 home delivered meal will be delivered to a participant for no less than five days a week unless it is documented that the participant is receiving meal(s) from another source. Further, in addition to federal eligibility requirements, special consideration shall be given to those eligible clients living alone, those in isolated rural areas, and those 75 years of age or older. 336
19. The Area Agency shall assure that amounts expended for services to older individuals residing in rural areas will not be less than the amounts expended for such services in fiscal year 2000. 307(a)(3)(B)
20. The Area Agency on Aging shall assure that the Area Agency and all contractors meet all matching requirements for funds awarded under the Area Plan.
21. The Area Agency on Aging shall assure that [any funds that may be](#) received from the State for Cost of Living Adjustment will be used for personnel costs only.
22. The Area Agency on Aging shall assure that funds received for NSIP will be used only for the purchase of United States agricultural commodities or commercially prepared meals served in the Title III-C services [and that NSIP funds shall be distributed throughout the region based on the percentage of eligible meals served by each contractor.](#) 311(d)(2)

23. The Area Agency on Aging shall submit an independent audit to the Lieutenant Governor's Office on Aging, Division of Administration, within 180 days after the close of the project year.
24. A final financial report for the grant period shall be submitted to the Lieutenant Governor's Office on Aging, within 45 days of the close of [each State fiscal year](#) in the grant period ([August 14](#)) or within 45 days of the last payment made, whichever occurs first.
25. The Area Agency on Aging shall submit a total aging budget, [disclose all sources and expenditures of funds the AAA receives or expends to provide services to older individuals](#), and the cost allocation plan, or approval of the indirect cost rate from the cognizant agency, used to prepare such budget. 306(a)(13)(E)
26. The Area Agency on Aging shall contract only with service delivery agencies that will provide to the Area Agency on Aging all program information and reports required by the Lieutenant Governor's Office on Aging. Provision of timely and correct data shall be in a format and contain such information as the LGOA may require the AAA to submit. 307(a)(6)
27. The Area Agency on Aging will include in each [solicitation for providers](#) of any service under the Older Americans Act, a requirement that the [applicant](#) will-
 - A. Specify how the [organization](#) intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas;
 - B. Provide services to low-income minority individuals in accordance with their need for such services;
 - C. Meet specific objectives set by the Area Agency on Aging, for providing services to low-income minority individuals; 306(a)(4)(A)
 - D. Make a good faith effort to obtain a client consent form from all service recipients to allow their information to be included in AIM for research and advocacy purposes.
28. The Area Agency on Aging will require contractors to use Outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on-
 - A. Older individuals residing in rural areas
 - B. Older individuals with greatest economic need
 - C. Older individuals with greatest social need
 - D. Older individuals with severe disabilities
 - E. Older individuals with limited English-speaking ability
 - F. Older individuals with Alzheimer's disease or related disorders and caregivers
 - G. Low-income minority individuals in each of the above populations. 306(a)(4)(B)
29. The Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. 306(a)(4)(C)
30. When possible, the Area Agency on Aging will enter into arrangements and coordinate services with organizations that were Community Action programs and meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C.9904(c)(3). 306(a)(6)(C)
31. The Area Agency on Aging will establish effective and efficient procedures for coordination of entities conducting programs under the Older Americans Act and entities conducting other Federal programs for older individuals at the local level. 306(a)(12)

32. The Area Agency will take into account, in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under the area plan. 306(a)(6)(A)
33. Where possible, the Area Agency on Aging will enter into arrangements with organizations providing day care services for children or adults, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. 306(a)(6)(C)
34. The Area Agency on Aging shall assure that demonstrable efforts will be made to coordinate services provided under the Older Americans Act with other State services that benefit older individuals and to provide multi-generational activities involving older individuals as mentors to youth and support to families. 306(a)(23)
35. The Area Agency on Aging shall coordinate any mental health services provided with III-B funds with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations. 306(a)(6)(F)
36. Where there are an identifiable number of older individuals in the PSA who are Native Americans, the Area Agency on Aging shall require outreach activities to such individuals and encourage such individuals to access the assistance available under the Older Americans Act. 306(a)(6)(G)
37. The Area Agency on Aging shall assure the coordination of planning, identification and assessment of needs, and provision of services for older individuals with disabilities, (with particular attention to those with severe disabilities,) with agencies that develop or provide services for individuals with disabilities. 306(a)(5)
38. The Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program will expend not less than the total amount of funds appropriated and expended by the agency in fiscal year 2000 in carrying out such a program under the Older Americans Act. 306(a)(9)
39. The Area Agency on Aging will maintain the integrity and public purpose of services provided, and service contractors, under the Older Americans Act, in all contractual and commercial relationships. 306(a)(13)(A)
40. The Area Agency on Aging will demonstrate that a loss or diminution in the quality or quantity of the services provided under the Area Plan has not resulted and will not result from such contracts or commercial relationships, but rather, will be enhanced. 306(a)(13)(C) and (D)
41. The Area Agency on Aging will not use funds received under the Older Americans Act to pay any part of a cost, including an administrative cost, incurred to carry out a contract or commercial relationship that is not carried out to implement the Older Americans Act. 306(a)(14)
42. The Area Agency on Aging shall not give preference in receiving services under the Older Americans Act to particular older individuals as a result of a contract or commercial relationship. 306(a)(15)

43. The Area Agency on Aging, when seeking a waiver from compliance with any of the minimum expenditures for priority services, shall demonstrate to the State Agency that services furnished for such category within the PSA are sufficient to meet the need for those services and shall conduct a timely public hearing upon request. 306(b)
44. The Area Agency on Aging shall require nutrition service contractors to reasonably accommodate the particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals and require caterers to provide flexibility in designing meals that are appealing to older individuals participating in the program. 339 (A) and (B)
45. The Area Agency on Aging will, to the maximum extent practicable, coordinate services under the Area Plan with services that may be provided under Title VI in the PSA. 306(a)(11)(B) and (C)
46. If providing Case Management services under the Area Plan, the Area Agency on Aging will not duplicate case management services provided through other Federal and State programs; will coordinate with such services provided by other Federal and State programs; and will contract with providers that are-

public agencies; or nonprofit private agencies that do not provide, and do not have a direct or indirect ownership or controlling interest in, or direct or indirect affiliation or relationship with, an entity that provides services, other than case management services, under the Area Plan; or located in a rural area and the Area Agency requests and receives a waiver of the above requirement. 306(a)(8)(A-C)
47. The Area Agency on Aging, and all contractors under the Area Plan, shall maintain a disaster preparedness plan that is reviewed and updated annually.
48. If the Area Agency on Aging finds that a contractor under the Area Plan has failed to comply with the terms of the contract or with Federal or State laws, regulations and policies, the Area Agency may withhold that portion of the reimbursement related to that failure to comply. [The Advisory Council shall recommended appropriate procedures for consideration](#) by the Governing Board of the Area Agency on Aging. 306(e)(1)
49. The Area Agency on Aging shall afford contractors due process, as described in OAA 306(e)(2)(B) before making a final determination regarding withholding contractor reimbursements.
50. The Area Agency on Aging shall provide satisfactory assurance that such fiscal control and accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal and State funds paid under the Area Plan to the Area Agency on Aging, including funds paid to the recipients of grants or contracts. 307(a)(7)(A)
51. The Area Agency on Aging shall assure that funds received under the Older Americans Act shall supplement and not supplant any Federal, State, or local funds expended to provide services allowable under Title III. 321(d)
52. The Lieutenant Governor's Office on Aging requires [that](#) the Area Agency on Aging [directly](#) provide ombudsman, information and assistance, insurance counseling, and family caregiver services. 307(a)(8)(A)and(C)

53. The Area Agency shall provide other direct services, only with a waiver approved by the State agency, and only when such direct provision is necessary to assure an adequate supply of such services, or where such services are directly related to the Area Agency's administrative functions, or where such services of comparable quality can be provided more economically by the Area Agency on Aging. 307(a)(8)(A)and(C)
54. Each Area Agency shall administer the nutrition programs with the advice of a dietitian (or an individual with comparable expertise). Whenever the AAA allows contractors to purchase catered meals directly, or has contractors who prepare meals on site, the AAA shall assure that such contractors have agreements with a registered dietitian who provides such advice. 339(G)
55. The Area Agency on Aging shall enter into contract **only** with providers of legal assistance **who** can:
 - A. demonstrate the experience or capacity to deliver legal assistance;
 - B. assure that any recipient of funding for legal assistance will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act;
 - C. require providers of legal assistance to give priority to cases related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination; and
 - D. attempt to involve the private bar in legal assistance activities. 307(a)(11)(A) through (E)
56. The Area Agency on Aging shall make special efforts to provide technical assistance to minority providers of services **whether or not they are contractors of the AAA.** 307(a)(32)
57. The Area Agency on Aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who -
 - (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
 - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. 307(a)(18)
58. The Area Agency on Aging shall maintain a Regional Aging Advisory Council whose purpose is:
 - A. to advise the Area Agency on Aging on all matters related to the development of the Area Plan;
 - B. on the administration of the plan; and
 - C. on operations conducted under the plan.

The RAAC shall have no decision-making authority that is binding on the AAA staff or on the Area Agency Executive Board. 306(a)(6)(D)
59. The Area Agency on Aging is responsible for on-going contract management; establishing procedures for contract cost containment; reviewing and approving contracts; setting criteria for contract amendments; reviewing and analyzing contractor fiscal and program reports; conducting quality assurance reviews; and reviewing meal vendor performance.
60. The Area Agency on Aging shall afford an opportunity for a public hearing upon request, in accordance with published procedures, to any agency submitting a plan to provide services; issue guidelines applicable to

grievance procedures for older individuals who are dissatisfied with or denied services funded under the area plan; and afford an opportunity for a public hearing, upon request, by a provider of (or applicant to provide) services, or by any recipient of services regarding any waiver requested. 307(a)(5) (A) through (C)

- 61. The Area Agency on Aging accepts the quality assurance standards and scope of work issued for all services authorized by the Lieutenant Governor's Office on Aging. All contractors and/or vendors of services shall be **monitored for compliance** with such standards and carry out the scope of work in the delivery of each service to be reimbursed with funds awarded under this plan.

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

EXECUTIVE DIRECTOR or:

BOARD CHAIR _____
(Signature) (Date)

AGING UNIT DIRECTOR: _____
(Signature) (Date)

Part II: EXECUTIVE SUMMARY

The Area Plan is the document submitted by the Area Agency on Aging (AAA) to the State Unit on Aging (SUA). The Area Plan defines for the SUA how the AAA will apply the Older Americans Act (OAA) and state grants towards services in the comprehensive and coordinated service delivery system in the Planned Service Area. The Santee-Lynches Area Agency on Aging (SLAAA) operates within the Santee-Lynches Regional Council of Governments (SLRCOG). The planning and service area is located in the Eastern Midlands of South Carolina. It consists of four counties--Clarendon, Kershaw, Lee and Sumter. All four counties are located 30 to 60 miles from the state capital of Columbia. The Santee-Lynches Area Agency on Aging Area Plan outlines the actions that will be taken over the next four years to ensure a comprehensive and coordinated service delivery system for older adults in the Santee-Lynches Region. The Area Plan is just one of many tools used to prepare SLAAA, the community, and especially the senior services network for the increased demand for services and the increased demands of a diverse aging population.

During the fall of 2008, the SLAAA conducted a needs assessment of older adults, caregivers, seniors housed in long term care facilities and people seeking assistance through the Aging Disabilities Resource Center (ADRC). The purpose of the needs assessment is to identify barriers and gaps in the service delivery system, and outline solutions to meet these needs and bridge the gaps. Findings from the needs assessment offer the most recent and comprehensive demographic and service-related data available in the region, providing a strong foundation for future planning and program development for older adults.

As a result of the needs assessment, SLAAA will implement a Senior's First Task Force in Lee County. The task force will be charged with looking at issues that affect seniors. It is with hope that resources other than those identified through the Older Americans Act (OAA) and AAA can be created to sustain services in the county. Once the Senior's First initiative is implemented in Lee County, an all out effort will be made to implement similar task forces in other counties. SLAAA realizes that to make this task force successful the AAA has to be at the head of the table or at least a major player in its development.

The Plan includes a ten year forecast that addresses the changing demographics of the region, population shifts and growing cultural diversities in communities through the region. South Carolina, along with the rest of the country, faces two very distinct challenges in the area of aging. The first challenge is to continue to provide support and opportunities to the remaining members of the senior population. The second is to prepare for the "baby boomers" into retirement age, the first of who turned 60 just three short years ago. The boomers will transform the age structure of the State and bring a new generation of older adults

with some of the same historical challenges. These factors will affect how SLAAA coordinates service delivery, manages resources and identifies possible solutions to barriers during the next four years. It is essential to provide new, innovative, social and prevention activities for the more active older adults. And, we must continue to provide supports for those who lack the basic needs, such as food, adequate housing, and transportation.

As the senior population increases, there will be a need for additional senior centers. Currently, there are no plans to develop additional multi-purpose senior centers in the region. The SLAAA will attempt to remove the stigma associated with many of the senior centers by educating the community as it relates to senior centers. It is a fact that senior centers have to become more attractive and appealing to the community and especially the young old. Finally, SLAAA will assist in educating operators of senior centers to encourage participation, increase activities, and promote fundraisers.

The Plan embraces Project 2020 and the Alzheimer's Disease Purple Ribbon Report. Project 2020 is a joint project between the National Association of State Units on Aging (NASUA) and the National Association on Area Agencies on Aging (n4a). Project 2020 attempts to prepare the aging network for apparent changes in service delivery. The goal of Project 2020 is to provide resources to implement consumer-centered and cost-effective long-term care strategies authorized in the 2006 reauthorization of the Older Americans Act. The initiative was developed to find ways to modernize the current long-term care system by enabling consumers to remain in their own homes through the provision of home and community-based long-term care; to empower consumers to stay active and healthy through disease prevention and health promotion services; to streamline access to services and supports; and to increase the organization capacity of the aging network for home and community-based long-term care systems. The Alzheimer's Disease and Purple Ribbon Report outline the impact that Alzheimer's has on individuals with the disease, family members, caregivers and society. Nationally, the financial toll taken on Medicare, Medicaid and businesses is estimated by the Alzheimer's Association to be more than 148 billion annually. The Area Plan will illustrate how and why the AAA will play an integral part as the lead organization to advance several of the recommendations.

Given the expected increase in the number of individuals in need of Medicaid-sponsored services and the corresponding increased financial burden on the Medicaid Programs currently being funded in South Carolina; Federal, State, and Regional Aging partners are researching new and innovative service delivery alternatives that respond effectively to the unique local needs and circumstances facing individuals at high risk for premature institutionalization. Premature institutionalization for Medicaid eligible seniors translates into an unnecessary and burdensome cost to South Carolina taxpayers who are called on to provide the matching State dollars required to bring the Federal funds to the State.

The SLAAA "Consumer Choice" program was created so that seniors could choose what service they want and who delivers the service. Initially, consumer choice was introduced in home care services. Along with case management, consumer choice was implemented in Clarendon County. A "fixed price" vendor list was developed by SLAAA. The intent of the fixed price vendor is to test the multiple vendor service delivery models versus the single agency service provider structure.

An advantage of conducting case management at the AAA level is the assurance that the "most in need" receive needed services. The AAA would also have better control of resources and funds used to provide services to seniors. SLAAA believes that its case management program will thrive in FY 2009-10. It is the hope of SLAAA that the case management model will be adopted both regionally and statewide.

As resources become more limited, SLAAA will continually evaluate the efficiencies of internal operations and programs. During the first year of the Area Plan, SLAAA staff will develop and begin using an "Approved Units" system in Clarendon County. Once a consumer notifies SLAAA and expresses a need for direct services, an assessment will be completed. The type and amount of services will be authorized based on an individual's "Priority Risk Score." Based on the assessment, the consumer is awarded a specific number of units for a specific time frame (three months, six months or one year). When the consumer is close to the end of the approval period, they will be reassessed to determine if there is a need for continued services. The person-centered approach will empower consumers, increase options and service flexibility, and allow them to stay independently in their homes for as long as possible.

Program development in those In-Home and Community Based Services areas of transportation, home care, group dining, and disease prevention/health promotion services will continue during the Area Plan period. SLAAA, through a South Carolina Department of Transportation Grant, will attempt to develop and implement an "Assisted Ride" program in the region. Nationally, many communities around the country, to include several communities in our state, have collaborated to start voluntary transportation programs. SLAAA, along with partners from other organizations, will partner in providing rides to seniors and people with disabilities through the ADRC. SLAAA will also seek a mobility manager to coordinate program services.

SLAAA will also oversee the partnership between LCCOA and Sumter Senior Services. As a result of a nonresponsive proposal submitted for the 2009 RFP for In-Home and Community Based Services, the LCCOA will be deemed a "high risk" provider of services. SLAAA has agreed to allow LCCOA to provide services, but those services must be provided through a partnership with Sumter Senior Services (SSS) in FY 2009-10. SSS will be the administrator of those services. SLAAA will contract with SSS and SSS will sub-contract with LCCOA.

The Santee-Lynches Area Agency on Aging through the Area Plan seeks to inform the general public and policymakers about the planning, coordination and delivery of services designed to promote independence and to improve the quality of life for older adults, caregivers, and adults with disabilities. On-going, focused and collaborative effort is needed in order to effectively implement activities and to evaluate outcomes described in the Plan. SLAAA requests that the South Carolina Lieutenant Governor's Office on Aging provide the grant funding under the Older Americans Act of 1965 (as amended) and State funding in order to support the coordination and implementation of the Plan.

Part III: OVERVIEW OF THE AREA AGENCY ON AGING

Section 1: Mission

The **mission** of the Santee-Lynches Area Agency on Aging (SLAAA) is to enable older persons in Clarendon, Kershaw, Lee and Sumter Counties to lead meaningful and dignified lives in their communities by providing leadership, direction, and support for a comprehensive continuum of aging and long term care services. Therefore, incorporated into this Plan are benchmarks, outcomes, and future initiatives on which to measure how much the SLAAA has achieved toward developing a comprehensive service delivery system for older adults, persons with disabilities, and caregiver and their families.

Section 2: Vision

The **vision** of Santee-Lynches Area Agency on Aging (SLAAA) is to support a region where seniors enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive those supports necessary to age with choice and dignity.

Section 3: Organizational Structure

The Santee-Lynches Area Agency on Aging operates within the Santee-Lynches Regional Council of Governments (SLRCOG). Since 1971, the SLRCOG has been assisting local governments develop local and regional plans within the four Santee-Lynches counties (Clarendon, Kershaw, Lee, Sumter) of South Carolina. The SLRCOG also provide local governments with planning and technical support to improve the quality of life within the region. Launched more than three decades ago by visionary state leaders, today there are 10 Councils of Governments (COGs) in South Carolina. Each represents a multi-county planning district. Each of the state's 46 counties falls within a COG region. COGs are partnerships of – and provide resources to – the local counties cities and towns in their regions. The Councils are also partners with numerous Federal and state agencies, obtaining and administering grants for a variety of community-based programs and economic development initiatives

COGs are recognized for their fiscal responsibility and outstanding capabilities in professional program management. As a result, thousands of state residents today depend on COG services and capabilities for a host of critical functions that affect quality of life and economic development. From extension of water and sewer lines in rural areas to providing ready transportation to the doctor and government offices to overseeing compliance with clean water standards, COG programs are filling vital community needs.

SLRCOG is governed by a Board of Directors composed of 28 representatives of member local governments and legislative delegations. The Board set the council's annual work program and budget. While regional councils are defined as a type of political subdivision of the state, they do not have the powers or authority that the cities and counties possess. Public policy by regional councils is advisory only and not binding on member local governments until acted on individually by the respective bodies.

SLRCOG, like its state-wide counterparts, continually seeks to foster the greater understanding of regional problems and opportunities. The COG endeavors to facilitate mutual effort and build consensus among its member municipalities and counties in addressing the many challenges that lie ahead within the Santee-Lynches Region in the coming years.

The mission of the Santee-Lynches Regional Council of Governments is to serve as a forum of governments, advocating a regional vision through identification of opportunities, effective courses of action, and appropriate resources essential to enable local governments to enhance the quality of life of the citizens of Clarendon, Kershaw, Lee, and Sumter Counties. **Note:** See Appendix A for Organizational Structure and Appendix H for Multipurpose Certification.

Section 4: Staff Experience and Qualifications

Personnel	Job Title	Academic Credentials	Program Area	Employed with SLAAA
Shawn Keith	Aging Unit Director	MA Management	All	1 ½ years
Kathy Powell	Deputy and Finance Director	HS+	All	22 years
Amanda Ridgeway	Finance Assistant	HS+	All	10 years
Loutelia Parham	Data Clerk	HS	All	1 ½ years

Aging Unit Director

Shawn V. Keith serves as the Aging Unit Director. Shawn has been in this position since December 2007. Although Shawn is fairly new to the aging network he has over eighteen (18) years of experience in the field of human services. Shawn worked in various state agencies such as the South Carolina Department of Health and Human Services and the South Carolina Department of Disabilities and Special Needs. Shawn also served as the Director of Regulatory Compliance at Midlands Center and the Director of Residential Services at Babcock Center in Columbia,

South Carolina. Shawn obtained his MA degree in Management from Webster University and recently became CIRS-A certified.

Shawn's overall function/job responsibility as the Aging Unit Director is to oversee and proactively carry out a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to create a comprehensive and coordinated community based systems.

The transitional planning foreseen by the SLAAA to address the projected future growth in the region includes a case management component at the AAA level. By implementing case management the SLAAA will ensure that those seniors most in need are receiving needed services. The SLAAA has always and will continue to look at alternative methods for service delivery during the planning period related to anticipated turnover due to retirements, promotions, reduction in force etc.

Deputy and Finance Director

Kathy Powell, Deputy and Finance Director for SLRCOG, has worked for SLRCOG for twenty-two years and has actively contributed to the aging program's financial and administrative functions during her entire tenure with the agency. She is responsible for: budget planning and preparation for the AAA, as well as the COG; aging contract negotiation and analysis; managing contract payments and making requests for payments; oversight of contract revisions/amendments; contract monitoring; and financial technical assistance.

Finance Assistant

Amanda Ridgeway serves as the Finance Assistant and has been in this position since August 1999. Amanda is the Accounts Payable clerk for the Council of Governments and processes checks for the Aging program as needed. She oversees all Aging Contractor reporting, AIM data, and reviews and reports on service vs. budget usage on a monthly basis. She also reports monthly on Internal Aging reports and service vs. budget data. Amanda assists the Aging Unit Director, as well as the Finance Director with Area Plan info, budget revisions, and compiles financial data as needed for various Aging programs. Most recently, Amanda assisted in developing the Case Management process at the AAA level in hopes that this model will be used statewide. She monitors and analyzes all Aging data on a monthly and quarterly basis and reports to the Finance Director and Aging Unit Director on a regular basis as well as communicates with the Contractors.

Data Clerk

Loutelia Parham serves as a Data and Administrative Clerk within the Santee-Lynches Area Agency on Aging (AAA). Loutelia has been with the

AAA since January 2008. Prior to this, Loutelia was a volunteer in our office providing similar services. The volunteer work that she accomplished was so helpful to the staff that the AAA decided to establish a part-time position to input aging and disability client information into the AIM, SCACCESS, and SHIP data systems. Loutelia also assist with other essential administrative duties as needed. The work Loutelia performs for the organization frees up the professional staff so they can assist additional clients. Her work also helps ensure all statistical data is captured to justify future funding.

Section 5: Current Funding Resources for AAA Operations

The Santee-Lynches Area Agency on Aging has no other sources of revenue available for the planning and administration operations of the aging unit. The only funds used for aging services, are those funds received from the OAA and the State.

Part IV: OVERVIEW OF THE PLANNING AND SERVICE AREA

Section 1: Service Delivery Areas

SLAAA uses GIS to define the regions SDA. **Note:** See Appendix I. The 2009 RFP identified the specific areas of potential services. **Note:** See Appendix J, Table 1.

Section 2: Objectives and Methods for Services to Target Population

The planning and service area is located in the Eastern Midlands of South Carolina. It consists of four counties including Clarendon, Kershaw, Lee and Sumter. All four counties lie 30 to 60 miles from the state capital of Columbia. The total land area of the region is 2,409 square miles, which makes up 8 percent of the area of the State of South Carolina. It has a population of approximately 216,004.

CLARENDON COUNTY

According to the U.S. Census Bureau, the county has a total area of 696 square miles (1,802 km²), of which, 607 square miles (1,573 km²) of it is land and 88 square miles (229 km²) of it (12.72%) is water. In 2000, its population was 32,502; in 2005, the U.S. Census Bureau estimated that the population had reached 33,363. Its county seat is Manning.

As of the census of 2000, there were 32,502 people, 11,812 households, and 8,599 families residing in the county. The population density was 54 people per square mile (21/km²). There were 15,303 housing units at an average density of 25 per square mile (10/km²). The racial makeup of the county was 44.93% White, 53.14% Black or African American, 0.24% Native American, 0.26% Asian, 0.03% Pacific Islander, 0.88% from other races, and 0.52% from two or more races. 1.72% of the population were Hispanic or Latino of any race.

There were 11,812 households out of which 31.40% had children under the age of 18 living with them, 48.50% were married couples living together, 19.80% had a female householder with no husband present, and 27.20% were non-families. 24.60% of all households were made up of individuals and 10.30% had someone living alone who was 65 years of age or older. The average household size was 2.62 and the average family size was 3.12.

In the county, the population was spread out with 25.70% under the age of 18, 10.50% from 18 to 24, 25.10% from 25 to 44, 24.70% from 45 to 64, and 14.00% who were 65 years of age or older. The median age was 37 years. For every 100 females there were 96.40 males. For every 100 females age 18 and over, there were 94.20 males.

The median income for a household in the county was \$27,131, and the median income for a family was \$33,951. Males had a median income of \$28,459 versus \$20,011 for females. The per capita income for the county was \$13,998. About 18.70% of families and 23.10% of the population were below the poverty line, including 28.10% of those under age 18 and 24.60% of those age 65 or over. **Note:** See Attachment J Table 2 for specific objectives for Clarendon County.

KERSHAW COUNTY

According to the U.S. Census Bureau, the county has a total area of 740 square miles (1,917 km²), of which, 726 square miles (1,881 km²) of it is land and 14 square miles (36 km²) of it (1.89%) is water. In 2000, its population was 52,647. The 2005 census estimate placed the population at 56,486.^[1] Its county seat is Camden. Kershaw County is part of the Columbia, South Carolina, Metropolitan Statistical Area.

As of the census of 2000, there were 52,647 people, 20,188 households, and 14,918 families residing in the county. The population density was 72 people per square mile (28/km²). There were 22,683 housing units at an average density of 31 per square mile (12/km²). The racial makeup of the county was 71.61% White, 26.29% Black or African American, 0.29% Native American, 0.31% Asian, 0.03% Pacific Islander, 0.62% from other races, and 0.84% from two or more races. 1.68% of the population were Hispanic or Latino of any race.

There were 20,188 households out of which 33.70% had children under the age of 18 living with them, 55.80% were married couples living together, 13.60% had a female householder with no husband present, and 26.10% were non-families. 22.60% of all households were made up of individuals and 8.90% had someone living alone who was 65 years of age or older. The average household size was 2.58 and the average family size was 3.02.

In the county, the population was spread out with 26.10% under the age of 18, 7.60% from 18 to 24, 28.80% from 25 to 44, 24.50% from 45 to 64, and 12.90% who were 65 years of age or older. The median age was 37 years. For every 100 females there were 93.40 males. For every 100 females age 18 and over, there were 90.00 males.

The median income for a household in the county was \$38,804, and the median income for a family was \$44,836. Males had a median income of \$32,246 versus \$22,714 for females. The per capita income for the county was \$18,360. About 9.70% of families and 12.80% of the population were below the poverty line, including 16.90% of those under age 18 and 14.10% of those age 65 or over. **Note:** See Attachment J Table 3 for specific objectives for Kershaw County.

LEE COUNTY

According to the U.S. Census Bureau, the county has a total area of 411 square miles (1,065 km²), of which 410 square miles (1,063 km²) of it is land and 1 square miles (3 km²) of it (0.24%) is water. The 2005 census estimate placed the population at 20,638. Its county seat is Bishopville. It is named for Confederate General Robert E. Lee. As of the census of 2000, there were 20,119 people, 6,886 households, and 4,916 families residing in the county. The population density was 49 people per square mile (19/km²). There were 7,670 housing units at an average density of 19 per square mile (7/km²). The racial makeup of the county was 35.03% White, 63.56% Black or African American, 0.13% Native American, 0.19% Asian, 0.59% from other races, and 0.49% from two or more races. 1.31% of the population were Hispanic or Latino of any race.

There were 6,886 households out of which 32.70% had children under the age of 18 living with them, 43.00% were married couples living together, 23.80% had a female householder with no husband present, and 28.60% were non-families. 25.90% of all households were made up of individuals and 10.60% had someone living alone who was 65 years of age or older. The average household size was 2.68 and the average family size was 3.23.

In the county, the population was spread out with 25.80% under the age of 18, 10.00% from 18 to 24, 29.20% from 25 to 44, 22.60% from 45 to 64, and 12.40% who were 65 years of age or older. The median age was 36 years. For every 100 females there were 101.40 males. For every 100 females age 18 and over, there were 101.10 males.

The median income for a household in the county was \$26,907, and the median income for a family was \$34,209. Males had a median income of \$26,512 versus \$18,993 for females. The per capita income for the county was \$13,896. About 17.70% of families and 21.80% of the population were below the poverty line, including 25.60% of those under age 18 and 27.90% of those age 65 or over. Lee is the only county in the region without a hospital. **Note:** See Attachment J Table 4 for specific objectives for Lee County.

SUMTER COUNTY

According to the U.S. Census Bureau, the county has a total area of 682 square miles (1,766 km²), of which, 665 square miles (1,723 km²) of it is land and 17 square miles (43 km²) of it (2.44%) is water.

The 2000 census recorded its population to be 104,646. In 2005, the U.S. Census Bureau estimated that its population had reached 105,517.¹ It is included in the Sumter Metropolitan Statistical Area. It is the home of Shaw AFB. Shaw is home to the 9th USAF HQ and the largest F-16 base in the USAF. Sumter is the largest county in the region.

As of the census of 2000, there were 104,646 people, 37,728 households, and 27,616 families residing in the county. The population density was 157 people per square mile (61/km²). There were 41,751 housing units at an average density of 63 per square mile (24/km²). The racial makeup of the county was 70.13% White, 26.68% Black or African American, 0.27% Native American, 0.90% Asian, 0.06% Pacific Islander, 0.80% from other races, and 1.16% from two or more races. 1.83% of the population were Hispanic or Latino of any race.

There were 37,728 households out of which 36.50% had children under the age of 18 living with them, 50.20% were married couples living together, 18.30% had a female householder with no husband present, and 26.80% were non-families. 23.20% of all households were made up of individuals and 8.50% had someone living alone who was 65 years of age or older. The average household size was 2.68 and the average family size was 3.17.

In the county, the population was spread out with 28.10% under the age of 18, 10.50% from 18 to 24, 29.40% from 25 to 44, 20.70% from 45 to 64, and 11.20% who were 65 years of age or older. The median age was 33 years. For every 100 females there were 93.90 males. For every 100 females age 18 and over, there were 90.20 males.

The median income for a household in the county was \$33,278, and the median income for a family was \$38,970. Males had a median income of \$28,083 versus \$21,162 for females. The per capita income for the county was \$15,657. About 13.10% of families and 16.20% of the population were below the poverty line, including 21.60% of those under age 18 and 17.40% of those age 65 or over. **Note:** See Attachment J Table 5 for specific objectives for Sumter County.

It is projected that as the senior population increases over the next four years there will be an increase in the need for services in all four counties. All projections indicate a substantial increase in the senior population in all counties other than Lee County.

Note: See Appendix K for demographics of targeted population for the next 4 years.

2009 RFP for the Procurement of In-Home and Community Based Services

During the winter of 2009, the Santee-Lynches Area Agency on Aging released its RFP for the "Procurement of In-Home and Community Based Services for the Elderly under Title III of the Older Americans Act and State Funded Programs of the South Carolina State Unit on Aging".

Respondants to the RFP were required not to bundle services when responding to the RFP. Offerer's were expected to serve the entire county and not specific areas if they were proposing multiple services. This was done in attempt to provide services to the underserved areas of the region. A major factor to consider in the procurement of services for seniors is the flat lining of federal funds, while there continues to be an increase in seniors in need of services. It is the consensus of the aging network that there must be collaboration within communities to find and retain other funding sources other than those provided through the OAA.

A committee was formed to rate and rank proposals submitted using the evaluation criteria for organization information and a technical evaluation for each area proposed. **Note:** See Attachment L for Evaluation Criteria.

Section 3: Ten Year Forecast

South Carolina along with the rest of the country faces two very distinct challenges in the area of aging. The first challenge is to continue to provide support and opportunities to the remaining members of the senior population. These were young men and women during World War II, who are now in their 80's and older, as well as today's "young old" as they grow more vulnerable. The second is to prepare for the "baby boomers" into retirement age, the first of whom turned 60 just three short years ago. The boomers will transform the age structure of the State and bring a new generation of older adults with some of the same historical challenges. Boomers will also bring new attitudes, new challenges and new resources.

While South Carolina's projected growth was slightly below the national average from 2000 to 2030, it is still projected to increase its ranking in total population by state. The Census Bureau projects South Carolina's population growth at about the national average through 2030, the bulk of the state's population increase will be in the senior citizen age group. The aging of the population is a source of economic and social concern at all levels of government; state, national, and international.

The senior age group (retiree) in-migration is projected to be strong in the state and especially strong in the Santee-Lynches Region. The relocation of large numbers of retirees to South Carolina is basically an economic plus, especially in certain portions of the state. The Santee-Lynches

Region can be a very attractive area for retiree's. Kershaw County (Camden) is just minutes from the state capital of Columbia. Clarendon County has an attractive retirement community called Wyboo located on Lake Marion. Sumter County is home to Shaw Air Force Base where a number of military retirees have and will continue to retire. Lee County is attractive for retirees looking for a rural community in which to retire.

The region will also be attractive because of its location to the coastal areas. A person can drive a few short hours and be in Charleston, Myrtle Beach or Hilton Head. Locally, the region has three standing hospitals in Clarendon, Kershaw and Sumter counties that provide direct support. Lee County retiree's just as all retirees in the other counties would have a choice of hospitals within the region or could travel to Columbia or Florence if they desire.

Santee-Lynches Area Agency on Aging has been planning for the future for the last couple of years by implementing both a pilot case management and consumer choice vendor program in Clarendon County. The agency is advocating for major changes in the focus and funding of home and community based services on the state and federal level. In order to meet the needs of the Santee-Lynches Region's elderly now and in the ten years the Older Americans Act of 1965 needs to better reflect the changing needs of healthier and better educated "baby boomers." Rather than funding specific services, the funds need to be allocated in one lump sum so that the Area Agency on Aging can pay for services that are needed by the individual consumer.

Santee-Lynches will continue to attract retired persons from areas where there is a great availability of services. Retirees along with the indigenous population will affect the demographics in the region immensely. The increase in life expectancy and also the increase in Alzheimer's disease will impact the region. SLAAA perceives its role in the community as the "one stop shop" for information and access to aging and disability services. The agency philosophy is to move toward a system that is attractive to those seniors that are able to pay for services, and addressing the needs of seniors that are considered "most in need". This of course includes case management and a choice of vendors. After an initial assessment an eligible senior would be given a specific number of units or funding needed for service(s). Once those units/funds are near depletion, the senior would be reassessed depending on need to determine if additional services are required. This procedure would totally eliminate a person requiring the same level of services for an extended period of time.

The agency will also advocate for one assessment and data system for all consumers seeking services from SLAAA. Multiple assessments are tedious for the consumer. Entering data in numerous data systems is costly, leads to duplicated counts of consumer and does not yield reports that are useful. A system of aging and disability services requires one

entry point for gaining information and access to aging and disability services, one assessment and data system and a choice of services for the consumer. In addition, if SLAAA is to truly become an “Aging and Disabilities Resource Center, a “one stop shop” for adult and disability services, it must truly incorporate a system that prevents duplication of services.

The SLAAA feels that the following challenges will impact both retirees and indigenous seniors in the region:

Affordable Housing

Affordable housing continues to be of major concern and importance in the region. Most senior affordable housing entities in the region require seniors to be placed on a waiting list. In the affordable housing realm a family/household is considered to be cost burdened if they expend more than 30% of their income for rent or mortgage PITI (principal interest taxes and insurance). The numbers below indicate that we the region has some affordability issues.

Percent of homeowners 55 and older with monthly owner costs 35% or greater of income

Clarendon	Kershaw	Lee	Sumter	State
18.6%	15.8%	21.2%	16.3%	15.9%

Percent of renters 55 and older with monthly gross rent 35% or greater of income – *Caution: In Clarendon, Kershaw and Lee there were somewhat small sample sizes here.*

Clarendon	Kershaw	Lee	Sumter	State
34.3%	31.9%	38.1%	46.6%	40.0%

As a result of the above findings, the SLAAA will work with the SLRCOG Housing Department to research and find affordable housing alternatives.

Transportation

Transportation is the obvious key to access services for many seniors. Although the transportation service continually attempts to reorganize routes to accommodate greater numbers of seniors, the demand exceeds the capability to provide services in some areas. As the number of seniors’ increases, as well as the senior population ages, the demand for expanded transportation will continue to be required. To better address the increased need for transportation, Santee-Lynches plans to implement an assisted rides program. **Note:** See Appendix M for information concerning the assisted rides program.

Long Term Care Systems

As a greater percentage of the American population moves into their pre-retirement and retirement years, it is important to plan creatively for their long term care. At the same time that we foresee this explosion in the senior population, we also see the tightening and shrinking of government programs. Long-term care insurance and partnerships between the public and private sectors offer some creative ways to fund long-term care for the frail seniors of the future. There is a need for education and a better understanding of these long-term care funding alternatives.

Policy Changes

In order to meet the needs of the region's elderly now and in ten years, advocating for a system that awards funds to a region in one lump sum rather than specific services would be required. The SLAAA will continue to advocate for such a system.

Section 4: Emergency Preparedness

The Santee-Lynches Area Agency on Aging has constantly worked within its region to provide leadership to its constituents, their family members and our service providers so that all entities are aware and prepared for any and all emergencies that may cause service disruptions to our area. The agency's primary role in disaster preparation is to make sure that all service providers have the necessary support structure in place for its clients so that re-establishing services and providing assistance can begin shortly after a catastrophic event. SLAAA works with service providers to get emergency plans updated annually so that the AAA has knowledge of what plans are in effect to contact every client within the service provider's area, as well as identify any potential weaknesses or coverage gaps to overcome.

The SLAAA will look to establish a centralized command post to which all information on affected clients and areas will be forwarded. It is our intention that once we have this site confirmed and operational, our agency will then contact each of the emergency preparedness offices in our region to update them on our status and to make them aware of potential areas of concerns regarding our clients. SLAAA will also contact the Lt. Governor's Office on Aging to inform them of our agency's situation in the event additional resources at the state level are made available for assistance. Our agency will share with each emergency preparedness office our service providers' updated annual plans and important contact information. SLAAA we will work with these agencies to formulate a plan of action to assist and restore vital services as quickly as possible.

SLAAA has established working relationships and partnerships with local and state relief organizations and emergency response agencies. SLAAA

will meet with them individually and in group settings to provide constant updates on plans.

Part V: AAA OPERATIONAL FUNCTIONS AND NEEDS

Assessment of Regional Needs

Each Area Agency on Aging (AAA) is required by the Older Americans Act to periodically conduct a Needs Assessment to determine the needs of seniors in the planned service area (PSA). The Santee-Lynches Area Agency on Aging (SLAAA) is one of ten AAA's in the state of South Carolina. The four counties served within the Santee-Lynches region are Clarendon, Kershaw, Lee and Sumter.

The primary function of the AAA is to plan and develop a comprehensive and coordinated service system for Aging services. In order to accomplish the aforementioned goals, the AAA must undertake a systematic assessment of older persons' needs in the community by identifying barriers and gaps in the service delivery system, and by outlining solutions to meet these needs and bridge the gaps. None of this can be addressed unless a good comprehensive plan is developed to measure these needs.

During the fall of 2008 the Santee-Lynches Area Agency on Aging (SLAAA) conducted a Needs Assessment of four groups of seniors and key informants in the 4-county planned service area (PSA) of Clarendon, Kershaw, Lee and Sumter counties. Along with input from key informants, this 2008 Needs Assessment will focus on the following groups:

1. seniors (currently receiving services under the Older Americans Act),
2. caregivers,
3. seniors housed in LTC facilities, and
4. people seeking assistance through the Aging and Disabilities Resource Center (ADRC).

To obtain required information the SLAAA used telephone surveys, face-to-face interviews, mailings, focus groups, and in-depth interviews with key informants. As a result of the Needs Assessment the following barriers were identified region wide:

1. Cost of Health Care
2. Transportation
3. Home care
4. Physical Health
5. Knowing What Services Are Available

Note: The results of the Needs Assessment can be found in Appendix B

Program Development

SLAAA has expanded its future-focused leadership role in the provision of in-home and community based services through the development of a “consumer choice” vendor system for home living supports. SLAAA has also implemented a case management system at the AAA level. Both of these initiatives were implemented in Clarendon County for fiscal year 2008-2009 as a pilot project. It is the hopes and aspirations of the SLAAA that if successful both initiatives will be implemented in other counties in the region and eventually statewide.

As it relates to consumer choice, seniors will be given the opportunity to choose from several home care providers. The home care providers will be determined by whether they are willing to provide the service for an agreed upon price presented to them by the SLAAA. Currently, there are four vendors of home in Clarendon County from which seniors can choose. During the comprehensive assessment/reassessment the Case Manager would present the list of vendors to the seniors. The senior would then choose the vendor of their choice. The senior has the right to change home care vendors at anytime if their needs change or if they are dissatisfied with the vendor. The consumer choice program gives seniors the opportunity to have a voice in their care and ultimately the quality of services will be improved. SLAAA will be gradually expanding this model throughout the region. The vision of the SLAAA is to also expand this program into other in-home and community based services. Seniors are also encouraged to contribute to service costs so that more service hours can be provided.

SLAAA also plans to address the needs of those seniors who have the capacity to pay for those services. By developing and implementing a true private pay option, those funds that are collected when the service is rendered can go back into the system to help maintain or expand services.

The “Consumer Choice” model and private pay models will change SLAAA’s relationship with the agencies that presently provide services under contract. Consumers will be able to choose services from a list of providers including the present contracting agencies. Using a Case Manager, SLAAA will perform the assessments, develop service plans and enter assessment data into the Automated Information Management (AIM) system.

SLAAA is currently in the process of developing a system that would award an eligible senior a specific/approved number of units. After an initial assessment an eligible senior would be given a specific number of units or funding needed for service(s). Once those units/funds are near depletion, the senior is reassessed to determine if additional services are required. This procedure will totally eliminate a person requiring the same level of services for an extended period of time.

Program Coordination

SLAAA will work with directors and staff of contractors, as well as other service delivery agencies and programs operating in the region, to coordinate program activities for efficient and effective use of limited resources to meet identified needs. One example of how program coordination will be accomplished is by coordinating regional training. Training will occur at each Council on Aging/program area. Contractors will be given the opportunity to show off their programs in an effort to determine best practices.

A second example of how program coordination will be accomplished is by advocating for the key elements listed in Project 2020. The goal of Project 2020 is to provide resources to implement consumer-centered and cost-effective long term care strategies authorized in the 2006 reauthorization of the Older Americans Act. This is accomplished by empowering the Aging Services Network to implement a three-pronged program encompassing person centered access to information, evidenced-based disease prevention and health promotion activities, and enhanced nursing home diversion services.

The third example of how program coordination will be accomplished is the establishment of "Senior's First" initiative in Lee County. This initiative/committee will be formed to address the issues that affect the seniors of Lee County. It is with hope that resources other than those identified through the OAA/AAA can be created to sustain services in the county. Once the Senior's First initiative is implemented in Lee County an all out effort will be made to implement similar task forces in other counties. SLAAA realizes that to make this task force successful the AAA has to be at the head of the table or at least a major player in the development.

ADRC and Long Term Care

Since its formal opening over three years ago, the Santee-Lynches Aging and Disability Resource Center (ADRC) has made great strides in developing a region that promotes quality of life, independence, and choice for older people and adults with disabilities. Partners (public, private, and faith-based organizations) from across the four counties are working together to create a complete and responsive system of services. The ADRC concept has become fully and strongly integrated into all program areas of the AAA. Through our combined efforts and strengths we are enabling individuals to remain independent and in their own communities as long as possible.

Our ever-rising consumer counts demonstrate that residents are becoming more and more aware of this "one stop" resource center. They either reach our central office in Sumter or board the mobile unit while it visits the county seat or underserved rural communities in the region.

Regardless of the location, the ADRC conducts a sound public education campaign and provides individual support to its area residents. The Santee-Lynches ADRC has truly become a visible and trusted source that people turn to for information on all available support options. With the information provided by the ADRC, we have been able to empower individuals. They can then make informed choices and decisions concerning their immediate needs and when planning for their long-term care. Not only are we addressing the concerns of our lower-income older people, adults with disabilities, and the traditionally underserved groups, but we are also reaching out to the needs of every member, regardless of income level, in our region.

+%?Feedback received by the Center of Health Services and Policy Research, University of South Carolina, indicates that consumers and partners are more than satisfied with the services they are receiving from the Santee-Lynches ADRC. Our residents state that they appreciate the personalized and consumer-friendly assistance we provide. They report that we not only let them know about the benefits they are eligible for, the different options that are available, but most importantly how to access those services. Many times they are even helped with gathering the needed documents and assistance with completing the application. Because of the outstanding working relationship, this ADRC has with its partners a streamlined intake, assessment, and eligibility determination process that has been developed which has significantly reduced frustration.

The Santee-Lynches ADRC has become the primary referral point for numerous programs, especially the health insurance information, counseling, and prescription drug assistance. According to statistics, our partners are our primary sources of referrals, with the mobile unit coming in second, and friends and family third and fourth respectively. It is not infrequent that our mobile unit draws 20-40 consumers in a four-hour visit. Since the unit is fully equipped (computers, printers, copiers, internet capabilities, phone, forms, and educational literature) we are able to accomplish everything that the Sumter office can do, even though we are out in the field. Having the mobile unit has significantly helped us reduce a constant irritant identified in the last Needs Assessment which was lack of information and assistance accessing that information. Through its Family Caregiver, Grandparents, Ombudsman, and Case Management programs, the ADRC works closely with the consumer, family members, and the caregiver to remove barriers to needed services.

Advocacy

The agency will advocate for one assessment and data system for all consumers seeking services from SLAAA. Multiple assessments are tedious for the consumer. Entering data in numerous data systems is costly, leads to duplicated counts of consumer and does not yield reports that are useful. A system of aging and disability services requires one

entry point for gaining information and access to aging and disability services, one assessment and data system and a choice of services for the consumer. In addition, if SLAAA is to truly become an “Aging and Disabilities Resource Center, a “one stop shop” for adult and disability services, it must truly incorporate a system that prevents duplication of services.

Advocacy continues to be vitally important to the Regional Aging Advisory Committee (RAAC). The SLAAA RAAC committee has proven to be a strong and supportive advocate for seniors in the region. Several of the members are seniors themselves, and are well aware of the needs of seniors in the region. The RAAC committee feels that the following actions are required to build capacity in the planning and service delivery area:

Services Determined by the Needs Assessment

The primary function of the Santee-Lynches Area Agency on Aging is to plan and develop a comprehensive and coordinated service system for Aging services. Each AAA is required by the Older Americans Act to periodically perform a needs assessment to determine the needs of seniors in the service delivery area identifying barriers and gaps in the service delivery system, and by outlining solutions to meet these needs and bridge the gaps. The most apparent needs identified from the recent needs assessment are:

1. Cost of Health Care
2. Transportation
3. Home care
4. Cost of utilities
5. Physical Health
6. Knowing what services are available

The SLAAA will engage in system change activities, agency cooperation, and legislative change that will enable the agency to have the necessary resources to meet these needs. SLAAA plans to continue the use of the ADRC mobile unit. Staff from other agencies within the region will be asked to ride with AAA staff to assist in advocating and to prevent duplications in service. SLAAA will also advocate with federal and state legislature for the resources to address health cost identified as a need in the region. Transportation continues to be a major need in the lives of seniors. This need will be addressed further in the next section. The agency will work closely with the Silver Haired Legislature representatives from the Santee-Lynches region to meet the need of knowing what services are available.

Transportation

Transportation is a major concern of the region. It is a major factor in the lives of the aging population and adults with disabilities. This is indicated by the numerous needs assessments performed by SLAAA and other AAA's in South Carolina. Funds obtained through the OAA and South Carolina Department of Transportation (SCDOT) is never enough to meet the increased need. SLAAA will continue to advocate for federal funding for a coordinated public transportation system. The agency will continue to advocate with the S. C. Department of Transportation to fund a Mobility Manager who would coordinate transportation through the ADRC. SLAAA will also attempt to develop and implement an "Assisted Ride" program in the region. **Note:** See Appendix M for specifics.

Workforce and Economic Development

The aging of the population is a source of economic and social concern at all levels of government; state, national, and international. As more "baby boomers" become eligible for Social Security, the Federal government faces a growing cash flow dilemma. While the growing economic imbalance of Social Security falls mainly under the purview of the Federal government, there are several other aging concerns that must be dealt with by the individual states and municipalities. A major concern of many of these governmental jurisdictions is how to maintain a viable workforce in the face of this dynamic shift in the population profile.

While South Carolina's life span continues to increase, there is a corresponding decrease in the percentage of the working age population within South Carolina. SLAAA will work with it Workforce Investment Department to develop strategies to maintain seniors in the workforce.

Distribution of Existing Resources

It is clear that both local and federal legislatures are unaware of the true needs of seniors. An example at the federal level is how the American Recovery and Reinvestment Act (ARRA) funds are required to be spent in the area of meals. Group dining received two-thirds of the funds, while home delivered meals received one-third. At the state level 2.9 million dollars was awarded to feed seniors, but the award lacked the flexibility the AAA has on the best way to use those funds. SLAAA will advocate federal and state legislative bodies and the Lt. Governor's Office on Aging staff for change in the existing division of funds. Consumers can only have a choice of services if funds are allocated without a service or OAA Title III subgroup designation. Again, AAA's should have the flexibility on how best to use funds since all AAA are required to complete a needs assessment that identifies barriers and gaps in the service delivery system.

Housing

Affordable housing continues to be of major concern and importance in the region. Most senior affordable housing entities in the region require seniors to be placed on a waiting list. In the affordable housing realm a family/household is considered to be cost burdened if they expend more than 30% of their income for rent or mortgage PITI (principal interest taxes and insurance). The numbers below indicate that we the region has some affordability issues.

Percent of homeowners 55 and older with monthly owner costs 35% or greater of income

<u>Clarendon</u>	<u>Kershaw</u>	<u>Lee</u>	<u>Sumter</u>	<u>State</u>
18.6%	15.8%	21.2%	16.3%	15.9%

Percent of renters 55 and older with monthly gross rent 35% or greater of income – *Caution: In Clarendon, Kershaw and Lee there were somewhat small sample sizes here.*

<u>Clarendon</u>	<u>Kershaw</u>	<u>Lee</u>	<u>Sumter</u>	<u>State</u>
34.3%	31.9%	38.1%	46.6%	40.0%

As a result of the above findings, the SLAAA will work with the SLRCOG Housing Department to research and find affordable housing alternatives.

Priority Services

SLAAA uses a simple method to determine the amount of III-B funding needed to purchase an adequate supply of each priority services identified in the OAA. III-B funding is assigned for the priority services based on prior usage and demonstrated need for service(s) as well as a consideration of other sources of funding that can supply the service(s). Simply put, SLAAA reviewed what services (and how much) were offered in the past along with the level of services proposed based in the RFPs. Next the needs assessment is reviewed, since it indicates the needs in the region. Finally, other sources of funding that might be available from outside sources are considered.

Priority Service Contractors

SLAAA does not currently purchase legal assistance services. The SLAAA receives calls from individuals seeking legal assistance/counseling that pertains to seniors. In response, the SLAAA sponsors legal forums in each of its four counties once a year. During these sessions individuals have access to a local attorney who provide information and answer questions. The majority of the forums are held at the local meal site where seniors congregate. Planned topics discussed

include Last Will & Testament; Advanced Directives; Durable Power of Attorney; Probate Issues; Trusts; Medicaid Estate Recovery; Guardianship/Conservatorship; Medicare Part D; Fraud; and Reversed mortgage.

To promote these forums, the SLAAA produces and distributes flyers throughout the community, as well as advertises in each of the local newspapers. These sessions have been very engaging over the past few years. However, the SLAAA is in the process of re-thinking its delivery of legal service to its client. One thought is to contract with an attorney(s) to provide legal assistance/counseling on a one-on-one basis. Another thought is to “purchase” time from an attorney(s) on an as-needed basis as calls come in. Whatever method of delivery is utilized, the SLAAA will provide the most assistance/service to as many of its clients as possible.

SLAAA does not purchase case management from contractors, but implemented case management at the AAA level in 2008. Case management was implemented as a pilot in Clarendon County. Through this system SLAAA will ensure timely assessments/reassessment and ensure that needed resources are offered to the eligible senior. Through a contract with an eligible Case Manager/ Resource Coordinator the SLAAA not only ensures that the most in need are truly being served, but will develop a “hands on” approach to service delivery.

As it relates to consumer choice, SLAAA also implemented this system within home care services. Consumer choice provides seniors the opportunity to choose from several home care providers. The home care providers will be determined by whether they are willing to provide the service for an agreed upon price presented to them by the SLAAA. Currently, there are four vendors of home care that seniors in Clarendon County can choose from. During the comprehensive assessment/reassessment the Case Manager would present the list of vendors to the seniors. The senior would then choose the vendor of their choice. The senior has the right to change home care vendors at anytime if their needs change or if they are dissatisfied with the vendor. The consumer choice program gives seniors the opportunity to have a voice in their care and ultimately the quality of services will be improved. SLAAA will be gradually expanding this model throughout the region. The vision of the SLAAA is to also expand this program into other in-home and community based services. Seniors are also encouraged to contribute to service costs so that more service hours can be provided

Nutrition Services

The Santee-Lynches Region’s meal programs have continued the trend of declining participation in the Group Dining program since 2004-05. The demand for Home Delivered Meals appears to be continuously increasing. The number of Group Dining contracted meals served declined from approximately 72,545 units to 59,390 between Fiscal Years

2007-2008 and 2008-2009. The reduction in meals can only be partially accounted for by the increased cost per meal. Another reason for the decline was the restrictiveness placed on the AAA to not add new clients and to allow for attrition. Finally, the SLAAA through case management reduced the number of unit in Clarendon County.

During the last three years, SLAAA was able to open two group dining sites in Kershaw and Sumter counties; however, over the past two years two group dining sites, one in Lee County and the other in Clarendon County were closed due to lack of participation. The number of persons participating in the Group Dining program declined even as the population's need for social connectedness and physical activity increased. The sites closed were physically unattractive and the activity programs offered were too limited to attract new younger participants. The ability to attract seniors to group dining sites appears to be a systemic problem.

Between Fiscal Years 2005-2006 and 2007-2008 the number of Home Delivered Meals provided increased 119 percent from 158,034 to 188,074 meals per year. The number of meals delivered increased even though the cost per meal served continues to increase. Thus, the trend of ever increasing demand and need for in home meal services continues, as people are remaining in their homes longer.

The characteristics of the population being provided nutrition services remain for the most part unchanged. Meal service to the rural elderly has increased, probably because of the increase in home delivered meal services. In addition, the racial mixture of persons provided nutrition services have also remained unchanged. The vast majority of seniors receiving meals are African American. However, the number of Caucasians has dramatically increased in the last four years. The number of Hispanics provided meals has decreased. This may be due to many of the industries leaving the region and families relocating due to lack of jobs.

Although additional funds were received from the American Recovery and Reinvestment Act (ARRA), the funds received from ARRA do not address the trends seen in the region. Two-thirds of the funding will be used for group dining, while one-third will be used for HDM's. There is an apparent need for more funding for home delivered meals to truly address the needs in the region. SLAAA continues to transfer more money from Title III, C1 to C2 of the Older Americans Act in response to shifting needs and demands for meal services. SLAAA will advocate through it legislatures the need for flexible continued meal service.

Training and Technical Assistance

Monitoring of service contracts has lead to the continuous need for individualized assistance for several of the service contractors. Similar

deficiencies seem to be found in areas where accurate documentation is required. Without accurate documentation, contractors fail to ensure accurate data entry. One contractor had to relocate their group dining site because the SLAAA found the location to be inadequate. Technical assistance was also indicated for two contractors whose response to the 2009 RFP for In-Home and Community Based Services was found to be nonresponsive. A decision was made at the AAA level to contract with both providers, but the providers would be identified as "high risk" in their contracts. The Lee County Council on Aging will partner with Sumter Senior Services to continue to provide services in Lee County. The Rembert Area Community Coalition (RACC) decided not to contract with SLAAA for both group dining and transportation. Effective June 30, 2009, RACC will no longer be under contract. The seniors in the Rembert area will continue to be served under another provider in Sumter County (Sumter Senior Services).

Training and technical assistance will be provided to contractors on an individual basis, as needed. SLAAA on an annual basis conducts quality assurance/ contract monitoring of all contractors. This involves reviewing all services for which the contractor receives OAA and State funding. SLAAA's contractors have remained the same for many years. Two new contractors were created three years ago using State Supplemental Funds (SSF). As a result of the recent RFP a new Home Care provider had emerged in Kershaw, Lee and Sumter counties. Home care using consumer choice is used in Clarendon County.

Monitoring and Grant Management

SLAAA maintains adequate control and accountability for public and private funds to ensure that programs are in compliance with contractual standards and funds are expended properly. Sufficient data is collected ongoing via the Advanced Information Management (AIM) database. The Aging Director, aging staff, Deputy and Finance Director, Finance Assistant, along with volunteers from the RAAC committee, work jointly in the oversight of contract requirements. In addition, monthly reporting documentation is required in order for a contractor to be reimbursed for services provided. The Aging Director on a monthly basis monitors unit usage and assessments. SLAAA conducts announced and unannounced monitoring visits to contractors and provides technical assistance to assure that contractors fulfill their responsibilities under contract. Monthly reporting documentation, such as sign-in sheets and AIM-generated documents are reviewed during monitoring visits. SLAAA will also concentrate on reviewing activity calendars to ensure compliance.

Grievance Procedures

As required by the Area Plan SLAAA contractors are required to post "Grievance Procedures" at all senior centers and nutrition sites funded by SLAAA or maintained in the client's file. Residence or citizenship will not

be imposed as a condition for the provision of services. No handicapped older individual shall, solely by reason of handicap, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity 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 to the SLAAA or the Director of the South Carolina Lieutenant Governor's Office on Aging. SLAAA will ensure that a prompt and complete investigation is conducted if a grievance is filed. This will be done during monitoring visits.

Performance Outcome Measurement

SLAAA through quality assurance reviews, face-to-face interviews, phone interviews, and the needs assessment, determines whether if contracted services are having positive outcomes to improve quality of life for older individuals. SLAAA will develop a tool to measure performance outcomes. The tool will address specific service delivery areas. The tool will also be used to address new initiatives implemented by the AAA.

Resource Development

Resource development is a key and integral aspect of service delivery. The fact of the matter is that funds provided by the OAA is seed money and has only increased a few percentage points in the past few years. Also, funds received from the State appear to be uncertain as evidence by the near lost of SSF for FY 2009-10. Organizations and communities have to develop systems to generate additional resources to continue/maintain present levels of services. SLAAA will attempt to develop a fee-for-services option within its SDA. By developing this option, those seniors that are able to pay for services will do so. The funds obtained from this service will be placed back into the system to continue to support those seniors that are unable to pay for services. SLAAA will work with organizations and communities to develop systems to generate additional resources to continue/maintain present levels of services.

VI. AAA DIRECT SERVICE DELIVERY FUNCTIONS

Staff Experience and Qualifications

The SLAAA is comprised of several qualified staff and volunteers. More than 90% of all aging staff is CIRS-A certified and several are ICARE trained. The aging unit staff are as follows:

Personnel	Job Title	Academic Credentials	Program Area	Employed with SLAAA
Gena Kiber	ADRC Coordinator	HS+	ADRC Nutrition	5 1/2 years
Toni Brew	Family Caregiver Advocate	BA Sociology Minor Gerontology	FCSP	9 1/2 years
Janice Coney	LTC Ombudsman	MS Information Systems	Ombudsman	7 years
Joe Perry	Information and Referral Specialist	B.S., Business Management	I R & A	6 years
Vacant	Insurance Counselor	AA Degree	I CARE	
Contracted Position	Case Manager and Resource Coordinator	RN	Case Management	Contractor

Aging and Disabilities Resource Center Coordinator (ADRC)

Gena C. Kiber serves as the ADRC Coordinator. She has been with the Santee-Lynches Area Agency on Aging (AAA) since November 2003, and has served successfully in a variety of positions. Prior to her employment at the AAA, Gena worked as a civilian with the U.S. Air Force for 33 years. Gena is CIRS-A and I-CARE certified. Gena's management and organizational skills were key in establishing the Santee-Lynches Aging and Disability Resource Center nearly three years ago. The Center was the second to open in South Carolina and the first to use a mobile unit to serve the region's rural communities. In her capacity as ADRC Coordinator, Gena is responsible for the day-to-day operations of the center and use of the mobile unit. The ADRC uses a one-stop, person-centered approach to help improve the quality of life for seniors and adults with disabilities.

Having developed close partnerships with numerous public and private organizations, the ADRC has been successful in streamlining processes needed to quickly link clients with the services they desire and need.

The Santee-Lynches ADRC practices and procedures have become a benchmark for other ADRCs in South Carolina and in other parts of the United States.

The Santee-Lynches Area Agency on Aging's Insurance Counseling and Referral for the Elderly (I-CARE) program seeks to educate and assist the growing population of seniors and those with disabilities to understand their rights and options for health care coverage and ensure that they will receive the best possible care and benefits.

One of the biggest weaknesses within the I-CARE program is the fact that a lot of information is being produced for seniors and people with disabilities to read and attempt to understand. Many times the information comes to the clients, and they are either unaware of the changes, confused by what is being sent to them, or simply ignored. This information overload is quite confusing to the uneducated population. Another challenge is the complex nature of working within the health insurance field. There are many different rules and procedures to follow to ensure clients get what they need; explaining those options can become quite time-consuming. We are also facing a shortage of qualified and trained I-CARE counselors in our area; all trained counselors are currently AAA staff members who are unable to devote more than a few hours per month to this program, which has led to a backlog of people waiting for assistance. It is the hopes of the SLAAA to employ a staff totally dedicated to assisting seniors and people with disabilities in the insurance needs during the upcoming year.

The I-CARE program provides counselors and trained volunteers many opportunities to be trained on the latest changes in health insurance. These constant training sessions, be they online or in person, allow counselors to stay current on all changes which allow them to give clients the best possible information to use in making decisions on health coverage. Continuous training allows trained counselors to work with clients to objectively look at all options for the best coverage.

Currently, our volunteer effort has not been as productive as we would like. Because the insurance field is complicated and always changing with new information, we have been unable to secure more volunteers (2) than we currently have. It is our intent within the next ten years that we will be able to recruit, train and retain more volunteers who will be able to relieve some of the workload currently carried by the AAA professional staff. We will target religious groups and local volunteer organizations to help us attain this objective.

For Part D enrollment, we currently have in place various training programs to inform our clients. We speak with potential clients about Part D and schedule appointments as needed. We gather all necessary information from Part D clients so that we are able to determine what options are available to clients. We also offer special Saturday hours to

assist clients during the Annual Enrollment Period (AEP) to counsel people on options. We also utilize our Aging and Disability Resource Center's mobile unit to meet with clients unable to travel to our office and assist them.

One of the biggest challenges facing the I-CARE program in the next ten years will be addressing the explosion of Baby Boomers coming into the Medicare system. The expected total of new clients will cause a strain on the health insurance system. It is of great importance to begin preparing this new group of recipients prior to their reaching this status. Another challenge we must address is finding qualified, talented and willing volunteer counselors to assist with the I-CARE program. We must work with churches, local volunteer organizations and individuals with prior service or healthcare experience to start the training and implementation process while we are at the beginning of the Baby Boomer generation to diffuse the eventual impact of the influx of seniors entering the Medicare system.

In addition to the ADRC/I-CARE, Gena monitors the Santee-Lynches Nutrition Program within the region. She provides technical assistance to the County Councils on Aging and Nutritional Site Managers to ensure safe food handling procedures are maintained. She also works with the food preparation contractor in developing menus to offer a variety of meals, appropriate for seniors and meeting daily allowance standards. **Note:** See Appendices E and F for copy of program report.

Family Caregiver Support Program Coordinator

Toni Brew serves as the FCSP Coordinator. The Family Caregiver Support Program (FCSP) in the Santee-Lynches Region works with and supports caregivers through education, training, respite, and needed resources. The FCSP acts as a listening ear of compassion along with a showing of respect and understanding to families in crisis. The Santee-Lynches FCSP develops partnerships with members of religious, medical and community organizations. These partnerships enable all to work together to enhance the skills of caregiving. The development of educational programs provides the support of caregiving to a parent, spouse, older family member, grandchild, or a person with special needs. The support provided by the FCSP also provides supports in the community and in the comfort of the caregiver's home.

Through research caregivers have reported that medically diagnosed arthritis has become a primary contributor to their disabilities. The FCSP Advocate has taken a proactive approach to this disease by teaching the Arthritis Foundation Exercise Program in each county. The exercise program is designed specifically for people with arthritis. The program uses gentle activities to help increase joint flexibility and range of motion and to help maintain muscle strength and increase overall stamina. Classes will be taught in 8-week sessions, 2 days per week. After the 8

weeks, the caregivers will be able to take this information and continue the exercises at home. The outcomes from the program will include decreased pain and increased functional ability.

The FCSP Advocate receives numerous calls from caregivers in a panic about their loved ones about to be discharged from the hospital. These caregivers do not have any experience about how to prepare themselves or their homes for these new care-giving duties.

The FCSP Advocate plans to establish a working relationship with local hospital discharge personnel to strengthen services and better prepare caregivers for this journey. The focus will be on frail and rural older caregivers. This partnership will assure caregivers of their rights in planning, managing, and strengthening the natural support system of family, friends, and neighbors along with outside resources to assist them in care giving. The outcomes would be for caregivers and their loved ones to remain independent and healthy in their homes.

The FCSP Advocate is always looking for new partnerships to enhance its program. The U.S. Department of Agriculture's Cooperative State Research, Education and Extension Service has a tradition of helping families.

This partnership will maximize educational resources that the FCSP Advocate can use for caregivers and grandparents raising grandchildren. The key initiatives from this partnership would be, nutritional educational programs, family strengthening, 4-H youth development, housing and indoor environments, financial security, and disaster education. The outcomes would assist families in meeting changing needs, challenges and new opportunities through education.

Any shortfalls or weaknesses in achieving these goals would be from acquiring willing personnel from each of the aforementioned offices, and/or facilities. A pilot 8 week session for the Arthritis Exercise Program is being tested in Clarendon County, and there are high expectations for it to continue.

The major strength in our region is the association with our caregivers. During the in-home assessment, a personal relationship is created between caregiver and advocate, working together to enhance the skills of care giving in the comfort of the caregivers home.

Respite monies never seem to be enough to sustain our caregivers. Their challenges can be daunting, and we do our best to assist with information and any and all other resources. Our Advisory Committee has discussed the options of more money per caregiver and servicing fewer clients.

Our volunteer efforts are by supplying community service hours for the grandchildren that are needed for school. We have assisted many

students by giving them the opportunity to receive these hours at the COG. In addition, one of the students volunteered to be the facilitator at one of our support group meetings.

When we receive an unusual request, the Advocate will do whatever it takes to “make it work” for the caregiver. In some cases if this does not happen, then the Advocate will find some resource or information to satisfy the caregiver and their needs.

By providing assistance to those caregivers in need, we realize that we are taking on an important task. The number of people that are being cared for in the home is on the rise and will continue to rise. We want them to know that they are not alone. Arming the caregiver with the basic knowledge and understanding on providing care in the home, both the caregiver and the loved one will benefit tremendously. A sure path to the healing process will be in the security and comforts one one’s own home. The FCSP understands this and intends on making their life a little easier. **Note:** See Appendix G for copy of program report.

Information and Referral Specialist

Joe Perry serves as the IR& A Specialist. Joe has served as the IR & A Specialist for the region since June 2003. Prior to his employment with Santee-Lynches, he has worked with several non-profit and service agencies. He has been the Wish Coordinator for the Make-A-Wish Foundation of South Carolina, the Community Training Home Coordinator for the Dorchester County DSN Board, as well as the Fund Development/Marketing Coordinator for the Greater Charleston YWCA and a Senior District Executive for Boy Scouts of America. Joe is CIRS-A certified, and has completed training for I-CARE, Ombudsman Witness and Dementia Dialogues. He serves on the state boards for the South Carolina Special Needs Task Force and South Carolina Alliance of Information and Referral. Joe earned his B.S. degree in Business Management from the College of Charleston.

Joe’s primary job duties are to provide IR &A to clients using the comprehensive database and other resources in response to calls, handle confidential and sensitive interviews from consumers and follow up with referrals, identify appropriate community services/resources, document information on all requests, and act as an advocate for clients and their family members.

The Information, Referral & Assistance Specialist in the Santee-Lynches Region works to help seniors and those with disabilities connect with much-needed services to assist them and their family members to maintain or improve their quality of life. The primary goal is to assist and empower clients to seek out much-needed services and provide them with as many viable options as possible.

The IR & A Specialist will plan to increase awareness of the program and its benefits by establishing additional cooperative relationships with religious and community organizations throughout the region. There are several weaknesses within the Information, Referral & Assistance program which provide obstacles for reaching these goals. The first challenge will be the major influx of people (particularly Baby Boomers) who will be coming into the aging system within the next ten years. This large increase in the number of potential clients will impact the amount of services available and how much services and resources they will be eligible to receive. The second challenge will be the available resources for clients. Our region currently has limited resources on hand; with the expected senior growth, these resources and services will be strained to maximum capacity. It will be imperative that we make every effort to locate additional resources for our clients. A third challenge is the fact that our region has one of the lowest educational levels in the state. It places an extra burden on the IR & A program to help these clients in explaining the various programs and requirements.

One major strength of the IR & A program has been our ability to forge working relationships with area agencies, organizations and churches to reach as many residents in our region to educate them about the program and how it can help. These efforts have been instrumental in allowing us to reach many who would otherwise not be aware of the services and programs available to help needy clients and families. Through these educational opportunities, we have raised awareness within our region. Another strength is our relationship and cooperation with our Aging and Disability Resource Center and its Resource Coordinator. The IR & A Specialist and the Resource Coordinator are able to share information and rely on each other to help locate resources and advocate for the clients and family members.

SC ACCESS allows the IR & A Specialist to find available services and resources for clients needing help. This program shows what agencies have the services desired by our clients, and it is helpful because it allows the Specialist to see where the services are located and what some of the criteria are to determine if clients will be qualified for services. SC ACCESS also allows for up-to-date reporting of contacts and updated information on resources new to the system. SC ACCESS can also be used as an educational tool for family members of clients as well as the clients to allow them to seek help.

Our region has additional options to aid in service delivery for our clients and families. In conjunction with our Aging and Disability Resource Center, we are able to use our mobile unit to travel to rural outlying areas within our region and educate the public to available services and programs. This aspect is of vital importance as our region has a large population who are unable to access transportation to agencies providing needed services. We are participating members in various Inter-agency groups throughout our region; these groups meet to share information with other local agencies and organizations. Through this network, we

are able to inform interested persons and groups of services and how to access them.

Currently, when we work with clients, we share with them the available options for services. In some cases, we will contact the agency/organization and make the initial referral for the client while they are in our office. Once the process is done, we will follow up by contacting the agency/organization within five (5) business days to determine what progress has been made toward resolving their issue(s). If the client and/or family member is able to contact the agency or organization on their own, we will follow up by first contacting the client or family member, then the agency to update the status in the event that additional referrals are needed.

Right now one challenge is to acquire more available resources for clients in our area. There are a limited number of resources listed on SC ACCESS; however, there are more agencies and organizations serving clients. Many of the unlisted groups only want to serve a limited area or certain kinds of clients in order to cap the potential clients which they will agree to help. We will need to impress upon these agencies that it would be in everyone's best interest to pool resources. **Note:** See Appendices E and F for copy of program report. There is no Appendix D.

Ombudsman

Janice Coney serves as the Regional Ombudsman. The Long Term Care Ombudsman in the Santee-Lynches Region carries out the Ombudsman and Abuse Prevention program primarily through the advocacy, complaints, family/residential councils, cultural change and the friendly visitors program. The Santee Lynches Ombudsman Program protects the health, safety, welfare, and rights of residents in long term care facilities. The four-county coverage area includes 988 nursing home beds and 931 community residential care beds. (Currently, the State office covers the Intermediate Care Facility/Mental Retardation (ICF/MR) and Community Training Home (CTH) and Supervised Living Program (SLP) clients.)

For the fiscal period July 1, 2007 to June 30, 2008, the Santee Lynches Ombudsman handled approximately 134 cases that contained about 207 complaints. The Ombudsman also handled approximately 202 consultations that included facility staff and individuals in the community in order to short circuit what could have potentially become a problem and/or complaint. The Ombudsman conducted 17 friendly visits to simply check on residents. In addition, the Ombudsman visited 2 facilities after a major storm. Lastly, the Ombudsman provided 10 abuse training sessions to facility and hospital staff; participated in 19 interagency forums, dialoguing with community agencies and organizations on long term care issues/concerns; and provided Residents information on abuse on 9 occasions.

Long-term goals of the Ombudsman Program include fully utilizing the South Carolina Friendly Visitor's Program to increase the presence of an advocate within facilities. Currently, there are four fully trained volunteers serving in the region. There are approximately 18 individuals in the process of being trained. Additional goals include providing abuse training to staff and Residents of community residential care homes.

The Ombudsman is part of an AAA team that from time to time needs her assistance in areas outside the Ombudsman Program. In order to more adequately assist in these other areas, the Ombudsman holds certifications in I-Care counseling, and Information and Referral. Additionally, the Ombudsman is certified by the Lt. Governor's Office on Aging to witness Advanced Directives executed in hospitals or long term care facilities. For this reporting period, the Ombudsman witnessed 15 advanced directives.

During this reporting period, the Ombudsman assisted with the Family Caregiver Support, Information and Referral, and Case Management program areas. The Ombudsman also assisted clients with I-Care, i.e., Medicare issues. Given the current condition of the economy, the Ombudsman anticipates a rise on demand for her assistance in these program areas, as well as the long-term care setting. **Note:** See Appendix C for copy of program report.

VII. CHANGING DEMOGRAPHICS ON AAA EFFORTS

Intervention vs. Prevention

The senior age group (retiree) in-migration is projected to be strong in the state and especially strong in the Santee-Lynches Region. The relocation of large numbers of retirees to South Carolina is basically an economic plus, especially in certain portions of the state. The Santee-Lynches Region can be a very attractive area for retiree's. Kershaw County (Camden) is just minutes from the state capital of Columbia. Clarendon County has an attractive retirement community called Wyboo located on Lake Marion. Sumter County is home to Shaw Air Force Base where a number of military retirees have and will continue to retire. Lee County is attractive for retirees looking for a rural community in which to retire.

Projections indicate an additional 1.2 million seniors will either turn 60 in the next few years or migrate to South Carolina. Retirees along with the indigenous population will affect the demographics in the region immensely. Organizations and communities have to realize that funds from the OAA and State are considered seed money. Systems must be developed to create and generate additional resources to continue/maintain present levels of services. SLAAA will attempt to develop a fee-for-services option within its SDA. By developing this option, those seniors that are able to pay for services will be able to do so. The funds obtained from this service will be placed back into the system to continue to support those seniors that are unable to pay for services.

The SLAAA's role in intervention vs. prevention will be to also assist in areas such as long-term care planning, pre-retirement education, community awareness and staff and contractor training in order to redirect efforts toward raising awareness of available resources, choosing prevention, and reducing dependence on government funded services. All of the aforementioned areas can be addressed by taking a proactive vs. reactive role by the AAA. Baby boomers' will and are more educated than other recent generations of retirees. The SLAAA will develop systems to address these areas through advocacy, advertisement and community involvement. Continued use of the ADRC will also assist in this endeavor.

Senior Center Development and Increasing Use

There are currently no plans to build additional senior centers in the region, nor were any PIP applications submitted. As the senior population increases there will be a need for additional senior centers. The SLAAA will attempt to remove the stigma associated with many of the senior centers such as its boring, all they play is bingo, or it's just for poor people. The SLAAA will also attempt to educate the community as it relates to senior centers. Finally, the SLAAA will assist in educating operators of senior centers to encourage participation, increase activities,

and promote fundraisers. SLAAA did not assist current contractors in the recent PIP applications because no applications were submitted nor was there interest in the region.

Alzheimer's Disease and the Purple Ribbon Report-2009

The Santee-Lynches AAA Unit Director served on the Purple Ribbon Task Force. The AAA has been identified as the lead organization on several of the recommendations. The many functions of the AAA include: planning; program coordination; program development; and resource development. The function of the ADRC is a "one stop" resource center for the aging and disabilities community. For the AAA to address the needs of people with Alzheimers and their families, there must be full support at the state and national level. Currently, the AAA through Information and Referral has the capacity to provide information about services and organizations. The FCSP also provides respite relief for the families caring for a loved one with Alzheimers. The following are the recommendation that involve the AAA identified by the task force:

Recommendation #1: 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.

Plan: Recommendation #1 will be addressed through IR& A and the ADRC. With additional resources a staff will be assigned specifically as the Alzheimers guru for information and services.

Recommendation #2: Provide appropriate referrals for hospice care for people with Alzheimer's disease and aftercare for the caregivers of persons with ADRD.

Plan: Recommendation #2 will be addressed by IR& A/ADRC giving all referrals to the Family Caregiver Advocate.

Recommendation #9: Promote and support the use of home and community based services that enable families and caregivers to have the option to care for their loved ones with ADRD at home, allowing them to age in place for as long as practicable.

Plan: Recommendation #9 will be addressed by ensuring the "most in need" are being served. The AAA will also advocate for additional funding to help ensure people with Alzheimers disease have the required resources.

Recommendation #10: 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.

Plan: Recommendation #10 will be addressed by providing a Case Manager at the AAA level.

Recommendation #13: Conduct focus groups across the state with professionals and consumers, to include caregivers, as well as those with early stage Alzheimer's disease so as to determine service needs and recommend system changes.

Plan: Recommendation #13: The Family Caregiver Advocate will develop and oversee an Alzheimers support group so information about the disease can be shared.

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

SLAAA fully supports the initiatives set forth in Project 2020. The elements identified in Project 2020 are as follows:

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

SLAAA plans on meeting the goals of Project 2020 by continuing the ADRC concept of a "single point" of entry. SLAAA will also promote evidenced based programming in the region. SLAAA has started to address this by including Evidenced Based Health Promotions as a requirement to receive III-D funds in the recent 2009 RFP for In-Home and Community-Based Services. Enhanced nursing home diversion targets those with two or more impairments and limited income that may spend down into the Medicaid program. SLAAA will address the consumer directed model of nursing home diversion when offered by the State.

Legal Assistance Services

Currently, SLAAA receives calls from individuals seeking legal assistance/counseling that pertains to seniors. In response, the Santee-Lynches AAA sponsors legal forums in each of its four counties once a year. During these sessions individuals have access to a local attorney who provide information and answer questions. The majority of the forums are held at the local meal site where seniors congregate. Planned topics discussed include Last Will & Testament; Advanced Directives; Durable Power of Attorney; Probate Issues; Trusts; Medicaid Estate Recovery; Guardianship/Conservatorship; Medicare Part D; Fraud; and Reversed mortgage.

To promote these forums, the Santee-Lynches AAA produces and distributes flyers throughout the community, as well as advertises in each of the local newspapers. These sessions have been very engaging over

the past few years. However, the Santee-Lynches AAA will rethink the process of its delivery of legal service to its client. One thought is to contract with an attorney(s) to provide legal assistance/counseling on a one-on-one basis. Another thought is to “purchase” time from an attorney(s) on an as-needed basis as calls come in. Whatever method of delivery is utilized, the Santee-Lynches AAA will provide the most assistance/service to as many of its clients as possible. This concept can be adopted with additional resources/funding at the State level since SLAAA receives a small amount of funding for its legal services.

At this point SLAAA does not have a provision that allows homebound individuals access to legal assistance services. The SLAAA will add this option to the current assessment used in Clarendon County by the Case Manager. If this becomes an apparent need, and is well received by those homebound individuals the AAA could expand the services offered and attempt to receive additional funding to do so in all counties.

VIII. REGION SPECIFIC INITIATIVES

Case management

The purpose of case management is to ensure that clients receive appropriate services through a process of comprehensive, ongoing assessment and coordination of resources. SLAAA started its case management system in July 2008 in Clarendon County. The philosophy surrounding this decision was based on an opportunity to provide the following at the AAA level:

- Comprehensive face-to-face assessment of client needs;
- Development of care plans and periodic updates;
- Coordination of services received from multiple providers;
- Ongoing monitoring of client's condition; and
- Face-to-face reassessment and changes in services as warranted.

An advantage of conducting case management at the AAA level is the assurance that the “most in need” receive needed services. The AAA would also have better control of resources and funds used to provide services to seniors.

SLAAA currently contracts with an individual to provide case management and resource coordination. Once a person is assessed/reassessed the information is placed in AIM by SLAAA personnel. The Case Manager can recommend services, but SLAAA ultimately decides what service and in what frequency the service is delivered. **Note:** See Appendix for N for specific goals/objectives.

Consumer choice

Given the expected increase in the number of individuals in need of Medicaid-sponsored services and the corresponding increased financial burden on the Medicaid Programs currently being funded in South Carolina; Federal, State, and Regional Aging partners are researching new and innovative service delivery alternatives that respond effectively to the unique local needs and circumstances facing individuals at high risk for premature institutionalization. Premature institutionalization for Medicaid eligible seniors translates into an unnecessary and burdensome cost to South Carolina taxpayers who are called on to provide the matching State dollars required to bring the Federal funds to the State.

The intent of “Consumer Choice” is to allow the consumer to choose what service they want and to have a choice in deciding who delivers the service. Along with case management, consumer choice was implemented in Clarendon County. Initially, consumer choice was introduced in home care services. Consumers are given a choice of home care providers from which they receive their services. A “fixed price”

vendor list was developed by SLAAA. The intent of the fixed price vendor is to test the multiple vendor service delivery models versus the single agency service provider structure.

Senior's First Task Force

As a result of the Needs Assessment, SLAAA will implement a Senior's First Task Force in Lee County. After hearing the results of the needs assessment, the RAAC committee recommended that a task force be developed in Lee County. The task force will be charged with looking at issues that affect seniors. It is with hope that resources other than those identified through the OAA/AAA can be created to sustain services in the county. Once the Senior's First initiative is implemented in Lee County an all out effort will be made to implement similar task forces in other counties. SLAAA realizes that to make this task force successful the AAA has to be at the head of the table or at least a major player in its development.

Fee for services

SLAAA will develop a "fee- for- services mechanism within the next two years in the Santee-Lynches Region. SLAAA realizes that funds from the OAA is seed money and that other resources have to be developed to maintain needed services. There are many seniors that are able to pay for the services they receive. If those funds were put back in the program, the program would create instant sustainability.

Approved Units

SLAAA will develop a system that approves seniors for a specific amount of units depending on their needs and the availability of funds. This system will be piloted in Clarendon County. A senior depending on their needs could be approved for 3 months, 6 months, 9 months or 1 year of service. Once the approval period is near conclusion, the senior will be reassesses to determine if the need is still present. The AAA will then decide whether to continue or discontinue services.

Assisted Rides

SLAAA, through a South Carolina Department of Transportation Grant, will attempt to develop and implement an "Assisted Ride" program in the region. Nationally, many communities around the country, to include several communities in our state, have collaborated to start voluntary transportation programs. SLAAA along with partners from other organizations will partner in providing rides to seniors and people with disabilities through the ADRC. SLAAA will also seek a mobility manager to coordinate program services. **Note:** See Appendix M for specific details.

Lee County Council on Aging (LCCOA)/Sumter Senior Services

SLAAA will oversee the partnership between LCCOA and Sumter Senior Services. As a result of a nonresponsive proposal submitted for the 2009 RFP for In-Home and Community Based Services, the LCCOA will be deemed a “high risk” provider of services. SLAAA has agreed to allow LCCOA to provide services, but those services must be provided through a partnership with Sumter Senior Services (SSS) in FY 2009-10. SSS will be the administrator of those services. The SLAAA will contract with SSS and SSS will sub-contract with LCCOA.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	REGION: VI - Santee-Lynches														
	AREA AGENCY ON AGING COMPREHENSIVE OPERATING BUDGET STATE FISCAL YEAR 2010 - 2013														
2	LINE ITEM	100% AAA Budget	Planning & Admin. B and C 75/25	Program Development 85/5/10	SSBG 100	III-B Ombudsman 85/5/10	VII Ombudsman 100	VII Elder Abuse 100	XIX Ombudsman 100	State Ombudsman Funds 100	III-B I, R & A 85/5/10	III-E I, R & A 88.24/11.76	Planning & Admin E 75/25	III-E Services Staff 88.24/11.76	III-E Caregiver Services 100
3	Personnel Salaries	\$285,058	\$81,511	\$21,338	\$2,990	\$8,095	\$6,890	\$1,512	\$9,643	\$2,488	\$17,532	\$5,348	\$10,523	\$23,387	\$0
4	Fringe Benefits	\$83,916	\$24,005	\$6,284	\$881	\$2,378	\$2,024	\$444	\$2,832	\$731	\$5,162	\$1,575	\$3,099	\$6,888	\$0
5	Contractual	\$222,024	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$97,275
6	Travel	\$24,250	\$3,948	\$1,427	\$200	\$1,272	\$1,083	\$238	\$1,516	\$391	\$2,299	\$701	\$1,397	\$3,103	\$0
7	Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8	Supplies	\$12,465	\$700	\$1,000	\$66	\$424	\$361	\$79	\$505	\$130	\$1,916	\$584	\$776	\$1,724	\$0
9	Indirect Costs	\$129,352	\$36,991	\$9,684	\$1,356	\$3,672	\$3,125	\$685	\$4,374	\$1,128	\$7,956	\$2,427	\$4,776	\$10,613	\$0
10	Allocated Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11	Other Direct Costs	\$21,167	\$6,472	\$1,400		\$475	\$404	\$89	\$566	\$146	\$429	\$131	\$1,725	\$3,834	\$0
12	TOTAL OPERATING BUDGET	\$778,232	\$153,627	\$41,133	\$5,493	\$16,316	\$13,887	\$3,047	\$19,436	\$5,014	\$35,294	\$10,766	\$22,296	\$49,549	\$97,275
13	LESS: In-kind Not for Match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14	LESS: Local Cash Not for Match	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
15	TOTAL AREA PLAN BUDGET: LGOA	\$778,232	\$153,627	\$41,133	\$5,493	\$16,316	\$13,887	\$3,047	\$19,436	\$5,014	\$35,294	\$10,766	\$22,296	\$49,549	\$97,275
16	COMPUTATION OF GRANT														
17	APPROVED AREA PLAN BUDGET	\$778,232	\$153,627	\$41,133	\$5,493	\$16,316	\$13,887	\$3,047	\$19,436	\$5,014	\$35,294	\$10,766	\$22,296	\$49,549	\$97,275
18	LESS: State Funds (Non-Match)	\$0	\$0	\$0		\$0	\$0	\$0			\$0	\$0	\$0	\$0	\$0
19	NET MATCHABLE AP BUDGET	\$687,960	\$153,627	\$41,133		\$16,316	\$13,887	\$3,047			\$35,294	\$10,766	\$22,296	\$49,549	\$97,275
20	LESS: State 5%Match	\$11,078		\$2,057		\$816					\$1,765				
21	LESS: Required Grantee Match	\$79,569	\$38,407	\$4,113		\$1,632					\$3,529	\$1,266	\$5,574	\$5,827	
22	Federal Share	\$597,312	\$115,220	\$34,963	\$0	\$13,868	\$13,887	\$3,047	\$0	\$0	\$30,000	\$9,500	\$16,722	\$43,722	\$97,275
23	BREAKOUT OF LOCAL MATCH (L22):	\$79,569	\$38,407	\$4,113		\$1,632					\$3,529	\$1,266	\$5,574	\$5,827	
24	Local Cash Match Resources	\$79,569	\$38,407	\$4,113		\$1,632					\$3,529	\$1,266	\$5,574	\$5,827	
25	Local In-kind Match Resources	\$0	\$0	\$0		\$0									
26	State Funds Used as Local Match	\$0	\$0	\$0		\$0									
27	Total Local Match (Must = Line 25)	\$79,569	\$38,407	\$4,113		\$1,632					\$3,529	\$1,266	\$5,574	\$5,827	
29	FRINGE RATE AS % OF SALARIES: 29.44%					INDIRECT COST AS % OF FUNDED PERSONNEL:					35.06%				
30	Yellow cells are calculated values- DO NOT enter data in these cells. Blue indicates cells in which data normally should not be entered. Green and Gold columns are for ARRA P&A expenditures related to ARRA activities.														

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
1															
2	ARRA P&A Gr Dining 75/25	ARRA P&A HDM 75/25	AoA Medicare Patrol 75/25	CMS I-CARE 100	MIPPA 100	ADRC	AAA Direct Services 85/5/10	P&A PD SSBG	P&A ARRA	Ombudsman	I&A	FCSP	INSURANCE COUNSELING	TOTAL AAA BUDGET	LINE ITEM
3	\$5,382	\$2,650	\$5,195	\$7,390	\$23,053	\$22,358	\$27,773	\$105,839	\$8,032	\$28,628	\$22,880	\$33,910	\$35,638	\$285,058	Personnel Salaries
4	\$1,586	\$780	\$1,530	\$2,176	\$6,789	\$6,585	\$8,167	\$31,170	\$2,366	\$8,409	\$6,737	\$9,987	\$10,495	\$83,916	Fringe Benefits
5	\$0	\$0	\$1,050	\$9,648	\$20,865	\$18,922	\$74,264	\$0	\$0	\$0	\$0	\$97,275	\$31,563	\$222,024	Contractual
6	\$598	\$294	\$0	\$1,429	\$1,139	\$632	\$2,583	\$5,575	\$892	\$4,500	\$3,000	\$4,500	\$2,568	\$24,250	Travel
7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Equipment
8	\$0	\$0	\$0	\$1,787	\$1,281	\$632	\$500	\$1,766	\$0	\$1,499	\$2,500	\$2,500	\$3,068	\$12,465	Supplies
9	\$2,442	\$1,203	\$2,357	\$3,355	\$10,462	\$10,147	\$12,599	\$48,031	\$3,645	\$12,984	\$10,383	\$15,389	\$16,174	\$129,352	Indirect Costs
10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Allocated Costs
11	\$0	\$0	\$293	\$200	\$1,027	\$1,053	\$2,923	\$7,872	\$0	\$1,680	\$560	\$5,559	\$1,520	\$21,167	Other Direct Costs
12	\$10,008	\$4,927	\$10,425	\$25,985	\$64,616	\$60,329	\$128,809	\$200,253	\$14,935	\$57,700	\$46,060	\$169,120	\$101,026	\$778,232	TOTAL OPERATING BUDGET
13			\$0	\$0	\$0	\$0	\$0							\$0	LESS: In-kind Not for Match
14			\$0	\$0	\$0	\$0	\$0							\$0	LESS: Local Cash Not for Match
15	\$10,008	\$4,927	\$10,425	\$25,985	\$64,616	\$60,329	\$128,809	\$200,253	\$14,935	\$57,700	\$46,060	\$169,120	\$101,026	\$778,232	TOTAL AREA PLAN BUDGET: LGOA
16															
17	\$10,008	\$4,927	\$10,425	\$25,985	\$64,616	\$60,329	\$128,809	Notes: Contractual Costs: GRAND TOTAL = \$ 222,024 Insurance Counselor- total \$25,000 funded thru I-CARE & ADRC ADRC Mobile Unit- total \$17,500 funded thru ADRC, I-CARE & SMP Case Management- total \$73,064 funded through AAA Direct Servs Legal forums- total \$ 1,200 funded through AAA Direct Servs Stipends for vols- total \$ 4,160 funded through ADRC Open enrollment Sats- total \$ 3,825 funded through ADRC Direct Participant Support- \$97,275 NFC through III-E Caregiver Services ----- Indirect Costs: SLRCOG does not have an approved indirect cost rate; our methodology is by actual allocation. ----- As required by federal regulation, the COG develops and maintains a cost allocation that is available for review. ----- - ADRC funding includes an estimated carryover of FY09 STG (less \$30,000 to carry over into FY 10-11 for July-Sept 2010 exps), FY 10 STG totaling \$53,760 (f&l) and anticipated ADRC expansion grant of approx \$16,800 (f&l)						AAA Direct Services are Legal, Case Management & Medication Management	
18						\$0									
19	\$10,008	\$4,927	\$10,425	\$25,985	\$64,616	\$128,809									
20						\$6,440									
21	\$2,502	\$1,232	\$2,606			\$12,881									
22	\$7,506	\$3,695	\$7,819	\$25,985	\$64,616	\$0	\$109,488								
23	\$2,502	\$1,232	\$2,606			\$12,881									
24	\$2,502	\$1,232	\$2,606			\$12,881									
25						\$0									
26						\$0									
27	\$2,502	\$1,232	\$2,606			\$12,881									
29															
30															